2010

The therapist in the room : towards an understanding of the therapist's personhood in therapeutic practice : a project based upon an independent investigation

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ABSTRACT

This theoretical study explores the phenomenon of the therapist's personhood during consultation in relation to her professional demeanor, role, and responsibilities. This study examines the idea and treatment of this personhood through psychodynamic and relational perspectives. By comparing and contrasting the different models of the therapist via these two theories, the study is grounded in the history and evolution of ideas about the therapist, and elucidates how these ideas have changed over time. The study also explores the importance of broadening discussion and study of the therapist's personhood for trainees and beginning practitioners, and concludes with recommendations for increased attention to this complex issue from mental health professions.

THE THERAPIST IN THE ROOM: TOWARD AN UNDERSTANDING OF THE

THERAPIST'S PERSONHOOD IN THERAPEUTIC PRACTICE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2010

ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION TO THE PHENOMENON

There are cases where the job possesses the [person].
Terkel, 1972, p. xviii

The therapist is a person, too. She is the primary tool of her work, using herself to

mirror, reflect, understand, and relate to clients. This professional duty requires a well of

personal resources that often remain hidden from the view of clients, and under-examined

by practitioners of the field. Yet, arguably, no other profession takes as seriously the

divide between the personal and the professional. Who is the therapist? To some extent,

the therapeutic relationship is one that hinges on many aspects of the therapist's identity

being hidden – while at the same time, these unknown or lesser visible parts are still very

much present and at work. In their exploration of the neurological functions of the right

brain systems and relational dynamics between therapist and client, Schore & Schore

(2008) observe that the facial expressions, tone and volume of voice, and eye contact

"convey 'the personality of the therapist' more so than conscious verbalizations" (p. 13).

Even if it were considered desirable or achievable to have it not be so, it nonetheless

appears that what is "private" or personal about the therapist inevitably seeps into the

role.

Ostensibly, the professional and ethical boundaries that exist in the practice of

therapy do so not only to protect the client, but the therapist, as well. Yet how is the role

of the therapist perceived within mental health professions, and understood by therapists

themselves? How do the personalities and personhoods of therapists impact their

professional capacities? This research examines ideas regarding these questions, as well

as formulations of the professional role of the therapist according to certain theoretical

approaches, and how such formulations are executed in practice and in *presence*. Finally,

this research reflects on how these questions and ideas pertain to the ongoing growth of

the social work and mental health fields more broadly.

Every profession entails certain boundaries between the practitioner at work and

the practitioner elsewhere in her life. Reasonably, such boundaries exist to protect

against the tolls and complications one's work can exact in other areas of life. Yet the

practice of therapy is distinct from other professions in that its work is so innately bound

up with the therapist's personhood that it might be nearly impossible to distinguish

between these personal and professional aspects/identities. In other words, the identity

and qualities *of* the therapist are central to her work *as* a therapist. Cozolino (2006)

captures this phenomenon in these words: "Far from detaching ourselves from felt

experience, as is routinely accepted as the operative mode of science, our work *requires*

the inclusion of our experience" (p. 19). Yet this requirement is not frequently

acknowledged or addressed in the field of social work. This research is theoretical in

nature, and attempts to ask questions about the phenomenon of the person of the

therapist, and how this personhood is brought into and utilized for a professional role.

Terms

There are several terms throughout this paper that required some deliberation in

their choice and usage. Therapist, self, and personhood are three terms that are used

frequently to describe ideas about role and identity as related to the practitioners and practice of mental health professions. 'Therapist' was chosen from among myriad terms available to describe the mental health practitioners, including psychotherapist, psychoanalyst, social worker, clinician, analyst, physician, counselor, psychiatrist or psychologist. Many of those terms are attached to certain theoretical implications, or are appropriate only to describe a level of training or degree. By contrast, 'therapist' seems to be one of the easiest terms for general usage. It is intended to describe and encompass any practitioner of a mental health profession, and of any theoretical orientation therein.

'Self' was a term employed at times throughout the paper, yet one generally avoided due to the range of its theoretical application. It is a term central to one's training as a therapist, attached as it is to complex ideas and related works about human development and individuals in relation to one another. It is also a term at the heart of the psychoanalytic tradition and the models that followed; it remains a word that continues to generate great controversy among competing theories and techniques today. Nevertheless, one can hardly discuss the therapist's existence without some mention of the self. It is a word difficult to define – a task I have no intention of undertaking, largely because I cannot. In part the challenge this word presents was circumnavigated via use of 'personhood', a term borrowed from the work of Bess & Edwards (1998), where it is therein refers to those personal factors of the therapist, or "*who you are as a person* in the room with the client (that is the accumulation of your own personality traits, personal belief systems, and psychology in the relational matrix with the client)" (p. 89). This terminology was found most suitable for the purposes of this research.

