A PHENOMENOLOGICAL INVESTIGATION OF THE BEGINNING THERAPIST'S EXPERIENCE OF THE FIRST SESSION OF PSYCHOTHERAPY WITH THE FIRST PATIENT.

by

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INTRODUCTION

The aim of this project is to come to an understanding of how the situation of the first session of psychotherapy with the first patient is lived by the beginning therapist and what meaning this situation holds for him.

The writer's interest in this phenomenon grew out of her own experience of this situation as a clinical Masters coursework student, an experience which was of important to the writer and meaningful still as a therapist in training.

In dialogue with experienced therapists the importance of this situation was again made apparant. It was the opinion of these therapists that although for some the details of this experience had become dulled by time, what remained meaningful to them was that this experience was seen as the beginning of a project which remains important to them - they identified this situation as an important moment in the history of their development as psychotherapists.

In the hope that the literature pertaining to psychotherapy would throw some light on this situation, the writer turned to a number of sources in this area to discover that no literature available to her elucidated this situation in a holistic manner. This led the writer to go back to the beginning therapists themselves so that they may speak for themselves of their experience of this situation.

A phenomenological method of enquiry is implemented in this study as it renders the subject matter accessible to investigation, and allows it to

reveal itself as it essentially is. This project is then an attempt to come to a general description of the beginning therapist's experience of the first session of psychotherapy with the first patient and thus to articulate the structure of the beginning therapist's lived situation (world) in this context.

CHAPTER 1

REVIEW OF THE LITERATURE

The aim of this investigation is to gain a holistic understanding of the beginning therapist's experience of psychotherapy. It was hoped that through a review of the available literature in psychotherapy research, material would be found which would elucidate the therapist's experience of psychotherapy; the specific area of interest in this regard being the beginning therapist's experience of the first session of psychotherapy.

Research in psychotherapy was found to be divided into investigations concerning the process of psychotherapy - investigations into specific factors of importance to the process of psychotherapy dealing with method, techniques and approach, and psychotherapy outcome - investigations into the specific factors related to the effects/efficacy of psychotherapy. The therapist, the patient, and the relationship between the former and the latter are isolated as three separate entities for investigation, the relationships found between them in terms of the more specific aspects of process and outcome being measured and expressed statistically as significant or not to either process or outcome concerns. Research was found pertaining to the beginning therapist, but as related specifically to therapist level of experience and the relationships between this particular factor (or variable) and process and outcome considerations. These studies do not thus address the beginning therapist's experience per se, but rather suggest the difference and similarities between experienced and inexperienced therapists in their attitudes and workings in psychotherapy.

Auerbach and Johnson (1977), present the most comprehensive review of the

research in this area, a summary of which is presented below.

As pertaining to the process of psychotherapy the authors conclude that although the research presents contradictory findings, certain suggestions are warranted regarding therapist interventions; that inexperienced therapists make 'safe' interventions (they reflect more, their interventions are more exploratory and they tend to avoid confronting their patients), they also tend to participate less, following the patient's lead as opposed to taking the initiative (Campbell, 1962; Mitchell and Hall, 1971; Strupp, 1958).

Experienced therapists, on the other hand, take the initiative, are more talkative, participate more actively, and commit themselves more readily, than do inexperienced therapists (Ornston et al, 1968; Strupp. 1955b, 1958).

It is further suggested that experienced therapists establish better relationships with their patients than do inexperienced therapists. Experienced therapists communicate more effectively with their patients (Fiedler, 1950b, 1951), their levels of positive regard (Barrett-Lennard, 1962; Beery, 1970), congruence and empathy are higher than for inexperienced therapists (Barrett-Lennard, 1962) and they do not tend to distance themselves from their patients as do inexperienced therapists (Cartwright and Lerner, 1963).

> "The new therapist is more open to threat and more easily made anxious by seeing clients as similar to himself, and so does more defensive distancing" (ibid., p.89).

Regarding therapist attitudes, Auerbach and Johnson (1977) suggest that changes in attitude do take place with increasing experience, although the research findings pertaining to this area are not conclusive. Experienced therapists are more self-disclosing, more interpretive, believe more firmly that affect is of importance in therapy, and behave more variably from session to session (Anthony, 1967; Rice, Gurman and Razin, 1974). Although experienced and inexperienced therapists agree as to the characteristics of patients with good prognosis, inexperienced therapists prefer verbally active patients who take the initiative in therapy (Bergins et al., 1971). Inexperienced therapists tend to view their patients as having more positive qualities than do experienced therapists, and are more optimistic about the outcome of their endeavours (Brown, 1970).

No conclusive findings pertaining to outcome was reported. There was some support for the belief that experienced therapists attain better outcomes than their inexperienced counterparts (Begin, 1971). However, Grigg (1961) found that patients evaluated their therapy experience as helpful regardless of their therapist's level of experience. It is suggested that perhaps the inexperienced therapist makes up for his lack of mastery in his enthusiasm for and interest in psychotherapy. For as Auerbach and Johnson (1977) assert,

> "With experience, mastery undoubtedly develops, and it is most gratifying to lose one's early feeling of uncertainty, anxiety and preoccupation with self in the role of therapist" (ibid., p.98).

The research studies presented above tease out isolated and specified aspects of the beginning therapist's ways of dealing, attitudes, beliefs

and efficacy in psychotherapy as opposed to that of the experienced therapist, and do not, as previously mentioned, focus on the beginner's experience of psychotherapy per se.

Turning to the research found that aimed at focusing on the therapist's actual experience of psychotherapy, it was hoped that this area of investigation would prove more enlightening as regards an integrated understanding of the therapist's experience of this situation.

Going through this literature, it was discovered that traditional research appears to have shied away from this potential area of investigation. Orlinsky and Howard (1977) echo the dearth of studies investigating the therapist's experience, and in their review of this material, cite only three studies focusing on this phenomenon (Snyder, 1961; Meyer, Borgatta and Fanshel, 1964; Orlinsky and Howard, 1975). Various texts and other sources of literature in the area of psychotherapy do present informal accounts of therapist experiences of psychotherapy, but few scientific investigations of any sort are apparant. Why should this be so?

Cutler (1966) has put forward that although it has been acknowledged that the person of the therapist - who he is and what he does - is of central importance to the therapy endeavour, therapists are reluctant to open to investigation their own personal involvement, their feelings and difficulties, in psychotherapy. This apart, it has also been reported (Fitts, 1965) that therapists have difficulty describing the experience of being-therapist. Orlinsky and Howard (1977) believe that it is a particular stance taken by therapists as regards psychotherapy which makes it difficult for therapists to view their experience of psychotherapy as a

legitimate area for investigation. These authors posit that it is commonly accepted by therapists that the patient is the focus of attention in the psychotherapeutic endeavour, that therefore, therapy is for the patient and is conducted by the therapist. This in turn implies that the therapist does therapy, and the patient thus experiences it, the patient being the receptive participant whilst the therapist is seen as an instrumental agent of treatment. Focusing on the experience of the therapist then, appears not to be congruent with the aim of psychotherapy which is to affect the patient, and not the therapist. It is suggested further, that this commonly held view leads to misleading beliefs about psychotherapy, the first being that the patient is conceived of as an object of treatment, and, more importantly for the therapist, that he is an impersonal instrument.

> "This image suggests that the therapist, qua therapist, does not participate as a person - that, in effect, he has no subjective experiences in psychotherapy that are worth studying. This implies that the therapist's experience, such as it is, is not truely integral to the events of the therapeutic process" (ibid., p.566).

This further admonishes the therapist that he should not have subjective experiences in this situation.

The attitude of the therapist as impersonal instrument may also lead to the misleading belief that although the therapist may have subjective experiences in psychotherapy, and although these experiences may indeed be meaningful to him, they are essentially unimportant, as they have no direct bearing on the patient's experiences. It is only the therapist's

technical responses that are important in his encounters with his patients.

Orlinsky and Howard (1977) conclude that it is these very beliefs which contribute to the previously mentioned therapist reluctance to more closely, or rather, more openly explore their experience of psychotherapy. It is exceedingly difficult, in my opinion, to conceive of the therapist and the patient as respective instrumental and receptive objects in an endeavour which holds as it's most central feature the rich and meaning impregnated relationship between the latter and the former. The above authors stress that:

> "The therapist is a person, however much he may strive to make himself an instrument of his patient's treatment. As a person the therapist is necessarily both acting and experiencing in the therapeutic process" (ibid., p.567).

Orlinsky and Howard (1977) decry the lack of research pertaining to therapist experience of psychotherapy, and in answer to the need for research in this area undertook an investigation of this phenomenon (ibid., 1975).

In an attempt to understand the therapist's experience of psychotherapy, the authors developed a structured response questionnaire - The Therapist Form of the Therapy Session Report - containing 152 items covering 10 facets of the therapist's experience during a psychotherapy session. The 10 facets were then subdivided into 6 focusing on the therapist's experience of the patient, and 4 focusing on the therapist's experience of self. The delineated facets are as follows:

The therapist's experience of the patient's: 1) dialogue (content), 2) motive for psychotherapy, 3) concerns, 4) feelings, 5) behaviour, 6) self-adaptation (patient's self-experience).

The therapist's experience of his: 1) aims (goal/s of session), 2) behaviour, 3) feelings, 4) session development/evaluation (the therapist's experience of the therapy as an ongoing interpersonal act and his evaluation thereof).

The researchers wished to discover the frequency with which the content occurs across items in each of the 10 facets as reported by the therapists; for example, focus: dialogue - what does each therapist experience the patient as talking about in a session and how often do these reported items occur across the sample of therapists. Although the stated aim of the study is the experience of the therapist, this research, albeit meaningful, fundamentally investigates the process of psychotherapy and is concerned with the measurement of specific variables relevant to the process concerns. The cited investigation thus does not elucidate in a holistic sense an understanding of the therapist's experience of this situation, although it's authors acknowledge that psychotherapy is a process of experiencing for the therapist.

Although no research was found investigating the therapist's experience, and specifically the beginning therapist's experience of psychotherapy holistically, other sources were found which, albeit indirectly, allowed a glimpse of the beginning therapist's situation, the issues, difficulties and challenges which he faces. These sources take the form of texts

addressing the situation and issues confronting the beginning therapist, written either specifically for the beginner or those involved in the teaching and training of psychotherapists. In addition to the texts addressed directly to the beginning therapist, literature on the teaching of psychotherapy, specifically material regarding the supervision of the beginning therapist was consulted in the hope that from these sources, the beginning therapist's experience could be gleaned.

Central to the literature specifically addressed to the beginning therapist is the emphasis on the learning of skills appropriate to psychotherapy. The authors present a framework through which the beginner may familiarize himself with the process of psychotherapy. This material, however, also explicitly aims to respond to the needs of the beginning therapist for support and reasurance, and to "reduce the inevitable worry and self-doubt we all experience when starting out" (Gottman, 1974, p.1). That this situation is often painful and anxiety provoking, is echoed by all those addressing this situation - that making the transition from student to professional status is indeed difficult for the beginning therapist. Zaro et al (1977) observes that although the beginning therapist has spent a considerable time familiarizing himself with the theoretical aspects of the psychotherapy endeavour, he may well be ill prepared thus for practical training. This notwithstanding, the performance demands on the beginner are great, these expectations being held both by the beginners themselves and by those responsible for their training. The beginning therapist is thus confronted by many complex and confusing issues of both a personal and theoretical nature, and the path to becoming a therapist demands great changes on the part of the therapist and is an often painful and awkward

experience for those who embark upon it. The authors observe that:

> "In our experience with neophyte therapists we repeatedly encountered their feelings of impatience, self-doubt, frustration and disappointment" (ibid., p.vi).

In their texts aimed at the beginning therapist, Brenner (1982), Kramer (1970) and Gottman (1974), stress matters of technique and discuss process and practical issues of importance to the beginning therapist. Zaro et al (1977) likewise deal with similar matters but include in their text the discussion of the difficulties, fears, uncertainties and confusions which the beginning therapist experiences in addition to the more technical concerns mentioned above. There follows a summary of the major difficulties, fears, feelings and meanings experienced by the beginning therapist as gleaned from the various sources consulted regarding the teaching, training and supervision of psychotherapy, in addition to Zaro et al (1977) already cited above.

Anxiety is experienced intensely by those on the path to becoming a therapist. The literature is shot through with references to the beginning therapist's anxiety in this situation. Mueller and Kell (1972) refer to the painful anxiety to which the beginning therapist is vulnerable on initiating his training in psychotherapy.

> "Such anxiety can occur when a beginning therapist sets about the complex, difficult, oftentimes seemingly impossible task of learning how to help others with their problems" (ibid., p.63).

Zaro et al (1977), Rioch (1976) and Mueller and Kell (1972) identify as

ubiquitious adequacy and competence concerns as sources of anxiety to the beginning therapist. When embarking upon a training in psychotherapy the neophyte therapist is anxious as to whether he will be adequate for the task to be undertaken. Beginners feel anxious about their lack of experience and insecure about their limited skills. Seeing patients in psychotherapy is thus a discomforting possibility, and, when confronted by this reality, experience an "acute sense of incompetence and an inner void" (Sharaf, 1964, in Chessick, 1971, p.89).

Further, Zaro et al (1977) assert that the beginning therapist's competence concerns are also of a more specific nature, in that the beginner fears being perceived as incompetent by the patient with whom he will work. Related to the latter, the authors note, is the beginner's fear of losing his patient and the ramifications of this loss regarding his peers and supervisor. The beginner is thus concerned not only as regards his patient's estimation of his competence, but also that of his peers and supervisor.

