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ABSTRACT

Becoming a psychotherapist involves more than acquiring skills and knowledge. It involves a change in the way the psychotherapist trainee sees himself. Proponents of most psychotherapeutic modalities acknowledge that a clinician's fundamental clinical tool is his self. The therapist's self is involved in the spontaneous process of psychotherapeutic interaction and in the psychoanalytic concept of empathy. Trainees in psychotherapy must bring together their personal identity and the role of psychotherapist and must resolve the struggle between personal self and therapist self by splitting or by integration. When conceptualizing the development of the psychotherapist's identity, six aspects of that identity may be considered: (1) the unique interaction between the psychotherapist's personal identity and the professional role; (2) the feeling of being a psychotherapist as opposed to the feeling of playing the role of psychotherapist; (3) being or feeling like a therapist in one's day-to-day life; (4) identification with a particular psychotherapeutic figure, theoretical model, or institution; (5) the level of integration of personal identity and the professional role; and (6) the expectations that the psychotherapist has of his work. A better understanding of the identity transformation of psychotherapist trainees will facilitate both the teaching and the learning of psychotherapy.
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Becoming a Psychotherapist:
Issues of Identity Transformation

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A paper presented as part of a symposium entitled, "Issues in the Training and Development of Psychotherapists," at the annual meeting of the Eastern Psychological Association, Boston, March, 1985.

Becoming a Psychotherapist:

Issues of Identity Transformation

Becoming a psychotherapist involves more than acquisition of skills and knowledge. It involves transition in the way a person learning to be a psychotherapist sees him or herself. In this presentation I would like to do two things: first, to show how a notion of the development of a therapist's identity should be central in our conceptualization of what is involved in the process of becoming a psychotherapist and, second, to present six aspects of the concept of the psychotherapist's identity which, when applied to the context of therapists' training or research, can help to organize our observations.

Who a psychotherapist is as a person is intimately related to who she or he is as a therapist. Proponents of most psychotherapeutic modalities acknowledge that a clinician's fundamental clinical tool is his or her self. Not only must therapists enact their knowledge in their own ways, they also must use themselves to understand their patients and to find ways of intervening on their behalf. There is no script for what happens in therapy. Theoretical understanding can guide the therapist but it cannot create the spontaneous process of psychotherapeutic interaction; that comes from the therapist and the patient as people.

Another example of the importance of the therapist's self is contained in the psychoanalytic concept of empathy.

In order to be empathetic—which is at the core of doing therapy—the therapist must identify with the patient on some level. The empathetic therapist finds the patient in parts of him or herself.

Thus, in order to do psychotherapy one cannot simply act as a psychotherapist. One must become a psychotherapist and bring the self into the therapeutic work. This transformation into being a therapist involving bringing the self into the work, is an essential feature of the development of the concept of the psychotherapist's identity.

Given that the self is so intimately involved, the trainee has the task of bringing together his or her personal identity and the role of psychotherapist. Ideally, as the trainee develops, psychotherapy moves from being seen as "what I do" towards being perceived as "who I am". In this process, who the trainee is as a person is profoundly effected. There is often a struggle between personal self and therapist self which may be resolved by splitting or, preferably, by integration.

Now I would like to elaborate on the concept of the psychotherapist's identity by describing six aspects of this identity which I have derived from themes in the literature, from personal experience, and from interviews with psychotherapy trainees.

The first aspect of the psychotherapist's identity refers to the unique interaction between the psychotherapist's personal identity and the professional role. Psychotherapists take up the teachings of the field—the theoretical orientations and clinical techniques—in their own unique ways and express them with personal style. The teachings influence who the psychotherapists become as people in that they inform their thoughts and actions. The psychotherapists themselves play a role in shaping what meaning the theories will have for them and how the techniques will be enacted.

Integration of the personal identity and the professional role is seen here as a continuous process of development rather than as a single terminable task. Even in theoretical modalities which are highly specific and exhaustive, psychotherapists must find their own way to experience traditional theoretical insights anew and enact psychotherapeutic techniques so that they are an extension of the self rather than mere imitation.

This aspect of the definition of the psychotherapist's identity implies a notion of interaction between the person and the profession and a uniqueness of that interaction.

The second aspect of the therapist's identity refers to the feeling of being a psychotherapist as opposed to the feeling of playing the role of a psychotherapist. This can

be on a conscious level in the form of feeling natural or authentic when doing therapy or being able to confidently present oneself to others as a psychotherapist. Or it can be on an unconscious level in the form of an air of confidence rather than falseness about one's work as a therapist or the approaching of life from a psychologically-minded perspective both in therapy and out.

At later stages of psychotherapists' development this aspect of their identity may involve a transformation from psychotherapy as "what I do" to psychotherapist as "who I am". Again, I want to emphasize the developmental nature of this aspect of identity. What it means to "be a therapist" can change over time for the individual. Thus, whether or not the individual feels as if she or he is playing a role or not can also change over time.