The Phenomenon in Literature

Perhaps the most commonly alluded to factor in the question of the therapist's personhood is that of her theoretical orientation. Researchers and practitioners regularly approach the idea of the therapist's personhood via her choice of orientation, and frame subsequent discussions in terms of the effect of the her personal valuations and vulnerabilities upon practice. Barron (1978) succinctly captured this formulation when he wrote, "For the psychotherapist, his methods and techniques are inseparable from his qualities and attributes as a person" (p. 310). Barron's point raises one of the most important encountered in this research – the idea of inseparability of the therapist's role and personhood. In the late 70s – a notable date for its proximity to the birth of relational psychoanalysis by Mitchell (1983; 1988) and Greenberg (1983) – a series of studies examined the relationship between the theory and personality of the therapist. In the winter of 1978 The Division of Psychotherapy published an issue dealing specifically with this question, culling approximately twenty articles from various practitioners in response to the topic. The guest editor of the issue opened with the following assessment of the need for discussion on the topic: "Without an understanding of theory we cannot practice knowledgeably. And without an understanding of personality we cannot understand the source and development of theory" (Barron, 1978, p.307). Such a comment underscores a wider preoccupation in literature addressing the therapist's personhood with the utilization of that personhood for professional means. Looking to these ends moves somewhat briskly beyond what can be and is known about the therapist in the therapeutic setting, and focuses instead on how such knowledge might be used for

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the therapeutic process. Simultaneously, such coverage of the topic allows observation of the trajectory of emerging curiosity and awareness of the therapist beyond her role.

Some dominant themes emerged from earlier studies conducted on the relationship between the personality and orientation of the therapist, the topic in and of itself representing a frequent iteration of how curiosity about the therapist was approached. Steiner (1978) examined common factors contributing to the selection of theoretical orientation – a selection that is notably a very personal choice – by surveying 50 licensed psychotherapists for their responses to questions about choice of modality. Responses demonstrated an awareness of the "emotional and personal variables" (p.371) that affected choice, as well as ideas about orientation being consonant with one's life experience and with the "personality, attitudes, and values in the therapist" (p. 371). While these findings neatly encapsulate certain commonly held ideas about how therapists choose to practice, they do little to shed light on the question of the therapist beyond her role. Interestingly, Steiner cited looming concerns and interest in the idea of national health care reform as a reason for the study, claiming that differences among modality choice could and would impact treatment and outcomes, which would in turn impact debate among reform planners. It is provocative to consider this context in which the study took place, and to think about whether any concerns about examining the therapist's personhood in its own right may have existed.

Walton (1978) conducted a similar empirical study but took one step closer to the person of the therapist by examining which personality or "self concept" (p. 375) variables factor into choice of theoretical orientation. Respondents to the questionnaire

self-identified as belonging to one of the following modalities: behavioral, rational-emotive, psychodynamic, humanistic, or eclectic. From their responses, eight self concept factors were extracted and identified as contributing to choice of orientation: intuition, calmness, seriousness, initial reaction to strangers, relating to friends, outgoing receptivity, rationality, and complexity. Some examples of Walton's analysis cite correlations with seriousness and complexity among psychodynamic practitioners, or rationality – obviously enough, perhaps – with rational-emotive practitioners (yet in a corresponding study, Chwast (1978) concluded that correlations between orientation and personality are not at all obvious). While Walton's work is of interest for its attempt to identify personality variables in therapists that correlate to theoretical orientation, it leaves many questions unanswered about the range and complexity of the therapist as she experiences herself and exists in relation to the client. Parallels herein can be made to Kottler's (1986) description of the therapist as later noted in this paper; it is one thing to ascribe certain notions to who the therapist is, but does not satisfy curiosity about *how* who she is functions in the room.

Perhaps subsequently piqued by these preceding findings, Farber (1983) studied the question from a new angle by examining the effects of the therapist's role on her personhood. In this way, his work addressed the fundamental interface and reciprocity between the therapist's personal and professional selves. Study participants attributed in particular an increased sense of reflection and self-reliance in their personal lives to the influence of their professional experiences. When posed the question of why research about the therapist as a person was lacking, participants conceptualized that three factors

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were at play: defensive attitudes on the part of study subjects and in the field at large, a client-driven focus that seemed to render investigation of the therapist irrelevant or perhaps inappropriate, and the broad and unwieldy nature of the concept of the therapist's self, both difficult to measure and articulate. Farber's study of these sentiments held by practitioners nearly 30 years ago still prove relevant today. Among the number of modalities at a practitioner's disposal, few offer what appears to be unafraid interest in the being of the therapist without hastening to attach this meaning to the therapeutic process and relationship. And on some level, of course, that is the nature of the work for the therapist; otherwise, she is the client. Yet it is possible to conceive of her existence, even to ponder its mass and dimension in the room, without succumbing to some oversight of or blindness to the work at hand.