Rioch (1976) and Zaro et al (1977) identify the therapist's lack of experience and also importantly his lack of 'credentials' as a sensitive area of concern for the neophyte therapist. The beginner fears his patient's reaction to his lack of professional status, and is often confused as to how to deal with this issue with his patients.

> "Many students have difficulty conveying both that work is being supervised and monitered and that, nevertheless, they are themselves competent and confident" (Zaro et al., 1977, p.16).

A further source of anxiety for the beginning therapist is the initial interview with his prospective patient (Bowman et al, 1978). Zaro et al (1977) describe the initial interview as a demanding and anxiety-provoking situation for the beginning therapist.

The literature reviewed revealed that supervision also is a major source of anxiety for the neophyte therapist, Cohen (1980), Langs (1979), Zaro et al (1970), Mueller and Kell (1972). Chessick (1969) describes supervision as a "situation fraught with anxiety" (ibid., p.162) for the beginning therapist.

Supervision is viewed by these authors as the major teaching tool available to the neophyte in his development as a psychotherapist. Although the supervisory process is acknowledged as difficult for the beginning therapist, it is precisely the means through which he learns to work effectively in psychotherapy. Supervision is necessary, according to Lampl-De Groot (1980), "as a help to overcome the initial anxiety and insecurity" (ibid., p.221) of the beginning therapist. The supervisor thus stands to support the therapist whilst he acquires the knowledge, skills and insight necessary in the psychotherapy endeavour. Whilst the beginner is anxious about supervision, his supervisor is very important to him. Zaro et al (1977) points out the importance of the supervisor to the beginning therapist thus:

> "Many students are insecure about their own judgement and skills and rely heavily on their supervisors for direct suggestions for action" (ibid., p.12).

Supervision is also according to Langs (1979), the means by which the therapist in training is evaluated as to his competence in his interventions with his patient. Zaro et al (1977) point out that this fact exacerbates the difficulty of supervision for the beginning therapist as he fears being evaluated negatively by his supervisor and thus exposes with difficulty his uncertainties and weaknesses in his work with his patients.

A belief commonly held by new therapists which serves to intensify their adequacy concerns is the view that their supervisors, unlike themselves, have no difficulty with their own patients. In comparing themselves with their supervisors Console (1976) asserts that the beginner is often

> "overwhelmed by the appalling contrast between (his supervisor's) and his own painful and stumbling performance with his patients. He believes that his teacher's therapy sessions move on well oiled wheels..." (ibid., p.25).

In the literature pertaining to the teaching, training and supervision of psychotherapists, the issue of anxiety and the beginning therapist has long been pondered. Concern as to this issue has been generated by the observation that the neophyte therapist's anxiety interferes with his ability to learn and benefit from supervision, as well as having a disabling effect upon his skill in working with his patients. Mueller and Kell (1972), however, point out that anxiety is intrinsic to psychotherapy and unavoidable when one is learning to be a therapist, and asserts that the experience thereof is not necessarily only of a negative nature. He states that:

> "Any significant human relationship is charged with anxiety. This view is not a pessimistic one. Each resolution of anxiety can be an emotionally maturing experience, broadening perspectives, and deepening relationships" (ibid., p.8).

To conclude, it appears from the discussion above that the journey which the beginning therapist embarks upon is seen to be an exacting, difficult and demanding one, fraught with doubt and anxiety, the authors cited stressing the trying nature of this situation. Jackel (1982), whilst agreeing that this is indeed so, asserts also that beginning a training in psychotherapy is a milestone for the beginning therapist, a culmination of past wishes and hopes, and that this journey may well be also an exhilarating and exciting one.

CHAPTER 2

METHOD

It is beyond the scope of the present study to present a detailed rationale of the phenomenological approach in psychology, or to defend the use of a phenomenological method of inquiry for research purposes. The following comments are, however, appropriate in view of the nature of the subject matter (phenomenon) under investigation, and the method used in an attempt to come to an understanding of this phenomenon.

The phenomenon under investigation is that of experience, experience of a particular situation and in a particular context - the beginning therapist's experience of the first session of psychotherapy with the first patient - subject matter traditionally deemed unsuitable for rigorous scientific scrutiny as, by its very nature, it denies quantification. In order to investigate a phenomenon of this nature, the writer was in need of a qualitative, as opposed to a quantitative methodology, an approach which would relish the richness of human experiencing, and which would regard the diversity of human experience as legitimate subject matter for investigation.

As the task of phenomenology is to understand phenomena as they are experienced by people in the everyday lived-world (Lebenswelt), and as phenomenology is concerned with the world as given in direct and immediate experience (Valle and King, 1978) in order to go "back to the 'things themselves'" (Husserl, 1970, in Giorgi, 1978, p. 42), the use of a phenomenological method was decided upon by this writer, as it renders the subject matter of this study accessible to investigation.

The phenomenological approach attempts to understand human experiencing in its perceived immediacy using, as its primary methodological means, various descriptive techniques, and seeks as its goal, to reveal the structure of human experience, that is, it seeks to disclose the essential constituents of a given phenomenon, those constituents which are present throughout the many diverse appearances of a given phenomenon. This "commonality amongst instances" (Valle and King, 1978, p.15) is thus the structure of the phenomenon, that which is revealed as general or typical of the phenomenon but not necessarily universal (Giorgi, 1978). The present study, then, attempts to come to a description of the structure of the experience of the first session of psychotherapy as lived by the beginning therapist, in the hope that the essential nature of this experience will thus be elucidated.

There follows a description of the procedure followed in order to arrive at the structure of the beginning therapist's experience of psychotherapy with the first patient.

Procedure.

A. Data Collection.

1. The Research Question.

As the phenomenological approach calls the phenomenon forth to reveal itself as it really is in direct and immediate experience, descriptions of the phenomenon are thus essential in order to arrive at its essential structure. The means of gathering data for this investigation was by

requesting, from the chosen subjects, written descriptions (protocols) of their world (situation) in experiencing the first session of psychotherapy with the first patient. The research question posed in this study aimed at a concrete and everyday understanding of the world as it is lived in this situation by the subjects.

The subjects were asked to write a description in response to the request below:

> "Describe as fully and concretely as possible the situation in which you experienced the first session of psychotherapy with your first patient. Describe as fully and concretely as possible your thoughts and feelings in this situation".

2. The Subjects.

Clinical Master's coursework students of the Rhodes University Psychology Department, who were about to be allocated their first patients for psychotherapy, were approached by the writer in order to ascertain their interest in the present study. All six clinical students expressed an interest in the project and submitted written descriptions as requested subsequent to the first session with their first patient. Out of the total of six, three descriptions were chosen for analysis on the basis of their richness and clarity, these descriptions being also the most spontaneous and immediate, descriptive rather than explanatory.

The three subjects chosen were two men and one woman, in their mid to late

twenties:

Protocol 1 : Barry, age 28

Protocol 2 : Francis, age 24

Protocol 3 : Sean, age 26.

B <u>Data Analysis</u>.

The data, once obtained, were submitted to a qualitative analysis, that is, explicated, in order that a deeper understanding of what and how the phenomenon is may be arrived at. By explication is meant the process of making explicit, of illuminating that which is implicit, vague, barely hinted at, in any given phenomenon as it is revealed in its given context. Through the process of explication, one may arrive at the structure of the phenomenon which is given, albeit implicitly, in the concrete descriptions. In the quantitative analysis, the aim of the researcher is

> "to observe, to comprehend, then to render explicit what was initially seen vaguely in the first comprehension" (Van Kaam, 1958 in Kruger, 1979, p.113).

1. <u>Method of Explication</u>.

Just as there is no one method of phenomenological enquiry - but rather a commonly shared phenomenonlogical attitude or approach, and a number of phenomenological methods - so too are there a variety of methods of explication, inter alia, those developed by Van Kaam (1958), Colaizzi (1973), Von Eckhartsberg (1975), Giorgi (1975) as cited in Wertz (1983).

The method of explication implemented in the present study is that which was developed by Giorgi (1975). Subsequent to obtaining the written descriptions of the chosen subjects, each protocol was submitted to the following procedure described in terms of the following steps:

1. The entire description is read repeatedly in order to grasp intuitively a sense of the whole statement. This step in the qualitative analysis is the preparation or ground for the subsequent explicatory work, and a general sense of the statement, once grasped, is not interrogated further, or made explicit in any way in this step.

2. Once a holistic grasp of the statement is obtained, the descriptions are read again with the aim of discriminating "natural meaning units" (NMU's) within the description. These NMU's are perceived discriminations in the concrete descriptions of the subjects, each conveying a particular meaning, which emerge spontaneously from the reading of the text on the researcher assuming a psychological attitude and focusing on the phenomenon under investigation. Since the entire description cannot be analyzed as a whole, the discriminated NMU's serve to render the text manageable for further explication. The NMU's, once discriminated, are tabulated separately, still expressed in the concrete language of the subject so

that the data may "speak for itself" (Stones, 1985). The results of this step, the discriminated NMU's of each description are presented in the left-hand column of the qualitative analysis following each subjects' protocol in the Results chapter.

3. The NMU's once delineated, and still expressed in the language of the subject, are then reflected upon by the researcher with the aim of expressing as accurately as possible the meaning or theme contained implicitly in each given NMU, transforming the intention of each meaning unit from the concrete language of the subject, to psychological language revelatory of the phenomenon being investigated. In this step, the NMU's are permitted, through the process of reflection, to reveal what is essential to the particular phenomenon under investigation. The results of this step, the transformed meaning units, expressed as constituents revelatory of the structure of the first session of psychotherapy with the first patient, are presented in the right-hand column of the qualitative analysis following each subject's protocol in the Results chapter.

4. Once the NMU's have been transformed, the insights achieved from this step are organized and synthesized into a consistent description of the subject's experience of the situation, referred to as the

situated structure of the phenomenon under investigation. The structure is referred to as situated as it is a description of the sitation as lived by each individual subject and remains true to the experience of the individual subject's situation. In this step, and in order to arrive at a description of the situated structure of the subject's experience, all transformed meaning units must be taken into account. In this study this step is referred to as the specific description of the situated structure of the beginning therapist's first session of psychotherapy with the first patient, and is presented following the qualitative analysis of each protocol in the Results chapter.

5. Finally, the insights achieved from the combined specific descriptions are organized into a consistent description of the general structure of the phenomenon under investigation. The aim of this step is to arrive at a description which articulates that which is general and typical of the phenomenon, and contains only those themes or constituents which commonly occur in all the protocols. The general description of the structure of the beginning therapist's first session of psychotherapy with the first patient concludes the Research chapter in this study.

CHAPTER 3

RESULTS

The protocols of the beginning therapists' experience of the first session of psychotherapy with the first patient are presented, followed by the explicatory work, the qualitative analyses, the specific descriptions of the situated structure of the experience and a general structure of the experience of the first session of psychotherapy with the first patient.

In the qualitative analyses, the discriminated natural meaning units of the protocols are presented in the left-hand column, followed by the constituents revelatory of the structure of the experience and expressed more directly in psychological language, in the right-hand column. The specific descriptions of the situated structure of the experience of the first session of psychotherapy with the first patient are synthesized from the qualitative analysis of each protocol, and finally, the insights achieved from the three specific descriptions are organized into a consistent description of the beginning therapist's experience of the first session of psychotherapy with the first patient - a general description.

A. The protocols, qualitative analyses and specific descriptions of the situated structure of the beginning therapist's first session of psychotherapy with the first patient.

1. Barry: (a) Protocol of the experience of the first session of psychotherapy with the first patient.

I was eager to get started with my first therapy patient. After all, this is the reason why I'm here. Therefore, given the opportunity to contact him on Tuesday, I chose the earliest opportunity for an appointment. I had a tingling feeling of excitement and a real zest to get into it. I certainly had some fears stuck in the back of my mind - will I cope, will he like me, will I be able to feel with him, but these fears were eclipsed by a confident feeling.

My feeling of confidence came from a couple of sources. I have been in therapy myself and know it is not some magic which I must be capable of performing. I know that when I was a patient my therapist did not have to make me say anything. Also having met lots of people in the past with me in the sort of therapist/expert role I have sort of got used to handling this situation, yet I still worry about their taking an instant dislike to me, thinking I am too young, thinking I don't know what I am talking about. Lastly, I recently role-played a therapist with X in the patient role. She made a very difficult patient, yet I was delighted with my own calmness and ability to cope with difficult questions. She fed this back to me, and when I discovered that most of the class had not coped as well, I felt re-affirmed in my ability as a therapist.

So as the time approached I felt mainly calm and confident. I kept telling myself that all I had to do was listen. That I didn't have to ask clever questions. Yet in the five minutes before the appointed time I became very nervous. All my doubts seemed to return: how do I look -

are the chairs positioned O K - how will I terminate - will I remember - will he come - I was in a mild state of panic - not thinking very clearly.

The time arrived. Trying to be (or appear) calm, I went into the waiting room. Empty! I feel let down and rejected, relieved yet unable to be sure that he wouldn't arrive late. But I was thrown off course. My fantasy of how I could call him was destroyed. I'd been robbed of my control of the situation. N too, was looking for a patient and laughing at me in my disappointment. This made me feel better. I felt somehow part of a fraternity of let down therapists.

I then went through a 'why' period. Did he get my letter? Does he not want to come? Why didn't he let me know? I couldn't work - was still waiting for him. I looked in the waiting room again after 5 minutes. He wasn't there. I now started feeling disappointed and really let down. What a way to start as a therapist - with no patient. In fact my patient not arriving robbed me of the pleasure of calling myself therapist.

