1986

Psychotherapists' development in terms of true self and caretaker self.

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Psychotherapists' Development in Terms of True Self and Caretaker Self

A Thesis Presented

By

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Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

May 1986

Psychology

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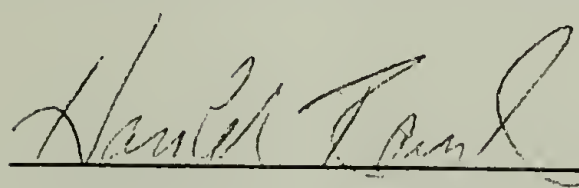
Approved as to style and content by:



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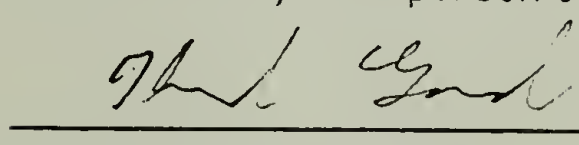

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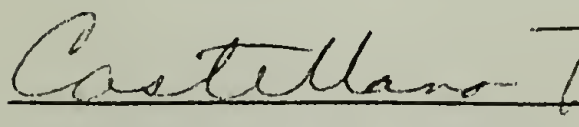

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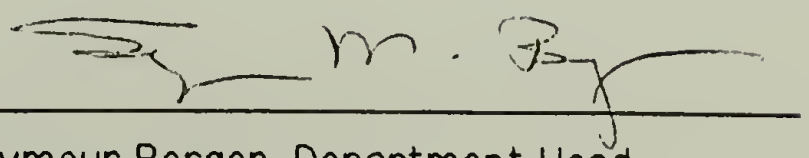

Seymour Berger, Department Head

It is easy to talk about crime, because I know that you are not criminals. How shall I talk, However, about this, my chosen subject, without seeming to be preaching a sermon, since in some form or other or to some degree each of us is divided in this way, into a true and false self?

–D. W. Winnicott (1986)

Acknowledgements

I would like to thank the chair of my committee Harold Raush for his support and guidance during the course of this work. He consistently provided a facilitative "hold" which made it possible to complete this thesis. Also, I want to thank the members of the committee, Howard Gadlin and Castellano Turner for their enthusiasm and support in the early and later phases of this project. I am greatful to David Todd who, in his role as teacher of the Nature and Methods of Inquiry course, gave me the freedom I needed to develop a research topic which was meaningful to me. I must thank Harold Jarmon for his fine introduction to me of the writings of Winnicott. I would also like to thank Richard Halgin who repeatedly facilitated my involvement in professional forums where I could present work on psychotherapists' development as it progressed.

I am indebted to the team of research assistants consisting of Steve Heller, Barry Rubenstein, Stephanie Shattner, Kathryn Sullivan and James Williamson, for their many thoughtful hours spent reviewing journals and putting the interview data into usable form.

I must express special gratitude to Steven Dauer and Charles Field who consistently enriched my thinking and shared an excitement about the project. They were an important calming and enlivening presence during the entire course of this work.

Finally, I wish to thank the fifteen psychotherapy trainees who agreed to be interviewed for this study. While they must remain nameless for the sake of confidentiality, their participation in the interviews must be regarded as no less than courageous. It is not easy to talk about one's

personal truimphs and crises when one is in the midst of such experiences. These trainees were quite able to do so.

Psychotherapists' Development In Terms of True Self and Caretaker Self.

Abstract

15 doctoral students in clinical psychology were interviewed about their experiences of becoming psychotherapists with an emphasis on the phenomenology of their development of identities as psychotherapists. Questions attended to areas of experience both in and outside of their psychotherapy training. Interviews were qualitatively analyzed with attention to developmental themes and individual differences.

Trainees were seen to develop various self-protective competencies during the course of their training. These competencies are conceptualized in terms of the theory of the true self and the caretaker self put forth by Winnicott (e.g., 1965). The concept of the "psychotherapist caretaker self", representing the different forms of the self-protective competencies of psychotherapy trainees, is introduced and explored utilizing excerpts and vignettes from the interviews. The development of the psychotherapist caretaker self is described and the contributions of the experiences of doing psychotherapy and being supervised as well as more personal experiences outside of the context of the training are discussed.

The psychotherapist caretaker self's facilitation and inhibition of therapeutic spontaneity is described; it is seen as a necessary component of psychotherapists, when manifest in moderation. Recommendations are made for the utilization of the above conceptual framework in future endeavors related to psychotherapy training.

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CHAPTER I
REVIEW OF THE LITERATURE

Winnicott's Theory

Much of the theoretical conceptualization of this thesis is derived from the writings of D. W. Winnicott (e.g., 1958;1965;1971). By way of orienting the reader, a description of some salient aspects of his theory of the true self and the false self follows.

Winnicott emphasized the creative and playful aspects of the psychotherapeutic experience. He has written (1971) of therapy: "Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corrollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play. (p. 38)" Without going too far afield in defining Winnicott's theory of play, it can be said that "playing" embodies the activity of what Winnicott has called the "True Self"—the creative, spontaneous original qualities of all persons which are always present but which, for various

reasons, can become obscured by a rigid, protective part of the self which he called the "False Self" or the "Caretaker Self."[1,2]

While Winnicott has been hesitant to offer a comprehensive definition of the true self (since doing so might detract from the necessary indefiniteness of an accounting of the "experience of aliveness"), he has described it as the, "...theoretical position from which come the spontaneous gesture and the personal idea (1965, p. 148)." "The spontaneous gesture," he writes, "is the True Self in action. Only the True self can be creative and only the True Self can feel real. Whereas the True Self feels real, the existence of a False Self results in a feeling unreal or a sense of futility (1971. p. 148)."

The true self creates in a spontaneous way; it cannot respond to the demands of others. For the true self, responding is antithetical to its being. When a child is born, he or she has the potential to be, the potential to live. The "good-enough mother" fosters omnipotence in the child by censoring out environmental "impingements."[3] Impingements are those intrusions–originating from the mother or some other environmental source–which, if allowed to reach the child, would require his or her responding to them. To the extent that the mother allows these impingements to get through to the child (or to the extent that she herself

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[1]The terms "false self" and "caretaker self" are used interchangably here as they have been in Winnicott's own writings. For the purpose of this thesis, the term "caretaker self" is more descriptive and, thus, will be the term of choice.

[2]Winnicott, the originator of the terms had capitalized them but other writers after him have not. They appear in this thesis uncapitalized except when in the context of direct quotation of Winnicott.

[3]The mother is said to provide a "hold" for the child (Winnicott, 1971).

impinges on the child) she is "not good-enough" and the child is forced into the mode of responding. But responding by the true self would be the equivalent of its annihilation. Forcing the true self to respond to impingements (intrusions) would be like forcing a wild gazelle to pull a heavy plow. Out of the need to guard against this annihilation arises the false self, or caretaker self.

The mobilization of a false self is a necessary developmental achievment. Winnicott writes that, "...the infant develops an ego-organization that is adapted to the environment; but this does not happen automatically and indeed it can only happen if first the True Self has become a living reality, because of the mother's good-enough adaptation to the infant's living needs. There is a compliant aspect to the True Self in healthy living, an ability of the infant to comply and not to be exposed. The ability to compromise is an achievement. The equivalent of the False Self in normal development is that which can develop in the child into a social manner, something which is adaptable (1965, pp. 149-150)." In "normal" development the "good-enough" mother is able to know what her child needs and provides for this to the best of her ability.[4] As the child's omnipotence has been fostered (and the true self has been able to develop) the mother is able to allow, in a gradual way, for impingements to come through in amounts which are manageable for the child. It is at this time that the child begins to take over some of his or her own mothering functions and this is what is meant by the development of the caretaker self. The child

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[4]Via what Winnicott has called "primary maternal preoccupation" involving the mother having an intense empathic connection with the child (Winnicott, 1958).

learns to *respond* to the world and to other people. The caretaker self provides a frame in which the child can securely interact with others in the world. Its ultimate purpose is to protect the true self from having to respond to environmental impingements. The caretaker self *responds*. It can be said that the caretaker self does what the mother had done: protect the true self by responding to environmental impingements so that the true self does not have to.

In the context of this thesis it should be noted that a person would never be characterized as either an entirely "true self person" or "false self person." Winnicott (1965) has described the false self as being manifest on a continuum. He writes that, "In health: the False Self is represented by the whole organization of the polite and mannered social attitude...(1965)." "...[I]n health a man or woman is able to reach towards an identification with society without too great a loss of individual or personal impulse (1986)." In this case the person is able to be for the most part, spontaneous and creative. The caretaker self merely helps the person to get along in the world. At the other extreme is the more pathological caretaker self organization which completely obscures the true self in its effort to protect it. The differences in the level of caretaker self configuration which may develop has to do with how much the child's true self was impinged upon. It is affected by the extent to which the child's mothering was "not good-enough"—how exposed the child's true self was to impingement resulting from the mother's lapses at censoring or contribution to the impingements. When the child's omnipotence has been protected and allowed to develop and when this has been followed by a gradual and

managable exposure to environmental impingements, the child's caretaker self will not be required to be one which, out of the need for protection, completely obscures the true self. When, on the other hand, the mother has not been able to foster her child's omnipotence and when the impingements have been allowed to come through to the child in overwhelming amounts, the caretaker self will be fortified and will hide the true self. Most people can be found somewhere in between these two extremes. All persons are said to have (and to require) some degree of caretaker self. "Problems" arise when the caretaker self has become the dominant mode of being. The person in this position will be aware of not being able to be spontaneous or creative and will feel, perhaps, that she or he is not really authentic or "alive." There is a rigidity to the range of responses of the caretaker self in contrast with the unlimited range of creative impulses and gestures sourced in the true self.

Psychotherapists' Development in Terms of True Self and Caretaker Self

In this thesis I will be describing psychotherapists' training and development in terms of the true self and the caretaker self (or false self). The psychotherapy training situation will be portrayed as analogous to the situation of childhood (described above) in the following way.[5] The psychotherapy trainee is confronted with the task of learning to be spontaneous and creative in the work of psychotherapy without being vulnerable to the "impingements"–intrusions on the true self– of that process. Becoming a psychotherapist involves becoming more capable of dealing with the demands of the work. It involves becoming more secure and able to use the creative self in relation to a patient in a spontaneous way when doing psychotherapy. This is a difficult task in that it is those creative, spontaneous aspects of a person which are the ones which it is most dangerous to expose. When there is anxiety about the vulnerability of one's true self the caretaker self takes over as a protective measure. It is the task for psychotherapy trainees–as it is for developing persons in general–to find a way that the true self can be sufficiently protected without being hidden. A caretaker self must emerge which deals with the expected impingements of living without claiming all of the person's psychic life as its own.

Numerous studies have suggested that it is important for the psychotherapy trainee to develop an identity as a psychotherapist in order

[5]The parallels between the child's development and the psychotherapy training situation has also recently been described by Friedman and Kaslow (in press). In their chapter on "the development of professional identity in psychotherapists" they focus on psychotherapy supervision and the parental nature of the supervisory role.

to successfully function in that capacity (e.g., Friedman & Kaslow, in press; Lennard & Bernstein, 1967; Loganbill, Hardy & Dellworth, 1982; Farber, in press; Balsam & Garber, 1970; Ford, 1963; Frank, 1974; Gilmore & Perry, 1980; Light, 1980). The specific meaning of the term "identity as a psychotherapist" (and similar terms such as "psychotherapeutic identity" and "professional identity") has seldom been made explicit. Its meanings have included professional self-presentation, theoretical orientation, self-perception as "competent" in the role of psychotherapist, and sense of being a member of a select group. For the purposes of the current study it will suffice to say that the various references to identity as psychotherapist have to do with the way that the psychotherapists organize their experiences and the ways that they protect themselves from the insecurity, isolation, and confusion of doing the work. In this way the subsequent discussion of the development of the "psychotherapist caretaker self" will be seen to be in strong correspondence with notions of the "development of an identity as a psychotherapist." The psychotherapeutic identity represents another way of describing aspects of the caretaker self of psychotherapists in training.

When therapists in training begin to do therapy they are often very anxious about being able to meet the demands of their supervisors, their patients and themselves. Psychotherapy is seen as a great responsibility; being a psychotherapist is often perceived by trainees as being completely responsible for another person (c.f. Gottsegen & Gottsegen, 1979). Neophytes can become paralyzed by the utter responsibility which they have cast onto themselves. The task of the early phases of becoming a

psychotherapist involves developing the self-perception of competence and self-confidence. There are so many tasks involved in simply conducting the basic structure of the psychotherapeutic relationship that the beginner is forced to master these before he or she can begin to think of therapy in a more relationship-centered way (cf. Ralph, 1980; Ekstein & Wallerstein, 1972; Loganbill, Hardy & Delworth, 1982). The ways of handling the basic responsibilities of doing psychotherapy–handling personal questions directed at the therapist, setting the fee, dealing with the patient's attempts at breaking the "frame," and a general self-presentation as a therapist–are the most pressing concerns for the neophyte. Without these competencies there may be intense feelings of vulnerability in the psychotherapy situation.

So, the early phases of learning psychotherapy involve acquiring knowledge of proper technique, adoption of a theoretical orientation, getting a working knowledge of diagnostic categories and developing a style of self-presentation. The trainee tries to take on the role of "expert" (Ralph, 1980) and in this way is able to become more secure in his/her role (or identity) as a psychotherapist. With the mastery of these basic competencies comes a certain feeling of security in the a work and, perhaps, a trainee's willingness to explore his or her uniqueness and personal involvement in the various aspects of doing psychotherapy.

I am calling the development of these basic therapeutic competencies and the identification with the psychotherapeutic role (which has, in the past, been referred to as the development of an "identity as a psychotherapist") the acquisition of a psychotherapist caretaker self. These

basic competencies and feelings of security in the role of psychotherapist enable the therapist to deal with the situations which arise in doing psychotherapy and the perceived responsibilities of being a psychotherapist. Numerous such incidents which demand a reaction from the trainee are bound to come up. They are created by the patient (who makes demands on the therapist), by the supervisor (who evaluates the therapist's work) and by the therapist (who, through his/her own thoughts, feelings and actions, scrutinizes him/herself). The psychotherapist caretaker self serves as a frame for any creativity and spontaneity which can later emerge in the psychotherapeutic experience and behavior of the trainee. The psychotherapist caretaker self makes it safe enough for the therapist to be more of him or her self.[6]

As the therapist feels increasingly safe in the psychotherapy situation, there may be greater likelihood for creative exchange ("playing") and the development of a "real" (Greenson, 1981) relationship. This is because the trainee does not have to worry about what is going on or what may happen; she or he is prepared to deal with impingements as they arise.

Trainees are increasingly able to think of themselves as competent psychotherapists because they have become more adept at handling the various (internally and externally sourced) situations which arise in the course of doing psychotherapeutic work. They are no longer "thrown for a

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[6]It should be noted that the therapist's being more of him or her self should not be read to imply an indulgence in the role which changes the psychotherapy relationship into a social relationship or friendship. The assumption is made here that within the highly structured context of the psychotherapy relationship there is room—and neccessity for—spontaneous qualities in the therapist so that "playing" can take place.

loop" when a patient asks their age, when they must deny other counter-therapeutic requests, or when they suddenly feel uncertain about their ability to do psychotherapy. The psychotherapist caretaker self becomes a sort of "automatic pilot." In this way, more of the therapist's intuitive and creative self is able to participate in the psychotherapy relationship. This is what can be said to be happening when trainees become more able to listen to their patients. They are able to listen precisely because they are not feeling constantly threatened by the unpredictable events of the therapeutic situation.

Ideally, one can only fully be with another person if there are not any lingering fears or concerns about what may happen in the situation or about what the other person might do next. This is not to say that the trainee has to learn a "script" (although this may be the form that the caretaker self takes in some extreme cases). It is to say that there must simply be a readiness for dealing with what comes up when one is functioning as a psychotherapist.

