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True enough :: a phenomenology of knowing in the process of becoming a therapist.

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TRUE ENOUGH:

A PHENOMENOLOGY OF KNOWING IN THE PROCESS OF BECOMING A THERAPIST

A Thesis Presented

by

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To my parents
who gave me all they had

and
to Charlie
who gave me life

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PREFACE

What follows is a description and exploration of the approach (in both senses, acquaintance and method) to a kind of research. It is not primarily an effort to prove or explain phenomena - although I do speculate about these; rather, it is an attempt to illustrate the evolution of an inquiry as informed by clinical considerations. I have written the thesis from my own standpoint as a beginning clinician and researcher.

INTRODUCTION

> We all know how frustrating it is to report our clinical material. One never succeeds in sharing that which was really important, because it is often so nebulous, fragmentary and accidental. What we cohere together into a rationalized argument afterwards is often untrue to the facts, but it is precisely our battle with this "untruth" that constitutes our scientific effort at communication. (Khan, 1974, p. 278)

> The subject begins the analysis by speaking about himself without speaking to you, or by speaking to you without speaking about himself. When he is able to speak to you about himself, the analysis will be finished. (Lacan, 1966a, as quoted in Bar, 1975, p. 527)

When we begin research we have a positive attitude. That is what we are supposed to have. We are to go out and discover something, describe something we are relatively positive about and we are to organize it, share it, discuss it, build on it.

As students, we rehearse discovery, we build our and others' confidence in what we know and our ability to learn. We define the intervals of our interest and our level of confidence in those intervals. We look at what is between the beginning and the end. This is the nature of being students, of learning to be students, of doing research, of learning to do research, and of forming professional identities as clinical psychologists.

At the same time we begin a training - if we are psychoanalytically inclined - in which we are exhorted to uncertainty. The means, even the goal, according to many, is to be sure of less, to assert less, to suspend belief (for example, Bion, 1970; Kurtz, 1983), to allow a transitional space to develop in which the real and unreal are undiscriminated (Winnicott, 1971). We are, paradoxically, to create an atmosphere of security out of the

indefinite. These are all processes designed to enable us to see through blindfolds, to know empathically, and adduce new evidence such as a "deepening of rapport" (Malan, 1979, p. 20) and the production of new material (Sampson and Weiss, 1986). Our data, in a science having qualms about calling itself a science might be anger, regression, or dependence, the stuff of experience some consider inconsistent with clear thinking.

For me, it is been hard to say when or where research takes place. I made one fundamental decision to look again on which I acted in two ways, by becoming clinician and patient simultaneously. Doing so was a statement of readiness to see what I had known but not seen before.

The thesis has been an opportunity to look again at the process of looking again. Not surprisingly, the similarities rather than the differences between clinical work and qualitative research were salient. Despite the feature of infinite regress (looking again at looking again at looking again) I found myself focusing on looking and knowing and their function in scientific and clinical processes. When I began this project, these processes felt somehow irreconcilable; through the thesis I have reconciled them for myself.

* * * * *

The moments of being a beginner have been precious to me. I have valued my and my colleagues' insights as new observers of method, the ideas of those who are not yet persuaded by argument nor convinced of the assumptions, not yet coerced by circumstance or convenience, nor conscribed by or beholden to a society of researchers.

As beginners, we bridge. We transform our unscientific ways of thinking into the scientific. We mold our merely personal insights into clinical judgment and call our

constructs theories rather than beliefs. We move between being researchers and clinicians, teachers and students, supervisors and supervisees, patients and therapists. At the deepest levels, we oscillate between adulthood and childhood and, most primitively, in our empathic work as clinicians and in regression as patients, between being the same and being the other.

These are states of transition, of becoming, of antithesis and synthesis - not to mention the thesis. Through all these states we must resolve or tolerate inconsistency, must make peace in the external and internal conflicts. The apparent conflicts on which I will focus here are those between being researcher and clinician and between learner or knower and one who does not know yet can know more deeply. I was certain that I was the same person doing both kinds of work ... but how to understand it?

When I began this project, I thought I would capture some of the moments between student and professional, before scientific and clinical socialization had taken hold and we were thinking those new ways. I could feel my thinking, my approach to problems, my sensibilities changing; the process of becoming a therapist seemed to be a unique opportunity from which to describe the intersection of two worldviews. Before it became too familiar, I wanted to explore something of the nature of what constructivists and philosophers of science might describe as personally and socially motivated and construed processes: scientific research, clinical training, and clinical work (Feyerabend, 1988; Kuhn, 1962; Latour, 1987).

I began by asking a few colleagues to tell me about their experience. I thought I could find a way to ask, and they could find a way to answer. They talked compellingly of their opinions about training, plans for further training, reflections on past training,

experience of the arts, didactic ideas and family background. Despite my regrets, I will not discuss these in depth here.

Asking and answering had turned out to be so complex that they demanded to be the objects of study. I was struck by how participants responded to the task demands and the ways in which we navigated the interviews. We meandered alone and together, at times on the same course, perhaps following different charts. We used, heard, and ignored one another in our efforts to make sense and to be together, always working hard at our jobs as we may or may not have seen them. I began to speculate on the role of doing research in our clinical and personal development and the extent to which we are limited and blinded by our own developmental tasks. It seemed essential to know more about who we were to one another as we spoke, to begin to come to grips with the notion of the transference in interviewing. I wanted to use this chance, while the transition into research was still fresh in my mind, to describe and explore the mutual influence of inquiry and change and the mutuality of interviewer and interviewee.

Where the study of process is concerned, the goal achieved is old news, one is already on the way to somewhere else. I have allowed the focus of the work to change, to narrow, to widen in response to the data, and have found that I have always been on the way and never sure whereto. My picture of old and new changed as I did. The road was different under the light of each new lamp and I was seeing it with new eyes. We all had the same difficulty, locating ourselves in a place from which we could meaningfully describe a process required something more than words, we had to feel somehow that what we said was true, and had to know why we spoke. Most people wanted badly to speak, but questioned the inquiry and their own observations.

The problem of validity (again, in both senses, truth and value) inheres in the study of process. I would sometimes feel lost in the data and groped for guidance, for structures shaping the path. At the same time, I doubted the value of the work. What did any of my questions matter as the interior world changed so fast? And this question defended me; it was an all-too-common flight from the present (by devaluing it) to the future, to the past, or to an alien present. The challenge became an epistemological one: beyond describing the bridge between old and new, a shift from one way of knowing to another, I had to ask: what purpose do discovery, evidence, knowledge serve when they change as we do? Could I really believe what I heard from my subjects? Must I? If so, how and why? Do I truly demand different evidence for knowing in clinical work and knowing in research? What does knowing enable us to do?

In retrospect, the most difficult aspects of the task have been in questioning and naming the data for this study and the actual techniques for conducting it. Whereas I have steadily narrowed my sights, I have focused on an ever-ramifying tree of inquiry. I have understood my job to be to identify my questions, and to suggest the implications of those questions for research and clinical work.

It is evident that my interests flow directly from my perspective within my character structure and defensive style. For some time, I asked myself whether these considerations made my interests any less valuable or relevant. Having witnessed our struggles to speak of ourselves and our shame and caution in doing so, I believe we have earned our own voices. Because we can finally speak for ourselves and only speculate about others, I have written the thesis from my standpoint, using feminine pronouns throughout. I risk the hazards of appearing trapped in my perspective, because I believe there is an overriding importance in starting from the description of that vision. Then we can re-search.

CHAPTER 1

THE PROPOSAL

What I Had Heard

Over the course of clinical training I have heard and thought about the process of becoming a therapist and have wondered how it might have altered our inner lives and our relationships with ourselves. In the early stages, a friend had said, "I feel like something in me is dying." Others talked of shutting off parts of themselves in order to do the work. Many reported depression, deep sadness, emptiness, loss, deprivation, and isolation, and talked of withdrawal from or unusual difficulty in some relationships. In trying to understand their willingness to undergo these changes, some speculated, perhaps jokingly, that their interest in the profession might be reparative, neurotic, or a repetition compulsion to which they had resigned themselves.

As I moved through the program I heard more experienced trainees talk about integration and transformation. Some said they were healing, growing, getting bigger; others still felt diminished and sought their lost aspects. Many referred to themselves as instruments or tools, saying they used themselves and used others differently, or that they needed to do so. A few described the struggle to not know, the feeling that they were fundamentally at odds with their thinking selves, while others embraced abstraction. It seemed that we had changed utterly, and could never go back, yet slowly returned to earlier ways of being, feeling more like ourselves again.

Training did seem to alter the ways in which we talked about ourselves. We used new language and appeared to think differently. After two to three years of training some told me they had grown more artistic, more creative. They played an instrument or picked up a paintbrush for the first time. I heard several describe a changed relationship to the arts. They appreciated more deeply, more vividly, while others intellectualized and interpreted rather than experiencing.

I knew it would be impossible to disentangle the influences of the many, often coeval, processes to which we were subject. We were at once graduate students and clinical trainees, some were teachers. We might have begun psychotherapy ourselves. We were the products of past education and life experience; in short, we were changing in many ways. It was my sense, though, that a study of trainees' reflections on the experience of becoming therapists would yield a glimpse of the similarities in outlook and in-look among us. I hoped we could talk about the way the process moved deep into our inner lives, possibly altering our selves and transforming our symbolic experience.

Ways of Thinking About What I Would Hear

As I recalled conversations with other trainees, I wondered about Winnicott's notion of the shift from object relating to object usage which suggested a parallel internal process in us, a change in the ways in which we relate to ourselves as objects (Winnicott, 1971). This idea drew heavily on Christopher Bollas' notion of the self as object, "an object relation where the individual may objectify, imagine, analyze and manage the self through identification with primary others who have been involved in that very task" (1987, p. 41). Also, I thought there might be characteristic modes of relating with those earlier figures which would determine the very faculties - intellect, imagination, feelings -

most available to us in our work with clients. Ways of relating may have come to have representational value to some of us in our inner object worlds.