I was resolved and reading when he knocked on my door. I was unprepared but asked him to sit down while I took off my glasses (which I dislike) and sat down myself. I was a little angry with him. Said "You're ten minutes late" to get the reason.

He didn't look at all as I expected. Not as old, not as big, not as weird. I was relieved. Here was someone I could make friends with

outside the situation had I met him there. He smiled, talked (relief here too - I was scared of silences) but I needn't have worried. He was very verbal and talked with a lot of pressure.

He showed no sign of dislike of me. Seemed quite at home in the situation which made things easier for me. Yet at three stages in the session he talked of alternatives to therapy. This made me feel that he thinks I'm not able to help him, that he preferred N (who screened him). So I got this nagging feeling that maybe I can't help him. I don't know what to do at this stage. Maybe he's right.

This produced a real fear in me (it's here now, though diminished) that he won't come back. This will mean to me I didn't handle the session appropriately, therefore I don't have the feel I thought I would, and everyone will see a perfect therapy candidate leave after session 1 and regard me as the cause and therefore question my ability.

During the session he spoke fast. I would think "I must remember this" and so miss the next sentence. I got frustrated and angry with myself - I was not listening properly. What if he asked a question and I hadn't followed - complete loss of faith in me.

Yet at other times I thought, here I am, he's talking away, I'm doing fine, I'm a therapist! This is a very good feeling which I still have too. I know that a lot of my responses were appropriate, yet difficult for the patient.

I'm left now with ambivalent feelings. I very much want to see him

again. I can't wait to talk to a supervisor about the session. I think about it a lot, checking out it's progress or otherwise. But probably the most important feeling is that I'm into it now and I'm very glad of that. I now have something to build on.

(b) The qualitative analysis

The natural meaning units of the protocol and the constituents revelatory of the structure of the situation of the first session of psychotherapy with the first patient.

Natural meaning units.	Constituents revelatory of the first session of psychotherapy with the first patient.
1. I was eager to get started with my first therapy patient. After all this is why I am here. Therefore, given the opportunity to contact him on Tuesday, I chose the earliest opportunity for an appointment.	The possibility of initiating psychotherapy with his first therapy patient (P) is experienced as inviting to S, and is eagerly anticipated by him. S expresses his openness to this possibility prior to the present situation.
2. I had a tingling feeling of excitement	S experiences on a bodily level his desire to initiate psychotherapy with P.
3. (and) a real zest to get into	S keenly anticipates the unfolding

it.	of this possibility.
4. I certainly had some fears stuck in the back of my mind - will I cope, will he like me, will I be able to feel with him - but these fears were eclipsed by a confident feeling.	S's awareness of his fears with regard to his ability to cope with the situation, his acceptability as the therapist to P and ability to relate to P, is obscured by confidence in meeting the task before him.
5. My feeling of confidence came from a couple of sources.	S's confidence in his ability to deal with the situation originates from a number of prior experiences.
6. I have been in therapy myself and know it is not some magic which I must be capable of performing. I know that when I was a patient my therapist did not have to make me say anything.	S feels confident in his ability to meet the task before him in that he is aware of what is expected of him as a therapist, and his task in the situation, in the light of his own experience of being a patient in psychotherapy.
7. Also having met lots of people in the past with me in the sort of therapist/patient role, I have sort of got used to handling this situation, yet I still worry about their taking an instant dislike to	Prior experience in numerous situations similar to the one which is anticipated by S affords him a measure of confidence in his ability to deal with the situation; yet in spite of this, S fears being found

me, thinking I am too young, thinking I don't know what I'm talking about.	unacceptable and being seen as unable to cope with the situation.
8. Lastly, I recently role-played a therapist with X (supervisor) in the patient role. She made a very difficult patient, yet I was delighted with my own calmness and ability to cope with difficult questions.	A feeling of confidence is recently experienced by S on the discovery of his ability to deal with a difficult situation as therapist in role-play with a significant other, the outcome of which is contrary to his expectations.
9. She fed this back to me, and when I discovered that most of the class had not coped as well, I felt re-affirmed in my ability as a therapist.	Confirmation by a significant other of S's ability to cope in spite of the difficulty of the situation is experienced by S as affirmation of his ability as therapist. S's confidence in his ability as therapist is re-affirmed on the discovery that his peers had not coped as well in the situation.
10. So as the time approached I felt mainly calm and confident. I kept telling myself that all I had to do was listen. That I didn't have to ask clever	As the time for P's arrival draws near S feels mainly calm and confident in his ability to cope with the situation on reminding himself as to the tasks of the situation and

questions.

repeatedly reassuring himself that it is within his ability to meet these tasks.

11. Yet in the five minutes before the appointed time I became very nervous. All my doubts seemed to return; how do I look - are the chairs positioned O K - how will I terminate - will I remember - will he come - I was in a mild state of panic - not thinking very clearly.

As S becomes aware of the immediacy of P's arrival his fears came to the fore and he experiences overwhelming doubts as to his ability to cope with the situation, and panic in the face of the approaching encounter.

12. The time arrived. Trying to be (or appear) calm, I went into the waiting room.

Attempting to appear at ease in the situation, S goes into the waiting room at the appointed time expecting to meet with his patient.

13. Empty! I feel let-down and rejected, and also relieved yet unable to be sure that he wouldn't arrive late.

On discovering that P has not arrived at the appointed time, S experiences his absence ambiguously; as disappointment in the face of the missed opportunity of being therapist and as relief in not having to immediately confront a difficult situation about which he feels unsure.

14. But I was thrown off-course. My fantasy of how I could call him was destroyed. I'd been robbed of my control of the situation.	On the sudden realization that the situation has taken a new and unexpected course, S experiences the situation as changed for him and experiences this change as loss of control of the situation.
15. N (a more experienced colleague) too was looking for a patient and laughing at me in my disappointment. This made me feel better. I felt somehow part of a fraternity of let-down therapists.	A more experienced therapist's lighthearted response in the face of S's disappointment is experienced as reassuring to S, in that it constitutes for him a feeling of belonging to a group sharing a common experience and is meaningful to him in his isolation.
16. I then went through a 'why' period. Did he get my letter? Does he not want to come? Why didn't he let me know? I could not work - was still waiting for him.	Subsequent to P's non-arrival S experiences a period of questioning in an attempt to understand the ambiguous situation in which he finds himself. In his absence P remains present to S to the exclusion of any other task before him.
17. I looked in the waiting room again after five minutes. He wasn't there. I now started	On establishing later that P had still not arrived S unambiguously experiences disappointment and realises

feeling disappointed and really let down. What a way to start as a therapist - with no patient. In fact, my patient not arriving robbed me of the pleasure of calling myself therapist.

that P's absence constitutes for him the failure to realise his hopes of being a therapist; that he is constituted as therapist only in relation to P's presence in the situation.

18. I was resolved and reading when he knocked on my door. I was unprepared but asked him to sit down while I took off my glasses (which I dislike) and sat down myself. I was a little angry with him. Said 'You're ten minutes late' to get the reason.

Prior to P's eventual arrival S experiences the situation as resolved and feels free to engage in another task. On P's unexpected arrival S experiences difficulty in re-entering the situation as therapist. S attempts to situate himself in this context in his attempt at establishing the meaning of P's delayed arrival.

19. He didn't look at all as I had expected. Not as old, not as big, not as weird. I was relieved. Here was someone I could make friends with outside the situation had I met him there.

S is relieved to discover that his negative expectations of P are not borne out, and is relieved and reassured to discover the possibility of establishing a relationship with P.

20. He smiled, talked (relief here too - I was scared of silences) but I needn't have

S experiences relief, also, on discovering that P is willing to engage with him and does so freely, as S

worried. He was very verbal and talked with a lot of pressure.

fears the responsibility of keeping the dialogue going.

21. He showed no sign of dislike of me. Seemed quite at home in the situation which made things easier for me. Yet at three stages in the session he talked of alternatives to therapy.

S experiences P as ambiguously present in the situation .- S experiences P as accepting of himself and the situation, which is reassuring to S, however, S also experiences P as questioning the situation, and the possibility of P's non-acceptance of it.

22. This made me feel that I'm not able to help him, that he preferred Y (who screened him). So I got this nagging feeling that maybe I can't help him. I don't know what to do at this stage. Maybe he's right.

P's ambiguous presence in the situation is experienced by S as P doubting his ability as therapist, and as the possibility of P not wishing to see him for psychotherapy. S feels helpless in the situation and his doubts as to his ability as therapist return and he experiences a loss of confidence in his ability to be of assistance to P.

23. This produced a real fear in me (its here now, though diminished) that he won't come back.

S's own doubt as to his ability to help P engenders an intense fear which remains present to S subsequent to the end of the session, of

losing his first therapy patient.

24. This will mean to me that I didn't handle the session appropriately, therefore I don't have the feel I thought I would, and everyone will see a perfect therapy candidate leave after session one and regard me as the cause and therefore question my ability.

S experiences this possibility as failure in the eyes of significant others and himself, to deal with the situation in a suitable manner and which leads to the questioning by both self and significant others of his previously thought potential or ability as a therapist.

25. During the session he spoke fast. I would think - 'I must remember this' and so miss the next sentence. I got frustrated and angry with myself - I was not listening properly. What if he asked a question and I hadn't followed? - a complete loss of faith in me.

During the session S becomes pre-occupied with his difficulty in attending to P and experiences dis-appointment and anger in his failure to cope with an important therapeutic task, the discovery of which, on the part of his patient, would result in him, P, completely losing faith in S's ability as a therapist.

26. Yet at other times I thought here I am, he's talking away, I'm a therapist! This is a very good feeling which I still have too. I know that a lot of my responses were appropriate, yet difficult

At other times during the session, however, S feels confident in his ability as therapist, and competent in the situation in spite of its difficulty. These positive feelings remain present to S subsequent to

for the patient.	the end of the session.
27. I'm left now with ambivalent feelings. I very much want to see him again. I can't wait to talk to a supervisor about the session. I think about it a lot, checking out its progress and otherwise.	Questions as to his ability as therapist and the contrary feelings which he experiences as regards this remain present to S subsequent to the end of the session and about which he wishes to gain clarity by sharing his experience with an experienced other. In spite of the ambiguous nature of the experience S expresses the wish to continue with his project as therapist.
28. But probably the most important feeling is that I'm into it now and I'm very glad of that. I now have something to build on.	Most important for S is that he identifies the situation as the beginning of his project of becoming a therapist; a beginning out of which subsequent development may come into being.

(c) A specific description of the situated structure of the beginning therapist's first session of psychotherapy with the first patient.

The situation in which the first session with the first therapy patient is experienced by the beginning therapist is one in which the beginning therapist, S, eagerly anticipates the possibility of initiating his

project of becoming a therapist; the possibility is experienced as inviting to him and to which he has been open prior to the present situation. Anticipation of transforming this possibility into lived reality is embodied in a clear physical sensation for S. S lives towards the possibility of initiating this project ambiguously, in both doubt and confidence as to his ability in meeting the situation as therapist, his awareness of his fears being obscured initially by confidence in his ability as therapist. Prior to the actual intended moment of meeting with his patient, S stands before this possibility primarily in confidence, his confidence having originated from prior experience in this or similar situations.

S's confidence arises out of familiarity with the stance and tasks of the therapist in the light of his own experience as a patient in psychotherapy and from past experience in situations similar to the one which he anticipates. S's confidence arises also, more recently, in relation to an evaluating significant other in role-play, which leads to the unexpected and prized discovery of his ability to deal with a difficult therapy situation, and more importantly for S, the confirmation and affirmation of his own evaluation of his ability as therapist by the significant other, which is reassuring to S and from comparison between self and his peers in their competence in the situation. As he moves towards living this possibility, S remains primarily confident by repeatedly reminding himself of the familiarity of the situation and reassuring himself of his confirmed and affirmed ability to meet the situation as therapist. His fears as to the approaching situation thus remain obscured by this stance.

The imminent arrival of his patient and the immediacy of the posibility of being therapist constitutes a change in the situation for S. His doubts as to his ability to meet the demands of the situation are made directly and intensely present to him. Faced with this sudden change in the situation, S stands before the rapidly approaching encounter in confusion and uncertainty as to its unfolding and eventual outcome. Attempting to recover his prior stance and appear at ease in the situation, S moves towards the expected meeting with his patient.

The unexpected absence of his patient constitutes a further change in the situation for S and he experiences his patient's absence ambivalently; as disappointment in the face of the lost opportunity in which to initiate his project as therapist, and as relief in not having to immediately confront a situation which holds the possibility of failure in his chosen task. This sudden and unexpected change in the unfolding of the situation is constituted for S as loss of control of the situation.

The importance of a reassuring significant other is again made thematic in a more senior colleague's laughter in response to the ambiguity and overwhelming uncertainty of this situation; his laughter constitutes for S a feeling of community, a relatedness, a feeling of belonging as therapist, and an acceptance of S's inability to control the situation, which is meaningful to S in his uncertainty and his felt isolation.

Faced with the ambiguity of the situation, S attempts to gain control by rational understanding of the situation and has difficulty in

accepting the fact of this new and unexpected development which is P's absence; S is present only to the possibility of his patient's arrival and the initiation of his project as therapist.

After a time has elapsed S is faced with the reality of this unexpected change and unambiguously lives his disappointment in the realization of his failure to initiate his project as therapist as well as the realization that he is constituted as therapist only in relation to his patient's presence in the situation. On acceptance of this, S feels free to engage in another task.