Gottsegen and Gottsegen (1979) in their discussion of "countertransference—the professional identity defense" have cautioned that "younger therapists in training, ambitious for professional identity, are more susceptible to the internalizing process, and more likely to swallow the collective ethic, whole, and in the raw." They go on to say this: "What gets applied to the work itself is a procrustean deadening of imagination. Theory is laid on the data before it can be truly understood from the inside." Trainees are seen to take on theoretical orientation in a rigid manner which prevents them from really experiencing or understanding what goes on in the

psychotherapy sessions. This will be seen to be one of the potential pitfalls of the development of the psychotherapist caretaker self; exposure of the true self can become obscured rather than facilitated by an over rigid "professional identity."

In the following sections I will be describing the manifestations and development of the psychotherapist caretaker self, drawing on examples and excerpts from the interviews with the trainees who were interviewed for this study. First I will examine some of the configurations that the transformation into being a psychotherapist can take in terms of the relative balances of the true self and the caretaker self. A section presenting trainees' own descriptions of the psychotherapist caretaker self will follow. Then there will be some discussion of the different forms which the psychotherapist caretaker self can take. This will be followed by an examination of the factors which contribute to the development of the caretaker self. Included will be a description of what trainees feel is "at stake" in becoming psychotherapists. I will also examine the various experiences in trainees' private lives, in doing therapy and in supervision which contribute to the formation of the psychotherapist caretaker self. Finally there will be an examination of what trainees saw as the limiting versus the facilitating aspects of the psychotherapist caretaker self in their lives and in their professional work.

CHAPTER II

METHOD

Subjects

Fifteen interviewees were recruited from the graduate students in clinical psychology in an A.P.A. accredited doctoral program at a large university in the Northeast. The students had completed at least one semester working as psychotherapists while they were in this training program.[1] Interviewees were divided into three levels of training experience. Level 1 consisted of trainees who had completed approximately one full year of direct therapy training. Level 2 consisted of trainees who had completed approximately two full years of direct therapy training. Level 3 consisted of trainees who had completed three or four years of direct clinical training. Of the fifteen trainees four were in Level 1, six were in Level 2 and five were in Level 3.[2]

A letter (see Appendix A.) was sent to all students in the program who met the above criteria. The letter informed them about the basic nature of the study and requested their participation in the two-hour interview. Of the 22 trainees who were recruited for the study, 19 of them

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[1]Many of the doctoral students who were interviewed for this study had done some clinical work prior to entering their current doctoral program. None of the subjects interviewed for this study were known to have had extensive psychotherapy experience

[2]Pseudonyms have been assigned to each of the interviewees. The level in the training program described above will follow the interviewee's pseudonym when specific examples are cited (e.g., "...Bill (1) and Sharon (3) both stated that...") so that the reader will be aware of the level of therapy experience of the given trainee.

consented to participate in the study. Of those, the first 15 respondents were interviewed.

Interview

A 12 section, semi-structured interview (see Appendix B. for an outline of the interview questions and supplementary prompts) addressing the subjective experiences of psychotherapy trainees was developed. Questions in the interview were designed to enable interviewees to describe their personal experiences pertaining to their becoming psychotherapists. The organizing theme of the interviews was the development of the "identity as a psychotherapist." The interview was geared toward exploring what it was like for persons to go through the process of training to be psychotherapists. Interviews typically lasted one hour and 50 minutes but ranged in duration from one and one half to two hours.

Although specific questions and follow-up questions were prepared for each part of the interview, the interview was "semi-structured" in that the interviewer followed up on themes that had been introduced by the interviewee as the interview progressed. Spontaneous topics which emerged during the interview were encouraged and explored. In the introductory statement which preceded the interviews participants were told that it would be useful for them to talk about what ever seemed most important to them rather than for them to be concerned about whether or not they were answering exactly the questions which they had been asked. During the interviews the interviewer tried to help the interviewees introduce questions which they felt were important, regardless of whether

they were included in the outline. Throughout the interviews the interviewer would attempt to summarize what the interviewee had said up to that point for the sake of clarification and also to help the interviewee feel that he or she was actually presenting comprehensible, useful information.

A fundamental component of the interview protocol was the interviewer's attitude. As the interviewer, I presented myself as someone who was trying to piece together what the experience was like of becoming a psychotherapist and what it meant to "develop an identity as a psychotherapist." I was interested in collaborating with the interviewees to bring out the salient aspects of this experience. Although I had developed a list of very general questions about this topic, I encouraged the interviewees to re-define the questions as they saw necessary. I was a fellow trainee who was going through many of the same experiences. On occasion, for a sense of mutuality in the interviews I would describe some of my own experiences as a trainee. This also aided in a comparison of the similarities and differences between my experiences and those of the interviewee during the interview.

Procedure

To avoid associations with usual clinic roles interviews were held in a research office outside of the clinic. Audio tapes were made of the interviews. Tapes were assigned code numbers by the interviewer who was the sole person aware of the names to which the numbers corresponded. Interviews were transcribed verbatim by undergraduate research assistants

who were not aware of specific hypotheses of the study but who were aware of the basic content area. Research assistants were responsible for checking each other's transcripts. The transcripts were then checked for accuracy by the author. The research assistants were given a full briefing on the necessity of confidentiality of the interviews. The assistants were chosen for their maturity and responsibility. All interviews were conducted by the author.

After the verbatim, typed transcripts of the interviews had been prepared they were given to the interviewees so that they could review them and indicate sections which they did not want to appear in the final written thesis. They were given a choice of designating quotable material, not quotable but paraphrasable material, or material which should not be directly referred to at all. All identifying information has been removed from the passages which are referred to in the body of this thesis. Most participants specified no or very few deletions.

Analyses

The process of analyzing the interviews

When this project was initiated the main focus was on the development of the identity of psychotherapists in training. There was a general notion that during the training process trainees began to establish themselves in the psychotherapeutic role. The interview questions were developed to help explore what it meant to "become a psychotherapist" or to "develop an identity as a psychotherapist." A semi-structured interview format was employed because of the exploratory nature of the inquiry. The interviews

were designed so that interviewees would not be constricted by the questions. (See Appendix B. for an outline of the semi-structured interview.) Participants were to be interviewed about the experiences that they had had in learning to be psychotherapists with an emphasis on their personal experiences of that transition. Questions were also geared towards having trainees reflect on their own development. Traineess were asked about changes in their experiences over time.

The interviewing and the initial examination of the data were not guided by a cohesive theory. It was not until more than two months after the interviews had been completed that the notion of the true self and psychotherapist caretaker self was developed. During the period immediately following the completion of the interviews much time was spent reading and re-reading the typed transcripts of the interviews, one at a time, prior to any formal theoretical conceptualization. In certain ways, each interview had created its own "theory" during the actual interview process. By this I mean that the interviewees and I worked during the course of the interviews to make sense of what they were thinking and saying. The interviews were routinely experienced as satisfying for interviewer and interviewee alike because they seemed to help to explicate and organize for the trainees some important aspects of their training experiences. In spite of this, after all of the interviews had been completed and individual theories had been developed in each interview there was still the task of making sense of the data in terms of a theme or theory which encompassed what had emerged in the whole set of interviews.

In those months following completion of the interviews, Winnicott's theory of the true self and the caretaker self came to be seen as useful in understanding what the psychotherapy trainees had described. It seemed to explain many of the differences and the similarities between the interviews of the fifteen different participants. From that point on the task was to examine how the interview data corresponded with Winnicott's theory; which themes supported it and which seemed to be in exception. Transcripts were read and re-read again, this time with the applicability of the theory in mind.

The following is a brief account of the sequence of the analysis of the interview data:

1) Fifteen interviews lasting from one and one half to two hours were done in February-March, 1985. All interviews were audio taped.

2) They were immediately transcribed by a team of three research assistants who put them into type-written form. The research assistants were careful to include all statements exactly as they were stated by the interviewees. They checked each other's work for accuracy. Final products were checked against the audio tapes by the author.

4) Each interview was listened to by the author at least once on tape, many were played twice. Subsequently the interviews were reviewed in their type-written form.

5) Excerpts were selected from the interview transcripts;this process pared them down from about 500 single-spaced pages to about 75 single-spaced pages. This excerpting was based in part on the developing theory of the true self and the caretaker self but also on what the author saw to be salient though not clearly compatible with the theory as he was reading through the transcripts. Salience was determined by many subjective factors but some explicit factors were: whether passages represented particularly good examples of observed trends in the data; whether a particular passage was unusual–different from all the rest; passages in which the interviewees' comments seemed self-revelatory and candid rather than contrived; passages which seemed to fit into the theory of the caretaker self and the true self; passages which seemed not to fit into that theory; etc. Descriptive headings were written for each excerpt so that they could be easily retrieved.

6) Excerpts–edited for confidentiality–were examined by a small team of colleagues who compared their reading of the material with the theoretical understanding which was being applied by the author.

7) 14 categories were created based on the 75 pages of material which had been excerpted. Initially, four basic categories were set up. With these four categories in mind, the excerpts were pored through again. The excerpts which seemed to fit into the four basic categories were sorted out. For other excerpts which did not seem to fit neatly into the existing categories, new categories were created as needed so

that all of the excerpts would fit into at least one category. This resulted in the 14 categories which included the original four.

8) Disussion of the results was done one category at a time, using the excerpts which had been selected for that category. Multiple excerpts were included in the discussion section so as to clearly spell out the themes of the categories.

The combination results/discussion section of this thesis which follows derives its organization from the original 14 categories which resulted from the process described above.[3]

[3]Four of the original 14 categories have been condensed into one, leaving a total of 11 sections in the results/discussion section.

CAPTER III
RESULTS AND DISCUSSION

Person into therapist: transformation configurations.

In order to elucidate the relationship between the true self and the "psychotherapist caretaker self" I would like to describe different forms that the two selves can take in the course of the transition into becoming a psychotherapist.

In the ideal, hypothetical case, a person entering psychotherapy training would bring to that training a personality which is balanced in terms of the true self and the caretaker self. Such a person would have, in his or her lifetime, developed a caretaker self which provides adequate protection for the true self such that the person can "get on" in the world without being intensely vulnerable to intrusions or impingements. That caretaker self would not be so protective that the true self has become obscured. This fictitious psychotherapist would ideally be able to take on a sufficiently protective, securing psychotherapist caretaker self. The true self would find its way into moments of the psychotherapy work.[1] There would be a general absence of anxiety in the training process.

But for real-life trainees things are not so simple. It must be assumed that persons who begin training bring with them caretaker self

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[1] I suggest that the true self emerges for instants and moments rather than in a more global way. Even in the most "healthy" personality, there will be much behavior which is not creative and spontaneous but which is compliant and adaptive. When a person is described as being able to express true self aspects this refers to the capacity to have true self moments and the possiblity for true self expression in the course of everyday life.

organizations with differing amounts of rigidity and that they have varying measures of access to their spontaneous, creative, true selves. Further, trainees will experience the process of learning to do psychotherapy with differing levels of anxiety; some will be more overwhelmed or burdened than others. The psychotherapist caretaker selves which develop during the process of the training and beyond will vary in degree of flexibility; there will be differing amounts of access to the true self in doing psychotherapy correspondent with degrees of rigidity in the individual psychotherapist caretaker selves.

Based on Winnicott's description of therapy as "playing" (1971) and on an intuitive understanding that it is necessary for a psychotherapist to be flexible and creative when doing therapy, it is apparent that it would be important for psychotherapists to have access to their true selves in the context of their work. Questions can be raised regarding the appearance of the therapist's true self and caretaker self in doing psychotherapy. For example: Is the activity of psychotherapy a place where a person's creativity can emerge if it has, in the past, been obscured in the person's life by a hypervigilant caretaker self, or does becoming a psychotherapist merely provide a good fit with caretaker self of the person who has previously had limited access to their spontaneous, creative side? Is it always certain that a person who has not obscured the true self in his or her life before beginning training will be able to survive the vicisstudes of the training process and find a way to bring that true self into the work of psychotherapy?

The people who endeavor to become psychotherapists differ from one another and each is effected in a unique way by the training process. In this section I would like to describe and give examples of some of the transformation configurations which were described by the trainees interviewed for this study. By "transformation configurations" I mean the different ways that the true self and the caretaker self emerged in the process of becoming a psychotherapist. This involves a consideration of who the trainees became as persons and as therapists during their quests to become psychotherapists.

It must be kept in mind that while four specific categories are being described, none of the interviewees were seen to fall solely into any one of these categories. They are not mutually exclusive nor are they exhaustive. Rather, each category can be seen as a component of each trainee's experience.

1) True self aspects of the person into true self aspects of the therapist. In this case the creative, spontaneous aspects of the trainees were able to find their way through the training process and into the psychotherapeutic work. While there was often some experience of anxiety associated with the process of training, trainees were not overwhelmed by it and, as a result, were not forced into a protective hiding of their true selves. The ideal psychotherapist caretaker self seemed to take the form of a minimal frame which enabled the trainee to deal with the practical handling of doing psychotherapy without precluding the trainee's true self in the psychotherapeutic process. As an example, Richard (3)[2] described the

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[2]As stated earlier, the number in parentheses indicates the training level of the trainee. See pp. 12-13 for details.

special times when he was doing therapy during which he was not anxious and felt free to be more creative. He likened doing this type of therapy to his past experiences of playing music:

> ...the best kind of therapy is when I've forgotten about: there's...the outside world, we're doing this for the supervisor or in a case conference... It's more like you're just doing it in the present. I don't play music very much any more, but there's something about when you're "jamming", you know, and you're not worried about other people; not answers, just jamming. And it's just for the moment that you're enjoying it. I think therapy feels for me to be very much like that. If I was to be concerned about a recital or to be concerned about making a tape or something like that, then I think it would be "work". But the way at least I can see my therapy sessions is, I don't place that kind of demand on myself and it goes better.

The concerns about outside factors or "results" were inhibiting to the creative process. As he was able to become less concerned with such pressures he moved towards being able to "play"–both as a musician and as a psychotherapist. Richard's getting to the point at which he was able not to place demands on himself can be seen as an achievement; it involved the development of a psychotherapist caretaker self which was protective yet not inhibiting.

Most interviewees did report some experience of having their creativity emerge in doing psychotherapy. There did not seem to be a clear relationship between level of training and ability to have the true self emerge in the role of therapist. Trainees at all levels were struggling to be able to be more of themselves and to be more creative and spontaneous in their psychotherapeutic roles. For those whose notion of "what it is to be a therapist" was not so far from their experience of being spontaneous and

creative, the task bringing the true self into the work appeared to be less difficult.

Others who worked hard to emulate rigid positions of "neutrality" or "abstinence" seemed to find it more difficult to feel or be natural in the psychotherapeutic role. The discrepancies between such trainees' notions of what it is to be spontaneous and what it is to be therapists played a role in the next category, "true self aspects of the person into caretaker self aspects of the therapist."

2) True self aspects of the person into caretaker self aspects of the therapist. In this case, the true self aspects of the trainees became obscured (though perhaps only temporarily) during the psychotherapeutic training process. This obfuscation of the true self seemed to be related to the experience of vulnerability and its associated anxiety leading to the development of a highly fortified psychotherapist caretaker self. This was one of the most prevalent aspects of the of the transition experience reported in the interviews. Generally speaking, the anxiety level of the trainees was high. When it was experienced to be overwhelming or, at least, the threat of becoming overwhelmed was there, trainees took protective measures. These protective measures often took the form of the mobilization of a highly fortified psychotherapist caretaker self which closed the true self out of the activity of psychotherapy.[3] Rachael (3)

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[3]Such a caretaker self can be seen as the equivalent of what Winnicott has described as the caretaker self which is more toward the pathological end of the continuum by virtue of the extensive limitation of expression of the true self.

described how her anxiety about being an adequate therapist led her to feel that she could not be herself when doing therapy:

> When I first started doing the work I was so anxious about being okay as a therapist, and doing harm to people, and looking like a therapist should look, and talking like a therapist should talk, that I felt like in order to be a good therapist I had to shut the door in my own face as I walked into the room. I had to leave *me* out of it and only be acting as a therapist would act. And a therapist and me were not the same person at that point. And I really did feel false a lot of the time.