Several clinical phenomena seem to parallel, to varying degrees, the beginning therapist's experience in training. Eigen, in his paper "Abstinence and the Schizoid Ego" (1973) described the schizoid patient's withdrawal toward the core self, reducing contact with others, and then his or her return to a higher, different level of engagement. There were certainly depressive elements in the graduate student's withdrawal, as well as real and excluding demands on her time. However, there also may have been a similar, possibly schizoid, attempt to repair or redesign the self for a new way of relating, one that may be peculiar to the therapist's task.

In other terms, Ghent, in "Masochism, Submission, and Surrender," reminded us, lest we forget, of the sacrifices we make to do this work and speculated about the therapist's own wish for transformation:

> What other occupation requires of its practitioners that they be the objects of people's excoriations, threats and rejections, or be subjected to tantalizing offerings that plead 'touch me,' yet may not be touched? What other occupation has built into it the frustration of feeling helpless, stupid and lost as a necessary part of the work?... Yet I suspect that a deep underlying motive in some analysts at least, is again that of surrender, and their own personal growth....When the yearning for surrender is, or begins to be, realized by the analyst, the work is immensely fulfilling and the analyst grows with his patients. (1990, p 133)

His words reminded me of the trainee whose goals are neurotic, who hopes to recreate something, who knows that the process will be painful yet persists. In this paper Ghent described the sought-for healing and transformative experience of surrender in the presence of the other which he saw as having been perverted in some cases to masochism. According to Ghent, the seeker recreates an early experience in which the caretaker

impinged on and disrupted the crucial process of true self. Further, "the pain and suffering of the masochist (and less obviously the sadist, at least in some instances) may well be the excuse the caretaker self has devised to get to the true self to where it has a chance of being found" (p. 132). But who is the caretaker self? Is it a structure which changes alone or in combination with other structures during training? Does the trainee have an unconscious or conscious belief that becoming a therapist will enable her to surrender in the presence of another to some process, to be known by others, to know herself? What do we believe we must undergo in order to achieve this change? Finally, and least obviously, would it be possible to get a sense of these issues by talking once with a therapist still in process? What could we know now?

The beginning therapist, perhaps neurotically, may thrust herself into the heart of conflict. On the one hand, she may not want to know, that is, the work is a compulsion to repeat (as Ghent conceptualizes it, the masochist's perverted wish to uncover true-self, and to finally take in, to understand the disorganizing meaning of impingement). On the other hand, training may be in part a struggle to know that hidden ego-structure to which Eigen refers in "Abstinence and the Schizoid Ego" (1973), a "congealed split-off core (of true-self) which is left after the bombardment is over" yet "intensely alive and active in its compressed density" (p. 497). As Eigen points out, Elkin refers to "the schizoid ego, an aspect of the self which 'retreats to a hidden, detached existence' to preserve a sense of psychic freedom or safety at the time the (maternal) superego is formed" (p. 497).

However we think of this conflict, as a specific schizoid phenomenon or otherwise, in the midst of it, the beginning therapist is asked to resist knowing - certainly premature knowing in the company of another - in a different way, a topic about which much has been written (for example, see Bion, 1970; Bollas, 1989; Green, 1973; Kurtz, 1989; Siegert, 1990; Winnicott, 1971). It seemed plausible to me that certainty and meaning in

general undergo a profound change, that they are certainly challenged in training; we are forced to question repeatedly the ways in which meaning might be matrix or entanglement, deceitful or defensive rather than true-self expression.

Lacan, discriminating among the Real, the Imaginative, and the Symbolic, talks about imagination as a defense against reality, and of the symbolic as our attempt to represent reality as honestly as possible (Eigen, 1981). Lacan's work suggested another of many ways to listen to beginning therapists talking about their experience, to note the role of imagination in their work, to hear dreams and daydreams about their work and the ways in which content and process changed as they might. Trainees might have consistent styles, they might use imagery more or less, but there also might be a shift in meanings and our forms of expression. (For example, Bollas talks about the style of dreaming as representative of an earlier object relation, drawing our attention to what he calls the dream aesthetic, "the expression of an ironic style of object relating - specifically, the style whereby the subject (as dreamer) relates to himself as object (as the dreamed)" (1987, p. 71). What could also be noteworthy in the interviews would be the volume of dreaming which, as Jung conceives it, is indicative of the pressure of the unconscious to express and to create (Jung, 1974). There would be many ways to hear about the role of fantasy in training. What had their dreams been like over the course of training? Had their dreams changed? Are trainees informed, distracted, transformed by them? Could they offer any examples?

I expected two, possibly three areas of change during our evolution: the content of our inner worlds, who we are and expect to be to our clients and ourselves; the process of those worlds, the very ways in which we use ourselves and, fundamentally, live among others; and the possible third dimension of knowing and meaning generally. My goal was to begin to learn how to talk and hear about these aspects of inner experience, to begin to

get a sense of who or what we leave behind, and who or what we gain. Ultimately, the inquiry would lead to the therapist's transference, who our patients are to us, who or what we expect to offer, and our range of motion in the work.

The Proposed Method

I solicited volunteers of one to five years' clinical experience from the clinical program at the University of Massachusetts, placing letters in the mailboxes of trainees in the Division of Clinical Psychology. I ultimately interviewed nine whose experience spanned the spectrum. I left the object of the study somewhat vague, seeking clinical students "interested in talking with me about their experience of becoming therapists." I asked that they make themselves available for a private 2-3 hour conversation during the months of May or June. Because of the personal nature of the material, the interviews were to be confidential and could be terminated at any time at no cost to them. I told them the interview would take its shape primarily from the ways in which they talked about the subject, that I would be interested in a range of aspects but, most important, in how they thought about and associated to their experience.

The Interview Format (See Appendix A)

In our informal conversations, students had told me they rarely talked about the experience of becoming a therapist and would welcome the chance to discuss the process more deeply. Many had said they had found this period in their lives to be surprisingly growthful but disturbing, and at times invasive and demeaning. Consequently, I sought to help people to stay with these experiences as they talked about them and where possible to help them interpret for themselves. Interviewees probably would tend to intellectualize

rather than do this, so I sought an indirect way to bring more primary process material into the conversation. I did not yet know what constituted a good conversation and expected to learn this as we proceeded.

I chose not to collect exhaustive personal histories primarily because of time constraints and because I hoped association would lead more precisely to germane material. Students might be more reflective, more accustomed to thinking in genetic terms than other populations might be. The goal, then, was to have eight to ten students talk about their experience of clinical training while I listened for changes - if there had been any - in both content and process of inner representation. The interview would focus on the metaphoric, prompting the subject to associate rather than to theorize, to symbolize rather than to narrate, in the hopes that we could reach the rawer data of experience. Associative methods were intended to be evocative rather than strictly for the purposes of interpretation; my primary interest was to describe rather than explain.

I planned to inquire first generally about their early expectations of what training would be and would feel like, and then later to suggest sentence completions, e.g., "When I first began doing therapy, it felt as if ...," encouraging people to liken the experience to others, and to liken themselves, their clients, their function to others.

To stimulate free association about the work, we would explore characteristic experiences; in sessions, did they hear the words of a therapist, or friend, or supervisor, did they have images or thoughts that were familiar, that comforted or cautioned them? With luck, associations to these experiences would lead us toward formative circumstances which prompted the student to become a therapist.

I also expected to inquire about trainees' moods over the course of training, for example, if they had been depressed, whether they had had any notions of what might have been happening to them internally, whether they could liken these experiences to others. Also, did they find themselves in a particular frame of mind before, during, or after sessions, and if so, of what did these moods remind them? (Some of this line of inquiry was informed by Bollas' concept of the conservative object, that is, moods, which preserve, like an ego structure, earlier object relations which have not yet been made conscious and articulated (Bollas, 1987)).

In addition, perhaps people would talk about their dreams and daydreams as they pertained to learning to be a therapist. I would ask whether or how they interpreted these dreams, note the ways in which they interpreted earlier dreams as against later ones, any reinterpretation of dreams, and especially the dream aesthetic and any changes in it.

Regarding trainees' use of themselves and whether they thought of themselves as instruments or as parts available for use: How did they understand the use of their faculties - intellect, feelings, etc. - and did they make those distinctions? Perhaps they thought of themselves in others ways? If so, how? Finally, I would ask generally about knowing, about their relationship to knowledge, to meaning, if in fact that made sense to them, and their impression of any process in these relationships.

At the end of the interview there would be an opportunity for them to summarize and interpret for themselves and for me as they wished to, and to include a debriefing, a time when we might discuss the impact of the interview, I could answer their questions, and we could strive for some kind of closure. If the interview went well enough it would deepen our understanding of the effects of the process on us.

My hope, overall, was to open a symbolic window onto the passage from what many had described as one way of being in the world to another way of being. I believed we could talk about this experience, especially if we relied more on our spontaneous gestures, our dreams, our symbols, the notions that popped into our heads. I knew that this project would call on whatever skill I had acquired in meeting people where they were, that it would be as much about learning to hear ourselves and each other as it would be about what we were trying to say.

CHAPTER 2

THE INTERVIEWS

Phenomenology

Much about the first interview surprised me. Most noteworthy was that my interviewee, a woman I did not know well, was talking with me. I was stunned. Not only was she willing to talk, but she worked at it, she tried to discover the purpose of the interview, and to address it. What further surprised me was how much she wanted to know about the purpose of the interview in order to feel comfortable enough to speak. Of course, this should have been obvious, but having spent so much time turning the issues over and over again in my mind, I had lost a sense of how unstructured and therefore how unnerving the situation might feel for someone else. I was asking my participants to leap into very personal material without their having any sense of how they might be heard, judged, and evaluated. And yet this woman tried.