The situation is again changed and made ambiguous for S on his patient's unexpected arrival. S experiences difficulty in re-entering the situation as therapist, and the situation is once again constituted for S as loss of control, in the face of which S attempts to gain an understanding of this change by establishing the reason for P's delayed arrival.

S experiences the unfolding encounter ambivalently; he is relieved, reassured and confident in the situation on establishing the possibility of relating to his patient, and on the discovery of his patient's willingness to engage with him. The situation holds, for S, the possibility of his patient's acceptance of him as therapist and he feels confident as regards his ability to meet the situation in the face of this possibility. His doubts are made present to him, however, in his experience of his patient's ambiguous presence in the situation; on his patient's consideration of alternatives to psychotherapy. P's questioning of the situation as regards its

usefulness and appropriateness for him is constituted for S as doubt on the part of his patient as to his ability as therapist and introduces the possibility of non-acceptance as therapist, in the face of which S loses confidence. His patient's felt doubts as to the helpfulness of psychotherapy engenders an intense fear of loss of his patient and a fear of failure in his initiated project, especially in the eyes of significant others, and with it a fear of their loss of faith in him as therapist. S is constituted as therapist and feels secure and confident in his ability only if his patient unquestioningly accepts the situation, and on approval and affirmation in the eyes of significant others.

Both positive and negative feelings as to his ability in the situation remain present to S subsequent to the end of the session. S wishes to share with a significant other his experience of the situation and thus gain clarity as regards this ambiguous situation. The situation is identified as important and of meaning to S in spite of its difficulty, and S wishes to continue his project as therapist. S identifies the situation as important as well, in that it is seen as a beginning; a beginning out of which subsequent development in his task as therapist may come into being.

2. Francis: (a) <u>Protocol of the first session of psychotherapy with the first patient</u>.

I'd been feeling quite anxious about seeing B, because I had heard she was reluctant to see an M1 student. I was a bit worried that she would confront me about this and couldn't help picturing myself wanting to and perhaps ending up, defending, explaining or justifying my work with her - trying to sell myself in fact. This was a large component of my fantasy-picture I held about the first interview. Also I'd heard from C that she was presenting with acting-out type problems - drinking heavily, riding motorbikes fast, etc. Once when discussing with D my supervisor, what type of patients are tough candidates for therapy, she said she finds it difficult to work with acting-out behaviour or alcoholics. Although I knew that B only showed tendencies regarding these things, that prior discussion with D had somehow increased my feelings of trepidation. I was also feeling uncertain as to how I would respond to her - would I dislike her for these things, - would she be put off by me - would she maybe become aggressive or angry during the interview - or would she become too intimidated to show me the bad side of herself? I was thus concerned about what she, the patient, would think about me. Would she like and accept me, be willing to work with me. Somehow I felt responsible for making the right impression.

I anxiously read and thought as much as possible (in her file, as she'd been screened by C) prior to the interview. I'd also discussed the case with D, who felt my relationship with her would become a very important aspect of the therapy. This emphasis on the relationship, before I'd even met her, increased those feelings of her having to like

me, of establishing the rapport. In the end I put aside all I'd read and was told about her, and decided to just take it as it came - to see what she came with and to hold back my assumptions - I tried to do this in the interview.

As it turned out, people unexpectedly popped in for lunch and I had arranged to meet B at 14h00. Oh yes, what was quite important was that I'd sent her a letter to set the appointment time. I was due to see her on Tuesday and on Monday I received a message that she was unable to make it and that I must phone her that evening. Everyone else in the class had seen their patients and I was worried that I'd see D again on Thursday and wouldn't have seen my patient yet. That I'd have nothing to report back, would be seen as neglecting a case and felt extremely frustrated that I'd built myself up to expecting her the following day and now wasn't seeing her. That Monday night I tried to get hold of her. I phoned at 18h00 and she wasn't in. I tried to phone again - the phone was engaged continuously for an hour and I was getting more and more frustrated, at times literally pacing up and down, or phoning every 2 minutes, then castigating myself and saying - this is ridiculous, you're more hassled about the appointment than she is (also I had a fantasy that she'd seen in my letter I was only an M1 student and had decided not to come and that that was the reason for the cancellation). In the end I got hold of her and made the appointment for Wednesday - I was really pleased about that and made my first personal contact with her through the telephone.

Well, after that frustration and hassle, and then having people over for lunch, in the end I had to dash off to the Clinic and arrived with

10 minutes to spare. I just had time to check the room, chairs O K, window open, her file not lying around, an ashtray (in case), pen, paper, etc, enough time to sit down and breezily flick through a book, trying to pretend that I'm not waiting for her, and in a way to take my mind off it in an attempt to control the anxiety or rather tension slowly mounting. I could feel the faint flutterings of anxiety slowly increase in my stomach. The next thing I knew there was a knock on my door, which was open and B walked in. She had arrived. From there on it was suddenly easier. In the need to deal with her, to communicate directly, I forgot about myself and my feelings and just concentrated on taking her in, on making my first impressions. She sat down and maintained the same position throughout. I remember myself shifting or moving around a bit in my chair, changing my position; I even dropped my pencil once and had to flounder around looking for it a bit. But that was O K somehow. I distinctly remember not feeling embarassed about it thinking to myself - that was O K, it didn't spoil the flow of things. I haven't stuffed it up.

We started with a type of orientation - that I had been assigned to see her, etc, but wanted to hear why she had come. She then interrupted and said she'd forgotten to discuss the fees with C, and asked about them. So probably her active engagement right from the start, the discussion of practicalities, her not being passive, helped during those first crucial moments. Then another slightly awkward moment occurred when she asked me my name. I'd thought she'd remember my name, from when I'd phoned her (I'd introduced myself as F B, but obviously she hadn't heard - perhaps been too nervous). I told her my name. She

asked me what she should call me and I said F, and mentally breathed a sigh of relief that that potentially sticky situation had worked out fine.

I generally found that she just spoke and spoke and spoke - it all poured out. Initially I found myself asking questions, but soon had the feeling I was interrupting the train of her thoughts and realised - 'shut up F, leave her to it. You don't have to look after her or take the responsibility. Leave it to her. She's doing fine. Just relax and listen. Stay with her.' Well, she just went on and on. I asked a few questions related to what she had discussed; made one or two more reflecting comments, which I could see she responded well to. It showed her that I understood as she would nod, or say yes, and then elaborate a bit about it. I certainly didn't come up with any heavy statements or interpretations and didn't feel that she was wanting that. I thought that I would feel bad if I wasn't offering or giving her something in return (e g an interpretation), but that didn't happen at all. There were one or two, two I think, brief silences which she soon ended. I'd looked at her watch at 14h10 and thought to myself, 'shit, is it only ten minutes. I've already heard the 'presenting problems', what on earth are we going to discuss for another forty minutes' - a slight feeling of panic almost on my part. But she just carried on and the next thing I knew, I looked at her watch and it was ten to three and I couldn't believe the forty minutes had gone so fast. I didn't have much difficulty ending the interview. I had been slightly worried about how things would end - would there be an awkward what-next type of vibe; would I have to butt in and stop her in mid-sentence etc. As it worked out, I managed to say 'I see our time's up

for now' without it sounding like I'm butting in and cutting her off. We then arranged our next meeting time. She thanked me and left. The minute she walked out the door I put pen to paper and wrote down as much as I could remember of the session - about 4 pages all in all.

Oh yes, I was jotting down notes while she was talking and had prior to the session, been worried that this would spoil the rapport. But that didn't apply and I didn't feel that my writing was hampering or hassling her.

What also stands out in my mind was that she'd told me that she often goes to bed at only 02h00 etc but that last night she'd got to bed at 21h30. For me this was incredibly reassuring as my immediate thought was 'hell, this girl is really motivated'.

(b) The qualitative analysis.

The natural meaning units of the protocol and the constituents revelatory of the structure of the situation of the first session of psychotherapy with the first patient.

Natural meaning units.	Constituents revelatory of the first session of psychotherapy with the first patient.
1. I'd been feeling quite anxious about seeing B because I had heard	S experiences anxiety about the possibility of initiating the

she was reluctant to see an M1 student.	first session with her first patient (P) in that S is aware that P is reluctant to enter psychotherapy with a therapist still in training.
2. I was a bit worried that she would confront me about this and couldn't help picturing myself - wanting to and perhaps ending up defending, explaining and justifying my work with her - trying to sell myself in fact.	In the light of this possibility S is concerned that P will confront S as to her lack of qualification; S is thus concerned about having to promote herself in order to be accepted as therapist by P.
3. This was a large component of my fantasy picture I had about the first interview.	Concern as to the possible difficulty of the situation largely constitutes S's expectations of the approaching interview.
4. Also I'd heard from C (who'd screened her) that she was presenting with acting-out type problems. Once when discussing with D, my supervisor, what type of patients are tough candidates for therapy, she said she finds it difficult to work with acting-out type of behaviour or alcoholics.	S lives towards the approaching interview in the expectation of having to deal with a further difficulty; S experiences anxiety as to her ability to deal with the type of problems P has, which are known to be of a difficult nature, and with which an experienced other expresses

her difficulty in coping.

5. Although I know that B only showed tendencies regarding these things, that prior discussion with D had somehow increased my feelings of trepidation.

Although S is aware of the possibility that the situation may not be as difficult, prior discussion with an experienced other as to the difficulty of this type of situation increases S's feelings of anxiety as regards her ability to cope in the situation.

6. I was also feeling uncertain as to how I would respond to her - would I dislike her for these things - would she be put off by me - would she maybe become aggressive or angry during the interview - or would she become too intimidated to show me the bad side of herself? I was thus concerned about what she, the patient would think about me. Would she like and accept me, be willing to work with me.

Prior to the initial session S is also concerned and uncertain as to the possibility of establishing a mutual relationship with P; S experiences uncertainty as to whether she will accept P's way of being, fears the possibility of P's hostility and non-acceptance of her as therapist, and question P's willingness to engage with her in psychotherapy.

7. Somehow I felt responsible for making the right impression.

In the light of these concerns S feels a responsibility to present herself to P in an accepting and

acceptable manner, thus effecting the possibility of P being willing to establish a relationship with S.

8. I anxiously read and thought as much as possible (in her file) prior to the interview. I also discussed the case with D.

S lives towards the approaching interview in uncertainty as to her expectations and attempts to gain clarity as regards this by familiarizing herself with what is known of P and by discussion thereof with an experienced other.

9. (Who) D felt my relationship with her would become a very important aspect of the therapy. This emphasis on the relationship before I'd even met her increased those feelings of her having to like me, of establishing the rapport.

A significant other's emphasis on the importance of the formation of a mutual relationship prior to this possibility being established, heightens S's feelings of responsibility of being accepted by P as therapist.

10. In the end, I put aside all I'd read and was told about her , and decided to just take it as it came - to see what she came with and to hold back all my assumptions. I tried to do this in the interview.

On the situation being made known to an extent to S, S decides to provide a clear and uncluttered space for P to reveal herself, free of S's assumptions and expectations regarding P and the approaching session, which S

attempts to do through the interview.

11. As it turned out people unexpectedly popped in for lunch, and I had arranged to meet B at 14h00.

Just prior to the session a situation other than the approaching interview unexpectedly demands S's attention.

12. Oh yes, what was quite important was that I'd sent her a letter to set the appointment time. I was due to see her on Tuesday, and on Monday I received a message that she was unable to make it and that I must phone her that evening.

Of importance to S in the unfolding of the situation is P's cancellation of their meeting on the day prior to the appointed session, and P's request for S to contact her that evening.

13. Everyone else in the class had seen their patients and I was worried that I'd see D (supervisor) again on Thursday and wouldn't have seen B yet. That I'd have nothing to report back, would be seen as neglecting a case and I felt extremely frustrated that I'd built myself up to expecting her the following day and now wasn't seeing her.

On news of P's cancellation S is concerned about being seen as having failed in the eyes of a significant other to initiate her project as therapist, of being compared unfavourably with her peers and of being seen as neglectful of something of essential importance to S. S feels thwarted in the face of her failed expectations in that the

possibility to which she is open and prepared for fails to materialize.

14. That night I tried to get hold of her, I phoned at 16h00 and she wasn't in.

Given the earliest opportunity S attempts to contact P but is unable to do so.

15. I tried to phone again - the phone was engaged continuously for an hour and I was getting more and more frustrated, at times literally pacing up and down and phoning every 2 minutes, then castigating myself and saying - this is ridiculous, you're more hassled about the appointment than she is.

S is repeatedly frustrated in her attempts to contact P. The importance for S of establishing the possibility of being therapist is made thematic in her growing urgency to contact P, and she rebukes herself for feeling thus more concerned as regards the situation than P appears to be.

16. Also I had a fantasy that she'd seen in my letter that I was only a M1 student and had decided not to come and that that was the reason for the cancellation.

S is concerned that she is unacceptable to P as therapsit due to her student status, this being the reason for P's cancellation.

17. In the end I got hold of her and made the appointment for Wednesday - I was really pleased about that and

In the light of these concerns S experiences relief and great pleasure on eventually contacting

made my first personal contact with her through the telephone.

P and establishing an appointment and thus her willingness to engage with S. This encouraging encounter constitutes S's first personal contact with P.

18. Well, after the frustration and hassle, and then having people over for lunch, in the end I had to dash off to the Clinic and arrived with ten minutes to spare.

After her doubt as regards the possibility of meeting with P, and the unexpected situation which arises and which diverts her attention, S is suddenly confronted with the imminence of the initial session towards which she hurriedly moves.