Relational-cultural theorists Miller et al. (2004) write of the therapist's authenticity, which they conceive of, in part, as the therapist staying with the client's feelings as well as her own in the moment. This description provokes some intriguing considerations: How does one "stay with" her feelings? Which feelings? What is "the moment"? The authors relate that the therapist has a duty to participate in the session, and while they don't explain precisely how this is done, they do describe some of the effects. Effective participation or authenticity will "move" (p. 65) the therapist, and she will "feel with the patient's expression of her/his experience" (p.65). In turn, the client senses that the therapist is doing so, and then both will experience a larger shift or progression taking place in the work that is a reflection of the mutuality and connection

of these participants. These ideas offer a unique interpretation of the phenomenon of the

therapist's personhood that veer rather sharply from others.

Rather than subject the therapist's personhood to an examination of personality

and characteristics, the authors convey that it exists and manifests in the therapeutic

relationship and process as *action*. Miller et al regard what is personal to and about the

therapist as revealed in how she sits with and relates to her clients. Furthermore, the

authors assert that this personhood is a critical element to successful treatment. Each

therapist's innate responsiveness to her clients is "the real work of therapy…[d]epriving

clients of this information impoverishes the therapeutic work" (Miller et al, 2004, p. 68).

The authors go on to discuss the therapist's self as existing within the context of

mutuality with the client; they articulate a distinction between this model of the self and

that of a "separate-self paradigm" (p. 70) in which the selves of the therapist and client

are conceived as separated and independent of one another under the pretext of safety or

boundaries. In Miller et al's conception, the self or personhood of the therapist is

intimately bound up with that of her client and the work they do together. The specifics

of the therapist's personhood is less important than the simple fact of it, and whether she

– in all her multi-dimensional glory – can engage and connect with her clients.

Crastnopol (1999) offers somewhat unusual insight into the phenomenon with her

exploration of what happens when the therapist writes about a client (with the client's

knowledge). She posits that such subjectivity constitutes a "third dimension" (p. 445) or

presence in the relationship between the therapist and client; one that draws marked

attention to the reality of the therapist as experiencing external forces and perspectives in

her work with clients. By acknowledging to the client that she is a subject of interest and even a learning tool, the myth of the therapist as having nothing and no one outside of her relationship with the client is challenged. Crastnopol's idea is highly relevant to this research for her observation of "certain useful fictions" (p. 445) employed by therapists and clients alike about the intimate nature of their relationship. When therapists write about their clients, the privacy and even specialness of the relationship is revealed to take place in a much larger context, and the idea that the therapist might exist only for the client – having no other needs, obligations, or desires – is shown to be false. Encountering aspects of the therapist's broader identity and the extraclinical realities of her existence can profoundly impact the client's ideas about the therapist, as well as impact the therapeutic relationship. Crastnopol's point is well taken in this investigation of how the personhood of the therapist is more generally regarded, understood, and applied. Whether or not therapists write about their clients, there is certainly a multitude of other ways in which her identity beyond her role can be directly or indirectly pointed out or alluded to. When we examine the phenomenon of the therapist's personhood, Crastnopol's ideas about the utilization and perpetuation of certain fictions serve as a useful reminder about why such analysis represents a challenge to the field.

Few other issues related to the personhood of the therapist are regarded with the same amount of care as that of self-disclosure – distinct from "*self-involving statements*…comments made by the counselor regarding the counseling process (Edwards & Murdock, 1994, p. 384). Among practitioners of all theoretical orientations, debates about the timing, appropriateness, usefulness, and desirability of self-disclosing

abound. Cornell (2007) writes trenchantly of self-disclosure as merely one manifestation

of the therapist as a person, conveying that the bulk of ways in which such personhood

manifests are actually silent or invisible, or unquantifiable. Akin to the ideas espoused by

Miller et al (2004), Cornell suggests that the person of the therapist is revealed through

some act, and in how she sits with the upwelling of her own vulnerabilities and

experiences while with clients. Far from unwelcome or debatable, the therapist's

personhood is an unbidden and indisputable fact. Cornell reviews traditional modalities

in which the therapist's self is acknowledged and made useful primarily as a lens through

which deepened understanding of the client is possible before turning to relational models

that seek understanding of the therapist in her own right for increased depth in the dyadic

relationship.