Having adapted somewhat to the fact of communication, I was awed by the complexity of it. In each remark to her I heard myself making several inexplicit statements, and she the same, the direction of the interview soon coming to feel almost capricious, there were so many directions in which it might have gone. Each sentence seemed loaded with meaning, and each decision to speak, whether mine or hers, to be predicated on so many factors: comfort, desire to please, attempt to hide, an effort to understand. It was as though we could interpret everything and nothing, that we were casting about for threads of meaning, weaving patterns together and alone.

Although the format of the interview was explicit to me, having the benefit of the printed form in my lap, I was often unsure whether to restrict the discussion or to follow her down more probable paths to deeper material. It often felt like a choice between pursuing my interests and discovering hers. There were many times I made choices quickly on what at the time seemed innumerable factors, never knowing if it was I or she who truly set the course.

It was all the more surprising, therefore, when she anticipated much of the content and structure of the interview I had designed. She moved naturally from her early expectations to her experience of the years in sequence and the ways in which her mood states and confidence changed from one year to the next. Soon she began to talk about the importance of her own treatment in her training to knowing and experiencing herself and others more deeply, to allowing herself to be used appropriately and in new ways by her clients. She described the influence on her of her own therapist. Finally, she talked about uncertainty, about challenges to and changes in her relationship to knowledge, to her ways of thinking, and her growing awareness of and interest in meaning itself.

She told me she rarely talked with others about the process, had not expected it would affect her deeply and was quite surprised to see the ways in which it had. She described two crises in her life, one involving her training, and one which she saw as being unrelated to training. They happened one after the other early on and soon after the second, she entered treatment. She had not thought of treatment as a requirement for training, but came to see it as necessary to doing her clinical work well and responsibly.

She made little use of the opportunities to associate to aspects of her experience, or to describe all or parts of it in metaphor. While she seemed willing to talk about the changes in self-expression through the arts, the ways she has seen and been affected by the

visual arts, she spoke only generally, and I had planned few questions to deepen the material. She reported no dreams, saying she could think of none that related primarily to the process of becoming a therapist. My guess is that the circumstances were too unstructured, the goals too unclear, that I was too familiar or not familiar enough to make her safe enough to accomplish this.

Toward the end of the interview, she asked me about my experiences, to reveal my motives, "What was it like for you? What are you looking for? You can tell me now" as though, despite my efforts to explain my goals, she felt that I had been withholding them from the start. I corroborated much of what she had told me, knowing that her curiosity was, in part, an effort to give shape to the interview. I knew that her need reflected the formlessness of the topic in my own mind, that I was unsure what I sought beyond her description of her experience and the ways in which she would interpret it to me.

As we closed, she told me she had probably said what she meant, "but if (she) heard it later (she) might disagree." I had no feeling of resolution, no certainty about what we had shared. I had not yet begun to think of the dynamics in clinical terms.

I found myself wondering more about the difference between clinical and research interviews and how I could expect the interaction to feel. What could I infer from my own feelings about what had taken place? There had clearly been an organizing principle in the interview because she had anticipated and used it, but it seemed that we were both left questioning the material and where it might lead.

Among the difficulties had been deciding on what topic or at what level we should focus together; should I help her refine a narrative, adumbrate the effects of training, push toward further expression, distinguish between training and treatment, pursue genetic leads

(and the list goes on)? All of these figured in the interviews in one way or another, but it was not at all clear how actively I should guide the discussion.

There were so many factors for which to account in understanding the conversation: who we were to each other and how this affected the interview, how her motivations for participating in the study influenced her ability and willingness to speak, how my inexperience and self-consciousness had made this difficult for her, for me, the effects of our circumstances, moods. I also wondered about the task demands; the format was relatively open. We are so accustomed to instructions, how to talk, in what language, about exactly what. The questions guided, but gave no clue as to the depth or nature of the discussion to come. I knew that this would be - and she in effect confirmed it to be - a difficult and anxious-making task, but that it was essential to the projective goals, that is, to see how others would pose, shape, and deepen their material. I had no sense yet of how much I should or would want to help them do so. Partly we were asking, how do we describe transformation? But I also wondered, why do we need to? At this early stage, the openness of the interview seemed to make everything and nothing possible; nevertheless, I wanted to see what emerged.

I conducted another interview without altering the format. Far too much was still novel, including my role as researcher especially among peers. After doing the second interview, I continued with the third and fourth before reviewing the tapes, exploring the variability before making judgments. As I climbed up my own learning curve, the vista and scale began to change and I wondered about the journey. Each of us seemed to represent an opportunity for the other but it was not at all clear of what kind. Having gained some confidence in the first interview that a discussion could be had, questions asked and answered, I decided to limit it to the original topics in order to test the balance between imposing structure and following responsively.

My second participant was a woman of whom I knew little. She, too, anticipated the core elements of the interview, further confirming that the protocol was organized meaningfully around our evolution as therapists. Like the first subject she had been surprised by how deeply the work had taken her into herself and talked about this, but did not associate to the prompts I offered. Although she started to volunteer a relevant dream she soon demurred. As the dream unfolded it seemed to be about far more, and promised a new, uncharted direction in the interview in which she was not prepared to go.

She told me she had hoped for affirmation from the interview, to have her experience corroborated by someone who had heard from others. She had talked to no one in this way before. When she had entered the program, she questioned students' complaints that the environment was unsafe for personal work. As she began to see patients under the supervision of faculty also responsible for her research and her passage through the program, she said, she well understood.

This woman, too, steered clear of more associative responses. She seemed acutely aware that she walked a narrow line between disclosure and secrecy. Even after assurances that turmoil and self-doubt might be the rule rather than the exception for clinicians in training, she appeared to seek something else. I, too, knew I was looking for something, possibly a bridge between what she said of the past and how much she could speak of her current feelings. I did not doubt her sincerity, especially because I recognized much of what she described. But there was something missing, a step I and/or she were not yet prepared to take toward each other or into somewhere important.

The third interview was with another woman I did not know well. The discussion was relatively short (1 1/2 - 2 hours) partially owing to time constraints, but also due to her

apparent desire to circumscribe it, keep it neat. We stayed close to the interview format and little more was ventured. Our conversation was similar to the first and second interviews, heavily weighted with discussion about the experience, and reaching to almost no metaphorical or associative material.

I had a strong feeling at the end of this interview that we were at cross purposes. It felt as though she wanted me to think that she had experienced the process deeply, but that it had left her unmarked. The conversation felt like a rehearsal. I did not believe most of what she said. My reaction must have been quite strong to what I perceived as her absence; I withdrew early, in spirit, from the interview, feeling less engaged and interested. I had not been invited to speak with her in a deep way or I had not yet chosen to deepen the conversation beyond the structure I had already designed. Was I insensitive to her cues to inquire, or if I had been sensitive, did I fail to act on them? Or was she giving me a clear message not to intrude? How far could I have gone? I will never know (if I ever could have), because I later erased the tape by mistake in conducting a subsequent interview.

The last of this sequence of interviews was with a man who had thought a great deal about the process and of the role it had played in his life. By this time I wanted to test the other extreme, the less structured approach and, having a willing subject, embarked on an interview of some length (3.15 hours). It was rich with digressions, autobiographical and historical material, and speculations about identity formation and his future professional role.

Like the others, though, my fourth subject was uninspired by my requests for associations to past and present experience and reported no dreams. The interview was so complex in other respects that I did not emphasize these aspects.

Method and Process of the First Interviews

Whereas I had planned to transcribe the interviews, after listening to the first four I decided against it. There was something about transcription that objectified what I heard. On the page I lost the sound of their voices, the cues to memories of what I had been feeling and thinking at the time, the subtlety of expression and inflection which suggested much more of what the conversation might be about. While I was still listening rather than transcribing, the material lived and was layered with meaning; therefore, rather than immediately structuring what I heard, I let the voices stay in my head. Increasingly, I trusted my clinical judgment that our ways of talking were as meaningful as what we said.

Preserving the subtlety of inflection and listening at a slow pace allowed me to free associate to the content and process of the conversation. I could retain the complexity of the interaction - the denials, the reversals, the ambiguities - without simplifying prematurely. I was far more likely to consider psychoanalytic defenses in making sense of what I was told, to question the authenticity of the material. The immediacy of the method ultimately enabled me to use a countertransference heuristic.

What Do I Do with What I Hear?

I felt confused, unsure of what I was hearing, and, ironically, frustrated because so many talked in ways I had expected. They described much of what I had been through but in a way that was purposive, yet narrower; instead of moving in, out, and around the topic (through association, memory, etc.), they seemed to talk primarily to present their

experience to me as a trouble that had been managed. Most spoke to master the experience and to put things behind them.

Consequently, perhaps, I could believe what was said only when there was some immediacy, a sense that the work of mastery, of personal change or self-knowledge was taking place. At these times we found an optimal level of tension between us at which growth happened which we might sense empathically, knowing we were onto something, but which we would not discuss openly. When the conversation was relevant, it was because it was at the live edge of our experience, the leading edge of their awareness of themselves. It moved well when they learned for themselves, but especially well when we learned together. This effect had to be pursued, if I was willing, and I was not yet sure it was appropriate.

Often, our talk had an as-if quality, possibly due to my anxious dissociation, but also because their affect was usually remote or denied. We were in something together, something more than groping, garbled interviews. People seemed to want somehow to be able to use more than talk about the experience, yet were uncertain where, when, and with whom to do so. The question was, how did I understand my feelings and my reactions? How should I understand theirs? Were these or could these be data?