19. I just had time to check the room, chairs O K, window open, file not lying around, an ashtray (in case) pen, paper, etc, enough time to sit down and breezily flick through a book, trying to pretend that I'm not waiting for her, and in a way to take my mind off it in an attempt to control the anxiety or rather tension slowly mounting.

S hurriedly prepares for P's arrival and attempts to divert her attention away from the imminent arrival of P in order to appear unconcerned and at ease in the unfamiliar situation and to control her growing discomfort in the face of the approaching session.

20. I could feel the faint flutter-

S's growing uneasiness in the

ings of anxiety slowly increase in my stomach.	face of the approaching session is made present to S on a bodily level.
21. The next thing I knew there was a knock on my door, which was open and B walked in. She had arrived.	S experiences P's arrival as sudden.
22. From then on it was suddenly easier. In the need to deal with her, to communicate directly. I forgot about myself and my feelings and just concentrated on taking her in, on making my first impressions.	On P's actual presence in the situation, S is called to fulfil her task as therapist, to attend to and engage with P, in the light of which S experiences being more at ease in the situation, and as P is made known to S her own concerns as regards the situation recede.
23. She sat down and maintained the same position throughout. I remember myself shifting or moving around a bit in my chair, changing my position; I even dropped my pencil once and had to flounder around looking for it a bit.	S is aware of the apparent unselfconsciousness and ease with which P maintains her position in the situation as opposed to S's uneasiness as embodied in her difficulty to maintain a comfortable position in the situation and her selfconscious struggle to retrieve a dropped object.

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24. But that was O K somehow, I distinctly remember not feeling embarrassed about it, thinking to myself - that was O K, it didn't spoil the flow of things. I haven't stuffed it up.

S accepts her own awkwardness in the situation on reassuring herself that it is not experienced as disruptive by P.

25. We started with a type of orientation- that I had been assigned to her, etc. but wanted to hear why she had come. She then interrupted and said she'd forgotten to discuss fees with C and asked about it.

At the start of the session S initiates dialogue with P and experiences P's active involvement in the situation in P's directing to S's attention an issue of relevance to the situation and of concern to P.

26. So probably her active engagement right from the start, the discussion of practicalities, her not being passive, helped during those first crucial moments.

P's immediate acceptance of the situation and her active engagement in it, as well as dealing with concerns familiar to S, is reassuring to S in that her expectations of a possibly difficult and awkward situation are not borne out thus making the situation easier to deal with.

27. Then another slightly awkward moment occured when she asked me my

A further awkward moment is experienced by S when P asks her

name. I'd thought she'd remember my name from when I'd phoned (I'd introduced myself as F B) but obviously she hadn't heard (perhaps been too nervous). I told her my name, she asked me what she should call me. I said F and mentally breathed a sign of relief that that potentially sticky situation had worked out fine.

her name; a situation not anticipated by S and in which S experiences momentary confusion as to how and why this situation has arisen and how she should cope with it. On taking into account the possibility of P's uneasiness in the situation, S overcomes the awkwardness of the moment and experiences relief at coping well with a potentially difficult situation.

28. I generally found that she just spoke and spoke and spoke - it all poured out.

S experiences P as speaking freely and at length in the situation

29. Initially I found myself asking questions, but soon had the feeling I was interrupting the train of her thoughts and realized - "shut-up F. Leave her to it. You don't have to look after her or take the responsibility. Leave her to it. She's doing fine. Just relax and listen. Stay with her".

On initially assuming the direction of the dialogue between herself and P, S begins to feel that this is disrupting P and realizes that P is freely and willingly engaging in the situation and that S's concern is to allow P to reveal herself free of interruption and to attend to her in this context.

	S thus encourages herself to be more at ease in the situation.
30. Well she just went on and on.	S continues to experience P's active engagement in the situation.
31. I asked a few questions related to what she had discussed; one or two re-flecting comments which I could see she responded well to. It showed her that I understood as she could nod, or say yes, and then elaborate a bit about it.	S queries and illuminates issues of importance to P thus communi-cating her understanding of P's situation, and experiences P as responding positively to her manner in dealing with the situation as therapist for which S receives confirmation from P.
32. I certainly didn't come up with any heavy statements or interpretations and didn't feel that she wanted that. I thought that I would feel bad if I wasn't offering or giving her something in return (e g an interpretation) but that didn't happen at all.	S's expectation of a more de-manding situation is not borne out; contrary to S's expecta-tions the situation reveals it-self to be easier to cope with than S had previously thought.
33. There were one or two, two I think, brief silences which she soon ended.	S is aware of two periods of silence which P quickly ends.
34. I'd looked at her watch at 14h10 and thought to myself, "shit, is it only ten minutes, I've already heard the presenting problem, what on earth are	On completion of their initial task in the beginning of the session, S experiences a pause in the unfolding of the session

are we going to discuss for another forty minutes ?" - a slight feeling of panic almost on my part.

in which she feels at a loss as to how to continue dialogue with P for which she feels responsible, and on becoming aware of the remainder of the session stretching uncertainly before her experiences overwhelming dread.

35. But she just carried on and the next thing I knew I looked at her watch and it was ten to three and I couldn't believe the forty minutes had gone so fast.

On P's continued engagement in the situation, S is re-immersed in the session and becomes suddenly aware after a seemingly short period of time has elapsed of the fast approaching end of the session.

36. I didn't have much difficulty ending the interview. I had been slightly worried about how things would end - would there be an awkward what-next type of vibe - would I have to butt in and stop her in mid-sentence etc. As it worked out, I managed to say, "I see our time is up for now" without it sounding like I'm butting in or cutting her off.

In the light of S's concern as to the ending of the session and her fears as to its possible awkwardness, S experiences ending the session with relative ease.

37. We then arranged our next meeting

S and P confirm the continuation

time.	of their newly established relationship.
38. She thanked me and left.	P expresses her appreciation and leaves.
39. The minute she walked out the door I put pen to paper and wrote down as much as I could remember of the session - about four pages in all.	On P's departure S immediately records her experience of the situation.
40. Oh yes, I was jotting down notes while she was talking and had prior to the session been worried that this would spoil the rapport. But that didn't apply and I didn't feel that my writing was hampering or hassling her.	Prior to the session S is concerned that an activity in which she engages and which aids her in her task as therapist will be experienced by P as hampering her ability to relate to S. During the actual situation S does not experience this activity as being disruptive in any way.
41. What else stands out in my mind was that she'd told me that she often goes to bed at only 02h00 etc but that last night she'd got to bed at 21h30. For me this was incredibly reassuring as my immediate thought was, "hell,	Of importance to S in the situation is P's sharing with S her preparation for the situation which constitutes for S P's favourable disposition to psychotherapy and which is experienced

this girl is really motivated".	as immensely reassuring to S on the recognition that P does want to see S.

(c) <u>A specific description of the situated structure of the beginning therapist's first session of psychotherapy with the first patient</u>.

The situation in which the first session of psychotherapy with the first patient is experienced by the beginning therapist is one which comes into being for the therapist, S, prior to the actual intended moment of meeting with the first patient. S enters the situation of initiating her project as therapist, a possibility towards which S lives in anticipation of the unfolding of the situation.

Prior to the initial session S experiences doubt and uncertainty as regards initiating this project and experiences the situation as holding the promise of great difficulty. S's expectation of difficulty in the situation is constituted as concern as to her acceptability as therapist in the context of her status as a student; as a therapist still in training. S fears the possibility of being confronted by her patient as regards her legitimacy as therapist and fears thus having to promote her felt ability in order to be accepted as therapist, a concern which largely constitutes S's expectations of the approaching interview. S is concerned as to the possibility of establishing a mutual relationship with her patient in the light of her patient's possible hostility towards and non-acceptance of her as therapist, and her own uncertainty as to whether she, S, will be able to relate to her patient and accept

her patient's way of being.

S stands before the possibility of initiating the first session of psychotherapy in concern as to her ability to meet the situation as therapist in the light of the known difficulty of the problems her patient promises to reveal. Although aware of the possibility that her fears may be unfounded, prior discussion with an experienced other as to the difficulty of this type of situation heightens S's feelings of anxiety as regards her ability to cope as therapist.

In the face of these difficulties S feels a responsibility to effect the possibility of her patient's being willing to enter psychotherapy and establish a relationship with S. A significant other's emphasis on the importance of a mutual relationship, prior to this possibility being established, increases the difficulty of the situation for S and heightens her feelings of having to be in a manner acceptable to her patient.

S lives towards the approaching interview in uncertainty as to her expectations of the unfolding of the actual session and feels intensely her unfamiliarity and lack of experience and her difficulty in judging that which is demanded of her as therapist. S attempts to gain clarity as regards her expectations and to overcome her anxiety and felt isolation by familiarizing herself with what is known of her patient's world and by discussion thereof with a significant other. Subsequent to these concerns being made present to S, S decides to allow the situation to reveal itself free of her expectations, which she attempts to do throughout the session.

Of importance to S in the unfolding of the situation is her patient's unexpected cancellation of their meeting on the day prior to the appointed interview. This sudden and unanticipated change in the situation reveals the importance of the sitaution for S and is constituted as confirmation of the possibility of her patient's non-acceptance of her as therapist due to her student status and brings to light further concern and uncertainty. The changed situation introduces the possibility of loss of her first therapy patient and is constituted also as failure in the eyes of a significant other to initiate her project as therapist, as being compared unfavourably with her peers and as being seen as neglectful of her project which is of essential importance to S. This changed situation thus reveals the possibility of loss of approval and the support of the significant other, which is of importance to S. S experiences intense disappointment and feels thwarted in the face of her failed expectations in that the possibility towards which she is open and prepared for unexpectedly fails to materialize. The importance for S to establish this possibility is revealed in her urgency to contact her patient and her relief and pleasure on eventually establishing an appointment with her patient and thus the possibility of initiating her project as therapist. This encouraging encounter constitutes S's first personal contact with her patient.

Just prior to the intended meeting with her patient a situation other than the one which S anticipates unexpectedly demands her attention. On the manifestation of this further unexpected development time contracts

for S and she suddenly finds herself confronted by the immediacy of the actual encounter with her patient. S hurriedly prepares for the fast approaching interview attempting to appear at ease in the unfamiliar situation and to control a growing discomfort in the face of its unfolding. On the imminent arrival of her patient S's uneasiness is intensified and made present to her on a bodily level; S continues to experience lived time as passing quickly and she suddenly finds herself already in the session on her patient's arrival.

The situation is experienced as easier for S as her patient comes into being in actuality, on her patient's presence in the situation. As S's patient is made known to her, S is called to attend to and engage with her and S's concerns as regard the situation recede. S becomes present only to her patient and the anticipated difficulty of the situation is thus transformed on being with her patient.

The encounter is lived by S as both a difficult and awkward situation as well as being easier than previously anticipated. In the situation S is sensitively attuned to her patient's response to her and is aware of her own feelings and stance in the situation; of being both awkward and at ease. Of importance to S throughout the unfolding of the session is her patient's felt willingness to engage with S as therapist. In the light of her prior doubts and uncertainties, S experiences considerable relief on this discovery and the subsequent confirmation by her patient of S's perceptions as regards this. A further experience which makes the situation easier for S is dealing in the initial moment of the encounter with concerns familiar to S. S further experiences relief as regards her ability to meet the situation as therapist on carrying out with

relative ease therapeutic tasks anticipated as being difficult to cope with.

The situation is experienced as difficult and awkward by S on being confronted by the unfamiliar and unexpected. This constitutes a change in the situation for S and her fears and concerns re-emerge. In this situation S is made present to the apparent unselfconsciousness and ease of her patient in the encounter as opposed to S's embodied uneasiness and discomfort, S becomes selfconscious, loses her connectedness with her patient and experiences lived time as drawn out and extended in her uncertainty. On her patient's continued engagement in the situation, however, S accepts her awkwardness and uneasiness on reassuring herself that this is not experienced as disruptive by P. S is reassured on acknowledging her ability to cope with potentially difficult developments and thus encourages herself to be more at ease in the situation. S re-immerses herself fully in the situation on again being with her patient and experiences lived time as passing quickly; S becomes suddenly aware, after a seemingly short period of time has elapsed,of the approaching end of the session.

At the closing of the session S's expectation of a more demanding situation is not borne out and the situation reveals itself as being easier to cope with than S had previously thought. S and her patient confirm the continuation of their newly established relationship, and once her patient leaves, S records her experience of the situation. On initiating her project as therapist, S lives towards the continuation of this possibility; of becoming a psychotherapist.

3. Sean: (a) <u>Protocol of the experience of the first session of psychotherapy with the first patient.</u>

At the beginning of the course I felt a great deal of anxiety about initial contact with clients. I think this was based on the fact that I'm uneasy when I meet someone for the first time, always am, in any situation, and I expected I would be in this situation. There is a sense I guess, that I think I am something of an unusual person and I don't know how any particular person is going to take that and hence I was feeling anxious about deviating from my patient's set expectations of what a therapist is like.

The video role-plays helped a great deal to diffuse my anxiety, and also settling down in Grahamstown and discovering what the course really entailed. By the time my first interview came I was no longer anxious in the sense of feeling frustrated and helpless. This came about mostly through the role-plays I did - it was just actually seeing I could cope and getting quite good feedback about this. But as the time approached nervousness and tension did build up. I don't find initial contacts easy although it is only the beginning stages that worry me - once I know someone I don't feel uneasy about revealing things or hearing intimate things at all.