Yet the conundrum persists of some distinction made between the therapist and

her personhood. Her personality, history, vulnerabilities, biases, reactions,

responsibilities, concerns, and ethics are unified in the singular presentation as the

therapist. While it seems that each of these aspects of her identity are naturally,

unavoidably in play during consultation, the tendency of the mindset and literature of the

field is toward worry about their formula and calibration. In other words, there exists a

desire to know more precisely the correct dosage of all these factors, thus framing the

problem as a series of parts in need of careful distribution rather than an integrated, self-

maintaining whole. Jasnow, in his 1978 article "Psychotherapist: Artist and/or

Scientist?" terms this issue in the following way:

> The "art-science" dyad now approaches the level of such notorious dyadic
> troublemakers as "body-mind," "nature-nurture," "freewill-determinism,"

bugaboos which have bedeviled philosophers through the centuries. These represent polarized, antithetical concepts. Internalized polarizations are not easily digested. Within psychotherapists as within others, they tend to produce tension and uneasiness. (p. 319)

Jasnow extends his discussion to the idea that creativity is a hallmark of all humans, and that finite delineations among the extent to which a therapist is artist and/or scientist are not useful. Such delineations, he argues, produce statically untenable positions that thereby limit the flow and form at once inherent and necessary for the work. The consequences for single-minded frames of the therapist's job and abilities repercuss within the therapeutic relationship; all such parameters will be experienced within the dyad. Jasnow's article places the phenomenon of the therapist's personhood, and its professional use, in the context of cultural and historical phenomena that demonstrate the struggle to define and differentiate among attitudes and norms that shape understanding of who the therapist is, what she does, and how she does it. Of the relationship between the therapist's personhood and her role as a therapist, Jasnow concludes:

The creation of a psychotherapist is a reciprocal interactional process between the individual and the milieu which he selects and which selects him. Having selected and been selected, we all experience the pressure to conform to the model and expectations placed upon us by the authorities…we emerge and proceed to reintegrate ourselves in the individual style which becomes us most. (p. 322)

The trajectory of the field's regard for and understanding of the therapist's personhood shows an increasing awareness, curiosity, sensitivity, and acceptance. Cheon & Murphy (2007) propose that prior to the advent of several postmodern therapeutic modalities, observance of the therapist's self was somewhat ritualistic, meaning that it was primarily a part of the performance of the therapist's role. It was an aspect (or

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aspects) of the therapist mined for its use in the therapeutic process, foremost for achieving greater understanding of the client. Cheon & Murphy (2007) assert:

> …working on the self-of-the-therapist is seen as a way of training therapists to be neutral with clients…[t]herapists are asked put on an 'expert' mask and not attend to their own voices (p. 3).

By contrast, postmodern theorists and practitioners of such approaches as the feminist, narrative, or relational models attempt a different understanding of the therapist that allows for conceptualizing her beyond her usefulness to the therapeutic relationship and process. Instead, acknowledgement of the therapist's self occurs the moment she enters into the system of the dyad; therein, she is an equal and unavoidable part of the relationship, having as much weight and influence as the other person.

Conclusion

Above I have reviewed again the question of the therapist's personhood, restating it in terms of a personal, perhaps intuitive understanding. I then examined existing theoretical and empirical literature on the phenomenon. Along the way I asserted a position for the legitimacy of the therapist's personhood without the constraint of any immediate application to the treatment and greater understanding of the client. I argue instead for the soundness of the idea that a person constitutes the therapist, and that this personhood is not in conflict with the professional role and responsibilities, but rather is someone who is an integral, inextricable part of it.

The next chapter examines the phenomenon from the framework of traditional psychoanalytic theory, focusing specifically on the works and theories of Freud and Erikson.

CHAPTER II

A PSYCHODYNAMIC READING OF THE THERAPIST

This first chapter on theory regarding the phenomenon of the therapist's self

necessitates a review of the roots of psychoanalytic practice, and so we will begin with

Freud: his historical context, and how his principal theoretical contributions carried far-

reaching implications for the evolution of the therapist. The second section of the chapter

will deal with the work of Erik Erikson, whose ideas built upon Freud's while subtly

altering the direction and focus of that approach. The third section of this chapter will

discuss the ways in which the work and ideas of these two major figures impacted

understanding of the role and personhood of the therapist.

Freud

Freud's work is so central to psychoanalysis as to be considered synonymous: the

theories and practices of therapy today have either hinged, built upon, or reacted against

many Freudian concepts, and no matter the practitioner's relationship to these concepts,

they remain undeniably and profoundly influential of the work. One of Freud's primary

concerns was conceptualizing the systems with which to understand human development

and motivation, and from this emerged drive theory, one of the major psychoanalytic

models. The drive model, with its tale of biological imperatives in conflict with

oppressive external forces, perhaps best provides a kind of allegory with which to

understand what early representations of the therapist/client relationship looked like. The

drive model posits development as a seductive, volatile, patricidal contest of wills, rather

than transactional in nature, as we see in relational theory. And rather than mutually safe, secure relationships as the primary motivation of human beings (again, relational theory), drive theory views the human as an innately greedy creature (the id), anticipating rivalry and encountering conflict in the quest for satisfaction of its hedonistic aims.