I realized as I listened that my own goals in conducting the study were somewhat paradoxical. At one level it was an attempt to master and move on, but at another, to capture and preserve. What did each of us truly (unconsciously?) intend in the interview and why did we participate?

For many, the interview might have promised to be the next best thing to a therapeutic conversation on the topic, one which could probably best be had informally

with a psychotherapist or peer(s) one trusts. In these interviews, though, understandably, the conversation tended to be less emotional and more intellectual except for the moments in which we happened to strike a chord and the conversation deepened. The pressure to communicate was sufficient to allow some of the affect of training to come through, but I could not recognize then what I was hearing. I had no basis for evaluating the validity of what was being said except by the extent to which it compelled me.

I had grown impatient with the first interview format. I knew I could interpret the material I had collected but was unpersuaded by it. It felt as though we were discussing the experience of a third person. More had to be possible, the topic was too personal, yet people were talking about the process as one in which they were no longer engaged.

In planning how next to proceed, I considered the following: had I underestimated the extent to which the uncertain context might feel disorganizing and intrusive? Was it sufficient to tell myself that I had merely supplied a projective opportunity in which people could talk as they would? Was I to understand their distancing, irritation, or frustration when I encountered them, as evidence that I had, loosely speaking, repeated the trauma of impingement? Had I given them an impossible task?

The Second Interview Format (See APPENDIX B)

The first four interviews had not been easy. Generally speaking, we do not tell stories about moods and feelings. We talk about events. Having listened to the interviews and adjusted somewhat to the role of interviewer I changed the format, bowing to the narrative demands of conversation. We would talk about progress through the process, especially as a function of the two most potent relationships, treatment and supervision.

Trainees would have a chance to retrace their steps, would remember either what was most emblematic or most in need of working through. I eliminated the associative component and resolved anew to follow their leads.

In the second format I wanted to help people narratively recreate events in the hopes of prompting their memories. Unfortunately, I got carried away at first by my own solipsistic fears and focused instead on their views of events and their imagined views from the other's perspective - that of the supervisor, that of the therapist. Not surprisingly, people had a hard time imagining the other's view of what they themselves had seen as pivotal moments, a fact which speaks to the subtlety and privacy of much of what takes place in supervision and treatment. Both of these dyads (and events in them) are probably containers, often of projections, in which a lot of internal and unshared work takes place.

Whereas I was fascinated momentarily by the mechanics of data collection, keeping people on track, speculating on parallels among the processes, it soon had to stop. The strategy was faulty. The conversation had become a catalogue for which my subjects (which is what they had become) struggled to supply entries. At first I ignored their mute entreaties to stop asking those questions, the ones about how they had perceived supervisors, how supervisors had perceived them, what had been the pivotal or memorable moments, how they interpreted them. They complained that it was hard to remember, questioned the necessity for detail and the validity of isolating pivotal moments, the process was far subtler than that. They shifted uneasily in their chairs and looked at me quizzically. They probably thought I had not noticed their impatience and discomfort but I did. I just did not know what to think or do about it.

The irony was that I had recently moved in my own treatment from a primarily intrapsychic to a more interpersonal phase. I was aware of and wanting to be with my own

therapist in a relationship freer of my own projections but was afraid of that change. Not surprisingly, I had designed the second half of my study to inquire about relationships but conveniently excerpted myself from the interaction.

Further, my instructions to people were to recall how it had been years earlier, what they had thought and felt then. They forgot or ignored those instructions and tended to talk from the present instead, sharing their current beliefs about past events. They seemed unsure how or where to locate themselves in a narrative time-line, possibly due to a natural fluctuation in our location in time as we speak, but also because they needed to speak in the present, to integrate their current experience with the past. Although they made some effort to recall with accuracy, they resisted and achieved only a modicum of success. The search in memory was always half-hearted when they tried to reconstruct the past for *my* benefit, to make sense *for me*. That they inevitably resorted to the present perspective on the past suggested a need to speak mostly for *their* benefit, to make sense *to me*.

Gradually returning to the dynamics of the discussion and, in effect, to the countertransference, I reintroduced myself into the conversation and followed the thread of aliveness in what they could recall and in what we could share. My confidence grew in my ability to stay on track thematically but just inside the participant's level of comfort, pushing into unknown territory. This was primarily a clinical skill I had not yet allowed myself to use outside of clinical work. The feeling began to return that I could trust only what felt true, mutative, even without knowing its significance or relevance. Our discussion began to resemble some of the first four interviews, purposive, necessary, process-oriented, but this time with a difference. I allowed myself to infer what they needed and wanted to talk about and to use my feelings and theirs as guides.

If I felt something happening - discovery, change, deepening - I abandoned the protocol and followed them. It seemed as though this was what they and, I realized, I had come to do. Only at this late juncture, as the interview sequence neared its end, had I begun to surrender to it. For the first time the clinical, empirical, and personal began to blend. All that had gone before - training, treatment, the first stages of the study - had been necessary for this to take place.

How I Heard

The following is a compilation of what was salient as I listened with increasing attention to what I thought they wanted or needed to say. As with any report of data, it has the ring of fact; however, the feeling I had in hearing it was far from clear. The highly personal conversation, the somewhat split-off affect, and the unfamiliar context of the interview at times contributed to my feeling, and possibly theirs, that much of what was said was both true and untrue, itself and its opposite. However, when the material became enlivened - which I judged by their urgency to speak, a change in their or our mutual understanding, or a deepening of rapport and the move to richer material - I ultimately followed it, at times blindly. These aspects of the interview ultimately led me to organize what I heard in the following form.

Another listener might not have followed what I did, especially because my decisions depended so much on interpersonal factors. Knowing this, I questioned my rights and obligations as listener. What could I say I had heard?

Despite the changes, there were many similarities in content between the two interview formats, differing primarily in emphasis owing to the time allotted to topics. Although the interviews themselves were quite distinct, their commonalities struck me.

No one expected to be affected profoundly by the process of becoming a therapist. All had looked forward to professional gains, to reaching positions of greater respect, and to achieving some, or, as three said, "enough" economic safety. Their fantasies about their lives after training were of emotional and psychological serenity, helping others rather than wanting help themselves.

Most told of crises in their personal lives either immediately before or occurring early in their clinical training. Some had more than one. They might identify the crisis as a consequence of training, such as antagonism with a research or clinical supervisor, or they might see it as a problem separate from school, possibly in a relationship with a partner. All the crises were in relationships. Especially striking was the pressure to speak about these events, to describe them as intrusions and to continue an apparently ongoing effort to master them - partially in the retelling or in the witnessing (by me, in this case). Most important, no one described these crises as a function of an internal developmental process yet all reported them prominently in their narratives about becoming therapists. All used the incidents as opportunities to question their understanding of themselves and their abilities and tried to work them through in treatment and/or in supervision, where relevant. One trainee described a crisis with a supervisor which had left the student feeling undermined and demeaned, as "one last fling with my pathology," as if it were inevitable or unconsciously elected. All trainees seemed to be experimenting with the interview, albeit

obliquely and tentatively, as a way to begin to integrate these experiences into their understanding of themselves.

Treatment

Not surprisingly, those who were in treatment saw it as the most powerful agent of change in the process of becoming a therapist. Although all were hesitant to discuss their treatments at first, most did so with an openness suggesting its centrality and necessity to our topic. Through treatment, people became more themselves and therefore had more to use and offer in the work. One thought of treatment as prerequisite to doing the work; he would not have embarked on the clinical path were it not for working through a life crisis in treatment, a process which he saw as the first of his steps to becoming a therapist and to becoming a conscious and productive adult. Another described her therapy as both necessary to doing the work responsibly so as not to intrude on her patients and as though it were the rate-limiting factor, her progress setting the internal location of and pace for progress in her patients' treatments.

Most of those who had been in treatment more than once described what apparently were their successive approximations to the transference. In each next treatment, the work included more awareness of or talk about the expectations and relationship of therapist and patient. However, few seemed to have thought about it in these terms, and ascribed the pattern to circumstance, as though the luck of the draw brought them to therapists who worked with the transference.

Finally, those in treatment spoke cautiously of it in supervision. Many were grateful for the opportunities to do so where their own concerns began to confuse their work, but often trainees opted to isolate their treatments from supervision fearing abuse of

their confidences and ad hominem arguments against them in conflicts. Most of those who were beginning treatment or who were not in treatment wished they could have done so earlier. They had deferred this step because they feared being unable to manage both challenges to their equilibrium - from a training environment which they saw as inimical to treatment and from treatment itself - as though they needed to regulate and defend their exposure to the unconscious.

Supervision

This was another important axis of change, especially if trainees were not in treatment, and all trainees were surprised at the difficulty of these relationships. To those not yet in treatment, supervision might be said to have been, in effect, their first approximation to the transference. In some instances it had been the only occasion in which they experienced their own transference as such. Unfortunately, there were many stories of situations in which trainees would be encountering several phenomena for the first time - the transference, countertransference, projective identifications, parallel process, the anxiety of doing treatment - with little guidance from supervisors that this was in fact what was going on. Several were also apparently the object of the sadistic transferences of supervisors and had struggled to disentangle these effects from their own, new experiences. A surprising number described feeling scrutinized, challenged, and unappreciated; some, including two, who had a supervisor in common, revealed they had been humiliated, undermined, and totally unrecognized.

Many had found supervision helpful and supportive. Often assistance was felt as an antidote to damage by other supervisors, as they experienced it, or as a plateau or good-enough environment in which they could work in comfort and safety. Most had at one

time found collaboration to be exciting and gratifying and were influenced both professionally and personally by sensitive and wise supervisors.