The image of "shutting the door on my own face" captures an experience which was commonly reported by the trainees. It often seemed too dangerous to bring the true self into the therapeutic work even though there was also something uncomfortable about leaving that true self outside. In a similar manner, recalling his early experiences as a psychotherapist, Bob (2) described not being able to make a connection with his patients:

> ...I really felt a lack of connectedness, you know. Like the only way I could relate to this person was in this sort of stilted, structured way that really didn't meet them emotionally, didn't give them a sense of being understood, didn't allow them to feel comforted, didn't allow them to get a deepend understanding of themselves, you know. I couldn't even articulate that in those days, all I know is it didn't work.

Uniformly, trainees had experienced personal relationships prior to their entering the training process in which they had felt "connected" with the other person. They had also usually been aware of aspects of themselves which they knew to be spontaneous and creative. This, in part, may have been the reason that they were able to be aware that the connectedness and spontaneity were often missing from their psychotherapy sessions.

Richard (3) described his early therapy experience as one of playing a role. He perceived the training environment as ambiguous and intimidating, causing him to rely fundamentally on the security of the psycho-therapist caretaker self:

> ...especially in my beginning training work, it felt, I was really playing a role. And this happened especially in my second year doing therapy. And...the discontinuity was that I felt I had to play an analytical role and I had to be very measured in what I had to say. And it felt very awkward. I felt there was a right way of helping clients and that way somehow was from *out there*; something I had to learn, out there. [It] was an environment that I always felt very put down in, and, and insecure about myself so that I stopped relying on my own self. So I was just playing this role of doing, you know, analytic work but felt very constrained too. ...And so, it wasn't like it was stopping myself from saying things but it was more like it was a *blankness* and all I had to rely on was kind of this "proper" analytical technique.
>
> And that didn't feel necessarily like you...?
>
> Yeah, it didn't feel natural.

It is particularly interesting that Richard describes his experience of being cut off from part of himself as a "blankness". This is consistent with the notion that the activity of the caretaker self can serve to profoundly distance the person from experiencing the true self.

The specific focus of their apprehension about exposing creative and spontaneous aspects of the self varied among trainees. Some were most concerned with the threat of unpredictability and humiliation that dealing with the patient posed to the true self. Others were more concerned about the judgment of their supervisors about their work. Still others were concerned that who they really were as people was likely not to be

therapeutic and that it could perhaps be destructive. The latter was the case for Julie (1) as it was for several others:

> ...I really, I think I overcompensated for my fear that who I was as a person, in the beginning especially, would, would get in the way of therapy, so I started off as being the most professional, stiff person which was no good and that just doesn't fit with my style.

Several participants reported that they were concerned that who they were as people would turn out to make it impossible for them to be psychotherapists, either because they were too crazy, too nervous or too unusual. Consequently, as was the case with Julie above, these trainees worked to bring their creative impulses and spontaneity under control. The rules of abstinence and neutrality were often taken so literally that an empty persona would result. Trainees developed images of ideal therapeutic stances which were sterile and devoid of personal expression.

When self-scrutiny was not the source of trainees' perceived need to hide their true selves they experienced pressure to do so from external factors such as their supervisors or their training programs. Amy (2) described the barrage of pressure she experienced from peers and tape recorders. She described the change in her ability to be herself which occurred after she entered training:

> I always felt pretty comfortable being myself actually. I never felt scrutinized or, you know, concerned about my own personal reactions. I always felt pretty at ease. When I came here all of a sudden I felt so inhibited. I was being watched behind a mirror and I was being tape recorded and, you know, school is competitive anyway. And I was having to be comparing them with me. And, you know, for a long time I felt very inhibited. And I think that I was less able to bring myself into the therapy room with my clients.

All of the interviewees in this study seemed to be aware, at least on some level, that it was desirable for therapists to "use themselves" when doing psychotherapy and to be creative in that process. This knowledge did not seem to make it any easier for trainees to accomplish this when confronted with the pressures of "performing" as psychotherapists. While supervisors often conveyed to their supervisees that they needed to relax and to allow themselves to become more aware of their spontaneous thoughts and feelings during the therapy hours, this task was more likely to be facilitated by supervisors who conveyed a sense of confidence and trust in their students.[4]

In summary, it can be said about this category, "true self aspects of the person into caretaker self aspects of the therapist," that anxiety played a central role in students' movement in the direction of the psychotherapeutic caretaker self. Anxiety had numerous sources (some of which are discussed further in the section on "what is at stake in becoming a psychotherapist") but it often seemed to have to do with the question of whether or not the persons who were training to be psychotherapists could allow their spontaneous and creative parts into the psychotherapy work that they were learning to do.

3) Caretaker self aspects of the person into caretaker self aspects of the therapist. This category is meant to include those instances in which the psychotherapist caretaker self represents a replacement of the more general manifestation of the caretaker self of the person who is in training.

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[4]The relation of supervision to the true self and caretaker self is discussed further in the section on supervision.

In the second category (described above) the psychotherapist caretaker self arose out of the need to deal with the highly anxiety provoking situation of learning psychotherapy. In this, the third case, the presence of anxiety directly associated with the training experience is not seen to be the essential catalyst. Rather, the person's caretaker self (which was already in place before the endeavor of psychotherapy training) is supplemented by the "psychotherapeutic repertoire". The caretaker self aspects of the person can continue to exist in the potentially highly structured, often explicitly defined activity of being a psychotherapist. The true self aspects of the person could be said to find a new "shell" or hiding place in the psychotherapeutic identity: the *psychotherapist* caretaker self. This was often possible because of the fact that the caretaker self organizations of many trainees strongly resembled ways of being associated with the role of psychotherapist from very early in their lives. Many of the participants in this study were able to take on a psychotherapist caretaker self easily since this did not differ from their typical style. As Nathalie (3) put it, "...it is very natural for me to be a psychotherapist, and it has been for a long time." Ron (1) provided an example of the way that the role of psychotherapist was concordant with his own character. He described that his personality seemed well-suited to the somewhat "detached", self-effacing position of the psychotherapist:

> Actually I think that in my case...because of the personality I have there's a very good fit between who I am as a person and how psychotherapists behave. I think that, at least in a conventional way, I find it very easy to be detached. You know, to listen to someone without interjecting, to not let my own feelings–or a need to express myself or to say something–get in the way and completely obliterate myself in a way, at the service of...entering another persons world.

> So, in a way I think that my personality is very well suited to that, but...maybe to an extreme where because I'm not attending enough to my own feelings–like I'm not likely to get very angry or frustrated, or at least to know it–that I can't use those reactions, as well as someone who might be more reactive than I am. So in a sense I don't find that there is too much conflict. The way I have to be in the room comes naturally to me. All my life I've been a listener...I've let other people have the– you know, I don't like to be center stage. I don't like to be the one whose kind of holding the floor and being conspicuous and all of that. But to kind of be on the margin in a way, as I said, more detached. And I find that that's really, you know, compatible with what I've had to do: what–it seems like at least initially–the therapy is expected to be.

Ron was quickly able to find a way to be as a therapist which was not too far from who he had been as a person throughout his life. This is not to say that how he was as a therapist was predominantly in the more rigid mode of the psychotherapist caretaker self. Rather, that caretaker self seemed to come somewhat naturally. In a sense he had already been in psychotherapy training prior to entering the program. He did indicate that he was aware of the possibility that he was "not attending to [his] own feelings" in his role as a psychotherapist. This is a concern about being partly cut off from parts of the true self as a result of the psychotherapist caretaker self.

The caretaker self is attuned to the needs of others and responsive to others for the sake of the survival of the individual in the world.[5] There was a strong trend among the participants in this study to see their roles as

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[5]This is qualitatively different from empathy, I would hypothesize, in that empathic responding comes not out of the need to be compliant but, rather, out of something more along the lines of true self's relational proclivities.

psychotherapists in these terms. Richard (3) described his experience of being "tuned into" the needs of others:

> ...there's also a part of me that really gets a lot out of being in contact with a person where I'm tuned into *their* needs. And I often can, I mean, I do that automatically in therapy. But I often can draw upon that same switch in my outside world. And then now, once it happens, it doesn't come out in a false way, but it's just an orientation.

The lack of a feeling of falseness he refers to could be seen to indicate that Richard's attunement to others' needs is a manifestation of his true self. A more likely interpretation of this lack of falseness would be that the psychotherapist caretaker self may be quite firmly established, to the point of seeming natural.

To summarize this category, interviewees often reported tendencies for the role of psychotherapist to come naturally and to fit in with their personalities. This was seen as indicative of their having already developed caretaker selves which were very much along the lines of the psychotherapist caretaker self which they would adopt in the process of training. These trainees were not seen to be consistently functioning as therapists in the mode of the caretaker self. They were involved, as were all of the trainees, in a struggle to bring the creative and spontaneous aspects of their selves into their functioning as psychotherapists. There was often a strong resemblance to and connection between the caretaker selves which they brought with them from their personal lives and their newly acquired psychotherapists caretaker selves.

4) Caretaker self aspects of the person into true self aspects of the therapist. This case is meant to represent those instances in which the process of training to be a psychotherapist contributed to a fresh emergence of creative and spontaneous aspects of the trainee's self which had been obscured (by the caretaker self) in the past. There seemed to be two basic ways that this came about. In the first, trainees, because of the introspective nature of the training process, were able to become more aware of the aspects of themselves which were "shut out" of their work (and their lives). Such awareness was often fostered by the supervisory experience which was often geared toward the trainee's *experience* of doing therapy. If the supervisor was accepting enough and willing to examine the areas of rigidity and creativity with the trainee, then it was likely that this would lead to a greater awareness on the part of the trainee of the self-protective quality of some of his or her therapeutic behavior. Through the supervisory "hold" trainees were able to revive previously hidden creative aspects of themselves.[6]

A more common way that trainees true selves were able to emerge had to do with the security experienced through the structured role of being a psychotherapist. Taking on a psychotherapist caretaker self provided the type of security of the caretaker self "in health." It managed the fear of impingements while allowing room for personal impulse. Bob (2) described

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[6]See the section entitled "Supervision: its relation to the caretaker self" for a more thorough description of this supervisory phenomenon.

the liberating quality of taking on the role of psychotherapist. He spoke of being able to be more creative:

> In some ways it's easier to do it in therapy because it's such a controlled situation... Therapy provides a therapist with– I mean, being a therapist is a little like being in a client, where you have a very safe place to try on different, different aspects of your self. So that being a therapist gives, me an opportunity to change. ...There's a little less pressure in therapy in a certain sense, you know, than elsewhere.

Recapitulating what Bob was describing, to be a therapist was somewhat like being a patient in that there is a freedom to change provided by the structure. In a similar manner Ron (1) described finding new ways of being himself in the context of doing psychotherapy:

> ...I think I'm finding ways that I can be myself. Even *new* ways. Even ways that I can be, that I haven't been ever before except for the purpose of doing therapy.

The role of being a psychotherapist provided a frame for Ron and Bob to explore new aspects of their selves. Their perceptions of what it meant "to be a psychotherapist" did not preclude the possibility of being creative and spontaneous. Rachael (2) explained that much of the growth that she was experiencing as a person was associated with what she had been able to accomplish in her role as a psychotherapist:

> ...I think this is actually happening for me–first as a therapist *before* it happens as a person–I think that slowly I'm becoming more comfortable with being imperfect in the relationship and *bumbling* and sometimes hurting people and sometimes not being right for them.

Some of her true self aspects were able to emerge in her life outside of doing therapy. These were products, in part, of her experience of the structure of learning to be a psychotherapist, the support of her supervisors

and the introspective nature of the training. The psychotherapeutic identity provided the security she needed to become more able to "bumble" and to be "imperfect."

Frank (2) described his psychotherapeutic identity as giving him an orientation and a "sense of purpose" in his life:

> I think, it's also given me a sense of, well a sense of identity and sense of purpose in the world... I don't know, I mean it's not something that's been like a career choice for, forever for me, and I remember being conscious of how I'd interact with people, but never really having a very well developed scheme, you know. And just finding more, more about how people relate to each other on a psychological perspective has given me a sense of what this structure of relationships is like, and you know, who I am as a person in it.

He found that this structuring of his understanding of persons and interactions had facilitated his relationships, both in and out of therapy. He was more able to express himself, to understand how others were feeling and to develop closer relationships. The psychotherapist caretaker self which he is describing organized or structured his experiences such that he was able to be more confident and relaxed.

Summarizing this category, it can be said that in many cases the psychotherapist caretaker self played a positive role in creating a secure position for trainees. This position often proved to be liberating in terms of the expression of their true selves. While there may have been some limiting or constricting aspects of the psychotherapist caretaker selves, often the ultimate result was that trainees could venture from their positions of structured security into the domain in which they were more vulnerable—that of impulse, spontaneity and creativity. This was the psychotherapists caretaker self in its ideal form.

5) Variations. As it has already been stated, the above "transformation configurations" are examples of types of experiences which were reported by many trainees in the interviews. These configurations are not examples of types of trainees. Rather than containing major diversities, the interviews were marked by striking similarity regarding the apparent prevalence of the psychotherapist caretaker self in its various forms.

An addendum must be made to the second category, "true self aspects of the person into caretaker self aspects of the therapist." In this category, described as involving the obfuscation of the trainees true self aspects in the face of the anxiety-ridden situation of becoming a psychotherapist, the domination by the caretaker self aspects of the person did not seem to be the end of the story in most cases. Trainees often did respond to the perceived threats of doing psychotherapy by becoming more rigid and taking their creative, spontaneous sides out of the work but this frequently seemed to be only a temporary reaction. When the psychotherapist caretaker self was more established, it often served to enhance the relaxation of the trainees. When they began to feel more relaxed and secure they were able to let down some of the protective armor and to experiment with some of the more "dangerous" aspects of doing psychotherapy (e.g., utilizing spontaneous gesture in sessions, becoming more attuned to one's own subjective experience). Of course, there was the danger of never leaving the caretaker self dominated way of being a psychotherapist. Trainees did convey the sense that it was difficult to abandon some of the caretaker self ways of being a psychotherapist which had contributed to their feelings of security and stability within the unpredictable domain of doing

psychotherapy; such ways of being had carried them safely through their training.

The above examples of the transformation configurations of the psychotherapist caretaker self are presented as an introduction to a consideration of psychotherapists' development from this perspective. Most of the interviewees did not fall directly into any of these simplified categories. The discussions that follow represent an attempt to ellucidate more fully some of the variation manifest in the sample of psychotherapy trainees interviewed for this study. In the next section the psychotherapist caretaker self will be considered in more detail through an examination of the interview sujbects' own descriptions of that caretaker self.

Trainees' Descriptions of the Caretaker Self.

The trainee is not usually aware of the psychotherapist caretaker self. It is a part of who one is which serves certain functions; if all goes smoothly it remains unnoticed and is subjectively experienced as a natural part of the self. In some cases its over-rigidity or lifelessness becomes apparent to the psychotherapist who may in turn rebel against it or work to hide it from his or her awareness. The psychotherapist caretaker self is a particular example of the more general concept of the caretaker self of false self. It comes out of the need which psychotherapists have to protect their "true", creative, spontaneous sides from injurious impingements. It can take the form of a way of speaking, acting or thinking. It can be manifest in the way that a person dresses or the theoretical orientation that a person adopts. A trainee's identification with a supervisor or therapist can be based on the need to construct a caretaker self. It has to do with the ways that psychotherapists "package" themselves—the ways that they organize their experience and interactions. Even certain subjective experiences can be self-protective in nature and thus, manifestations of the caretaker self.[7] It can be said in general that the caretaker self will comprise the adaptive aspects of a person. These aspects are not necessarily good or bad, boring or interesting, honest or dishonest. They are the ways that the person (in this case, the

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[7]It should be noted that while the areas listed in which the caretaker self may be manifest are meant to cover virtually all areas of human expression, it is not the case that all behaviors are seen to be manifestations of the caretaker self. Rather, these are areas in which the caretaker self can be detected. One's style of dress, for example, can be based on either a contrived effort at a particular self-presentation or on an individualistic gesture of creativity; it will most likely be a combination of the two.

psychotherapist) finds to structure the world so that his or her creative, spontaneous side (the true self) can continue to be. In some cases, as has been described, the caretaker self is such that it manages to protect the true self while still allowing it outward expression. In other cases the caretaker self extensively obscures the true self in its effort to protect it and the caretaker self becomes the prominent mode of relating and experiencing for the person.