We can freely imagine how Freud's vantage point spurred his thinking on drive model, its implications for how he practiced, and how such practice led to a wider-spread conception of the therapeutic relationship and of the therapist in particular. For example:

> Movies and cartoons offer images of a patient lying on a couch, speaking endlessly into a vacuum, while a silent, colorless, older gentleman with a beard takes notes. (Mitchell & Black, 1995, xv)

This quintessential image speaks volumes about the impression Freud made on the multitudes who practiced, received, or simply heard about psychoanalysis. Inscrutable, passive, one-dimensional, the therapist sits quietly and transcribes while the client speaks; their interaction is largely limited to this scenario, punctuated by the therapist's interpretations. The mutual influence and negotiation of the therapist and client as depicted the relational theory and style are nowhere to be found, as is missing the idea that the therapist is more dynamic, complex, and himself a person in the room.

Freud possessed somewhat of a blank canvass on which to spread the first paint of psychoanalysis, and it is widely regarded that he did so under the influence of other pioneering scientists Darwin and Newton (Erikson, 1956; Hoare, 2005; Ritvo, 1990). Freud's challenge, among many, was one of era: he seemed to possess the burgeoning awareness that he was not treating the etiology of mental illness in a strictly biological sense, but rather that the symptoms with which he was confronted had all sorts of hitherto

unexamined origins. He began to formulate understanding that what ailed his patients was often a reflection of social ills, early traumas, unresolved conflicts, or convergences of the psychological and the social. Freud's struggle was, in a very real sense, to humanize rather than pathologize the patient – to understand the complexity and multitude of forces at work upon the human psyche – although conversely, he is commonly and strangely credited with more narrow opinion and body of work.

Much of his professional struggle was wrapped up in rendering acceptable his revolutionizing ideas to the medical field. Erikson writes of Freud's "isolation" after presenting a case of male hysteria to the Vienna Medical Society (Erikson, 1964, p. 28). Freud's fight to make his work a matter of seriousness – to have it accepted as *science* – took considerable effort that he chronicled with some passion:

> At the beginning of those times I stood more or less alone, and I very soon saw that polemics would do no good, and that complaints and appeals to worthier minds were senseless, since there were no courts before which one could plead one's cause. That being so, I took another path; I made use of applied psychoanalysis for the first time by explaining the behaviour of the crowd as an expression of the same resistance which I had to struggle against in my individual patients. (Freud, 1933, p. 188-9)

Freud did not see the end of this struggle in his day, as we have not seen the end of it in ours. Psychoanalysis continues to be stigmatized as a "soft science", spurring on derision or intolerance toward those who utilize its services, and in some debates, even influencing the direction of the field increasingly toward evidence-based practices. Psychoanalysis, and the professions that hinge on its theories and practices, such as social work, has historically fought for legitimization among the sciences and in society at large.

Yet it is perhaps the ways in which psychoanalysis diverges from the field of medicine and what it can offer to society that makes it so trenchant a field of study in its own right. Freud's work on female hysteria was groundbreaking in what it achieved by looking for psychosocial roots of the mania, rather than relying on prevailing theories of faulty and hereditary neurology, or on simple social "wisdom" about the fragility of the female mind. It is quite possible to conceive that while looking beyond these notions, Freud did not gaze as far inward at the profession he was busy pioneering. His devotion to understanding and mapping the psyche was perhaps a kind of conceptual myopia that focused the range of his thinking. We can imagine that envisioning the human psyche as a closed unit meant less attention devoted to intersubjective influences, i.e. the relationship of the self to others, even the client to the therapist, resulting in some deficient awareness about these factors.

The contexts of the era in which Freud practiced, and the considerable effort he expended in defense of his work are critical as we investigate these origins and scrutinize the practitioner who was first at bat. In his writings of dream analysis, Freud instructed the following:

> …the patient should take up a restful position and close his eyes; he must be explicitly instructed to renounce all criticism of the thought formations which he may perceive. He must also be told that the success of the psychoanalysis depends upon him noting and communicating everything that passes through his mind…(Freud, 1950, p.13)

Practitioners of vastly different theoretical orientations may find much to criticize in these dictatorial or doctrinaire techniques, but these cannot be removed from cognizance about the era in which he practiced, his training as a physician, or even pervasive notions

concerning a kind of "natural" inferiority of the mentally disturbed. These contexts

explain some amount of Freud's approach and technique. Another iteration of such

ideals can be found in Anna Freud's conceptualization of the therapist's task. Of interest

is the close alignment of her work and vision to her father's, while simultaneously

positing a discreet and somewhat anomalous reflection on the role of the therapist:

> It is the task of the analyst to bring into consciousness that which is unconscious, no matter to which psychic institution it belongs. He directs his attention equally and objectively to the unconscious elements in all three institutions…when he sets about the work of enlightenment, he takes his stand at a point equidistant from the id, the ego, and the superego. (Freud, 1936, p. 28)

Freud's commentary more formally discusses structural theory, yet provides unique

insight into the conceived task and role of the therapist. Herein we see that she envisions

the task to be one of enlightenment, accomplished via equal, neutral attention to the

emerging patterns among the interplay of the id, ego, and superego. Far preceding

relational theory and technique, Anna Freud's statement illustrates the isolated positions

of the therapist and the client in relation to one another. Her description is such that the

analyst is not interacting with the client so much as with the structure of the ego and other

systems. The idea that the analyst encounters the client as a series of drives and ego

systems is perhaps defining of the era, and of these early iterations of the therapist and his

work.