Many underestimated the extent to which supervision would feel like a form of treatment (or mistreatment) of them for the sake of their work with patients. At one time or another many had had experiences in supervision which were quite disturbing and, on attempting to work these through, felt the supervision to be unsafe. Trainees in treatment appeared to have learned more from these incidents than those not in treatment and to have used these occasions to explore their own roles in the conflicts more deeply. Many regretfully retreated somewhat from the intensity and depth of supervision. All were at one time or another ashamed, angry, intruded on, depressed.

Among those to whom the strife in supervision was "necessary" was a woman who said she "needed a couple of bangs" to force her to experience more deeply and to use herself and be used. This was a tone that crept into the speech of most who had had difficulty: supervision as a necessary evil or pain, a requisite confrontation with their shortcomings for their own good as therapists. To them, the only way out was through; they found little recourse with others until they had experienced shame, self-doubt, and isolation.

When I asked about the ways in which supervision had been helpful, most told me that when they felt safe it helped them to learn technique, but that it was especially helpful for getting to know themselves doing the work and when they could not know (about their patients or themselves), to tolerate this. Safe supervision encouraged them to trust and use themselves, accept criticism, and internalize the supervisor (Casement, 1985), no matter the supervisory style. Several suspected there were skills to be learned in doing treatment,

skills they were not learning; however, each appreciated the need to tolerate ambiguity and to sit with uncertainty, their own, their patients', and their supervisors'.

When I asked how trainees judged whether supervision was helpful they never cited patients' progress. Invariably they looked to how they were feeling and thinking. In fact, the section of the interview focussing on patients became redundant; many beginning therapists tended to speak less in terms of their patients and more in terms of their own professional growth. This was partly owing to the focus and sequence of the interview (I asked about supervision first) and partly to the limits of confidentiality (they were not presenting cases which we could discuss).

From one interview to the next I heard trainees proudly state in almost identical words, "but I know supervision is not treatment." By the time I had finished with the interviews it had begun to seem a slogan of clinical training chanted to reassure the speaker and hearer that they had "good boundaries" and were neither needy nor demanding.

While all reiterated that the experience had affected them deeply and they wished they had had more opportunities to discuss it, one woman declared, "Of course we all say we would like to talk about it more, but we never do. I'm sure there's some reason for that." A few elaborated that they had not done so because they felt unsafe, or because they feared judgment or competition.

All I interviewed had felt alone and guarded, yet most sought opportunities to relax that guard and look again. They seemed to recognize that in order to do their clinical work responsibly, they needed to reexperience and work through some aspects of their past in a sufficiently safe and neutral setting. All recognized that treatment was the primary venue for this work, but hinted at the need to work through enactments if they arose in

supervision in order to proceed productively. Some had been trapped in mutual reenactments either because one or both were unwilling to examine the events or because neither had considered the dynamic implications of the problem. Unfortunately, our conversations did not extend to the question of whether these incidents covaried with the diagnoses or defenses of patients being seen, which would have suggested a parallel process. The ultimate consequence of these episodes was further injury, leading therapists to seek new opportunities, such as an interview like this, in which tentatively to reopen the door.

The Proxy

Many seemed to have been searching for a way inward during training and in several cases to have felt violated or discouraged vicariously by others' tangles with self-exploration. There was an excitement, both syntonic and dystonic, in the way they talked about their proximity to discoverers/exposers (my words, not theirs), an almost constant source of tension, as though they were often making the decision: with whom could they talk? about what? how safely?

Contrary to what I had expected, those who complained about lack of safety did not seal over completely. They made some use of the irritation, finding a few alternate routes to themselves through others in conflict and through their patients, trying to do some of the work by proxy. People seemed to be thinking tentatively about what had gone on around them and the ways in which they could apply the lessons to themselves. Trainees had tried to be tough, had learned quickly to observe from a safe distance, but described these lessons poignantly, as if asking what might have been possible had they been able to do the work at that time. I heard this theme repeatedly, even from those speaking of crises in their lives outside; they wondered how it all fit together.

Identity

Several spoke of having functioned in their families as caretakers, as the ones who had always been sensitive to the needs of others, who had subordinated their interests to others, and had been out of touch with themselves until entering their own treatments. Some had discovered a talent in working with a particular population, or that they were especially empathic to others in difficulty. Many had considered becoming therapists themselves at approximately the same time as they began treatment. Others, having been in training, now wanted to enter treatment.

All saw themselves as forging new identities as therapists actively yet somewhere out of awareness. The road was a hard, steep one, requiring effort, stamina, and concentration, but on exactly what they often could not say. Many thought of the profession as the best way they could continue to work on themselves, to use more of themselves, and stay truest to themselves. Oddly, most described themselves as taking on new identities as therapists, even after some had told me they had been caretakers of a sort before. It seemed that rather than becoming therapists for the first time, they were understanding, experiencing, and innervating that role in new ways.

Several spoke of the feeling that they were losing something and gaining something, but could not quite describe these accurately. At times their professional development made them feel stronger, more versatile, more employable, at other times, narrower, sadder, as having lost something important. Two questioned whether they would continue with clinical work now, having been through the process, but especially having been in treatment. The paradox was clearest stated by one woman who said she understood far better now how to be helpful, that she was now automatically more helpful

by letting others be themselves and by doing something more which she could not quite describe. At the same time she told me she might not continue with clinical work, saying, "now I know that this (therapy) is something I do, not something I am."

Uncertainty

Most started out needing to know the job, the facts, the skills for sure and recounted how they had hounded supervisors for techniques and papers with which they could allay their own anxiety about failure. Most had been accustomed to being the sympathetic and helpful listener and were shocked at how impotent and useless they felt when they had finally found themselves in a room with a patient. They were overwhelmed by feelings of inadequacy and, at times, hopelessness, and questioned their suitability for the profession.

Many talked of trying to make peace with the profound uncertainty necessary to doing the work. While feeling more competent, knowledgeable, and consequently less anxious about becoming psychotherapists, all who spoke on the subject (and most did) said they had come to think of the work far more ambivalently and humbly than they had done before. They were disappointed and sad about the limitations of the practice, and when they felt confused and unsure with patients were only somewhat comforted that they might be on the right track. On the other hand, some spoke of relief at knowing that this was an acceptable professional standard. Almost all described their relationships to knowledge and meaning as having been jarred and shifted toward relativity, saying they were generally less certain and more willing to not know.

Generally speaking, most had openly approached the interview as instrumental for them and worked hard to make it so. People listened and participated at the limits of their

tolerance, weighing and admitting probes to the level at which they could use them. If they did not answer a question deeply they would often apologize, backtrack later and attempt it again or answer a related question more thoroughly. Those not in treatment tended to do this more, to ask more questions of me, and seemed to be feeling a lot out; were such questions safe to answer? - they seemed to want to talk about them! How did others address them? And implicitly, might there be another time, another way for them to approach these questions again if they felt themselves to have failed somehow?

What People Didn't Say ... Directly

Some who had told me in other, less formal settings that they had felt as though part of them was dying did not repeat this in the interview. Few people talked openly about the profession as a repetition compulsion, whereas some I interviewed had described it to me this way informally.

Once, having designed the study with remarks like this in mind, I became so frustrated at the discrepancy between what was said in and out of the interview, I quoted to someone what he had once told me informally. I could do so verbatim, "sometimes I feel as though I'm only doing this (becoming a therapist) out of some kind of repetition compulsion." When he heard this, he looked at me for a moment, denied it, but then remembered having talked of repeating something but he was not sure what. He seemed uncomfortable with the statement, perhaps because he did not want to think of the profession as merely a capitulation to his history.

There was clearly something about the interview and possibly the reasons for trainees' participation that led to a change in their stories. There were two glaring

omissions in what people were able to speak of: the feeling of repeating a life pattern, and the sense that something was changing or dying inside. Were it not that so many had reported these experiences informally, I would have let the discrepancy go, but of those I interviewed, I could recall at least three who spoke of a sense that something was changing or dying inside, and four who had seen their work as having been a repetition of painful, self-denying behaviors of the past, ones which, had they been more aware at the time, they might not have chosen again. Of others whom I did not have a chance to interview, I can think of at least four who speculated about repetition, and at least three who had talked of something dying inside. What, if anything, can I make of this?

Some of what had hampered participants in speaking had been their concerns about safety, their fears of being judged. The public nature of their statements, controversial as some of them were at times, posed two possibilities: that conditions and standards might be reexamined and understanding deepened, or that the speakers might be blamed and devalued. Although no one mentioned her concerns about speaking, two asked how I planned to present the material. I assured all participants that I would not describe their words so explicitly or narratively that speakers might be identified. This may have neutralized the anxiety from which we might have learned; did they fear that their statements would somehow be used against them, that they might be embarassed by what some consider weakness (and others consider the strength to inquire)?

Speaking here was a double-edged sword, it could cut into the hypocrisy and mystification of a process far too difficult to be secretive too, but it might sever the links to the certainty that obscurity can also afford. My sense was that people spoke both to challenge and reassure themselves with real goals in mind, to discreetly discover how they and others truly experienced the process, and to represent themselves as they needed to at that stage of their development.

CHAPTER 3

CONTENT AND PROCESS

A Countertransference Heuristic

> I would go so far as to say that those that (sic) are content to be helped to live with their problems seek treatment; those who seek a cure demand training.
>
> ... and here cure signifies not only relief from the tension and pain of unconscious conflicts, but that larger possibility of finding the full scope of one's capacities and talents which ego-distortions from developmental crises have curtailed and arrested. (Khan, 1974, p. 119)

It is hard to hear (or be) beginning therapists talking about our early experience without noticing the constant, persistent striving, whether it is in supervisions, treatments, evolution with our patients, or, yes, in our research. All nine beginning therapists were working hard to get somewhere both inside and outside, often in the face of what seemed to be both internal and external opposition.