I felt nervous about being in a new situation, and a very important situation in terms of my career. I'd been edging towards this situation for a number of years as there was a four year gap between doing my Honours and starting this course, and it was a question of waiting till I felt ready to do it. So quite a lot of time had elapsed since I'd

decided in Honours to go on with clinical work and this was it now, so there was quite a build-up. There was something that I was looking forward to this year which is the whole thing of being under supervision and being quite carefully watched after not having been in the last four years and of having the opportunity of getting to know myself. This contributed to a certain excitement about the situation which was sitting underneath the nervousness - in the longer perspective I was really excited.

The approaching initial interview also brought up feelings about the therapist's role. I am aware of the tremendous responsibility that the therapist has, particularly because of the power that goes with this role, and the sometimes exaggerated respect people relatively unaware of psychology have of therapists. I was anxious that the patient would expect authoritative answers from me and expect me to present some kind of authoritative stance, and wouldn't feel contained if I was just me. Whatever I did I would not present a remote and authoritative appearance, that my anxiety would be fairly visable, and also my informal manner, and I was wary of this, not knowing what effect it would have on my patient. I have a lot of ambivalent feelings about power and authority, and don't fit easily into the powerful role. In the session my patient fed into this and in a sense allayed this anxiety. She was very compliant, very willing to please and remarkably honest when it came to divulging embarrassing facts about herself, so I didn't feel I needed to use the power to get things done, but there was something in her very compliance that made me uneasy, in a sense she was assuming that power in me without me having to do anything in particular.

In addition to these general concerns, I came to my first interview with an additional worry - I had been told to expect questions about my beliefs and doubts about psychotherapy. Just before the interview I was hastily checking in Wolberg how to deal with these issues - looking around for a technical answer which didn't suit my way of doing things, and so that contributed quite a lot to my anxiety - not being quite sure how to approach the situation and not having the confidence to draw on my own resources.

From the beginning of the interview my natural shyness was compounded by the reserve and depression of my patient. Beneath this I could feel a strong current of dependency - a desire to make me take responsibility for what happened. To an extent I gave in to this and directed the course of the interview with my questions.

When the anticipated questions came up, the carefully prepared answers slipped out of my mind and I evaded the questions. In that tight situation I didn't in the moment I had to think, take a broad look and think what does this mean about her? At that moment I was pinned by that question down to my anxiety about it, feeling brittle and frozen, thinking more about would I be adequate to her rather than what is her anxiety as revealed by this question - it was either what's going on in her, or what's going on in me - I didn't have a clear grasp of the global picture. This was a dominant feeling in the session: being pinned down by my anxiety. I sat very still in my chair and didn't feel free to move around (I'm generally quite restless when sitting). I spoke very softly, unable to put force in my voice. But apart from that one

incident where I looked after myself, for the rest of the time I was concentrating on just keeping her talking and showing sensitivity when more difficult things came up. I became supremely unaware of my body. I was literally physically frozen, and by the end of the session one of my fingers was quite numb and I hadn't noticed.

Afterwards I felt enormous relief because I had coped with it and I knew she was going to come back.

(b) The qualitative analysis.

The natural meaning units of the protocol and the constituents revelatory of the structure of a situation of the first session of psychotherapy with the first patient.

Natural meaning units.	Constituents revelatory of the structure of the first session of psychotherapy with the first patient.
1. At the beginning of the course I felt a great deal of anxiety about initial contact with clients.	S enters the situation and experiences intense anxiety as he stands before the possibility of initiating psychotherapy with his initial patient (P).
2. I think this was based on the fact that I'm uneasy when I meet	S experiences difficulty in all situations in which initial

someone for the first time, always am in any situation, and I expected I would be in this situation.

contact between himself and another takes place, and anticipates similar discomfort on meeting with P for the first time.

3. There is a sense I guess, that I think I am something of an unusual person and I don't know how any particular person is going to take that and hence I was feeling anxious about deviating from my patient's set expectations of what a therapist is like.

S is unsure as to how P will respond to him in the light of his felt unusualness; S is concerned that his way of being may be unfamiliar to P and divergent from her expectations of him as therapist.

4. The video role-plays helped a great deal to diffuse my anxiety, and also settling down in Grahamstown and discovering what the course really entailed.

On becoming more familiar with and established in this new situation S's anxieties as regards its unfolding are considerably allayed.

5. By the time my first interview came I was no longer anxious in the sense of feeling frustrated and helpless.

On the arrival of his first session as therapist, S stands before this possibility more confidently and feels less intensely his fears as regards the situation.

6. This came about mostly through the role-plays I did - it was just

S's more confident stance in the face of the approaching interview

actually seeing I could cope and getting quite good feedback about this.

comes into being on S's becoming more familiar with the situation and on the discovery of his ability to cope as therapist, and the confirmation thereof, in a situation similar to the one which is anticipated by S.

7. But as the time approached, nervousness and tension did build up.

As the moment of meeting with P draws nearer S experiences a growing uneasiness and his feeling of expectation is intensified

8. I don't find initial contacts easy although it is only the beginning stages that worry me - once I know someone I don't feel uneasy about revealing or hearing intimate things at all.

Prior to the moment of meeting P, S is concerned as to his experienced difficulty in initiating a relationship with an unknown other; this situation is experienced as difficult only initially, however, once the other is made known to S, S feels free to engage fully in the situation.

9. I felt nervous about being in a new situation, and a very important situation in terms of my career.

S is apprehensive as to the unfolding of this unfamiliar and unknown situation, which holds

possibilities for the future of great meaning for S as regards his project as therapist, towards which he lives.

10. I'd been edging towards this situation for a number of years as there was a 4 year gap between doing my Honours and starting this course, and it was a question of waiting till I felt ready to do it. So quite a lot of time had elapsed since I'd decided to go on with clinical work and this was it now, so there was quite a build up.

S reveals his movement towards this possibility prior to the present situation; S expresses his willingness and anticipation in the present situation of the unfolding of this possibility and on being confronted by the immediacy of transforming this possibility into lived reality experiences a heightened sense of expectation.

11. There was something that I was looking forward to this year which is the whole thing of being under supervision and being quite carefully watched after not having been in the last 4 years, and of having the opportunity of getting to know myself.

S anticipates entering a challenging situation different to the one in which he was previously engaged and which holds the promise of support and criticism from significant others and thus personal growth for S.

12. This contributed to a certain excitement about the situation which was sitting underneath the nervous-

The situation is thus constituted as inviting to S, S stands in anticipation of the unfolding of

ness-in the longer perspective I was really excited.	this possibility in spite of being made present to his fears as regards the situation.
13. The approaching initial interview also brought up feelings about the therapist's role.	The approaching initial interview brings to light S's concerns as regards the task and stance of the therapist.
14. I am aware of the tremendous responsibility that the therapist has, particularly because of the power that goes with this role, and the sometimes exaggerated respect people relatively unaware of psychology have of therapists.	The possible difficulty of his task as therapist is constituted for S as his concerns as to the nature of P's expectations of him as therapist in the light of his awareness of the exaggerated expectations of others as regards the abilities of therapists.
15. I was anxious that the patient would expect authoritative answers from me and expect me to present some kind of authoritative stance, and wouldn't feel contained if I was just me.	S is fearful as to P's expectations of him as therapist; S fears that P expects him to be in a certain manner as therapist and fears that his failure to be thus will be experienced by P as difficulty in engaging in the situation with S.

16. Whatever I did I would not present a remote and authoritarian appearance, that my anxiety would be fairly visible, and also my informal manner, and I was wary of this, not knowing what effect it would have on my patient.	S expresses his felt inability and unwillingness to be in the manner possibily expected of him by P, and is aware that his stance as therapist which is contrary to P's possible expectations will be revealed to P, about which S experiences uncertainty as to P's possible response as regards this.
17. I have a lot of ambivalent feelings about power and authority, and don't fit easily into the powerful role.	S experiences ambiguously the possibility of being constituted as an agency of authority and feels uncertain and uneasy in this situation.
18. In the session my patient in a sense fed into and in a sense allayed this anxiety.	During the session S experiences P's way of being towards S ambiguously; as both enhancing and diminishing his fears as regards his stance as therapist.
19. She was very compliant, very willing to please and remarkably honest when it came to divulging embarrassing facts about herself, so I didn't feel I needed to use the power	During the session S experiences P's way of being towards S ambiguously; P's willingness to engage with S in the situation is constituted for S as both accept-

to get things done, but there was something in her very compliance that made me uneasy, in a sense she was assuming that power in me without me having to do anything in particular.

ance of his informal stance as therapist as well as P taking as given the power and authority of S as therapist, about which S feels uneasy.

20. In addition to these general concerns, I came to my first interview with an additional worry - I had been told to expect questions about my beliefs and doubts about psychotherapy.

S stands before the initial interview with a further concern; S is concerned as to the possibility of having to answer to P's queries as regards his own beliefs and uncertainties as to the value of psychotherapy.

21. Just before the interview I was hastily checking in Wolberg how to deal with these issues - looking around for a technical answer which didn't suit my way of doing things.

S is unsure as to how to deal with this difficulty, and prior to his meeting with P hurriedly attempts to gain clarity and certainty as regards this in a manner which excludes his own beliefs and about which S feels uneasy.

22. (and) so that contributed quite a lot to my anxiety - not being quite sure how to approach the situation and not having the confidence to draw on my own resources.

S's uncertainty in the face of the possibly difficult situation, and his lack of prior experience and faith in his ability to cope with this difficulty, contributes considerably to his fears as re-

	gards the approaching encounter.
23. From the beginning of the interview my natural shyness was compounded by the reserve and depression of my patient.	From the outset of the encounter S experiences P as being in a way which intensifies S's difficulty in engaging actively in the situation.
24. Beneath this I could feel a strong current of dependency - a desire to make me take responsibility for what happened. To an extent I gave into this and directed the course of the interview with my questions.	S is aware of being called upon by P to take an active stance in the situation, a need to which S responds to an extent.
25. When the anticipated questions came up, the carefully prepared answers slipped out of my mind and I evaded the questions.	On being confronted by P's expected queries, S's prepared responses escape him and he is unable to deal with the situation as previously decided.
26. In that tight situation I didn't in the moment I had to think, take a broad look and think what does this mean about her? At that moment I was pinned by that question down to my anxiety about it, feeling brittle	In this moment S experiences the situation as constricting and is suddenly and unavoidably confronted by his fears and doubts as to his adequacy as therapist and is unable to remain attuned to and

and frozen thinking more about would I be adequate to her rather than what is her anxiety as revealed by this question.	to respond to P's meanings and concerns as revealed by her question.
27. It was either what's going on in her or what's going on in me - I didn't have a clear grasp of the global picture.	S is unable to remain attuned to P in the moments in which S's own concerns are made present to him; the meanings of this moment are experienced as opaque by S.
28. This was a dominant feeling in the session; being pinned down by my anxiety.	S's experience of this encounter with P is largely constituted as one in which S is unable to respond freely and feels immobilised by his fears as regards the situation.
29. I sat very still in my chair and didn't feel free to move around. (I'm generally quite restless when sitting).	S experiences on a bodily level his inability to respond freely in the situation; of being immobilised.
30. I spoke very softly, unable to put force into my voice.	S's restraint in the situation is again made thematic in his tone of voice.
31. But apart from that one incident	In the encounter S is also

where I looked after myself, for the rest of the time I was concentrating on just keeping her talking and showing sensitivity when more difficult things came up.

attuned to P and responsive to her concerns and meanings as they are revealed in the situation.

32. I became supremely unaware of my body. I was literally physically frozen, and by the end of the session one of my fingers was quite numb, and I hadn't noticed.

In being with, and attending to P, S becomes unaware of his own discomfort in the situation; subsequent to the session S's previously hidden discomfort is made present to him on a bodily level.

33. Afterwards I felt enormous relief because I had coped with it and because I knew she was going to come back.

Subsequent to the encounter S experiences considerable relief on coping with the situation, and feels confident as to the continuation of his project as therapist.

(c) <u>A specific description of the situated structure of the beginning therapist's first session of psychotherapy with the first patient.</u>

The situation in which the first session with the first therapy patient is experienced by the beginning therapist is one in which the beginning therapist, S, reveals his opennes to and anticipation of initiating his

project as therapist, this possibility being intended and lived towards prior to the present situation and being constituted as meaningful and of importance to S.

The situation comes into being for S on entering the Master's Course, and in this moment of his experience S stands before this possibility in intense anxiety as his fears as regards initiating his project are made present to him. The situation is experienced by S as unknown and unfamiliar and constituted as one which holds the promise of difficulty in the light of S's prior experience of difficulty in situations unfamiliar to him, and he anticipates similar discomfort on meeting with an unknown other about whom he is uncertain, in the light of his felt unusualness, as to the other's response to his way of being in the situation. S thus stands before this possibility in the fear of the unknown nature of his patient's responses to him as therapist.

The situation is changed for S on becoming more familiar with and established in this new situation, and on the discovery, in a situation similar to the one anticipated by S, of his ability to cope as therapist, and confirmation thereof by an other. On the situation becoming more known to S, S stands before the approaching encounter with his first patient more confidently and feels less intensely his fears.

As the moment of meeting with his patient draws nearer, S experiences a growing uneasiness and his feelings of expectation are intensified. On the immediacy of his encounter with his patient, the situation is again changed for S and is revealed as one which is lived ambiguously by S.

The situation is constituted for S as one which both calls him forth to initiate his project as therapist; a possibility which S anticipates and towards which he wishes to move, as well as one which holds the promise of difficulty and before which S stands in fear and uncertainty as to its unfolding. On being confronted by the imminent encounter with his patient, S's fears as regards the unknown and unfamiliar are again made present to him; S is concerned as to his experienced difficulty in initiating a relationship with an unknown other but stands before this possible difficulty more confidently in the anticipation of overcoming this difficulty once the situation is made known to S. On the unknown other being revealed to S, S anticipates feeling free to engage fully in the situation.