Much of the understanding of how Freud viewed himself in a more personal sense

in the role of the analyst must be inferred from his greater body of work. In addition, we

bring a postmodernist sensibility and attitude to an era that predates inclusion in the

realms of science and medicine. Freud's life can be easily plumbed – and has been – for

the rich information that renders him such a fascinating study as the "first psychoanalyst" (Erikson, 1956). Of course it is only in hindsight, and as beneficiaries of his efforts that made psychoanalysis what it is today, that we can evaluate his life and note within its ironies and parallels to his work. If we are to examine the influence Freud's work had upon the development of the therapist as a professional identity, then we cannot remove such examination from the external forces exerted upon him that shaped his approach and understanding. Interestingly, it is perhaps only with the benefit of Freud's own postulations that today we can conceive understanding the seemingly *conceptual denial* of the therapist as one that functioned as a defense – one to ostensibly cover a preoccupation with whether the endeavor of psychoanalysis was an estimable and socially valuable scientific pursuit. Such preoccupation could ostensibly limit the energy available to consider other vital dimensions and factors in the therapeutic process, such as that of the therapist himself.

Freud as both a masterful technician and somewhat of a "tinkerer" is easy to imagine as sorting through the various nuts and bolts of his findings and whistling to himself. It is of interest to wonder how his ideas affected his presence with his patients, and how he viewed his own process as he sat with them. The role of the therapist appeared to be largely unfolding in the moment, a necessary complement to the work, and somehow predating the essential *idea* of the therapist. This early iteration of the therapist seems comparable to a kind of device with which to unlock the client. Feelings the therapist has about the client, the relationship, or the process were understood as indicators of the client's stat, rather than also having to do with the therapist in a more

direct and potentially fundamental way. Freud spent time analyzing his feelings and

reactions, but he did not integrate these processes fully into the sessions – save, of course,

as the idea of countertransference, which remains one of the most important and studied

constructs in mental health fields today. Yet we understand from his writings that his

feelings about his clients and his work were fairly acute. There is some evidence as to

how Freud himself regarded the endeavor as one being quite personal in nature, though

his writings on the experience are primarily concerned with the professional wisdom of

self-analysis, and not as frequently consciousness about the self in the role of the analyst.

However, he did at one time find it notable to remark upon the following:

> In the summer of 1895 I had treated psycho-analytically a young lady who was an
> intimate friend of mine and of my family. It will be understood that such
> complicated relations may excite manifold feelings in the physician, and
> especially the psychotherapist. The personal interest of the physician is greater,
> but his authority is less. (Freud, 1950, p.17)

This is an interesting statement from several angles, since we might consider how and

why the relations Freud writes of cause such excitation, but a particularly compelling idea

therein is his equation of being known with a loss of authority. Again, in the era in which

Freud practiced, the balance of power between therapist and client was perhaps more

finite, but certainly not to any extent that renders it irrelevant to current practice and

discourse. On the contrary; balance is, in fact, an issue at the heart of this research.

Therapists are ideally unflaggingly professional, performing their ethical duties and

responsibilities to their utmost, but also individuals of great and varied complexity in

their own right; they rely on both their skills as therapists and their personal experience to

achieve a synthesis of presentation. What is the balance?

Erikson

Often considered Freud's disciple, Erikson's work is both complement and
departure from Freud's own. It is relevant to include him in an examination of classical
psychoanalytic practice because he is typically associated with it, and because his subtle
transformations serve to better highlight Freud's foundational contributions. Trained as a
psychoanalyst and practicing in the era following Freud's death, Erikson's work is not
frequently credited with proffering significant nuance or advancement beyond traditional
Freudian analysis; that credit is often reserved for the works of Klein, Fairbairn,
Winnicott, Guntrip, or else Hartmann, Mahler, and Jacobson (Greenberg and Mitchell,
1983; Mitchell and Black, 1995). Arguably, Erikson has been passed over as a
practitioner whose contributions advanced psychoanalytic theory and technique in
notable ways. Yet one of his principal contributions was to grapple with a major
metaphor of Freud's approach, that of psychoanalysis as archeology. Furthermore,
despite revisions he made to Freudian theory, his work "The First Psychoanalyst" (1957)
displays humility and understanding about the man upon whose work he based many of
his own conclusions. It leaves one to wonder whether this appreciation is at work when
writers 'defend' Erikson as distinct from Freud or when others regard him as too greatly
similar; regardless, it remains a curiosity why a field so beholden to the important
foundational concepts Freud bequeathed may be anxious to identify with them.