To make the discussion of the psychotherapist caretaker self more concrete I will present some of the interviewees' own descriptions of aspects of their experiences which seem to fit into this category. The psychotherapy trainees who were interviewed for this study described experiences in their training which contributed to their establishment of "identities as psychotherapists." I have subsequently come to refer to these descriptions as pertaining to the development of the psychotherapist caretaker self.

Betsy (1) directly connected the competencies that she was gaining in her training to a decrease in her anxiety while doing therapy:

> I feel like I'm at a stage where I am gaining momentum in starting to learn things. Starting to learn techniques. Starting to learn process. Starting to learn theory. I'm gaining momentum, and with maybe another year, I think I'll feel a little more comfortable.

When she began her training she often did not feel that she understood what was happening in therapy sessions and she did not feel in control. She

describes having to develop a "repertoire" which can be seen as comparable to psychotherapist caretaker self competencies:

> At the beginning I really did not know what was going on and what I was supposed to do. And now I feel like that sometimes I do feel like I have developed a repertoire of things to do, and things to say at certain times, and ways to understand what's being said to me or what's being done to me by my client. So I have learned something, I do feel.

Although she had only been doing therapy for less than one year, Betsy quickly was able to pick up a way of being a therapist which afforded her some experience of control and understanding of the psychotherapy situation. Interestingly, within the short time that she had been in training she had begun to notice that she was often behaving like a psychotherapist outside of therapy:

> I've found that I make a lot more interpretations when people are talking to me. Not, you know, direct interpretations, but I find myself making connections and trying to offer them to people. I find that really offensive, and I really don't want to do it, but when I see a possible answer, then I want to give it to the person. And I never saw possible answers before. I mean, I did, but I didn't have the knowledge that I have now that could be helpful. That's something I keep trying to keep check of, because I think that's really a nuisance. I also noticed I'm starting to, I'm really trying hard not to, and I'm trying to keep check of it, but I start to talk like a psychotherapist, which just repulses me. When I start to say "I'm wondering if... Perhaps you're feeling this..." in the passive present, which I don't like. I don't like it when people say "I'm thinking that, I'm wondering if..."
>
> Yes.
>
> It drives me crazy, so it's something I keep track of.
>
> Uhuh. But you find yourself doing it...
>
> Yes, Yes.

Not only was she able to learn certain ways of responding and speaking which were psychotherapist-like, she also began to think in "psychologically-minded" (c.f., Farber, in press) ways. In part she seemed to welcome this since it reflected the acquisition of competence in the role of psychotherapist. In other ways she was cautious about speaking in "the passive present" and becoming a stereo-typical psychotherapist. Nevertheless, these ways of being a psychotherapist did not feel fully integrated to her and she remained somewhat detached from the skills she was gaining:

> I really don't feel like [a psychotherapist] but I know that I've picked up this sort of trade, or this sort of technique, and a way of talking and thinking that is that of a psychotherapist.

It could be said that although Betsy had worked quickly to gain the techniques which would make her more secure and competent in the role of therapist, the techniques were perhaps too rigid and not assimilated enough to function unobtrusively. The psychotherapist caretaker self had come to her aid but was installed in such full measure that her experience was of being one step removed from some of her psychotherapist-like behavior. Many of the interviewees expressed this trend. They were able to gain a psychotherapeutic repertoire quite rapidly. This repertoire was quite helpful in getting them through the vicissitudes of being beginners. It was often not until later, however, that this repertoire was moderated somewhat and became more integrated into who the trainees were as unique individuals.

Jim (2) used the analogy of learning to play basketball to describe how his psychological mindedness (which, again, can be seen here as a

manifestation of the psychotherapist caretaker self) became second nature to him:

> Well, when I first started to do it, it was a three-step process. "Okay, Jim, jump in the air. Okay, when you're at the top of your jump, then shoot." You know, and all the other things. But, it was a very *conscious* process. Somewhere along the line, it no longer was conscious, and I would be fifteen feet from the basket, and, for whatever reasons, I was gonna shoot, and I didn't think "jump," I just did. It's somewhat similar for me now in terms of thinking of myself, people, relationships, and how the world goes round; it's natural now. It's not something I stop and think: "What's the right term?" And it's much less self-conscious.

In this case, being psychologically-minded could be seen to be facilitative of greater true self expression both in understanding himself and in relating to others just as learning the technique of a jump shot later enabled him to play basketball less self-consciously. The psychotherapist caretaker self can provide enough security for the trainee to be able become more relaxed and to develop a caretaker self which is facilitative rather than obfuscatory of the true self. Patricia (2), in describing her experience of the training process, told of a phase during which she was finally able to rebel against the psychotherapist identity which had carried her to that point in her training:

> ...I tried to conform to at first. I felt really paralyzed at times, because I was trying to conform then and feeling miserable trying to do it, but not knowing what else to do because I was supposed to do it and I started feeling rebellious. I was secure enough to rebel...

Over time Patricia was able to become aware of the constraining aspects of the caretaker self and to challenge them. She does seem to imply, however, that it was that caretaker self (being able to conform) which enabled her to rebel.

There was a tendency for the beginning students to be concerned with acquiring a caretaker self which would enable them to fit into the field and to conduct themselves as overtly competent psychotherapists. In contrast, some of the more advanced students seemed to have reached some degree of mastery in this regard. This was typified in Richard's (3) statement:

> I think I've gotten past the point of ah, like what are the proper things to say or um, the proper therapeutic protocol.

Such advanced level students were often more concerned with finding a psychotherapeutic identity (or caretaker self) which was concordant with how they saw themselves as individuals. They were also considering some of the sacrifices which had to be made along the road to becoming secure in their psychotherapist roles. They sometimes began to question the adequacy of their pre-packaged therapeutic responses. Some students were still working on bolstering their confidence while others seemed to have gained that confidence and moved into addressing their authenticity as therapists. In her discussion of the competencies which she had gained from her training Nathalie (3) described how her psychotherapist (caretaker) self had become very much a part of her:

> ...we've been given some tools to help us to understand human behavior. And so I can feel comfortable with that sometimes and sometimes I don't feel comfortable with it. I think of that as a function of time [long pause]. I don't know. *It just becomes natural* Anton–you switch... in many respects they're both a part of me. I mean...it just happens. You know, it's not an effort...I just do it... you know, if I'm in a room with a client... that's it.

There was not sufficient evidence to draw conclusions about the level at which trainees typically began to become concerned with the "fit" between their psychotherapist caretaker selves and their personal styles.

Similarly, there was not enough evidence to describe the level in their training when trainees became aware of the limiting aspects of their caretaker selves. There were students at all levels who seemed to be aware that there were sacrifices being made in the course of the acquisition of psychotherapeutic competency. Julie's (1) reflections typified several of the interviewees in this study:

> Have you noticed any benefits or liabilities of the approach that you've evolved to, or even the approach that you used to have?
>
> Umhm. The, let's see, the one I used to have, the benefits were almost in theoretical and conceptual terms. There was so much information that I felt like I had this really rich picture of the person, and had quotes to fit everything that I was thinking about them. Um, the liability was, as I said, was I would think too much and come in kind of with a pre-packaged expectation almost. I knew already how I was gonna respond, so it took away a lot of the spontaneity...and the realness.

Some of the trainees were also concerned about how the psychotherapist caretaker self fit with who they were outside of the psychotherapy context and what aspects of themselves were compromised as a result of its development.[8] This was typified in a remark made by Nathalie (3) who had described earlier how she felt that her psychotherapist self was as much a part of her as her self outside of doing psychotherapy:

> ...I'm afraid that I'm gonna be consumed by this... this... this role of psychotherapy because it is very much natural for me... to be... a psychotherapist and it has been for a long time.

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[8]This will be discussed more fully in the section in which there is a consideration of trainees' experiences of the psychotherapy caretaker self outside of the psychotherapy situation. From these experiences trainees become more aware of the limitations of the caretaker self.

For most of the interviewees the training experience involved an ongoing process of readjustment. Therapeutic techniques and ways of being in the therapy room were adopted because they were needed to deal with the tasks that the trainees were confronting, and then abandoned as they sometimes came to feel stilted or false or as new intrusions requiring response arose in the course of the psychotherapeutic training.

In summary, trainees were aware of aspects of themselves which they saw as ways which they had developed to deal with the difficulties of becoming psychotherapists. These often took the form of competencies in the technique and protocol of psychotherapy. As trainees became more secure in the roles as therapists they were more able to scrutinize the fit between their acquired therapeutic technique and who they were as persons. They were then able to develop competencies which were more in line with their personal styles. The psychotherapists caretaker self was often actively pursued through attempts at mastery of therapy technique or theory, and as a "tool" on the road to becoming a psychotherapist.

"Amateur" Identity as a Caretaker Self Manifestation.

Many of the psychotherapy trainees interviewed remained very conscious of the fact that they were students throughout their training. This phenomenon seemed less related to the student's competence or level in the training program than it was to the style of coping with the enormous perceived responsibility of being a psychotherapist.

A few interviewees seemed to describe themselves as "professionals"—in the same category with psychotherapists who were no longer in training. Although these interviewees were apparently mindful of a strong sense of responsibility in their role as psychotherapists, they chose to emphasize in their self-presentation their worthiness of taking on that responsibility. They also seemed less likely to discuss their confusions or shortcomings regarding the psychotherapeutic role.

A majority of the remaining participants, however, seemed to find refuge in an articulated self-presentation of being limited in their abilities due to their limited experience and training. In each of these cases, it should be mentioned, the self-descriptions as "trainee" or as "only human" or being "limited in experience" were reality based. The trainees did not distort their positions in their training programs or modestly deny their acumen. There was, however, an embrace of the position of studenthood which seemed somehow comforting and securing for the trainees. As students, the expectation from the self and from others would be, perhaps, not as severe. For example, Curtis (3), an advanced student, described himself as making good progress in his training but as still being a beginner:

> ...I think I'm a real beginner. I think I really feel that I'm a beginner. I have started playing with some ways of being that seem to be very useful, but I really feel like I'm a real beginner.
>
> Can you say more about what you mean when you say "beginner," 'cause you have been doing it [therapy] for a little while.
>
> I would say that I'm an advanced student. I'm an advanced student. I'd say I'm doing pretty well for a student, but I consider that...For me, psychotherapy, my sense of it is that it's really predominantly a process of learning about yourself, yourself as a human being in relationship with other human beings. And as a psychotherapist, as part of that process, I...as a student, I'm probably within one standard

> deviation, plus or minus, where I should be. As a therapist, I think I'm for a life-long process or a process where maybe people start to get a sense of it after twenty years. I would say that maybe after twenty years, you'd start to get a sense of it—twenty years of hard work. I'm in my third or fourth year, I'd say my second year of *hard* work, so I'm 10% of the way.

While the task of becoming a full-fledged psychotherapist is perceived as a formidable one (which is indicated by his 20 year estimate), Curtis is able to describe himself as being where he "should be" in the training process. By identifying oneself as a student there could be a sense of confidence in that capacity. This was echoed by Nathalie (3):

> ...I feel more confident and competent at his point in my education as a psychotherapist but I know that there is a whole lot more for me to learn. I'm like a babe in the woods as far as this field is concerned.

Many trainees seemed to start out feeling that they had to be—and could be—excellent therapists from the beginning of their training. Later, they found themselves frustrated in their thwarted "quests for omnipotence" (Sharaf & Levinson, 1965) and willing to moderate their self-expectations. Amy (2), in her discussion of what she felt she needed from supervision, described the need for a way of coping with the anxiety of beginning to do therapy which seemed to characterize the sentiments of most of the trainees:

> I think that what a beginning therapist needs—I mean a real beginning therapist like the first year and the summer afterwards—maybe the second year —is you really need a lot of support. And a lot of encouragement so that your anxiety doesn't get in the way of your work. And I think you need to sort of feel like you're *just learning* and it's okay to be *just learning* and it's okay to make mistakes and you can kinda go out there and just get used to being a therapist and then start learning how to do therapy well.

Felicia (3) initially strove for a feeling of professional competence but did not feel honest with herself until she came to grips with her insecurities. She described the initial "identity of confidence" being replaced by an identity which could include her inadequacies:

> I think that it was... that whole identity was superficial and that below that I was really insecure—and I still am—about being a psychotherapist. But I'm more in touch with it. I still am uncertain about—you know—being a psychotherapist and whether I *can* be, and my identity does get shaky at times, but that's okay. I'm more able to say I don't know what I'm doing. And that's something I can accept...so that's part of my identity now.

Felicia was able to find greater security in accepting her confusion in doing psychotherapy. She felt more secure in her insecurity by defining herself as someone who was often insecure in the practice of psychotherapy. In terms of the caretaker self, it could be said that she was able to find a more satisfactory caretaking function in describing herself as one who "gets shaky at times."

Paralleling this amateur identity, there was mention by several of the trainees that their expectations of what psychotherapy could do were diminished over time. They had started out optimistic and idealistic and had gradually moved in the direction of feeling that although psychotherapy could be helpful, it could not lead to all of the momentous changes that they

had originally hoped for. In some cases such a change in perspective was experienced as disillusionment; Julie (1):

> And over the, over time, it, in my development like since from the beginning of my therapy work 'till now, which hasn't been that long, I think I can do, I find myself believing that I can do less and less in some ways.

At that point in her training it was difficult for Julie to accept that she would be able to be as helpful as she had hoped that she could be. Others seemed to accommodate their perceived limitations into a more accepting position; Rachael (3) talks about how she sees her clients:

> There's been a shifting away from feeling like they will be cured and like all their problems will be solved....and it's been an acceptance of limitations because I think that my acceptance of the limitations is important to my clients.

Giving up her image of an omnipotent therapist enabled Rachael to be more relaxed in her demands of herself.

In summary, although all of the participants in this study were engaged in the process of learning to do psychotherapy, their emphasis in identifying themselves as learners seems to be a form of self-protection in response to the perceived demands of becoming psychotherapists. This self-definition may provide a certain type of security which is unavailable to those who define themselves as "professionals." "Students" can be confused and make mistakes when doing therapy; this is part of the game. "Professionals" are less likely to have such options available. In this way the trainees are able to provide a "space" within which they can learn to be psychotherapists without being too paralyzed to take steps in that direction. In this way the "amateur identity" can be seen as a caretaker self function. It provides a

"hold" for the sometimes bumbling, confused or inadequate true self of the trainee who is trying to become a psychotherapist.

Before exploring just what is at stake for trainees who require the protection of the psychotherapeutic caretaker self, I want to take note of some of the seeds of such a caretaker self in the early lives of persons who undertake psychotherapy training.

The childhood origins of the psychotherapist caretaker identity.

Appelbaum (1973) and later Farber (in press) have traced the origins of "psychological-mindedness" to early childhood and the parent-child relationship. Numerous authors (e.g., Farber, in press; Frank, 1973; Henry, 1966; Marmor, 1977) have supported the often-described notion that those who become psychotherapists have earlier played the role of "therapist" in their family or social group. Generally speaking, psychoanalytic writings have also connected a person's early relationships in which there was psychological responsibility for others with a later need or desire to help others in a psychotherapeutic way. The participants in this study often indicated that they had been, even as children, the "therapists" in their families. They often saw their training as the fulfillment of a mandate which was established when they were quite young. Typical was the statement of Amy (2) who said, "...it made sense that I would end up wanting to become a therapist because I think I did a lot of taking care in my family." The trainees seemed to have been sensitive children who were in tune with the problems and needs of their parents and siblings. Becoming psychotherapists often seemed to represent the polishing of already attained skills rather than the acquisition of something completely new.