S experiences uncertainty and is unsure as to how to deal with further anticipated difficulties. S is concerned as to the nature of his patient's expectations of him as therapist and experiences ambiguously the possibility of being constituted as powerful and certain by P in the situation. S fears that his failure to be in the manner possibly expected of him by his patient will have negative consequences for the outcome of the encounter and will be experienced by his patient as difficulty in engaging in the situation with S as therapist. S experiences further anticipated difficulties about which he is uncertain, and experiences difficulty in attempting to gain clarity as regards them. S is uncertain in the face of the possible difficulty of the situation, and his lack of prior experience and felt lack of faith in his ability to cope with these difficulties contributes to his fears as regards the approaching encounter.

The ambiguous nature of his experience reveals also the meaningfulness of the situation for S. S stands before an unfamiliar and unknown situation which holds possibilities for the future of great meaning for S as regards his project as therapist. On being confronted by the immediacy of transforming this possibility into lived reality S experiences a heightened sense of expectation and anticipates entering a situation which holds the promise of assistance and support from others and personal growth for S. The situation thus also holds enriching possibilities for S and is constituted as inviting by S, and he stands in anticipation of the unfolding of these possibilities in spite of being made present to his fears.

The situation is similarly constituted as ambiguous for S on his patient's presence in the situation. From the outset of their encounter S experiences his patient's way of being towards him in a way which intensifies S's difficulty in engaging in the situation; S experiences his patient's way of being towards him as both enhancing and allaying his fears - his patient's felt willingness to engage with S in the situation is constituted as both acceptance of his particular stance as therapist - as well as his patient's taking as given the authority of S as therapist, about which S feels uneasy. S overcomes this difficulty, however, on becoming aware of being called by his patient to take an active stance in the situation, to which S feels free to respond to an extent. S experiences the situation in this moment as inviting and is free to respond to his patient. On his failure to deal with an anticipated difficulty about which he is unsure, the situation is changed for S and he is suddenly and unavoidably confronted by his fears and doubts as to

his adequacy as therapist. In this moment S experiences the situation as constricted and constricting, and as his own concerns are made intensely present to him, is unable to remain attuned to and respond to his patient, his patient's meanings in this moment becoming opaque to S.

S experiences the situation as one in which he feels unable to respond freely, in which he is immobilised by his fears, this difficulty being experienced on a bodily level by S, and made apparent in his tone of voice. The situation however, also reveals S's attunedness and his ability to respond to his patient and her concerns and meanings as they are revealed. In being with, and attending to his patient, S becomes unaware of his own discomfort in the situation, and in these moments feels free to engage fully in the situation.

Subsequent to the session, S's ambiguous stance is revealed to him as his hidden discomfort is made present to him on a bodily level. Subsequent to the encounter S experiences considerable relief in having coped with this difficult situation - on the situation being made known to S in a lived sense - and S feels confident as to the continuation of his project as therapist which holds possibilities for the future further anticipated by S.

B. A general description of the structure of the beginning therapists's first session of psychotherapy with the first patient.

The first session of psychotherapy with the first patient is the experience of standing on the brink of initiating a meaningful project which holds possibilities for the future of importance to the therapist in his chosen task. The situation comes into being on the therapist's entering the Master's course and is constituted as inviting and is anticipated by him. The experience is thus a beginning, the transformation of an intended and meaningful possibility towards which the therapist has been living prior to the unfolding of this situation.

The experience is temporally organized as a before, during and after, the meanings of the situation for the therapist changing as the situation is revealed to him. The situation is lived intensely by the therapist, the meanings of this situation being expressed on a bodily level in this experience.

As the situation comes into being its invitational character, having been disclosed, is obscured by the therapist's fears and uncertainties as regards it. The situation is revealed as ambiguous; as inviting, one towards which the therapist moves in confidence as regards its unfolding, as well as one before which he stands in doubt and fear as the unknown and unfamiliar nature of this important situation is revealed to him. In these moments the therapist experiences intensely his doubts as regard this unfamiliar situation and experiences difficulty in meaningfully clarifying his expectations as to its unfolding. The therapist experiences the possibility of meeting with the patient ambivalently. He

welcomes their encounter as it is only in relation to the patient's actual presence in the situation that he is constituted as therapist; the patient thus stands as inviting the therapist to initiate his chosen project. The encounter with the patient stands also as meeting that which is unknown and unfamiliar to him and which holds the promise of difficulty and the possibility of failure. The patient thus comes into being for the therapist prior to the actual initial session; she is already in the situation as he lives towards their encounter, and is constituted in accordance with how the situation is revealed to him, as both inviting or frightening, through the moments of its unfolding.

Essential to the experience is the presence of the significant other: the supervisor and evaluating others. The situation as primarily unfamiliar and unknown is transformed for the therapist in relation to the supervisor, who stands as clarifying and articulating the situation for the therapist. The supervisor is constituted as a guide and experienced as supportive and encouraging in the situation, as allaying the therapist's fears as regards the approaching encounter. The supervisor is experienced also as enhancing the difficulty of the situation, as critical, and as confirming the therapist's fears. The importance of the supervisor for the therapist is made thematic also in his fear of loss of support of this significant other.

As the situation unfolds, and the therapist becomes more familiar with and established in this new situation, his fears as regards its unfolding are considerably allayed. He is once again confronted by his fears and uncertainties however, as he becomes aware of the immediacy of the

encounter with the patient. On the imminent arrival of the patient the therapist experiences a growing uneasiness and a heightened sense of expectation.

During the encounter with the patient, the therapist experiences the situation ambiguously; as one which is easier to deal with than previously anticipated, as well as one which is frightening and difficult to confront. The situation is experienced as easier in those moments in which the therapist feels free to engage with and attend to the patient and her concerns and meanings; in these instances he experiences relief and feels confident in confronting the situation. The therapist experiences difficulty, however, when he is again made present to the unknown and unfamiliar nature of the situation, over which he has no control. On being confronted by the unanticipated, the situation is changed for the therapist and his fears and doubts are again made intensely present to him. In this moment the therapist is overwhelmed by his own concerns and experiences difficulty in remaining attuned to the patient, and in these moments the patient's concerns and meanings lose their transparency for the therapist. On again becoming free to engage with the patient, the situation is again changed for the therapist and his concerns become obscured in being with her. Throughout the encounter the therapist is intensely aware of the patient's felt reaction to his way of being in the situation and the patient is experienced ambiguously, as both enhancing and allaying the therapist's fears. The patient is experienced as reassuring, affirming, critical, evaluating and rejecting. As the situation is disclosed to the therapist, as easy or difficult, so is the patient experienced.

Subsequent to their encounter the therapist experiences considerable relief on the situation being made known in a lived sense; on having initiated and established the continuation of this essentially meaningful project. Subsequent to the session, the situation is experienced as one which holds possibilities for the future further anticipated by the therapist.

CHAPTER 4

Discussion

A. Comment on the literature reviewed.

On dialoguing the findings of the present study with the literature reviewed which addresses the beginning therapist's situation, his difficulties and challenges, it is immediately apparent that the first meeting with the first patient in psychotherapy is of special significance for the beginning therapist. The literature reviewed is relevent to the findings of this project in that it reflects broad, and also, specifically identified aspects of the beginning therapist's experience. The findings reflect issues cited as important in the Literature Review Chapter; that the situation of the beginning therapist is experienced as a difficult, demanding and frightening one, but also as an exciting and meaningful one; that the beginning therapist is concerned about various issues regarding his adequacy and competence as well as his acceptability as therapist to both his patient and his supervisor, these issues in terms of the findings, being situated, however, in a specific context and as revealing particular meanings.

On examination of the findings it is apparant that anxiety as regards the supervisory process is not important as such, rather what is relevant is the centrality of the supervisor in this experience and the meaning her presence has for the situation of the beginning therapist.

The literature reviewed pertaining to therapist level of experience has not been included in the discussion as it points to the beginning therapist's efficacy in his work as therapist and does not comment on his experience of this particular situation per se.

Although the literature reviewed which addresses the beginning therapist's difficulties and challenges is relevant to the findings of this project, it is this writer's opinion that the authors cited do not do justice to the richness and situated meaningfulness of the beginning therapist's lived situation, that the literature reviewed does not inform one of the holistic meaning of this situation for the therapist. In an attempt to articulate more faithfully the experience of the beginning therapist there follows a discussion of certain areas of significance which have emerged through the analyses and on examination of the findings, and which are articulated in terms of the phenomenological world view.

B. Discussion of the lived situation of the beginning therapist in terms of the phenomenological world view.

The discussion which follows entails an elaboration of areas of psychological significance which have emerged through the analyses and on examination of the findings. These areas are world, time, others and body, each area being discussed in terms of how it appears in the situation under investigation. Although each area has been identified and discussed separately in the interests of clarity, they are all primarily related; man, his world and others are, in the view point of phenomenological thought, intimately related and inseparable.

World

In this situation the beginning therapist's world is constituted as a new world of possibility - the possibility of initiating a chosen and meaningful project towards which he has already been living, of being-therapist. The situation is thus an entrance, a way to a world heretofore only visualized and lived towards and which waits to be realized by him in a lived sense; it is a world of possibility which has already been revealed to him and which he has chosen and wishes to make his own. The beginning therapist experiences his world as beckoning him, as inviting him to realize this possibility, and, as such is anticipated by him.

As the beginning therapist enters this new world in anticipation of making his own the world of being-therapist, further possibilities present themselves to him. The situation is revealed as a world of ambiguous possibility and is constituted as both inviting, one which invites him to move towards realizing his intended project and which promises its actualization, of making his own the world of being-therapist and the continuation of this project, and also as a frightening world, one before which he stands in fear and which holds the possibility of failure in making his own this chosen and lived towards world.

Shapiro (1976) discusses the world of anticipation as one which is experienced as a world of many possibilities, each possibility revealing its face to the one who anticipates, who may then take up each possibility in turn, "fantasizing possible outcomes with images that are concrete and complete" (ibid, pp.141-142). In anticipation of living his chosen project of being-therapist, the beginning therapist is imaginatively

present to the varied possibilities which this world reveals, of either realizing the world which he wishes to make his own or failing in this significant task. The new world he wishes to make his own is primarily unknown, it is yet to be made known to him in a lived sense. Each possibility which is revealed to him in his anticipation of the event which will transform his world and to which he is present, stands as the "presence of an absence" (ibid, p.141) of which Shapiro speaks when describing the structure of anticipation. His meeting with his patient has not yet arrived yet he is directly present to it. In anticipation his world takes on certain shapes, now inviting, now frightening; it is a changing world, one which remains ambiguous throughout the unfolding of the situation.

Once the invitational nature of this world is revealed to the beginning therapist, and as he moves nearer to the actuality which he wishes to realize, his experience of the world is changed and suddenly takes on a predominantly frightening cast. It becomes a world to be feared and is revealed as unfamiliar and unknown. In this moment the therapist is made present to these new and fearful physiognomies and open only to the dreadful possibilities which reveal themselves to him. The world and its objects are unknown and unfamiliar and he is unsure as to his place in this new world and uncertain as to whether he can make it his own.

The world is revealed as changed for the beginning therapist as he becomes more established in and familiar with this new world. As it is revealed to him, it takes on a more-known quality and is constituted as an encouraging world, one which reflects his growing confidence in the face of the task which he has chosen to meet. Now the world and its objects

encourage him to move further towards the realization of his chosen project and reveals to him the possibility of further making his own the world of being-therapist. The world thus invites him again more directly to actualize his intended project.

As the meeting with his patient draws nearer, the significance of this encounter is revealed to him as he is confronted by the immediacy of the possibility of realizing his chosen project. His world again reveals a different face and is constituted as frightening, one towards which he stands in fear; his fear being revealed as the possibility of failure in his chosen task. He is open to the event which is about to occur but present only to the possibility of loss, of losing the world he wishes to make his own, the world of being-therapist.

Arcaya (1979) describes the possibility of loss which is revealed as fear as "the experience of defending one's past achievements and present possessions in the face of imminent threat" (ibid., p.174). The world the beginning therapist lives towards and is attempting to make his own is paradoxically threatened by the event which also promises the possibility of fruition of this longed for actuality.

It was mentioned above also that the fearful world which the therapist experiences is restricted, in that he envisages in these moments only a dreadful possibility, a possibility of loss, about which he is anxious. Speaking of attuness in anxiety, Kruger (1979) asserts that "anxiety is a paradoxical mood in which Dasein is open to but at the same time restricted to the possibility of losing its hold on all the things-that-are" (ibid,

p.68). As the beginning therapist stands in fear he is open to that which is coming, but his world is restricted in that only one face of the world is revealed to him, the frightening visage of failure.

Fischer (1970) also speaks of fear as loss of world, as "the possibility of losing a world that he has already envisioned and chosen for himself" (ibid, p.47).

In his encounter with his patient, the beginning therapist experiences his world as one which is now more known to him, although it reveals those possibilities envisaged in anticipation of this significant event. It remains an ambiguous world which reveals also the dreadful possibility of failure to make his own the world he has almost realized. The possibility of failure shatters his striven for world and in these moments he experiences this possible loss intensely. The world of his encounter with his patient is, however, primarily an inviting and encouraging one, a situation easier to deal with than previously envisaged, and he eagerly moves further towards realizing the world of being-therapist.