Freud's metaphor of psychoanalysis as archeological work, the work of digging
"downward…inward" (Hoare, p.20), appears critical to the task of understanding how
Freud conducted therapy, and how he regarded the place of his personhood in the process

of treatment. If one is faithful to it, then the idea of the therapist entails a rather definite

role, one perhaps confined to the work of research and interpretation. This ideological

prototype of the therapist as one driven to disinter the emotional-historical content of the

client has had lasting implications for therapeutic technique and practice. Yet in

Erikson's work there is a sense of the ongoing that pervaded his ideas about identity and

development:

> …man is not organized like an archeological mound, in layers; as he grows he
> makes the past part of all the future, and every environment, as he once
> experienced it, part of the present environment. (pp. 117-118)

He adhered to key Freudian concepts, particularly loyal to the biopsychological view of

human development, clearly influenced by structural and drive theory and intrigued by

the psychosexual stages, but his work emphasized the layers of external life, and far

advanced the idea that identity is continually reared by interactions between the inner and

the outer, the past and the present. Thus he tailored ideas about the psychosocial and

about the life cycle stages, and revised certain premises that had defined Freud's work.

These revisions laid the groundwork for ideas that would soon emerge about the

interconnectedness of the human and her environment, and the possibility of creating

fresh context through relatedness.

Much of Erikson's later writings exhibit a preoccupation – in part, one can guess,

because it was voraciously taken up by his critics – with the idea of the inner and outer as

both abstract and anatomical dilemma for women and men (Erikson, 1975). But whereas

Freud visualized the self as having definite structure and location, Erikson believed it less

strictly rooted, or at least as more communal in nature, venturing out to participate in and

partake of the external others who greatly impact the internal space. If Freud's placed the self on coordinates of the ego, id, and the superego, Erikson saw these as fundamentally cooperating with (as opposed to competing with) separate and distinct presences outside the individual. In Erikson's estimation, instinctual drives are vehicles to connect with the outer world and to incorporate information with the inner world – the infant, for example, lives through the others that care for her, and develops healthily depending on the relative trials and successes of "mutual regulation" between her and her caretakers (Erikson, 1975, p. 109).

In a kind of symmetry, Erikson's work evolved much in the way of his idea of life cycle stages. He had an important role in the idea of interplay between the self and the other, although he stopped short of naming it as such (later taken up in concrete terms by Klein, Winnicott, and Fairbairn). One of Erikson's most compelling ideas is encased in his latter life theorizing about the relationship between the sexes. In a 1975 response addressed to feminist critics, he writes of the "social deals" or "reciprocal bartering and bargaining, an apportioning and allocating of rights and duties" (p. 238) that men and women strike in order to cope with and even capitalize on the shifting power disparities that define, in large part, their existence. Erikson saliently describes how the sexes share a divided existence, how both are cut off from certain parts of themselves and forced into ways of being that may have little or nothing to do with the individual, and finally, how they "collude with each other in both flattering and enslaving each other and themselves" (p. 242). This particular piece of Erikson's later work has much to do with the painful processes by which both the individual and society develop and function. One can also

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easily see how such ideas allude to those of mutuality and reciprocity that would later become central tenets of relational theory. Compelling though these propositions are, they omit inclusion of the element of awareness that could otherwise make these relations more bearable and productive.

Erikson's focus on conflicts between the sexes, for example, might be viewed as generally symbolic of how he organized understanding of the individual in relation to the external world, which would include connection between the therapist and client. In such an understanding, and one based on drive theory, the therapist is the object of the client's desires and frustrations. Less realized is how the person of the therapist actively participates in the process of projection and identification, and how his or her own struggles with the interpersonal-psychic come to bear on the treatment.

Discussion and Conclusions

This chapter has sought to demonstrate that while classical Freudian theory, and even some of its revisions, has been commonly thought of as in opposition to contemporary psychoanalytic theories that posit distinct positions on the development of the individual and the relationship between the client and therapist – e.g. interpersonal, self psychology, relational or feminist theories – its differences cannot be reduced to such a simplistic understanding. An examination of theory must include recognition of the time-bound limitations in which they were born. Furthermore, it should pique the interest of students and practitioners alike that so many of the traditional concepts that birthed those that followed should be held in contrast to them without as much consideration for shared heredity. Certainly, when we compare attitudes toward the person of the therapist

in classical Freudian theory and in relational theory, there will be no small number of differences, subtle and distinct, to fill these pages. Yet they can also be appreciated for their commonalities. Such comparisons will be covered in the final chapter of this thesis.