Thus, the acquisition of the psychotherapist caretaker self is not a completely new phenomenon for the trainees. Psychotherapy trainees bring to their training already highly developed caretaker selves from their early lives. More specifically, they bring caretaker selves of a particular configuration in the form of a psychotherapist-like way of being,

established in their early personal histories. This "way of being" includes both the spontaneous and the defensive aspects of what it is to be a psychotherapist. Such persons tend to be gifted in understanding others and making creative use of their selves in the service of helping others. They are also apt perhaps, to cut off their own impulsive gestures and creativity out of fear of becoming vulnerable to those for whom they have served as helpers. When the trainees spoke of the development of a psychotherapist caretaker self, they did not seem to be describing that development as a transformation into being something completely new.[9]

This may account in part for several interviewees expressing that taking on the role of psychotherapist, even with its nonspontaneous, inhibiting aspects, felt comfortable or authentic. This may also explain why it was not always easy for psychotherapy trainees to be aware of the differences between psychotherapy work which was creative or spontaneous and that which was not. Often defensive aspects of their experience may have been felt to be "true" since they represent a continuity with the well-

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[9]This could be seen to be a pitfall of psychotherapy training. The development of the psychotherapist caretaker self—an apparently necessity for a therapist to have—could be merely a replication or a continuation of a maturational experience in which compliance to others and a sealing off of spontaneous gesture was paramount. I would argue that the development of the psychotherapist caretaker self is the replication of such a "neurotic" development only to the extent that the new psychotherapist caretaker self continues to obscure the true self of the person who is a trainee in a *pervasive* sense (as it perhaps had in his or her childhood). Again it is a matter of degree: the caretaker self is helpful and necessary to the extent that it protects the true self while allowing it to have a life in the trainee's life and work. When the caretaker self becomes so formidable that the true self becomes completely hidden—be this a continuation of developmental history or not—it is then "neurotically" inhibitory.

established identity of the past. The caretaker self can indeed be experienced as "who I am." Becoming aware of the remoteness of spontaneity in that "who I am" can involve a deep level of self-reflection. It is a type of self-reflection which can threaten the ways a person has acquired of dealing with the threat of harm to the true self. The opportunity to become more aware of the sealed-off aspects of the self was sometimes afforded by the safety of the supervisory "hold". In other cases the establishment of a strong psychotherapist caretaker self seemed to enable trainees to feel secure enough to start to recognize the limitations caused by that caretaker self.

Before turning to the issue of how the trainees became aware of the limitations of their caretaker selves, I would like to address more fully the question of why trainees need the psychotherapist caretaker self. This can be examined through a consideration of the aspects of themselves which the trainees experienced as being at risk during their quests to become psychotherapists.

"What is at stake for psychotherapy trainees?"

The psychotherapy trainee develops a psychotherapist caretaker self as a way of protecting the true self from the "risks" of being and becoming a psychotherapist. It remains unspecified just what it is that is being protected.[10] In this section I would like to describe some of the vulnerabilities which the trainees described in the interviews.

Published personal accounts of psychotherapy trainees (e.g., Tischler 1968; Barnat, 1973, 1974, 1977; Gaoni and Newman, 1974; Greben, Markson & Sadavoy, 1973; Cohen, 1980) suggest that becoming a psychotherapist involves a major personal transition and that the process of transition includes many feelings of uncertainty and doubt. For psychotherapy trainees there is much more at stake than simply succeeding or failing at learning a new skill. Evaluation of one's abilities as a therapist is often experienced as complete evaluation of the self (c.f. Cohen 1980, Muller, 1985). Ford (1963) has described the therapist's personality as being vulnerable in the context of doing psychotherapy: "...the psychotherapist's personality–his perceptual ego–is under constant probing and provocation from the anxious energy transferred by his patient."

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[10]It is the case in the writings of Winnicott too, that the main emphasis is on an examination of the phenomenon of the caretaker self rather than on describing what the true self is. Winnicott (e.g., 1965) has been hesitant to take the liveliness out of the concept of the true self. It is the caretaker self which arises, defensively, out of environmental experience. And it is the alteration of the caretaker self which is central to psychoanalytic treatment. In the context of this thesis, I am interested in describing the concept of the true self in psychotherapy work only to the extent that the ways that it is fostered or inhibited by the psychotherapist caretaker self can be explored.

While the interviews done for this study were not geared toward having the trainees describe their perceived vulnerabilities during the training process (i.e., the constituents of their true selves), some trainees did indicate several of the things they felt they had to protect in the context of learning psychotherapy. There seemed to be a consensus among trainees that psychotherapy was a unique discipline in that one's *self* was often the subject matter of the work.[11] Success or failure in doing psychotherapy was often perceived as a more global success or failure as a person. As Amy (2) put it:

> ...your goodness or badness as a therapist, you know, becomes your goodness or badness as a self. You put your self out on the line in whether or not your doing a good or bad job as a therapist.

This sentiment was echoed again and again by interviewees. The personal qualities which they valued for themselves as persons (intelligence, empathic ability, absence of psychopathology) were the qualities required to succeed in being a psychotherapist. Since failure in the psychotherapy training process was often experienced as failure as a person, it became important for some trainees to have clearly distinguishable "therapist selves" and "personal selves." Helen (2) for example, was describing her own self-protective "persona." She recalled how she experienced a need for a highly supportive supervisor as she was

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[11] "Self" is used here in the colloquial sense. Who one is as a person, one's emotions, reactions and thoughts are often the things to which the psychotherapist must pay closest attention.

learning to do psychotherapy. Without that support, she explained, it was too dangerous to let "the real her" come through in the work:

> ...it's very good that a supervisor be supportive, because in a way you're really putting yourself out there on the line, and you know, in a sense, who you are, out there on a line. And for a person to belittle that, or to discount that, is as if, it discounted me as a person. I guess that's why, in a way, it's easy to remain neutral, and not put yourself out there. 'Cause that way, they're not really shooting you down. They're shooting down your persona.
>
> Mmm.
>
> But whereas we have, say, a supportive supervisor, it's easier to bring in more of yourself, into the room, because the supervisor is accepting you for who you are.

Helen's abilities to "remain neutral" and to avoid putting herself "out there"—psychotherapist caretaker self capacities—were crucial to her sense of security. The risk was of the possibility of being "shot down" (by a critical supervisor or by a patient). Many interviewees made similar comments. Betsy (1) described sometimes feeling "destroyed" and "defeated" by clients. This would happen most frequently when she would be honest with them and when she reacted spontaneously to what they said or did. Amy (2) described feeling "exposed" as a psychotherapy trainee. Each of these descriptions can be seen to correspond with the notion of a fear of impingement onto the true self—fear that creative or spontaneous, personal gesture might be attacked, forcing the person into the mode of self defense. Trainees felt most vulnerable to this when they let themselves relate in an unmediated, natural way to their patients.

Sometimes becoming more abstinent served as a protection against the vulnerability associated with acting in a spontaneous manner. Many

trainees described taking refuge in the stereotypical psychotherapeutic stance. Others drew on feelings of self-confidence in order to begin to take risks. To the extent that they were secure in their psychotherapeutic identities the risks of things not going in the ways that they wanted them to were more manageable. Richard (3) described the risk of "reaching out":

> I think being a therapist involves a lot of risk-taking... [E]very time you make an interpretation or you make any kind of gesture, you're in a sense reaching out, okay? Now, to be able to do that in ways that are, well, just to be able to do that I think requires that you have enough security within yourself that you can do it, especially to do it in a non-defensive way.
>
> Umhm.
>
> To do it where you are showing some of your own vulnerability requires a sense of your own security in that you can tolerate the insecurity of, of not getting the response that you necessarily want.

Again, "security" is vitally important. In this case Richard states that his sense of security is coming from within himself rather than from a supervisor. The psychotherapist caretaker self is seen to take the form of the "confidence" that makes risk-taking (and the potential activity of the true self) possible.

Another concern that many trainees described was that who they really were as persons would not be acceptable for the profession of psychotherapy. In these cases it was vitally important for trainees to get validation from their supervisors about their worthiness to become psychotherapists. Trainees frequently reported having had experiences in which they felt somewhat crazy as a result of doing psychotherapy or when they had no idea of what was going on in the therapies that they were conducting. Such experiences were often profoundly frightening. Trainees

worked hard to become able to tolerate and even expect the confusing, often painful feelings which were associated with the work. Amy (2) described some of the fears she had early during the course of her training:

> There were times I felt exposed and anxious and fairly insecure and freaked out in general. And you know I, felt incompetent—like I didn't know what the hell I was doing, that I shouldn't be doing therapy at all and that I was probably too crazy to be doing therapy, and why hasn't somebody figured this out already and kicked me out of the program. ...When I first started I wasn't so concerned about whether I would be able to cure [patients]. I was more concerned about—can I get through the hour, not make a fool of myself, not get my supervisor mad at me, not get myself kicked out of the program...not get myself "committed" (Laughs).

It seemed to be an accomplishment for trainees simply to be able to discuss their insecurities in this way. They became more able to tolerate their own fears by recognizing and articulating them. This too can be seen as a capacity of the caretaker self. With fears similar to those described by

Amy above, Ron (1) described experiencing a countertransference in which his image of himself as an empathic person was threatened:

> ...[There was] a client...who made me feel very uncaring, cold, analytical... unempathic, unsupportive. And I had a really very depressing kind of reaction to that. So it extended well beyond, you know just that I wasn't being empathic with this client but maybe I'm really I'm an unempathic person.

Felicia (3) initially feared that her "own instincts" would be harmful to her patients if she let them out in therapy. She tried to find an external formula so that these instincts would not come through:

> ...[There was] that whole fear about being destructive, not believing that I could help people if I really put myself into it. Trying to kind of find the formula how you help these people, "because if I just rely on my own instincts I'm gonna hurt them and I'm gonna be destructive," you know, it will be a really sick therapy or something. And those are all the fears in the beginning.

Such fears were common among the interviewees. They felt that if they let their "own instincts" into their psychotherapeutic work that these might be destructive. This was the case even for those trainees who seemed to know on an intellectual level that their "instincts" were essentially the sources of good therapy. There was a hesitancy to really let these aspects of the self out into the therapy room. In all of these above cases there is a fear of consequences of the "real me" coming out in the context of being a psychotherapist. Sometimes that "real me" is seen in a positive light as the creative side of the self. Sometimes it is seen as a more frightening or "sick" part of the self. It is difficult to say with confidence that all of these cases are examples of trainees concern about exposing their true selves. What these examples are meant to convey is that

there are parts of the self which the trainees felt uncomfortable about exposing. A protective measure–what I have been calling the psychotherapist caretaker self–was employed by trainees to prevent these aspects of the self from emerging.

Ideally, the trainee's were able to move towards a position in which they were able feel safe enough to bring those parts of themselves, which had been hidden, into their roles as therapists. Rachael (3), who had presented herself as having moved towards being able to be increasingly relaxed and spontaneous as a therapist described this in terms of being able to tolerate her imperfections. She spoke of an incident in a therapy that she was conducting in which the patient conveyed to her that although she was not a *perfect* therapist she was helpful in some important ways:

> I think the more important part of that experience for me was my ability to exist comfortably with my own imperfection in the room. So that I no longer was feeling that I had to reach some hopeless ideal. Like I can still be of use to people even if I'm really me and I'm really imperfect.

Trainees often reported a paralyzing concern about making mistakes in therapy. Mistakes were seen as more likely to be made when the trainees were being more creative and spontaneous. Being more constricted and deliberate minimized the chance of making those "fatal" mistakes. Rachael was moving towards not feeling so constrained by her fears of not being perfect. Her caretaker self was modified such that deviating from a predictable course was tolerable and mistakes were forgivable.

Trainees are often also concerned about the effects of adopting the caretaker self. Many of the trainees became aware that they had been developing a psychotherapist caretaker self and became apprehensive about

the effects of this caretaker self on who they were as persons and as therapists. People were aware that part of taking on that "psychotherapist self" involved giving up some of the creative, spontaneous ways. Curtis (3) put it very succinctly when, in discussing his apprehension about beginning to conform to the protocol of being a psychotherapist, he said:

> I thought it was going to be terrible. I thought I'd lose myself if I did these things.

The combination of an awareness of a need for the caretaker self and a hesitancy in taking it on for fear of obscuring some important parts of oneself was often expressed in the interviews.

In summary it can be said that the psychotherapists in training presented themselves as having much at stake within their personal experience of the training. There were, of course, fears about performing and succeeding but these were seen to be secondary to concerns about being "exposed" or "destroyed" in the context of being a psychotherapist. It is suggested that much of this concern has to do with fear of subjugation of the true self through the "impingements" of the supervisor, the patient, or the trainee's own self-critical intrusions. There may be other aspects of the self which trainees feel compelled to keep well hidden which would not fall under the rubric of true self phenomena. Additionally, just as there are fears about what might happen if the parts of the self in question are allowed expression, some trainees were concerned about the effects that the obfuscation of those aspects of the self would have. Again, this is seen to parallel the more general notion of the protections of the true self and

the discomfort which may ensue in one who feels locked away from some important aspect of his or her self.

Trainees did not discuss extensively the aspects of their experiences which might be seen to fall under the rubric of true self experiences. Thus, it would be difficult to conclude from the interview data that protection of the true self was their main concern. The conclusion can be drawn, however, that in the course of their training, trainees develop capacities for managing their insecurities such that they can avoid being overwhelmed by them and can carry on in the task of learning psychotherapy.

Having described some of the reasons that trainees need to employ the psychotherapist caretaker self, questions can be raised regarding how that protective appendage comes into being. The next section will examine the ways that trainees actively draw on their experiences in order to create their psychotherapist caretaker selves.

Efforts to bolster the caretaker self.

An example: Amy (2) was talking about her appearance and how it had changed since she had been a psychotherapy trainee:

> I really changed my appearance and I think that was part of my trying to take on this role of being a therapist. You know, I bought *therapy* shoes, I bought a *therapist* jacket...all these clothes. And that was at a point, I think, where my identity as a therapist was still something I experienced as being external to me and I was trying to put on these clothes to make myself a therapist.
>
> Hmm.

> Now it's a feeling like: I *am* a therapist and I can wear whatever I want.

On the day she was interviewed for this study Amy was dressed in a very professional manner--she may have been wearing what she chose to wear, but what she chose was definitely well within the therapist genre. Her account of beginning to dress as a therapist is an account of an aspect of the developing psychotherapist caretaker self; and she was describing her active role in that process.

Interviewees were able to describe experiences in which they actively bolstered the development of a psychotherapist caretaker self. They described their needs to gain expertise and to develop a capacity to structure their experiences as psychotherapists. Various events--encountered while doing psychotherapy, during supervision, or in their personal lives--came to serve the purpose of enabling the trainees to feel that they were really psychotherapists and that they could handle the responsibility of this position. Betsy (1) described her desire to gain the competencies of a psychotherapist:

> I still feel like if I don't follow the rules of therapy--which I don't because I don't even know the rules--that I'm not a psychotherapist. And I don't really think of myself as one. I think of myself as someone really struggling to learn.

Until she knew the "rules" she described, Betsy did not feel confident or comfortable with herself when doing therapy. She was aware that she had to quickly "struggle to learn" some of the caretaking functions. This

struggle to acquire the psychotherapist caretaker self was expressed by a majority of the participants. Typical was the statement of Amy (2):

> ...I have to develop a theoretical orientation, an approach and a style that's mine and not just something I've read in a book...

Not only did trainees want to develop basic psychotherapeutic competencies (the capacities of the psychotherapist caretaker self), they wanted those competencies to feel thoroughly assimilated, not false. It was easy to become able to be clever in a theoretical sense when learning to do psychotherapy but it was important for trainees to have the theories which they adopted become integrated "second skins" rather than acquired "clothing."

There were many experiences that trainees were able to draw on in order to bolster their caretaker selves. The structure of the training program which they were in seemed to play a strong role in this. There were numerous experiences in which the trainees were treated in a manner which made them feel increasingly responsible; as they progressed through the program they were able to work more independently and eventually to supervise less advanced students. The coursework that they completed and the material which they had mastered also contributed to the psychotherapist caretaker self. Taking on a theoretical orientation—identifying one's self with a particular school of thought or group—was an important step in increasing the experience of security and making sense of the psychotherapeutic process.