There was an optimal tension in these interviews within a string of dualities, between what was known and unknown, comfort and discomfort, the past and the present, thinking and feeling, as well as between us. I imagine the effect of the interview on all participants was that of a mild but at times satisfying abrasive, as though we were exposing healthy skin to the air. This was an effect which, at first, I fostered alone, but soon I noticed that both participants were striving toward something, making an effort to stay somewhere - but not too close - together. When interviewees began to lose their direction or momentum , I would encounter shame, even irritation if we did not quickly return the interview to its vector. When the tension lessened, the material would begin to go dead, or

wander, resulting in their (and often my) embarrassment or uncertainty. They would question their performance, fidget, or indict themselves as narcissistic for wanting to talk about the topic. When we hesitated or our trains of thought diverged, they would quickly feel self-conscious about the attention on them or would question my interest. As I listened it was obvious that more was going on than data collection, it was a struggle to know and be known in a situation in which the stakes were high. Our quest for competence in this profession was clearly more than market-driven.

The Transference

> "(transference is) a specific reaction to the therapist provoked by inquiry." (Levenson, 1988, as cited in Siegert, 1990, p. 167)

Noticing similar dynamics across most of the interviews, I wondered who I represented to interviewees, why their shame, why their urgency for someone to witness, share and corroborate their experiences. Even in the absence of affect, when it was walled off or denied, I felt their pressure to make sense for themselves over and beyond what I needed as a research investigator, as though the interview were part of a developmental task in which I, briefly, participated.

Of course, some of what I noticed was a product of other factors, the possibility that any interview might elicit narcissistic dynamics as well as the circumstances characterizing this particular interview: my errors in tact and timing, and the vagueness at times of my guidance or instructions. I suspect, though, that some of what I observed in the putative research transference truly followed from the clinical tone of the interview, whatever surprise they may have felt about it, and what I recognized as their desire to sort these issues out for themselves far more than for me.

It seemed as though at times I was experienced as the bad, impinging parent, the one who, through insensitivity or personal preoccupation distracted them from the work of self-understanding. At these moments I felt their anger, irritation, shame, and confusion. At other times I was the good parent, making self-exploration and self-experience possible, facilitating rather than inhibiting their growth, providing a good enough environment in which True- rather than False-self experiencing was possible. When I was the friendly sibling or a witness, I was one who had been through it too, and alongside whom one might grow as with a partner of the past and in the work. But I was also the competing sibling, one who might break their confidences or somehow jeopardize their progress. I often felt I was more than the listener to whom one may have a transient transference-tinged reaction, that these may have been the first steps in their experiment to subject long-guarded material to an overt rather than covert process.

My own countertransference corroborated this, insofar as I felt called upon to help people understand and simultaneously felt held at a distance. Often, I sensed their ambivalence of wanting but not wanting to know, of wanting but not wanting to be known and felt both pulled and pushed to inquire, to desist. Having never conducted an interview study before, I had little experience to which I could compare my reactions. After a handful of interviews in which affect was walled off and I could not infer from rhetorical cues whether the speakers meant what they said or its opposite, I began to rely more and more on my countertransference, often finding myself the recipient of what I understood to be projective identifications. I listened to stories of trials by fire, in which the trainee asserted they had felt fine, that the experience had been good for them, and in the face of their at times grandiose denial, noticed my own anger, shame, or anxiety aroused.

On the basis of my reactions to them, I recognized that I represented specific people at different times in the interview, people they would have know the "truth" about them

who had been part of an old narrative, finished, but awaiting the hoped-for revision (for discussions of narrative, construction, the mutuality of meaning, see: Levenson, 1972; Schafer, 1980; Spence, 1982; Wallerstein's Introduction to Spence, 1982; and for a review, Siegert, 1990). At times I was being used and experienced, whether directly or at a level at which the experience was denied, in a way similar to that of a psychotherapy. What distinguished this feeling was my sense that some certainty was called for, that part of what I was hearing, whether it was denied or not, was a search to know for sure what had happened. It seemed that they wanted to have their experience affirmed definitively, that there were some things they had to know, whether or not it was was with me that they did so.

Clearly, the difficulty with this kind of heuristic in a one-time meeting is in disentangling my transference - that is, my own characteristic reactions, through empathy - and countertransference, - that is, generally speaking, my reaction specific to the speaker, or what they put into me. One can legitimately question the extent to which we can reliably interpret interpersonal dynamics in the context of a single interview. However, I believe there is value in borrowing psychoanalytic constructs - despite the risk of diluting their descriptive power for strictly analytic purposes - to begin to explore the overlap between clinical research and psychoanalytic psychotherapy.

Irrespective of the language we use to describe the interpersonal process, the heart of the interview echoed early strivings, the search for a cure to which we are at least unconsciously committed. Evident in the accounts of most of those I interviewed was the uphill battle to uncover the True Self, and to do that in the service of others, if necessary. Trainees expose themselves to scrutiny and challenge, seek nurturance and guidance in order to become therapists, and find themselves in an almost paradoxical spot: they must go deep into themselves, often excluding others, in order to know and serve those others.

The interview itself at times felt like a repetition. How I was hearing - my sense of their denial, shame, projected feelings - helped me to understand what they said, to recognize the wishes to heal injuries. But the denial served another purpose, it made way for another striving, the effort toward vitality, mutuality, to bring things out into the open not only because they had been hidden but because that was where they belonged. Many were struggling to begin the public phase of a heretofore private one, to evolve in a community of peers.

Trainees in treatment and at times in supervision, embark on the road back, we begin to follow the vein to the motherlode of True-Self experience. But at the same time, as an overlay, we begin a process which is in some ways quite different, a "process (of identity) 'located' *in the core of the individual* and yet also *in the core of his communal culture*" (Erickson, 1968, p. 22). To paraphrase Erickson, we turn our powers of recognition toward fellows by whom we will in turn be recognized, and must direct our needs for activation toward those who in turn will be activated by us (Erickson, 1964, p. 166).

True Enough

We begin our lives, our treatments, our training in the private sphere, searching for what we can and must know for ourselves. We must have some certainty that we can recognize and defend what is true for us and for our patients, we get a grip on our True Selves. As we progress, we move from this environment, in which the history, ours and theirs, is defined, the objects identified, and the narrative foundation, as it were, has been laid. What follows is the interpersonal task, the movement to a mutual stage in which the

truth is made freer. We try to leave our projective cubbies, to loosen our desperate grasp on technique or our own ideas, and move toward mutuality.

In thinking about the evolution of the interview, I realized I had originally thought of what I was hearing as defensive, confused. The unemotional tone had seemed inconsistent with the personal nature of the material, suggesting that the speakers did not mean what they said, denied it, or were unwilling to share it. As I began to look back on the interviews, I saw this another way as well. What trainees told me had been adequate to the job, but I incompletely described the job.

We were coming together to make sense for ourselves and, perhaps, for a witness. I as an interviewer had not fully acknowledged the importance of making this possible. When people spoke flatly, unfeelingly, without insight, it was also because they were unsure of the job and the appropriateness of what they wanted to do. Nevertheless, what they said was true enough for us to continue to talk until we could agree sufficiently on what we could do together.

Beyond that point, when we happened on something important, it felt useful, but we could never be sure it was true. It was so hard to go back, to know anything for sure about what they thought or felt. At this stage, what we said was true enough for us to be together more easily, and then to go deeper until finally, in talking about the present, we arrived at what was most true, what they were thinking and feeling now. Here people could reconsider the past, make sense of it in light of current experience. At this point we were doing the job of the interview, the only one that could really be done, which is knowing enough and together in order to learn from and proceed wholly with all levels of the work.

Once communication between past and present was established, the interviews moved more easily between them with depth and an air of integration. However, we were always subject to the pragmatics of the process. My first subject had said it best, "I think I've said what I mean but if I heard it next week I might disagree." Although she might have been worrying that she had not expressed herself clearly enough, it sounded as though she meant she had expressed herself clearly enough for now, with me, that neither of us could conclude at that time where the truth would be heading.

In many of the interviews we never achieved what seemed a crucial step, the present. Trainees were unable to make full use of themselves as speakers and of me as a listener unless at some point they entered the topic through the door of their current concerns (what they were now struggling with as therapists, as people). When together we had made this possible, the interview suddenly was anchored. The preceding stages (the successive approximations, the true enoughs) had made this possible, but alone were insufficient. My sense was that we finally had to speak to the developmental problems of the present in order to feel on the one hand, that something had truly been shared, and on the other hand that it was so.

After much thought about the material, I finally had to acknowledge my sense that I was being used in at least two ways. If I used my feelings to guide me, I felt called upon in the transference to collaborate in knowing (or in denying) with certainty. This experience had a quality of insistence, like an unconscious pressure to solve a problem once and for all. The other way in which I was used was more of a real-time process for more interpersonal, yet still developmental purposes. In it I merely tracked and traced what was alive, and came to feel that there what I was told was almost fortuitous, the words seeming important primarily for the saying and movement together.

There are ways in which these two features may serve, even be, the same function. In both, two people interact in ways that are at least loosely based on earlier relationships and in which together they try to discover something between them. However, it also seemed to me that the second way of listening, finding the aliveness, had a different function as well, and was based more in mutual construction than in cure. I do not know whether it is possible to make this distinction, but it seemed to me that we were doing two jobs together. One, perhaps unconscious, was to find a witness, perhaps a healer - although that was not the function of the interview - and the other was a mutual excitement leading to and linking the very presentness of things, what is pressing now, to the past. This latter is different from a transference interpretation, which uses a behavioral cognate of the past occurring in the present to make sense of a repeated behavior. What I refer to here is a different developmental function entirely, to evolve mutually in the service of an identity - or self - striving.