Subsequent to their encounter, the beginning therapist experiences his world as transformed. He experiences relief at establishing the continuation of this significant project and thus relief at not having lost his striven for world. This new world is now known to him in a lived sense, and in terms of world, this experience may be described as the transformation of world. After the session with his first patient, the world takes on a certain shape which is known to him to an extent.

Time

The past, the present and the intended future of the beginning therapist meet in this situation. The present holds great meaning for the beginning therapist as he stands on the brink of initiating his chosen project. This presently meaningful project calls him forth to take up the future he wishes to make his own, the future of being-therapist. The future invites the beginning therapist to move towards the event which will transform his world, and he looks forward to realizing this actuality. The intended future which invites him in the present is opened up through his decision in the past to live towards this future.

In his anticipation of the event which will transform his world, he stands expectantly, waiting to plunge into his intended future. His future is intensely present to him, and is experienced by him as that which is shortly to occur. In anticipation, Shapiro (1976) notes "the future looms...there is a promise of its occurrence" (ibid., p.141). In his anticipation of this event the future indeed looms; he is intensely present to the future which is coming towards him. The time for the meeting with his patient has not yet arrived, yet he is already directly present to it. Prior to his meeting with the patient she is already in the situation for him; before their intended meeting he is in the future of being-therapist and present to the varied possibilities which this future holds. Shapiro (1976) articulates this thus: "when I turn more directly to the anticipated, I find myself already there at it" (ibid., p.141).

In the beginning therapist's anticipation of making his own the future of

being-therapist, the future remains uncertain, it is a yet to occur future and thus remains unknown. It is known to an extent, however, in that it promises its occurrence. The future remains accessible to the beginning therapist whilst the world of being therapist invites him, although the possibility of being unable to make this future his own remains one of the varied possibilities which are made present to him. In his anticipation, the future primarily invites him to move towards the realization of his project.

When the world of being-therapist invites him, the future beckons to him to meet his intended future. When the world of being-therapist, reflects a different face, and reveals its difficulty, the beginning therapist's experience of time is transformed and he experiences a dysjunction between the present he is living and the future which he is living towards. This dysjunction is the possible loss of the future he wishes to own. As he stands in fear the future no longer invites him forward; the future becomes inaccessible.

The beginning therapist hesitates in fear; "in fear the normal flow of experience which is the fulfillment of his past history and future goals is halted" (Arcaya 1979, p.1275). Fear is the loss of his intended future and he can no longer answer to that which calls him out of the future. In this situation lived-time is experienced as moving slowly. In fear, the experience of time is changed as "lived time is contained in how our valued projects unfold. Fear is the belief that this unfolding will cease" (ibid., p.177). Time is experienced as slowing down as the unfolding of the therapist's project is experienced as imminently coming to a halt.

When the situation reveals the dreadful possibility of loss of the future he intends, the beginning therapist, however, continues to live towards this goal. In re-immersing himself in this situation, on making a commitment to and affirming the choice he has already made (Arcaya, 1979) his future once again becomes accessible to him, and the world of being-therapist reveals its inviting face.

Subsequent to the session, the possible shape of the future is more known to the beginning therapist. The longed for event has come and gone, his anticipation is terminated as the outcome of the situation is known. The experience of this situation is the continued accessibility of the intended future of the therapist. His experienced relief on ending the session is the relief of not having lost the future he wishes to make his own, and now has partially realized.

Others

It is impossible to conceive of a situation in which others or relationships with others do not have an important place. Man lives in a world with others, a shared world (Mitsein) and as such he experiences his world in the context of his relations with others. His relations with others reveal the shape of his world and are made present to him as physiognomies of this world.

Others are of crucial importance in the lived situation of the beginning therapist. It is in the context of his relation to significant others that the beginning therapist's world is revealed to him. Pervading this situation are the physiognomies of those significant others who are

intimately involved in the project which the beginning therapist has already chosen and strives to realize; namely his first patient and his supervisor. These significant are others and are made present to and remain present to the beginning therapist throughout the unfolding of this situation.

In accordance with how the world is revealed to him, these significant others are experienced as either sources of support and encouragement, who aid him in his striving towards the realization of his intended project, or they emerge as sources of difficulty, reflecting his inability to attain this longed-for goal. These significant others as physiognomies of world reflect his distance from or closeness to his striven towards goal, they reflect his ability of inability to make his own the future he intends, the future of being-therapist. The beginning therapist's experience of his first patient and his supervisor reveal the ambiguous nature of his world and his uncertain stance in it.

On the world being revealed as inviting the beginning therapist to move towards initiating his chosen project, he looks forward to the encounter with his patient. In these moments, his world and his patient speak out to him of his ability to make his own the world of being-therapist. The world, and the other as physiognomy of this world invite him to live towards that which he wishes to make his own. On his world being revealed as a world of uncertain and frightening possibilities, the therapist hesitates in his movement towards this meeting with his patient. His patient is now revealed to him as a different world relation - his patient now speaks of the possibility of his inability to deal well in the situation as therapist, and hints at the possibility of failure in his

chosen task. His patient thus reveals the possibility of loss of his intended future.

The supervisor stands as transforming the world of the beginning therapist. In relation to the supervisor the new and unknown world he wishes to make his own is transformed through her advice and support. The supervisor articulates and clarifies the situation of the beginning therapist, and in seeing this world through her eyes, in a new light, it is transformed and becomes a world made more familiar in which he may have a place to realize his chosen project. In relation to the supervisor the world may also, however, be transformed into a world which promises difficulty and the possibility of failure. In being with this significant other the world may also reveal its frightening face. Thus, the presence of this significant other transforms the world of the beginning therapist and the possibilities which this world reveals.

In his encounter with his patient, the therapist experiences this significant other as calling him forth to fulfil his chosen task. In being with the other, in sharing her world and its meanings, the situation reveals the possibility of attaining his striven towards world - the world of being- therapist. In being with the patient, in their experienced closeness, his intended future as therapist remains accessible to him.

On the world revealing the possibility of failure in his chosen task, of his inability to make his own the world of being-therapist, the beginning therapist becomes overwhelmed by his own fears and anxieties, and his closeness with his patient is shattered. In these moments the therapist

is thrown back on himself. In this situation his anxiety "pulls him back from intimacy with his patient in fear that something will endanger him" (Chessick 1969, p.131). From being unselfconsciously 'out there' with his patient, he now finds himself suddenly ill at ease and selfconscious in the situation. He can no longer attend to the meanings of his patient and experiences a distance between himself and his patient. Having been made present to the possibilities which his world now reveals he stands in fear that he will lose the world he is striving to make his own; his future now appears inaccessbile to him.

On once again being with his patient, on once again immersing himself in the world of being-therapist, he overcomes the fears which overwhelm him. On being with the other his world is once again transformed into a world which invites him towards realizing his chosen project. The presence of the other once again invites him to make his own the world he is striving towards, and his future is once again made present and accessible to him. Arcaya (1979) articulates the manner in which the other may transform the world of fear thus:

> "Others throw open a horizen of possibilities that was formerly denied"(ibid., p.180).

The presence of significant others as physiognomies of world are essential to the beginning therapist's experience of this situation. The significant others serve to transform the world of the beginning therapist and emerge as both supportive and encouraging as well as frightening presences. Central to this experience is the therapist's fear of loss of these significant others, their loss being a reflection of the loss of the

world he is striving to make his own - the world of being-therapist.

Body.

In this situation the beginning therapist experiences the world on all levels of his integrated being, the meanings of this situation being expressed on a bodily level as well. According to the phenomenological world view the body is not conceived of as a thing-like mechanism which simply reacts to stimuli. Man is a body, and as such is situated in the world. Man is considered an "embodied-being-in-the-world" (Moss, 1978, p.73). How, then, is the beginning therapist embodied in his experience of the first session of psychotherapy with the first patient?

In the moments in which the beginning therapist is fully present in the situation, he unselfconsciously is his body. In being fully engaged in the world he feels at ease in the situation and unaware of the specific contours and position of his familiar taken for granted body. In these moments he is not contained in his body, he is 'over there' and 'out there' in the world.

The beginning therapist's body is transformed on being ill at ease in the situation. In these moments he no longer feels free to engage fully in the world, and experiences a rupture in his closeness to the objects of his world. His discomfort in the situation is made known to him as such through its embodied expression. His bodily discomfort articulates his discomfort in the world and reveals to him his frightening dilemma.

The other plays a significant part in the beginning therapist's relation

to his body. "He can make the relationship closer. He can enlarge the distance" (Van den Berg, 1972, p.69).

When the beginning therapist feels uncertain as to his ability to deal adequately in the situation as therapist and is overwhelmed by his concerns as regards this, he experiences his fear in relation to this significant other as detachment from and discomfort in his body. From being a body, he now experiences himself as having an uncomfortable body. As he experiences a distance between himself and his uncomfortable body, so too does he experience a distance between himself and his patient. He is no longer with her; her concerns and meanings have lost their transparency for him and now he and his patient no longer share the same phenomenal world.

On being with the other, on once again engaging with his patient, the experienced distance between them is diminished, and he becomes unaware of his discomfort in the situation. Being with the other transforms the beginning therapist's relation to his body in that

> "The body of the fearing other is re-orientated through its communication with another" (Arcaya, 1976, p.182).

On engaging with and being present to the other, the beginning therapist becomes once again fully embodied.

C. Conclusion.

The aim of the present study is to come to an holistic understanding of the beginning therapist's experience of psychotherapy, specifically the beginning therapist's experience of psychotherapy in the context of his first session with the first patient, and further, to articulate the essential nature of this situation as it is lived by the beginning therapist.

The phenomenal realm - the world of human experiencing - has long been regarded an unsuitable and even irrelevent area for scientific investigation. From a traditional scientific viewpoint this realm, as subject matter for investigation, is not accessible to scrutiny in that it does not conform to traditional research criteria, primarily the criterion of measurability. This traditional stance as regards the phenomenal world is reflected in the dearth of literature addressing the therapist's experience of psychotherapy. In reviewing the literature relevent to the present study no material could be found which elucidated the therapist's situation (world) in this context. In view of this the writer was led to take up the phenomenological attitude, to "go back to the things themselves", an approach which would allow the phenomenon to reveal itself as it essentially is. Using a phenomenological method it was then possible to explicate the beginning therapist's lived situation and come to a general description of the essential structure of the beginning therapist's first session of psychotherapy with the first patient.

This description reveals that the first session of psychotherapy with the first patient is an important moment in the beginning therapist's movement

towards becoming a therapist, this situation being constituted as the beginning of a significant and meaningful project which the beginning therapist has chosen and which he lives towards, and is indeed experienced, as Jackel (1982) suggests, as a milestone, as the culmination of the therapist's past wishes and hopes.

The experience is revealed as temporally organized as a before, a during and an after, the meanings of the situation changing as it is disclosed to the beginning therapist. This situation is lived intensely by the beginning therapist, its unfolding meanings being lived on all levels of his integrated being.

In living towards his chosen project the beginning therapist enters a new world of possibility, a world which reveals both the possibility of realizing his intended and lived towards future, of being -therapist, as well as the possibility of failure in this important task. It is a changing and unfamiliar world which he experiences, this world now revealing an inviting face, now taking on a frightening cast. It is an ambiguous world, one in which the future of being-therapist is open and accessible to him as well as one in which he stands constantly threatened by the possibility of losing his lived for and lived towards future.

Essential to this experience is the presence of significant others, primarily the beginning therapist's first patient and his supervisor. These others serve to transform the situation of the beginning therapist, their presence reflecting the ambiguous nature of the situation and his ambivalent stance in it.

The situation of the first session of psychotherapy with the first patient is experienced by the beginning therapist as the transformation of world. Through the moments of the unfolding of this situation the world of being-therapist is disclosed and made known to the beginning therapist, and subsequent to his encounter with his patient, he lives towards the continuation of his chosen project. The experience of the first session of psychotherapy with the first patient opens up a future of meaningful possibilities for the beginning therapist in his movement towards becoming a therapist.

The first session of psychotherapy with the first patient is a difficult and demanding situation as well as an exciting and significant one. It is a situation which throughout demands the beginning therapist's courageous commitment to his chosen project in the face of the frightening nature of this situation. It is a new world in which the beginning therapist finds himself and he is uncertain as to whether he has the ability to bring to fruition the future he intends, that of being and becoming a therapist. Mueller and Kell (1972) articulate this dilemma thus:

> "He may have been told that he shows promise. But promise and potential can be frightening gifts since they carry the necessity to test that promise and the consequent threat of failure"(ibid., p.8).

In this situation the beginning therapist is often anxious and fearful. The threat of failure constantly hovers in this experience, and it is this possibility of failure which is revealed as the possibility of loss of his lived towards world - the world of being -therapist - which is so frightening and which calls forth for courage in facing his chosen task.

He is in need of courage, for,

> "Courage only exists wherever fear is still great. Where there is no fear to overcome there is no need for courage" (Boss, 1984, p.169).

This situation, however, also promises the realization of his intended project, and holds as possibility his ability to make his own the world of being-therapist. It is a situation which also invites his involvement and which he moves towards with the hope of fulfiling his striven for goal. It is an inviting and exciting, as well as a fearful situation because of the possibilities it reveals.

In being open to the possibilities which are revealed to him in this situation, the beginning therapist "must put (himself) at risk and therefore cannot be free of anxiety" (Kruger, 1979, p.69). The discomfort of anxiety cannot be avoided in this situation as,

> "A Dasein which is open to and free for its encounter with the possibilities encompassed in its relations with the world cannot avoid suffering" (ibid., p.70).

In order to make his own the future he intends the beginning therapist is called to courageously take up the challenge this situation holds out to him in the hope of realizing his goal.

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