Julie (1) was able to utilize a very simple event to enable herself to feel that she really was a therapist:

> I don't even know when I first noticed it–'cause I had written a lot of reports–but it was at some time at the beginning of this semester, and I just noticed it: under the line I was signing had the word *therapist*, and it just, I just said, "I'm, really a therapist. And I might be a student, and I might be training but I'm really...not only am I a therapist but I am a therapist for three people here."
>
> Umhm.
>
> "And I'm the person who when they say, 'my therapist,' that's *me*." (laughs) And it just blew my mind. I said, "My God!" I kind of went home and said, "Guess what? I'm a therapist!" I called everybody.

Several of the interviewees indicated similar experiences of excitement associated with the securing of the identity as psychotherapist. There seemed to be a transition of the types of experiences which served this purpose best. For the trainees who spoke of these particular experiences which served to bolster their caretaker selves there was a tendency for more concrete experiences to be most important early in the training. These concrete experiences were in the form of such things as signing reports as "therapist" or being asked for professional advice by friends or acquaintances. Later, as they became increasingly secure in their psychotherapeutic roles, the experiences which made them feel secure as therapists became more connected with the events of the therapies that they were conducting. At this point, being called a therapist was not as much of an important, novel experience as was being recognized as a *good* therapist or having "successful" sessions with patients. Questions of success and failure also seemed to become less central over time. The issue of whether or not they felt comfortable in calling themselves "good

therapists" faded, replaced by the multitude of questions to be addressed having to do with *what sort of therapists* they were to be. Here questions about choice of therapeutic stance, neutrality and personal involvement in the work—questions of psychotherapeutic identity[12]—became more salient. Julie (1), even at that early phase of her training, described a shift away from depending on "concrete" experiences to establish her identity as a psychotherapist:

> I'm wondering if the nature of the experiences which make you feel more like a psychotherapist have changed over time?
>
> Yeah. I would say they started off as awfully concrete things. ...I'm not sure if I'm answering your question but what I'm thinking of is that the things that make me feel better as a therapist—or more like a therapist—now, are things that happen in sessions as opposed to the way other people relate to me, or the way I sign reports and things. I mean now it's what happens with my clients.

While the task of developing the psychotherapist caretaker self did not feel completed to Julie, she had gotten to the point where she had mastered much of the protocol of writing reports and conducting sessions and was more concerned with what happened in therapy. During the interview, she

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[12]"Psychotherapeutic identity" is not a clearly defined term in the extant literature. The development of the identity as a psychotherapist—which was the original topic of inquiry in this study—is seen here to represent one form of the development of the psychotherapist caretaker self. This identity, which takes the form, for example, of theoretical orientation, identification with other therapists and the gut feeling of really being a psychotherapist, can be seen to structure the experience of the psychotherapist in a similarly protective way to the psychotherapist caretaker self. The terms psychotherapeutic identity or identity as a psychotherapist may imply other meanings than the one that is being described here, but the current thesis does not attempt to address these others.

also described her current task as one of integrating her theoretical and technical knowledge with her experience and feelings as a person.

Helen (2) felt that it was hard to leave her psychotherapist (caretaker) self in the office when she went home for the day because she was still working to establish what that therapist self would contain and how it would fit with who *she* was as a person. She said that it continued to be hard for her to be able to relax and simply enjoy herself. When outside of the context of doing psychotherapy she continued to be somewhat burdened with her own psychological-mindedness:

> It's very hard, but I guess because [being a therapist] is still new and because I really want to learn a lot about it, and I want to be a *good* psychologist when I leave here. And I think that's part of the reason why it's with me all day. But I think that once I have a better handle on who I am as a psychologist and who I am as a person, it'll be a lot easier for me to leave it here in the clinic or here at the school when I go home. But right now it's hard.

Helen seemed to be expressing an awareness of her involvement in the task of securing her identity as a psychotherapist. This difficulty in "leaving it in the clinic" at the end of the day was one that was expressed by most of the interviewees and was met with differing degrees of comfort. Some felt uncomfortable about it and tried to forget about the work when they were not doing it. Others took pride in taking on the "burden" of thinking of their patients all of the time. These different reactions seem to be indicative of varying strategies in addressing the necessity for the development of the psychotherapist caretaker self.

In summary it can be said that the psychotherapy trainees interviewed for this study had some awareness of their need for structure and

protection in their roles as psychotherapists. They were able to draw on a multitude of experiences for the bolstering of their psychotherapeutic competence and identity. The trainees often played active roles in this process. Henry, Sims, and Spray (1973) have described psychotherapy training programs as essentially consisting of a "professional socialization process." The self-perception of psychotherapeutic competence and the development of the psychotherapeutic identity help psychotherapy trainees to structure their experiences of being therapists in a self-protective way. They are collectively referred to here as the constituents of the psychotherapist caretaker self. Whether or not trainees *consciously* strive to acquire a psychotherapist caretaker self remains an open question. It was apparent in this study however, that trainees used their training experiences to this end.

The relation of supervision to the caretaker self.

In its ideal form supervision can be seen as analogous to "good-enough mothering" in the situation of infancy as described by Winnicott (e.g., 1986, 1965, 1958). If the supervisor is able to establish an adequate "hold"–that is, to empathize with the experience of the trainee and to help him or her to avoid becoming overwhelmed by the impingements of doing therapy–then the supervision represents a "facilitating environment."[13] These impingements are the intrusions that the true self will be subject to when a person tries to function as a psychotherapist.

The data suggest that psychotherapy supervision has a unique connection to the psychotherapist caretaker self in that it is both a source of impingements, but also the protector of the trainee's true self. In some cases supervision was experienced as a test or as something that the trainee had to comply with. In other cases it helped to foster creativity by providing a "hold" when the trainee was not completely prepared to handle the impingements which were bound to be encountered in the process of learning psychotherapy. The participants in this study indicated that supervision was also often a source for the specific content of the repertoire of the psychotherapist caretaker self. That is, the "scripts" and

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[13]Obviously the analogy of infancy can only be carried so far in that it is impossible (and perhaps not even desirable) for the supervisor censor out all impingements. The trainee is, in fact, a grown person who has already developed considerable competency in dealing with impingements on his or her true self. The case of psychotherapy is unique, perhaps, in that it is a place where the use of one's creativity and spontaneity is quite important and necessary. It is not satisfactory for the trainee to simply "cover up". Hopefully the true self will find a place in the trainee's work. A "good enough" supervisory hold is seen to help to bring this about.

techniques which helped to make doing therapy more manageable, understandable and predictable were often directly borrowed from the supervisor. This corresponds to what numerous authors have noted to be important role that "supervisory identification" plays in psychotherapy trainees' psychotherapeutic skill acquisition (e.g., Ekstein, 1957; Schlesinger, 1966; Balsam & Garber, 1970).

Supervision also functioned as a "facilitating environment": the place that made it safe enough to begin to do therapy—safe enough to take the risk of starting to bring more "true" aspects of the self into the context of therapy. This happened not through the trainees taking on their supervisors' "coping styles" but rather through their experiencing comfort and security in the way that they felt looked after by their supervisors. In Barnat's (1974) personal accounts of his supervisory experiences as a trainee, he indicates that the motivation for "identification" with the supervisor is not a hope for the acquisition of clinical skills: "What I wanted from the supervision was less his knowledge of therapeutics than his unique resolutions of the doubts associated with a complex sensitive profession."[14] (Barnat, 1974)

Some supervisory relationships became the sources of impingement in that they were based on a lack of connection and understanding between the supervisor and the trainee. Other supervisory relationships seemed to contribute to the fostering of the self-confidence; this would allow

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[14]This can be likened to Kohut and Wolf's (1978) description of the child's need to identify with the strength and stature of the parent(s). It is soothing for the child to be linked up with one who has solved some of the seemingly impossible problems of life. In a similar manner the trainee looks to the supervisor as a source of confidence and strength.

creativity and spontaneity to come to be expressed in the context of therapy.

As trainees become more advanced they are able to provide their own understanding, protection, and guidelines of technique. They begin to work with their supervisors more as colleagues (cf. Gaoni & Neumann, 1974). As Bob (2) put it:

> ...I used to rely on my supervisors' feedback, whereas now I'm more able to rely on my own sense of what's going on in the session.

As has been stated by Winnicott (e.g., 1986) among others, maturation involves movement from dependence toward autonomy. For the psychotherapy trainees interviewed in this study, becoming autonomous (in terms of psychotherapeutic competence) and seeing themselves as autonomous (in terms of psychotherapist "identity") seemed to be a fundamental task. Betsy (1) a beginning student, was already concerned about her relying too much on her supervisor in order to be a therapist.

> ...I *hate* having to depend on my supervisor's comments for making progress in therapy. I don't feel comfortable yet, to do that on my own.
>
> Why don't you like to depend...
>
> Well, it's this feeling that I could become dependent on it, and I'll never know what to do on my own. I know that's not true, because I know I've handled situations on my own. I know that I've learned something. But it scares me. That I'll get thrown out into the real world, and my supervisor won't be meeting with me every week, and I won't know what to say, and I won't know what to do.

The fears of "not knowing what to say" or "what to do" were common among most of the therapists interviewed, especially when they were in the beginning phases of their training. Trainees viewed the minute details of their psychotherapeutic behavior as extremely important– often

paralyzingly so—early in the training. In terms of the true self and the caretaker self, Betsy seemed to long for a complete "set of tools"—a fortified caretaker self. At that point in her training it seemed as if she did not have an opportunity to freely draw on the creativity of her true self; she was more concerned that she would "not have anything to say" in therapy. Concern about not having anything to say could indicate that she had been cut off at that point from the creative aspects of her self.

Several of the interviewees viewed the purpose of supervision as enabling them to get through the difficult early phases of learning psychotherapy. As has been indicated in a previous section, much is at stake for beginning therapists in training. Many interviewees saw the supervisor's role as one of holding things together for them while they jumped into being therapists, head first. Amy (2) succinctly put it:

> The idea is just get out there in the trenches and start—you know—firing away. And you know—come back to your supervisor and get bandaged up and they'll ship you back out. And the idea is you just get through the session and through the therapy and don't worry about whether you're doing a good job.

Beginning therapy was bound to be dangerous according to Amy but the supervisor could help to "get you through," presumably to a point where you could get yourself through. It was not always the case, however, that supervision fulfilled this function for all of the trainees. Sometimes the supervision seemed to meet the needs of the trainee and sometimes it did not. In terms of level of training, there seemed to be a slight tendency for more advanced students to prefer less structured, less directive supervision than the less advanced students. But more important than level of learning psychotherapy were the particular needs of the individual persons. A

generalization that can be made is that it was important for trainees to feel that their supervisors recognized who they were as individuals and that the supervisors tried to gear the supervisory work accordingly. What was most difficult for the trainees was feeling that supervisors made comments or gave directives which seemed unempathic. It was at these times that the supervisory "hold" seemed the least dependable and supervisees felt the most vulnerable and constricted in their work. For example, Betsy (1) said that her supervisor declined to give specific directives on what she should do in therapy but focused more on her experiences and feelings when doing the work. But this was not most useful to her at that time:

> I've been accused of going cognitive when things get too affect-laden because apparently, allegedly, I can't tolerate it. And so apparently I'm making the same mistakes now, although I have no idea what I'm doing...
>
> One thing that I'm hearing in what you're saying is that a lot of the criticisms or suggestions that you're getting aren't really very helpful to you. They're not geared in a way that you can really assimilate very easily.
>
> Uhuh. And perhaps I'm looking for more concrete suggestions at this point, maybe because I'm feeling I can't tolerate abstract or characterological suggestions, you know, at this point in my life.

While Betsy did not feel that what the supervisor was saying was necessarily inaccurate, it was not what she needed at that time from him; she wanted an arsenal of things to say and do as a therapist. She need this before she could begin to consider her experience of feelings.

Frank (2) experienced a similar lack of connection between himself and his supervisor, but it took a different form. The supervisor seemed out of touch with who he (the supervisee) was or what he felt about doing therapy.

The supervisor tried to assuage his insecurity and confusion by being highly directive:

> [H]e'd make comments, or suggestions about what I should do, more like demands about what I should do. He would say, "Say this," and, and he might give me some alternatives. But they were always a clear sentence, and they were always *good*, really funny, too... It wasn't the way I speak. It might be the way I'd *like* to speak. I'd like to speak that clearly and, that concisely, but I just don't.

Again, analogous to the situation of "mothering," the two aforementioned supervisees did not experience a fostering of their uniqueness and omnipotence. The supervisors were experienced as responding to their own needs in supervision rather than those of the supervisee.

But in spite of these more problematic descriptions of the supervisory experience, most trainees had experienced some supervision sessions that had positively contributed to their development as therapists by providing a "good-enough hold." Frank eloquently described a helpful supervisor:

> ...I think of him, I think first of his basic acceptance. It seems to convey to me in a real sense that, "What you're doing is okay. You've got good instincts. You know what you're doing, and I trust you." And conveying that basic trust also, you know, acceptance, I think was really important in being me–feeling able to feel free, you know, totally be myself, free up a little bit and, and try some things, experiment with some things. It's sort of a combination of somebody saying, "It's okay to experiment" and then the experimenting is really a thing that I do on my own, where I sort of test things out by myself, and it's sort of a combination of doing something on my own, but with the okay of somebody.

In this case, learning was able to transpire in a safe "space" created by the supervisor who allowed the supervisee to explore, to make mistakes and to search for a way of being himself as a therapist. That the supervisor

seemed to acknowledge his supervisee's basic goodness was of paramount importance in this case, as was often reported by several other interviewees.

In terms of the caretaking function, the supervision which can provide an adequate protection for the supervisee from the impingements of beginning to do the work can help to supplant the development of an over-fortified caretaker self in the trainee. And it seems more desirable for the supervisor to take on some of the task of protecting the trainee's true self than for the trainee to employ an extensive caretaker self which might obscure spontaneous gesture from the work. Successful supervisions moved gradually in the direction of increased responsibility for the trainee. Helen (2) was aware that by virtue of her supervisor's "support" she was able move away from employing a "persona" when doing psychotherapy:

> ...it's very good that a supervisor be supportive, because in a way, you know, you're really putting yourself out there on the line, and you know, and in a sense *who you are* is out there on a line. And for a person to belittle that, or to discount that–it's as if it discounted me as a person. I guess that's why, in a way, it's easy to remain neutral, and not put yourself out there. 'Cause that way, they're not really shooting you down. They're shooting down your persona.
>
> Mmm.
>
> But whereas we have say, a supportive supervisor, it's easier to bring in more of yourself, into the room, because the supervisor is accepting you for who you are, and I found that to be very positive in my training.

In this example, the supervisor's "support" does not seem to consist solely of guidelines or directives for conducting a therapy session. It is implied that there is an acceptance by the supervisor of that particular supervisee as a person. So, the supervisor's caretaking function is not

adequately described by saying that it fulfill's the caretaking function which would otherwise be required of the supervisee. What the participants in this study seemed to be saying was that their supervisors had to like them and respect them. In this way more of who they were as persons was able to emerge in their work.

In summary, supervision was described by trainees as both inhibitory and facilitative of their capacities to bring their true selves into their psychotherapeutic endeavors. The two major components of "good-enough" supervisory experience were 1) that the supervisor take some responsibility for the protective and managerial aspects of the training in therapy and, 2) that the supervisor show a genuine interest in the trainee's development and a respect for the person who is in training.

The trainees take from the supervision a sense of self-confidence and an ability to deal with impingements. The next section will explore some of the ways in which the psychotherapist caretaker self serves to facilitate some of the essential "true self" aspects of doing psychotherapy.

Some ways that the psychotherapist caretaker self facilitates personal involvement, spontaneity and creativity in the therapeutic work of trainees.