We might be trying to do several things at once (and probably more), seeking to cure ourselves of very early narcissistic injuries, trying to know and be known. We work through, and the doing requires an experience of certainty, that someone sees something true about us, that we see this, and acknowledge knowing something true about them. My guess, based on my own experience, and that of what others have told me, is that this is almost a criterion of knowing in the early stages of treatment. We feel we must have someone witness and acknowledge what we say and help us to understand it in a way that is adequately definitive. The early stages of training sounded oddly similar to me. We quest for certainty, the way to do things, we may grip our ideas with desperation, requiring some sense that we are on the right track. We need to know that our experience and the knowledge that arises from it are valuable, honored, reliable, that they have power. Otherwise, we have little faith in their use.

At the same time, we try to find our place among others. This is a mutual task, a negotiation of meanings in which perhaps we hope to abandon our tenacity to certainty to create an environment of meaning in which we can live together. But this can only be built on the sense that when we speak we do so knowing we can be heard.

To me, the interview had turned on its head. Rather than seeking facts, I found us seeking accomodation, assimilation, growth, and only secondarily, the truth that served them. The unspoken goal of the inquiry - mine and, I believe, theirs - was to master and integrate experience, to find out what was worth knowing; what was said seemed merely true enough for this to take place.

Two of the participants I interviewed late in the process told me that this had been an interview most like therapy, "although not inappropriately," of the research projects in which they were involved. They claimed to have learned from and to have been changed by the experience, and also to be thinking differently about the ways in which they might conduct clinical and research interviews. Both said that the experience had returned them to an awareness of the process of becoming a therapist which they had not felt for some time and that it had given them a sense of where they might be headed. I could think of no better criterion for validity. My goal, after all, had been to talk to therapists about the process of becoming a therapist. That they were speaking from their experience of evolution was good enough for me.

Becoming: Further Speculations

> (A sense of identity is) a subjective sense of invigorating sameness and continuity" (Erickson, 1968, p. 19)
>
> and which William James describes as,

> ... discernible in the mental or moral attitude in which, when it came upon him, he felt himself most deeply and intensely active and alive. At such moments there is a voice inside which speaks and says: "This is the real me!" (The experience includes,) "an element of active tension, of holding my own, as it were, and trusting outward things to perform their part so as to make it a full harmony, but without any guaranty that they will. Make it a guaranty ... and the attitude immediately becomes to my consciousness stagnant and stingless. Take away the guaranty, and I feel ... a sort of deep enthusiastic bliss, of bitter willingness to do and suffer anything ... and which, although it is a mere mood or emotion to which I can give no form in words, authenticates itself to me as the deepest principle of all active and theoretic determination which I possess. (as quoted in Erickson, 1968, p. 19. Erickson equates James' term character with identity)

Identity, then, is a process, not an arrival; for us, it may be a vital effort overlaid on underlying primitive strivings to be known at all. The process of identity for beginning psychotherapists seemed a battle for vitality and viability, and the struggle, the exposure, had also evoked the shame of repetition.

As we move through training we may be discovering whether an identity we have already had, one grafted on early despite our emerging natures as individuals, can evolve and be more truly integrated, for Erickson, enlivened. (Indeed, in the narrative of many students clinical psychology was a career default after they had lost interest in or failed at other jobs). The work of identity as an integrative process may have distinct features for psychotherapy trainees: we may be working effortfully, and perhaps pathologically, to assimilate that False Self, to innervate a psychic exoskeleton.

A good friend with whom I had talked often about the experience of something changing, something dying, said she thought in retrospect "it had more to do with therapy" and the fear that being a professional meant that she would lose her vitality. These were discounting statements, but to me they reached to the heart of the matter. In assimilating an exoskeletal apparatus, perhaps we fear that it is all we can be, that we leave our personal

possibility behind us. This is of course inherent in the nature of any choice to follow a path; for the time being at least we exclude others, but it has seemed to me that there is something more to this sadness than a narrowing of choices. It has more to do with the fear, and possibly the truth that in becoming therapists we are saying "Whether or not this was mine at the start, I must make it mine now. I will never know who I would have been."

Perhaps some of what is dying in us is our resistance to that identity becoming ours, we come to accept the mantel, gaining ourselves in a new form but losing our pure possibility as the child before she became a caretaker. Aspects are freed through treatment, through training, but always through the membrane of the therapeutic self.

To me, and possibly to the participants in the study, the creaking, wrenching change has felt like that of the embryo, in which the endothelium, the outer layer, folds in and forms the gut.

The Value of Knowing

Part of our interaction could be described in transference dynamics. In it, I noticed walled-off affect, projections, even projective identifications. Through it I inferred who, in particular, I was to them and the dynamics developed around content having to do with narcissistic issues, injury, exposure.

We are also trying to negotiate a place among others. This is more a task of mutuality, of building agreement and a place to live together. As we do this, we reach

some kind of compromise between who we might have been and who we are becoming, this is about the infolding of external structures, an integration of self-aspects.

These are all ways of knowing that have their roots in developmental needs. Varying along a dimension of knowing, we establish alone and together what is true enough for growth. Ultimately, perhaps, we strive for what is true enough for us to be together as ourselves.

Narcissistic Instruments

As children we were fashioned to serve others, to receive their experience, and protect them from injury. Our victories and losses were theirs. When still young we held them, and later cared for them in our selves (Miller, 1982). We started out working for our families. As we become therapists we must somehow make the work ours.

The irony is that the work never quite becomes ours; as we near it, the unconscious goals of curing parents, the self, recede. Even the conscious goals are modulated, adjusted; the dissonance between what is possible and desirable is reduced. We discover how hard and inconsistent getting results actually is, and yet we get better at it. While it was their (our parents') work in the fantastic moments of success, it is now years, our years in the realistic light of mere improvement. It is a tragic pursuit, because we can cure neither those inside or outside.

To many the process of training, possibly like that of treatment, seemed to be in simultaneously gaining and losing the power to do the work. In the daily battle with uncertainty we are rewarded by loss because ambiguity is our goal. By definition, there

can be no mastery of uncertainty; consequently, as we become therapists we approach the achievement of professional ambivalence (an analog of the achievement of amibivalance, Klein, 1964).

There can be shame in the surrender to Ghent's "stupidity", a challenge to our narcissistic omnipotence. We make those discoveries in the eyes of those around us - a supervisor, perhaps - and those inside us - the introjected other, or our own observing selves. We learn: You Don't Know. You Can't Know. The "one last fling with pathology," the many challenges to competence, both real and in repetition (if we can distinguish these) are, among other things, enactments in a laboratory of our own selection. We may seek those opportunities to break through, or to surrender, but not to success, rather, ambivalence.

The struggles that bring true rewards are those of deepening and strengthening ourselves and our patients. These are the object of that constant striving, the effort to surrender to what is so and what is shared.

CHAPTER 4

IN RETROSPECT

These are the impressions of someone gradually developing a way to talk and listen. The moments in which the true data emerged - those which felt mutative and were ultimately anchored to trainees' experience in the present - were actually quite rare. By allowing myself to follow that thread of aliveness, I was able to begin to integrate the empirical and clinical, now resulting in an epistemological stance for both kinds of work. I would love to be able to turn back the clock and conduct the interviews again, using the heuristics and experience I have now.

The most useful, informative conversations to me may be therapeutic slices-of-life, sea voyages in which we row together; therefore, were I to conduct another study of this or any other process, I would describe the technique of the interview more explicitly to my subjects. In this way we might eliminate much surprise and discomfort that might accompany such a project.

I would also try to anchor the material in their present concerns, find a state of optimal tension there, and reconnoiter the transference. How could I understand my function for them, what could I use of my own reactions to discover this?

Finally, I would ask why they participated in the study, what, if anything had the conversation made easier, more possible, more difficult? And I would ask their impressions of the format itself.

I wondered, and at times worried, about what the interview had been like for the participants. Although we discussed this briefly at the end of each one, interviewees usually preferred to focus on material that had been stirred up in the conversation. In a future study, I might offer a transcript or tape to participants who were willing, and ask them to annotate it with what they could recall of their concurrent reactions and thoughts.

CHAPTER 5

WHY RESEARCH?

> ... Scientists may learn about the nature of things by finding out what they can do *to* him, but the clinician can learn of the true nature of man only in the attempt to do something *for* and *with* him. (Erickson, 1964, p. 80)

Research is both public and private. Our questions begin with us; they are often products of very personal histories. We think and write alone but when we do, we speak to someone, we use the help of others, we may inquire of them. Finally, we present to others, both inside and outside, and we must reconcile what we hear from those internal and external voices.

The researches that people described to me (although tangentially because research was not the topic of our interview) were often intensely personal efforts. The more I talked with other students, the more I heard of their choices between what they shared about their work and what they did not, what they needed to hide and to reveal. Many camouflaged what they knew as well as what they did not know. This is reminiscent of the experience of treatment and what we train ourselves to note in conducting treatment.

Among other things, research in psychology demands that we question it all, yet we often prove the obvious while assuming the obscure. As clinical researchers, we can draw on our ability to make the covert overt, as we do in psychotherapy, and may hope to explain, even objectify, but in many ways are merely expressing. What happens to our

internal experience - as researchers, as subjects - as it is communicated? Why, ultimately, do we speak?

The process of doing qualitative research, often like doing clinical work, is cathected, fraught with meaning, and conducted in a highly characteristic manner. It is clear that we choose our methods, our topics, to further personal, at times developmental ends. These personal, clinical reasons influence our epistemological choices; we use ourselves and our clinical judgment to evaluate and shape our findings. In a relativistic scientific environment in which uncertainty is the rule rather than merely error variance, what, in the most personal way, do we demand of research? And we must ask personally, because we as people do and care about research.