Some therapists feel as if they are playing a role in therapy to the extent that there is a split between how they act in therapy and how they act outside of it. Other therapists base their feeling of authenticity as therapists on how successful their work is with patients.

A third notion of the psychotherapist's identity involves being or feeling like a therapist in one's day-to-day life. This refers to a continuity of feelings, conscious and unconscious, of being a psychotherapist (that is, one

who helps others through interpersonal contact, one who sees beneath the surface of thoughts and actions of the self and others, one who is responsible for others) at all times—not just when doing therapy. This carries with it both positive and negative connotations. It can be represented by stereotypical rigidity, lack of spontaneity or an analytic pseudo-objectivity in settings where this is oppressive. It can hinder creativity, make others uncomfortable or intimidated, and make the psychotherapist him or herself feel locked in to a stilted and draining way of seeing the world. In a more positive sense it can make others feel more at ease, provide far more intense, facilitative relationships with others and provide for a richer experience of life.

The way that the psychotherapist's identity is integrated into his or her life seems important in dictating the types of problems or benefits that arise. Some may find it easier than others to act differently when outside the context of therapy from the ways they act as therapists, while still feeling natural about themselves. Different types of psychotherapeutic identities may involve differing degrees of flexibility in terms of how the therapist is able to think and act both in and out of psychotherapy sessions. Feeling like a therapist all of the time seems

to represent an increased intensity of the adoption of a psychotherapeutic identity.

A fourth aspect of the psychotherapists identity consists of identification with a particular psychotherapeutic figure, theoretical model or institution. This can involve taking on a persona, beliefs or feelings of that figure, model or institution on conscious or unconscious levels. Psychotherapists become in part, as do all persons, the people that they have known (e.g., supervisors, famous theorists, teachers, training analysts, parents), the theoretical models that they have been exposed to (e.g., psychodynamic, humanistic, behavioral) or the institutions with which they have been affiliated (e.g., graduate training program, psychotherapy clinic, psychoanalytic institute). Often these are overlapping.

Such identifications can be seen as analogous to parental identification of early childhood but occurring later in life and not playing as pervasive a role in defining completely who the person will be, since the personal identity is largely formed by that time. The ways in which the parental identifications have occurred in the past may be said to dictate the ways in which the future identifications will emerge. For example, if as a child a person's identification with his parents took the form of a complete and rigid

adoption of the beliefs and behaviors of the parents, we might expect that person as a therapist to take on a theoretical model and therapeutic technique in a similarly complete and rigid manner. Conversely, if a person's identifications with her parents took the form of selective integration of various aspects of the parents with parts of herself, we could expect that her theoretical orientation and therapeutic work would be equally integrated and individually creative. This aspect of the psychotherapist's identity is important for considerations of training experiences in which trainees develop such identifications with those whom they come in contact with.

The fifth aspect of the therapist's identity is the level of integration of personal identity and the professional role. This aspect suggests the continuous process of psychotherapists' learning to be themselves and learning to be psychotherapists and of finding satisfactory coexistence (or, perhaps, unity) between their personal selves and their selves as therapists. This involves the moving towards being able to bring the personal self into the psychotherapeutic setting. It also implies that the therapist self does not compromise the therapist's personhood. Ideally, outside of the therapy context the therapist becomes more able to act in the full range of normal expressions

including anger, sexuality, childishness and humor as the therapeutic identity becomes more secure. I must stress that this increasing integration of the personal self and the therapist self need not imply a rigidification outside of therapy or a casualness in the therapy context. Rather, it implies a notion of each self informing and, hopefully, enriching the other.

A sixth and final aspect of the psychotherapist's identity to which I want to refer is the expectations that the psychotherapist has of his or her work. Psychotherapists have expectations on conscious and unconscious levels of having certain types of effects on either all patients or particular subgroups of patients. The scope of such self-expectations can be highly variable. A general case would be that of psychotherapists who have a basic confidence in their work. Similarly, some psychotherapists might have serious reservations about whether or not they can do much good for anyone. Such doubts can be focussed on the entire enterprise of psychotherapy or solely on the particular individual's feelings of competence. ~~More~~ More specific types of self-expectation can take the form of confidence or apprehensions about certain types of clients (e.g., therapists who claim, "I work better with women," or "Acting-out adolescents are my specialty," or "Depressed patients are the hardest to empathize with.").

A therapist can have a readily specifiable rationale - defensive or facilitative - for self-expectation or it can take the form of a less articulated feeling that the therapist has about the work.

I want to point out that these aspects of a definition are intended as a starting point for conceptualizing the development of the psychotherapist's identity. They are by no means mutually exclusive and perhaps they are not equally salient to the experience of the trainee.

To conclude, becoming a psychotherapist involves a process of identity transformation in which trainees bring together who they are as people with the role of psychotherapist. The more complete our understanding of this developmental process can be, the better position we will be in to facilitate the teaching and learning of psychotherapy.