Just as Winnicott has described the caretaker self in its general sense as a protective and necessary aspect of personality, the psychotherapist caretaker self presented itself as being necessary and protective for psychotherapy trainees. From Winnicott's (1965) description of the continuum of caretaker self manifestations, a similar continuum for the manifestations of the psychotherapist caretaker self would be expected. Ideally one would hope that in some cases the psychotherapist caretaker self serves to protect and manage the need for security and the management of anxiety of the trainee while still allowing him or her to have some access to the spontaneous and creative sides of him or herself in the role of psychotherapist. This would be a situation in which the caretaker self provides a "hold" for–without smothering–the trainee's true self.[15]

Indeed this seemed to be the case with the trainees interviewed for this study. Although the trainees were continually struggling with trying to become secure enough in the work to be able to bring some aspects of their true selves into the picture, there were some examples reported in the interviews which indicated that many trainees had developed caretaker selves which enabled them to relax somewhat and be more spontaneous in their psychotherapy work. A rather extensive quote from the interview of an advanced student Rachael (3) illustrates clearly a part of this trainee which first contributed to her rigidity as a therapist but later moved her in

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[15]Indeed these are logical extensions of the terms "holding", true self and caretaker self which perhaps go beyond Winnicott's usage.

the direction of greater flexibility as a therapist and away from feeling "false". She was describing how her stance as a therapist had changed over time:

> My therapist self changed I think to accommodate me...I guess I would say that. I think that I certainly changed in the process of becoming a therapist but I didn't change myself so that I *could* be a therapist. The change happened because I was learning about myself as I was becoming a therapist. Just things like when [clients] would ask me personal questions that I didn't want to answer. I would just be so uncomfortable and I would say something like, "I wonder why it's important for you to know about that," or some bogus thing that would of course make my client more uncomfortable. And it was just *so* false. And I think that what happened is that in becoming more comfortable with my own imperfections I became more comfortable with my own bumbling in the room. And for a while I went through a period where I was bumbling all the time because I was not any longer willing to say those false things. But I didn't know what to say that would be better. (Laughs) So–you know–I'd say, "Ah, ah, gee, I don't know whether to answer that or not," and I would be more open about my own discomfort in the room. And then, after a while it didn't seem horrible to be uncomfortable in the room so I would feel free to grope for words. And to take the time to formulate something to say. And finally say–you know, like, "I can understand why these things are important to you and there is a sense of unequal sharing in the room and lets talk some more about that because I think it's important in how you feel in here." And I want to be able to say something that at least felt better with the person I was talking to, and was honest, but that didn't push me to reveal things about myself that I didn't want to reveal or to say some stock therapist thing that would make me feel stupid because I knew that it just sounded false.

In the passage above Rachael is describing how her psychotherapist caretaker self changed. As it evolved it "took care" in new ways. Initially she described the protective caretaker self which intervenes when personal questions are asked. It helped her to get through the sessions but not

without cost. She felt that she was being and sounding "false." Later she began to feel more comfortable with her "imperfections." She felt secure enough as a therapist to be able to to question that false feeling and to be able to "bumble in the room." This was a new phase in the development of her caretaker self. No longer did the caretaker self have to respond quickly with the "standard therapist" type of answers. She found enough room for herself to take pause, think about what she wanted to say, and to not feel devastated if what she wound up saying was not exactly what she would have hoped for. Allowing her self to bumble can be seen to be an allowance of the caretaker self. She got to the point where she was unwilling to say any more "false things" because the caretaker self had enabled her to reach a point where she was secure enough not to have to rely on the earlier rigid response repertoire. Finally she was at the point (at the time of the interview) when she was feeling reasonably secure and as if she could conduct herself as a psychotherapist while using some of her creativity and spontaneity—where she could allow herself to bumble. But this is not to imply that all traces of the psychotherapist caretaker self had disappeared. Rather, they had found a more satisfactory organization and balance in which there was less rigidity than when she had started. The final sample she gives of what she might say to a patient who asks her a personal question is certainly less rigid and more human than her original "I wonder why it's important for you to know about that" response. But there continues to exist a framework for an organization of the psychotherapy experience which has a self-protective hue; she still deals with the countertherapeutic question which she would rather not answer.

As another example, Helen (2) felt that her caretaker self had gotten somewhat out of hand. She noticed a tendency in herself and her peers and supervisors to respond to patients with a "cookbook recipe" type of response. She found herself doing a lot of "reflecting back" and "empathizing" (described in a pejorative sense). She felt uncomfortable with being a "blank wall" in her role as psychotherapist. The psychotherapeutic identity became more of a natural part of her which she viewed with mixed feelings:

> I wasn't being who I really was. Whereas now, even though I'm still trying to negotiate that a little bit more, I think it's gone a little bit overboard in that I bring psychologist into my personal life, whereas before that wasn't going on too much. But at the same time I'm able to bring more of myself into the room.

Clearly, there was the sense that the "psychologist" in her was working hard to establish its presence in her work (and in her life). This lead to her perceptions of going "overboard" in bringing the the psychologist way of being into her personal life. But there was also the awareness that as that "psychologist" became stronger there was a freeing of parts of what we may call the true self in the therapy room.

It is difficult to conclude that the trainees' descriptions of being able to "bring more of themselves into the therapy room" are the equivalent of their being able to express their true selves. Any movement, however, away from the very rigid, deliberate ways that trainees develop early-on for dealing with the anxiety-ridden experience of doing psychotherapy can be seen as movement towards access to the true self. Ron (1), for example, was becoming more at ease in a very concrete way. When he first began doing therapy he often felt that everything he did in sessions should be "just

right". Once he said something to the patient, there was no going back on it or openly changing his mind. This limited his ability to be creative or spontaneous in his work since there was this experience of "no going back." It was important for him to start to realize that there could be mistakes, that he could change his mind and that he could even openly tell a patient that he was not so sure about something that had, at first, seemed on target. This could be said to be a very concrete change about what he felt free to do (and that he had not felt free to do before in therapy), and it seemed to strongly contribute in his case to his ability to feel more like his spontaneous self. Being creative requires the space to try things out and to reject them if they are not what is being searched for. Ron was able to develop a component of the psychotherapist caretaker self which provided for this capacity.

In summary, the psychotherapist caretaker self, which developed out of the need for protection of those creative yet vulnerable parts of the trainee, was presented in many cases as a facilitating factor in the trainee's development. This is true in spite of the fact that sometimes that caretaker self was the source of experiences of falseness or over-rigidity on the part of the interviewees. There were different configurations of the psychotherapist caretaker self; there was a movement away from an extremely rigid caretaker self toward one which allowed for more freedom and flexibility for the trainees.

Granted, this may be a somewhat hopeful reading of the interview data. It seems likely that there is a possibility for the psychotherapist caretaker self to grow stronger and more pervasively limiting in the course of a

psychotherapist's career. The true self could become increasingly obscured behind a caretaker self; that caretaker self could become more difficult to recognize as it gains strength. It must suffice to say that in any case this will most likely be a question of degree; some caretaker selves will leave more room for genuine creativity and spontaneity than others.

Turning to some of the more problematic aspects of the psychotherapist caretaker self, the next section addresses the fact that interviewees described some experiences in their private lives outside their psychotherapeutic roles that indicated that there were some limiting sides of the adoption of the protective psychotherapist caretaker self.

The effects of the development of the psychotherapist caretaker self on trainees' experiences outside of the psychotherapy situation.

In this section I want to paint a more complete portrait of the psychotherapist caretaker self by exploring how trainees described its presence in their lives outside the psychotherapy situation. Some of the trainees interviewed for this study did not initially become aware of any lack of spontaneity or creativity in their psychotherapeutic work until they had experiences in their private social lives of being unspontaneous or rigid. Such experiences often served to cast light for them on the presence of a potent and, perhaps, over-protective psychotherapist caretaker self. Freudenberger and Robbins (1974), in their account of the experience of the psychoanalyst, addressed this when they cautioned against the potential pitfalls of becoming too immersed in the professional world. They described how, "social and professional life tend to merge. Friends are social and professional, but never entirely one or the other." They argued that the "path of professionalism" can cause a partial loss of an individual's personal identity.

Some participants in this study seemed to notice that they were beginning to "behave as psychotherapists" in non-psychotherapy situations but experienced this with little alarm. For these trainees it seemed to be a part of the process of striving to be a psychotherapist. It reflected for them that they were gaining competence in dealing with situations as only psychotherapists are able to do. Along these lines, Farber (1983a) interviewed a moderately large sample of practicing psychotherapists about

what they perceived to be the effects on their personal lives of being psychotherapists. While the vast majority of the sample indicated that they were quite pleased with their work and the effects that it had had on them (which included increased psychological-mindedness and self-assuredness), there were some potentially problematic effects of being psychotherapists on relationships and personal experience. Some felt that their self-awareness and psychological-mindedness distanced them from others, including family members.

In terms of the current thesis, it could be said that the trainees were achieving security through the development of the psychotherapist caretaker self and that they somehow experienced this as necessary in spite of some of the perceived limitations of doing so.

Jim (2) described how he "felt like a psychotherapist" most of the time–both while doing therapy and while away from it. He did not speak about this with scorn. For the most part, being a psychotherapist was an interesting way to be. It afforded him insight into himself and others and enabled him to spend time thinking about things that he was interested in: people and their relationships with each other. But when asked about some of the problems which he might be experiencing in being a psychotherapist outside of doing therapy he had this to say:

> Well, some of the liabilities have been that I have gone overboard in taking my therapeutic self with me wherever I go. That in certain situations, what has occurred is a loss of spontaneity, and a loss, then, of myself as who I am. Going to a bar, going to a party, at times I think it's been...would have been better for me to be *whatever*, and I don't know *what* it would be, but be whatever, and feel whatever the situation elicited in me. But I might have gone in with a more thoughtful [attitude]. Quieter, observant.

Jim was feeling that part of who he was as a person was somehow lost in those situations in which his "therapeutic self" was going "overboard." The psychotherapist caretaker self was emerging in non-therapy situations and was experienced as limiting of another part of his complete self. This sentiment was echoed by Julie (1) who, even at that early point in her training, experienced the emergence of the caretaker self as involving the loss of certain personal qualities. She described how she would act as a psychotherapist in her private life:

> [S]ometimes I find myself being very calm and therapeutic.
>
> Mmhm.
>
> And there's times when there's a place for that but with some of my best, best friends I find myself doing that. And it kind of depresses me because I lost, I feel like I lost some of that sparkle, the excitment, and the craziness.

Clearly, becoming a psychotherapist was experienced, in part, with despair involving a loss. For Julie, as was the case for several other interviewees, being a psychotherapist seemed to preclude retention of some of the lively aspects of her personality, supporting the notion that in the process of being trained as psychotherapists, trainees develop a psychotherapist caretaker self that protects their creative, spontaneous aspects through varying degrees of concealment of those aspects.

As was described earlier, taking on the psychotherapist caretaker self was not always an experience which led to the obfuscation of the true self. Some trainees found that the adeptness that the psychotherapist caretaker self afforded them in social situations made it easier for them to experience more of their true selves. Having an identity as a

psychotherapist helped some trainees feel more secure–both in and out of therapy–in asserting their creativity. For example, Patricia (2) told the story of how she and a group of others were mourning the death of a pet of which they were all fond. One member of the group was being more vocal about her sadness, to the point of impinging onto others who were, perhaps, equally upset. Patricia used some of her therapy skills to handle the situation:

> ...it would've been very easy, as did certain other people in the room, to feel like you had to respond to her needs, and take care care of her. And I thought, "Hey, I'm upset too, and I've really got to take care of myself, not her." And found it was very much from training as a therapist that I was able to, in a boundaried way, not being nasty and rude, but just indicate that that was not something that I was going to engage in right now. And not feel compelled to take care, but to feel my own feelings. And it was partly from clinical training that I was able to both realize that and pick out a way to talk to her to give myself the room I wanted.

The psychotherapist caretaker self helped to manage a difficult situation. It was a situation in which, it could be said, the feelings of the true self–sadness about the loss–were threatened by impingement. Patricia was able to maintain the necessary "boundaries" so that without being rude or seeming unreasonable she was able provide herself with the "room" that she needed to experience some of her own feelings. Without that competence as a psychotherapist she may not have had access to such an adaptive way of responding.

The main struggle about being a psychotherapist inside and outside of the therapy context seemed to be a matter of degree. The psychotherapist caretaker self was bound to emerge in and out of therapy. The task was not to let it become the dominant mode of functioning such that the the

spontaneous, creative aspects of the self would be completely obscured (both in and out of therapy). As Felicia (3) put it, "...it's a constant battle to not have it influence interaction in an unhealthy way." Trainees viewed the emergence with varying degrees of concern. All of them, however, seemed to be engaged in the task of finding ways to be psychotherapists while still being themselves.

The creative and the responsive aspects of psychotherapeutic helping.

Given one can assume that in doing psychotherapy the therapist is often acting in response to the patient, a question can be raised about whether or not the activity of psychotherapeutic helping is ultimately an activity of the true self. Recall that Winnicott had described the true self as creating, the caretaker self as responding. It might be assumed from a theoretical standpoint that an interpretation made in response to a patient in the therapy session would be entirely a product of the caretaker self. After all, the role of the caretaker self is to respond so that the true self does not have to. This is the case since, for the true self, responding is antithetical to being (Winnicott, 1965).

Although Winnicott does not address the question of whether or not there can be "true self responding" in his writings, extending his theory of the true self and the caretaker self leads me to the following conclusion: in doing psychotherapy there are both true self and caretaker self ways of

responding to the patient. There do seem to be responses which can be products of the true self.

An examination of the mother-infant relationship, which is at the foundation of Winnicott's theory, can be illustrative of this point. When the infant requires its mother to perform a mothering function (for example, feeding or holding) the infant indicates this to the mother. The mother, through her empathic capacities, is able to see what it is that the infant needs. Sometimes the mother is able to discern what the child needs but her response does not come "naturally" or spontaneously; the baby wants to be held but the mother is anxious about something (perhaps about the baby's need to be held) and is not in the mood to hold the baby. The mother in this case may call on her caretaker self to manage the situation. She sees what needs to be done and that it is not concordant with what her non-compliant self would wish to do at that moment, but she is responsible for and, perhaps, loves the child and so she performs her duty as a mother.

In another case, the request of the infant is received by a mother whose non-compliant self is completely attuned to the child.[16] Her spontaneity is focused on knowing what the child wants and providing it for him. The child cries, wanting to be held and the mother recognizes this and picks the child up and holds him close. For her, the act of the mothering gesture is gratifying and exciting as would be any involving expression of the true self. It is unrehearsed and natural. However, the mother is certainly responding to the child. Fortunately, the responding has as much to do with who she is

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[16]This may be close to what Winnicott (1958/1975) has referred to as "primary maternal preoccupation" in which the mother becomes deeply immersed in an empathic connection with her infant.

and what her non-compliant self would do as it does with who the child is and what he would naturally do.

The psychotherapist can similarly function in a creative, spontaneous way *in response* to the patient. Empathic responding can be the activity of either the true self or the caretaker self, though there may be very different qualities to these two types of empathy. So much of doing psychotherapy involves having to gear one's communications to the particular person who is the patient. That is, so much of therapy must be in response to the particular individual whom the therapist is with in the therapy room. To be creative is not necessarily to go off on one's own. One can be creative in a related way.

True self responding involves a way of being in touch with the patient (and one's self) without pressure to respond or anxiety within the responding. When, on certain occasions, the trainees were able to feel secure enough so that they did not feel vulnerable to the impingements from the patient or elsewhere, they became able to "play" at understanding and helping. Interpretations were often originally devices employed to ward off the patient and keep the therapist afloat. Later they increasingly became spontaneous gestures, empathically formulated, which could be of use to patients.

Richard (3) described these two aspects of being "therapeutic" with patients:

> ...I can kind of switch on this global therapeutic presence that basically, you know, you're *with* the person, understanding. And it can happen, except in very extreme cases, almost with anyone... It's not specific to the relationship but it's more like, "Okay, I'm gonna be this, therapeutic presence." And...I can do it with a lot of people.
>
> Umhm.
>
> And what changes is that that becomes much more specific to the relationship and the feelings are more to the person. And often times that way of expressing care changes and becomes much more individualized. Like you take on certain vocabulary with the person. Metaphors that become your own. And so there is a transformation there. And so that part is, in a sense: you become more real with the client...