APPENDIX A

INTERVIEW #1

This is an inquiry focusing primarily on your experience of becoming a therapist. As we go on we can begin to speculate about the meaning of your experiences and discuss ideas regarding the impact of training, but I would especially like to try to recapture together, if possible, some of the evocative aspects of becoming a therapist, how it has actually felt.

Beginnings and Overall Description of the Effects

Have you ever thought or talked about the experience of becoming a clinician (the impact on you as a person, on your inner life) before? If so, how?

Do you recall having any expectations, hopes or fears about the ways in which becoming a therapist would affect you as a person? (Prompt for memories of feelings or events at the time they decided to become a therapist.)

Is your experience of becoming a clinician different from what you had expected? If so, how?

Does the process of becoming a therapist remind you in any way of any other(s)? How are they the same? How are they different?

(Possible probes toward metaphor if description is difficult, likening themselves, the experience, their patients to other functions, processes, people):

I thought that being a therapist would be like (being a...) or (doing ...)

When I first began doing therapy, it felt as if I were (liken to other self-states)

Being a therapist is like being a .... (except) (liken to other functions)

When I first began doing therapy, I felt ... (mood)

Or, if they talk more in terms of doing the work itself:

Has your work with clients changed over time in a way that suggests an inner change in you?

Moods (if no spontaneous discussion of moods above)

Have you noticed any pattern or change in your moods over the course of months or years in training? (feeling depressed for any length of time, excited, empty, bored, angry, hopeless, etc?)

Have you ever had times like that before?

Has that experience reminded you of any other?

(If the interviewee can make no association with her own previous experience, inquire about that of people close to them, family)

How do you understand this experience in light of earlier ones? What do you feel this state was about, what has been going on?

Have you ever noticed being in a particular mood before, during, or after sessions? If so, what do these moods remind you of?

Characteristic Experiences (to prompt associations to doing the work)

When you are in sessions, do you have any characteristic experiences, that is, do you have thoughts, images, hear voices, have memories, hear phrases in your mind that are comforting, helpful, intrusive?

To what or whom do you associate these experiences?

Dreams

Do you recall any salient dreams over the course of training that might relate to the experience of becoming a therapist (whether or not you understood them then)?

Do you recall any daydreams which relate to becoming a therapist?

Use (select from among following prompts depending on whether or not use or instrumentality is referred to above and, if so, possibly in the language of the self, parts of the self, etc.)

Would you say that training has affected your relationship with yourself? How?

Would you say that training has affected your relationship with parts of yourself? If so, how?

Have you ever heard the expression, "you are the instrument"? Does this have any meaning for you?

Art, Self-Expression

Have you noticed any changes in your experience of the arts?

Have you noticed any changes in your self-expression (artistic or otherwise?)

Meaning and Knowing

What is your relationship to meaning? Has this changed?

What is your relationship to knowledge? Has this changed?

Identification

Is there any person or people with whom you have identified through the process?

Therapy

Have you ever been in therapy? Are you now?

Ways of Thinking

Are you aware of any change in the way you have thought or felt about the process overall since you started training?

Interpretation

Does anything more occur to you now of other experiences that seem relevant?

In thinking back over (the hour, the last couple of hours) what stands out to you as especially important?

Is there anything we have discussed that you would like to interpret more fully?

Is there anything you feel I might have misunderstood, or an error in emphasis that you would like to put right?

How has this process been for you? Do you have any suggestions for how it might be improved?

Do you have any questions?

Reminder

Our discussion is confidential and written records will exclude identifying information. When the study is complete, tape recordings will be destroyed. If you have any questions later, please feel free to call me.

APPENDIX B

INTERVIEW #2

We, as clinicians and as people, are shaped by many influences: our histories, our environments, our patients. I would like to focus here on a few aspects of our experience as beginning therapists and as people, and how or whether we make sense of the process and our work as we progress.

Most people tell me they have not had a chance to talk about some of these questions. I expect that you might want to take your time in recalling aspects of your experience that you may not have thought about for some time. Obviously, there is some revision in all recall, and I will be interested in your current perspective on past experience. But try at first, if you can, to recreate different phases of experience as you respond here.

To orient ourselves, let us review the nature of your work so far; could you summarize briefly the kinds of teams you have been on, practica, supervisors, populations you have worked with?

Becoming a Therapist

Let us pause here for a moment. I would like you to take some time to recall a memory, or imagine a story, an image, a vignette, or even a movie or a book, that could capture here your wish before doing the work to become a therapist? Could you interpret it for me? What do I need to know about you (and possibly your family) to understand that?

Have you been surprised in any way by the nature of the experience of becoming

a therapist?

What has been hardest for you about the process?

What has given you the most satisfaction in becoming a therapist?

What has given you the most pleasure in becoming a therapist? If there is a distinction here, what is it?

Supervision

I would like to talk now about some of your experience in supervision, bearing in mind that supervisions can vary widely depending on the supervisor and the patients supervised. We will focus first on a few occasions in supervision and then, if necessary, round out the discussion in whatever way you feel is appropriate.

Take your time, and try to recall a few pivotal events or moments in supervision, preferably spanning the range of your clinical experience so far. (List them)

What do they tell you about where you were in your development at the time?

What do you think those supervisors would have said were the most pivotal? (List them) Why?

What do these memories - or anything else - tell you about the way in which supervision was being done?

Do they tell you anything about your relationship with those supervisors?

Who would you say has been your most helpful or meaningful supervisor (you do not have to tell me who it was)? Is there a distinction? Why?

Who was your least helpful supervisor? Why?

How do you judge whether supervision is helpful? Has this changed over time?

Have you noticed a change in the way you use supervision?

Have there ever been times when you have been unsure about whether an issue is appropriate for supervision? How did you make the decision?

Therapy

I am going to ask you a few questions about how therapy figures in your life. Obviously, this is a rather more personal area of inquiry, but one which I feel has real bearing on our development as clinicians. Please feel free to take your time as we go through this section to decide how or whether you want to address each question. It is up to you to determine the depth and specificity of your answers. I am primarily interested in process rather than content, your experience of therapy and the way it has influenced you, and the juncture of personal and professional process.

Have you been in therapy yourself?

If not, how do you think about therapy for yourself?

How do you think of your wish to become a therapist in terms of your own developmental process?

Is there any way in which becoming a therapist addresses issues that might be the focus of therapy for you?

If so, briefly, when, where, and how long were the therapies?

I would like you to think for a moment and recount a moment or a story that captures your resolve to enter treatment, and possibly a phrase or image of what the experience(s) was like,.

Were you surprised in any way by the nature of the experience of treatment?

Think for a moment of a few of your most pivotal events in your own therapeutic work? Why and in what way were they pivotal?

What do you think your therapist would say (have said) were the most pivotal? Why?

What does this tell you about the way the work is done?

Can you characterize theoretically your own treatment? If not why not? Has your sense of that changed over time? If so, in what way, and why, do you suppose?

What is the hardest thing about therapy?

What gives you the most pleasure? What gives you the most satisfaction? Is there a distinction?

Is there a way in which your clients have entered your own treatment? How does that work, or if we can put it this way, what part(s) do they play in your work?

Clients

Can you recall in your work with clients a few moments which were especially pivotal in your development as a therapist?

Can you recall a few vivid memories in your work with clients which you felt were pivotal for them in their work with you?

Can you imagine (or did they tell you) what they considered to be pivotal moments in their work with you?

What does this tell you about the way in which the work was going or how it was being conducted?

Think for a few minutes and try to characterize to yourself what it is that you are trying to do with your patients right now. Before you speak, try to be sure it is not something you heard you should be trying to do, but what you have actually been struggling to do. Beyond what is specific to each client, is there something you can say about the way you are working that is common to your work with all your clients?

How do you understand this in developmental terms - as a therapist, as a person in development, as a patient (if you are a patient)?

If you were to take a stab now at how you would conceptualize your work with patients, how would you do it? Does a particular theorist appeal to you? What about that

way of thinking (or about the theorist) is appealing? What does it help you with? How does it help you?

Has this way of thinking changed for you over the course of your experience? If so, I'd like to try to retrace some of those changes.

What was the nature of your supervision?

Was there an internal change in you that made this possible or, how were you working in therapy?

Was this in regard to a particular kind of work (with patients, a certain population)?

Mutual Influence of Treatment and Training

Would you say the (earlier) had (has, will have) any bearing the (later)? How?

Would you say the (later) experience has changed your understanding and experience of the (earlier) one? How?

How have your feelings about being a therapist changed as a function of training?

How have your feelings about being a therapist changed as a function of treatment?

How have your feelings about or sense of yourself changed as a function of training to be a therapist?

How have your feelings about or sense of yourself changed as a function of being in treatment?

What do you feel has most limited your growth as a therapist in the outer world?

What has most limited growth in your inner world?

What do you think has most enhanced growth?

How has treatment enhanced training or detracted from it?

Has training enhanced treatment or detracted from it?

Do you feel training endorses treatment?

What has your sense been of supervisors' attitudes regarding treatment for trainees?

Have you had any sense of their attitude toward your treatment (if you are in one)?

Is there any change you would make in the way the issue of treatment for trainees is handled by the training program or by supervisors?

Is there anyone with whom you discuss these issues (friends, supervisors, therapist)? Why or why not?

Psychoanalysis

Have you ever considered becoming a psychoanalyst? Why? Why not?

What is your sense, views, expectations of their training? (Do you have any hopes, fears for personal and professional change? How would you compare the two training experiences?)

Have your feelings changed about continuing to be a therapist? Are you more or less certain about it? How? Why? Have you considered any alternatives? If so, what and why?

Debriefing

Do you have any questions?

Would you like to change the emphasis of anything you've told me?

Are there any omissions you would like to correct?

Any feedback you have about the interview process is welcome.

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