The "global therapeutic presence" seems as if it is more forced and self-conscious than what he describes as the "more individualized" way of being therapeutic in which there is communication and a relationship which develops between the two people. The "vocabulary" and the "metaphors" which emerge are, perhaps, *of the relationship* rather than being representative of the therapist's defensive compliance with the patient. In this way the therapist is able to experience more of his true self in the interaction between the patient and himself. This was conveyed by several of the psychotherapy trainees who were interviewed for this study. There were times when they felt that they were "putting on" a therapeutic presence and there were times when they felt that it was coming more naturally. It seemed as if they always were trying to be empathic in the work–since this is what is expected of therapists–but that this did not always come naturally. There was always the "helpful therapist stance" to

fall back on. But within this stance trainees were sometimes able to find real connectedness with their patients.

The evolving of the caretaker self.

While all of the interviews did seem to suggest that the psychotherapist caretaker self was necessary for their "survival," there was often an awareness on the part of the trainees that the caretaker self served to limit their range of experience. It was limited to that which was more secure and, at times, less alive. There is an irony about the trend that seemed to exist within a developmental process of the trainees: as the caretaker self provided greater security, the trainees were more apt to become aware of its rigidity and constraint on their creativity and spontaneity. Thus, the form of the caretaker self continually evolved as it began to be experienced as too inhibiting. Its evolution seemed to be in the direction of a relaxing of the all-encompassing protective shield over the true self.

The evolution of the caretaker self did not simply involve its diminishing in a gradual and predictable way in most cases. Becoming aware of feeling too constrained–what some called a sense of being "false," when doing psychotherapy–was not an easy revelation to have; it involved the trainee's consideration of changing his or her self-protective organization. What spurred the scrutiny of the caretaker self organization was often a concern about losing some important aspect of who

one was. In the following example Jim (2) was describing being caught in the web of his therapist "persona":

> I felt like *everybody* was seeing me as this—and I'm sure they weren't—but my experience was that people were seeing me as this bottomless pit of positive regard and warmth and caring that could be called upon at the drop of a hat. You know, I carried that persona with me everywhere I went. I'd go to parties, and you know, I was really this warm, loving person. I can laugh at it, and feel a kind of poignancy about it, but in some ways it was awfully obnoxious, too, not only to myself, but to others. And so, that was I think the first—and also very powerful—experience of, "Am I being consumed and subsumed within this persona of helping?".

The "persona of helping" was a way that Jim had devised to structure his experiences and interactions with others both in his therapeutic role and carrying over into his social role. He had gradually began to feel boxed-in by it. In a similar manner Patricia (2) began to grow weary of the aspect of her psychotherapist caretaker self which was always analyzing her patients and her friends:

> Sometimes I just feel like I hear things that I don't really want to hear, in terms of metaphors or messages of what people are saying. I used to never notice; I just used to listen to all the words, the concrete words. And now, so much from listening to my clients and listening to them in a certain way, I think I end up finding that sometimes I wish I could shut it off.

She had taken on the capacity to decipher messages and metaphors in her quest to become a competent psychotherapist; but it had come past the point of being a liberating structure which made her feel competent. Both Jim and Patricia were longing to be able to let down that aspect of being psychotherapists which functioned as a mask of their spontaneous selves in relationships. Trainees reported that functioning as a psychotherapist often

had the effect of creating a distance between the self and the other in personal and in psychotherapeutic relationships. This sometimes lead to an undermining of intimacy, as was indicated by Nathalie (3):

> If [you] play a role as psychotherapist I don't think people can really trust you as much. And so I have to know when to turn it off because I'm not allowing my experiences of the other person as "just another human being on the same level" if I play the psychotherapist. Because then I put on my *costume* so to speak. And I feel I'd like, to be just [me]. And I like to be vulnerable...and I like to feel that that I can do things that may be unprofessional and I can say things that may be unprofessional.

Interestingly, she directly referred to wanting to be "vulnerable." Vulnerability was part of feeling authentic and intimate for Nathalie as it was for some other trainees. The "costume" of the psychotherapist had established her in that role but had then become burdensome in that it forced her to compromise the full sense of who she was. It was preventing her from just being herself. Her new position of wanting to be able to be vulnerable at times is seen as a revised caretaker self configuration, one which has more flexibility (and, perhaps, involved more risk) than the one that had gone before.

The trainees had relied on their psychotherapist caretaker selves to establish them selves securely within the psychotherapeutic role. Subsequently, they became aware of some of the limiting aspects of their caretaker selves. New caretaker self organizations were required in order to include some of the aspects of themselves which, they became aware, had been shut out in the past. And as is indicated by the following quote from

Bob (2), the change of caretaker self configurations can be an unsettling one and can be perceived as a risk:

> Well, I think the major conflict I experienced, is that the more I am as a therapist, the more I feel like: being a good therapist depends on kind of an intuitive, and a, um, I don't want to say somatic, kind of *emotional* body sense of being with the client. And you have to use your *whole* self. And I'm very much in the middle there, you know, with all that. But what I mean is abandoning the desire to be *secure* in a conceptual framework all the time...

As he became settled and more secure in the role of therapist Bob was able to become aware of a need for a closer, more personal involvement in the work. But becoming more in tune with the "emotional body sense of being with the client" represented a moving away from the security of adhering to a theoretical framework. He was in the position where he was "graduating" to a new psychotherapist caretaker self–a new conceptual framework that would be able to organize his psychotherapeutic experiences in a way which would incorporate the things which he had become aware of as lacking.

The psychotherapist caretaker self is organized and reorganized repeatedly as the trainee becomes increasingly able to handle the impingements of being a psychotherapist.

Freudenberger and Robbins (1979) have cautioned about the potential for therapists' personal selves to become supplanted by the "professional self" resulting in feelings of emptiness and unsatisfactory psychotherapeutic work. Ideally, as the trainee gains competence in handling things, she or he is able to take pause and become aware of some of the aspects of the self which are being kept out of the psychotherapeutic

work. In the case where the caretaker self is not able to master the handling of the anxiety-provoking situations which typically arise it may be rigidly adhered to, thus preventing the therapist in training from even becoming aware of the possibility of including the potentially more vulnerable aspects of the self.

CAPTER IV
CONCLUSIONS

The concept of the psychotherapist caretaker self has been introduced and described in terms of its genesis and development in psychotherapy trainees. It is meant to refer to those self-protective aspects of trainees' thoughts and behavior as therapists, both in and out of the psychotherapy context. In the quest to be spontaneous and creative as a therapist, the trainee experiences much risk and vulnerability. Bringing the true self into the task of psychotherapy is a difficult and ongoing process. The psychotherapist caretaker self arises out of the need for security of the true self which on its own cannot deal with the impingements of learning psychotherapy and being a psychotherapist. The psychotherapist caretaker self protects the true self by taking it out of its vulnerable position of dealing with patients, being supervised or being self-scrutinized. These findings support Gottsegen and Gottsegen's (1979) notion that the theoretical orientation when used in an over-rigid manner becomes a "professional identity defense." And just as they have described the danger of the loss of contact with the patient and the self which can result from an over-adherence to a protective theory, the trainees interviewed for this study indicated that sometimes their psychotherapist caretaker selves interfered with their being able to really know their patients.

Although it is dangerous for the true self to be intruded upon in the realm of psychotherapy, it is also the case that the true self is the source of some of the most important psychotherapeutic work. It is the source of

therapeutic "playing". It is thus the task of psychotherapy trainees to find ways to have access to their true self aspects (at various moments in doing therapy) while still feeling secure enough from intrusions or impingements onto the true self. This thesis has consisted of descriptions of this process by 15 trainees who were struggling to find a balance of security and creativity in their psychotherapeutic roles.

It must be acknowledged that the concept of the true self can be an elusive one. It is hard to define it clearly in spite of the facility with which it is intuitively grasped. On reading the excerpts which have been provided in this thesis, questions can be raised of whether or not examples chosen as representing the true self or the psychotherapist caretaker self are actually members of those categories. Such questions must remain unanswered. In the course of reading through the interview transcripts I found repeatedly that examples could be seen to be representative of both true self and caretaker self phenomena. Taxonomic categorization is not seen as the goal of the present theoretical conceptualization. Rather, it is presented as an aid in comprehending the process that psychotherapy trainees go through in their quests to be good psychotherapists. For supervisors this thesis is presented as an attempt to organize and clarify an essential developmental process that trainee seem to encounter routinely. It is hoped that knowledge of the experiences reported here will aid in providing supervision that will more closely meet supervisees' needs. For persons who are entering or in the midst of their own psychotherapeutic training, this thesis is presented as an attempt to present in a recognizable way some of the fundamental details of their experience. It is hoped that

through recognition of correspondence of the reflections presented by the interviewees with their own experience, current psychotherapy trainees will not be as alone in their confrontation with these issues.

Some conclusions can be drawn with regard to recommendations for the training process. The accounts of the trainees speak to the importance of a strong supervisory "hold". This is preferable to a "sink or swim" orientation involving thrusting trainees into their psychotherapeutic roles with little support. Trainees have shown that they will usually be able to "swim" if faced with the challenge but they will most likely have to employ all sorts of inhibiting, counter-therapeutic protections in order to assure that they will stay afloat. The psychotherapist caretaker self will be as powerful and as obscuring of the true self as it needs to be in order to ensure protection of the true self.

On the other hand, over-protectiveness in supervision or protectiveness which is not geared toward the particular person in training are equally problematic. If supervision fails to meet the trainee on his or her own unique terms and to provide enough but not too much protection then the supervision itself can become an impingement which will require the response of the trainee's psychotherapist caretaker self. Trainees reported repeatedly that the most helpful supervisions were the ones in which the supervisor seemed to know and respect the trainee as a therapist and as a person.

Ultimately, the message for trainees and supervisors alike has to do with balance. Just as a balance of the supervisory hold is desirable, a balance in degree of true self and psychotherapist caretaker self is the goal

of the training process. Trainees must struggle to find a balanced way of being so that their own security is ensured while their access to spontaneity remains intact. Finding this balance is seen to be a task which is never completed but constantly striven for.

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APPENDIX

Dear

I am currently working on my master's thesis research and am writing to you to see if I can enlist your help. I am interested in studying the development of the psychotherapist's identity. By the psychotherapist's identity I mean something along the lines of: how psychotherapists begin to think of themselves as such, the kinds of experiences which contribute to feeling like a psychotherapist, and how being a psychotherapist may enhance or interfere with just being a person.

Part of the reason that my description of what I am interested in studying may seem vague or too general is that I am hoping that you, my fellow student, can help me to define what the term "psychotherapist's identity" should mean. Many people have written about the psychotherapist's identity but they have never given therapists-in-training a chance to specify what the most salient aspects of this might be. I do not have, nor am I looking for, any sort of heirarchy of identity. Good and bad are not important to me; I am just interested in finding out what <u>is</u>.

I am inviting you to participate in an interview with me in which we try to figure out what the psychotherapist's identity is and where it comes from. We can schedule the interview, which should last about two hours, at your convenience.

I will be contacting you in the near future in order to discuss your participation. If you find yourself put off by my request or wondering about any aspect of the study, please let me know.

Thank you for your consideration,

Anton Hart

Psychotherapist Identity Interview

Introduction

I am studying the development of identity of psychotherapists in training. I have found that in my own experience of becoming a therapist my feelings about myself have gone through various changes. The learning process has been intensive, exciting and at times threatening to my understanding of who I am and what my capabilities are. Yet, overall I feel that in the process my understanding of myself as a therapist and as a person has expanded.

In this interview I want to explore the process of identity development with you. It is my hope that through reflection on your experience you can help me to formulate more clearly what is involved in the process of becoming a psychotherapist. One of my interests is to eventually make recommendations which could help to improve people's training experience by clarifying just what the experience is like.

I would like for you and I to work together to increase our understanding of how we come to think of ourselves as psychotherapists and what that thinking of ourselves as psychotherapists entails.

Now, the questions which I will be asking you may seem very general. The intention behind this is to give you room to respond in your own way—for you to define which aspects of the questions are most important to you. So, while the questions may be general, feel free to draw on your own specific experiences which come to mind. It's perfectly alright to give your associations to the question instead of giving a completely well thought-out answer.

Are there any questions that you have at this point? Okay, let's begin.

1) I would like to get a picture of how being a psychotherapist fits into the way you forsee your activities as a psychologist. Looking ahead to your career plans, where does doing psychotherapy fit in terms of priorities?

Have you noticed any changes in your feelings about this since you entered training?

2) I would like to get some notion of which level of learning psychotherapy you consider yourself to be on. Considering what you have achieved and what you hope to achieve as a psychotherapist, can you comment subjectively on where you are now in terms of learning psychotherapy?

3) What are the experiences which have contributed to your sense of identity as a psychotherapist?

How did you feel about yourself before, during and after those experiences?

Describe the impact of the experiences on how you came to see yourself as a psychotherapist.

Have there been any changes in the types of experiences which you see as contributory to your identity as a psychotherapist?

4) What is the relationship between your feelings about yourself as a person and your feelings about yourself as a psychotherapist?

Have there been any parts of yourself which seem to have conflicted with who you are as a psychotherapist?

How have you dealt with such conflicts?

Has there been any impact of such conflicts on how you work with clients?

Have you noticed any changes in these issues over time?

5) Some have said that being a psychotherapist is a 24 hour-a-day occupation. Others have said that it is important for psychotherapists to leave their work in the office when they go home for the day. With regard to yourself, what has your experience been?

What are some of the benefits and liabilities that have emerged for you as a result of your perspective?

Have you noticed any changes in your perspective during the course of your training?

6) Has being a psychotherapist influenced how you interact with other people?

What effects have you been aware of?

Has it restricted or facilitated any of your interactions?

Have you noticed any changes in this regard?

7) Has being a psychotherapist influenced any of the important choices you have had to make?

In what ways?

Have you noticed any changes in this over time?

8) Some have proposed that "experiencing your own feelings" or "being yourself" when conducting psychotherapy is beneficial, while others have argued that it is important to "keep one's personal feelings in check" and to remain more of a "neutral figure". When you are doing therapy are you completely yourself or are there some ways in which you feel you must feel and act differently?

Can you describe how you remain yourself or the differences which emerge?

What are your feelings about the differences between your personal self and your therapist self?

Have there been any changes in this since you first started doing therapy?

9) Are there any particular people who you feel have had an influence on your entering the field of psychotherapy or your development as a psychotherapist?

Are there any groups of people or institutions which have had such effects?

What effects have you noted?

Which have been more important in your development as a psychotherapist: personal relationships such as those with friends, companions and parents or professional relationships such as those with colleagues, supervisors or your personal therapist?

10) When we enter into psychotherapeutic work we have different sorts of expectations in terms of positive or not-so-positive results. Can you comment on what your expectations are of the work that you do with clients?

What do you tend to base your expectations on?

Have you noticed any changes in your expectations since you began doing psychotherapy?

11) Have you felt as if you have been helpful to any of your clients thus far in your training?

In general terms, how were you helpful?

To what do you attribute your helpfulness?

Have you noticed any changes in your conception of what it is to be helpful?

12) Are there any thoughts that have come to mind during our discussion which we have not touched on?

Supplementary Prompts for Selected questions on the Psychotherapist Identity Interview

3) Some have described their childhoods as contributing, some have described specific adult experiences outside of doing therapy. Others have described training experiences, readings or personal thought as making them feel more like psychotherapists. Can you think of the things which have been most important for you?

4) I have sometimes felt that being a psychotherapist is a way in which I can do the things that are naturally a part of my personality any way. Other times I have felt that being a psychotherapist has demanded that I feel differently about myself than when I am not doing therapy.

6) Has the way you are in social or personal situations changed as a result of being a therapist?

7) These choices might be more trivial things such as decisions on the way you dress or they could be more important choices about career aspirations or relationship committments.

8) I am trying to get a picture of how you fit <u>you</u> as a person into the psychotherapy that you do. How much of you is involved? Is it a struggle to decide how much you can include yourself or do things seem to fall into place?

10) I'm trying to get a picture of how you feel when you begin a therapy: Confident? Apprehensive? Neutral?

11) I'm trying to get a picture of how satisfied you feel about the work that you have done. I am not interested in the "success" of your work, just in how you feel about it.