Something similar might be said of the treatment of the works of Freud and Erikson. They offer ready comparison for the ways in which their ideas diverge as well as converge. Freud's ideas about the biological determinism of human development and identity were the platform that enabled Erikson to go a step further in proposing greater fluidity between development/identity and the social, broadening Freud's work while relying on its premises. It is important to note that Freud incorporated ideas about the impact of object relations on human development and identity. Really, his ideas about mourning and melancholia, for example, the oedipal conflict or even his controversial coverage of female sexuality, are all attempts to reconcile a two-person model of development, although he never articulated it as such. Rudimentary though some of these ideas may appear today, we can't deny them their overall place in the evolution of ideas about the relational. Such foundations help clarify Erikson's own trajectory, as well.

The models through which Freud and Erikson understood development ostensibly influenced their understanding of the therapist/client relationship, and furthermore, how they may have understood themselves as people in the room. Psychoanalytic technique was organized around the principles of drive/structural theory, and as a result, there was a quality of isolation or compartmentalization in the relationship between the therapist and client. Davies (1994) writes:

> …The Gemini twins of abstinence and neutrality became the sine qua non of precise analytic technique. Within such a model the analyst only existed as the object of the patient's desires and counter desires; and only complete frustration of transferential oedipal wishes would result in an interpretable transference neurosis. (p. 156)

Davies goes on to add, "It would, indeed, be naïve to assume…the particular history that shapes the analyst's subjective experience of the analytic encounter can be ignored…" (p. 157). To a great extent, Freud accounted for the therapist's experience through his ideas of countertransference, but the therapist's feelings were largely re-directed toward the client, in the sense that they became yet another way of understanding the client's experience; the validity and essentialism of the therapist's person and experience was not the point. This is an important distinction from ideas about the therapeutic relationship being co-constructed that have evolved since.

CHAPTER III

A RELATIONAL READING OF THE THERAPIST

This chapter is broken into three sections. The first section provides an overview of the history and evolution of relational theory, including the seminal works of theorists whose ideas contributed to what is understood today as relational theory. The second section provides a focused application of the key concepts of the theory to the question of the therapist's self or personhood, and how to balance this personhood with the ethical obligations and boundaries of the therapeutic relationship. The final section provides a review of contemporary literature by relational practitioners that investigates the ways the therapist's self is deployed in practice, as well as the language and discourse surrounding such practice, and their implications for the field of social work more broadly.

The concept of the self has undergone notable transformation in its treatment by the mental health fields. Freud's formulations on the topic were radical in their day, and became largely defining in how psychoanalysts conceptualized human development and human relationships. Today, theories of the self remain core concepts in both social work education and practice, while debate as to its precise configuration continues. Such debates have in no way inhibited the blithe frequency of its usage as a term to describe the identity or aspects of identity (itself a term of limitless complexity) of the client, and this usage has been extended to include the body and person of the therapist. The idea of the self of the therapist has been incorporated into social practice and discourse beyond

discussions of phenomenon such as countertransference. The therapist's self as imbued with real meaning and consequence for the therapeutic process was brought about largely by the work of relational theorists. For the purposes of this research, the term "self" will herein be defined primarily as *personality*, as well as what may be considered *personal* when compared to, for example, what is professional or social. Hence, references to self in this paper include what the individual under discussion might consider private, or requiring familiar or intimate knowledge thereof.

History and Evolution of Relational Theory

Relational theory encompasses an understanding of the individual as *in relation to* others: families, friendships, and society. An individual's understanding of her self develops interactively, and not (or not merely) from innate or genetic predisposition. In other words, relational theory both elaborates on and breaks with Freudian ideas about humans containing essential characteristics – drives and impulses – that then propel them into certain relationships with the world. The bulk of what has become known today as relational theory was advanced in the early eighties by Greenberg and Mitchell (1983), whose work provided a comprehensive overview of the gradual shifts and movement away from Freud's foundational concepts toward recognition of the importance of the presence of and relationship to others in the development of the individual. However, early relational theorists laid the foundation of our present understanding by positing an alternative, even radical, model of human development from Freud's conceptualizations. The idea of human development as originating in the process of interaction with others, rather than originating from deep, complex passions within the human, was a very

different proposition from Freud's work. Somewhat in conflict with his theories about drive and ego structure as discussed in the previous chapter, relational theory maintains that paramount is the importance of connection and relationship in the development, growth, and health of the individual. The work of some earlier theorists, i.e. Mahler, Kernberg, Jacobson, and Hartmann, are considered "strategies of accommodation" (Greenberg & Mitchell, 1983, p. 379) – those theories that expand upon or shift only moderately from Freud's foundational work on drive theory. Relational theory is considered a "strategy of radical alternative" (Greenberg & Mitchell, 1983, p. 380), or as fundamentally breaking from classical psychoanalytic theories to put connection with others at the center of human psychological development and health.

The roots of relational theory lie in a movement of theorists in the late 1930s whose work focused on addressing certain perceived deficiencies or gaps in classical Freudian theory. These theoreticians argued for an expanding perspective on human development via a focus on the myriad ways psychosocial dynamics impact the individual; these ideas became known as the theory of interpersonal psychoanalysis. Let's imagine briefly that a person exists much like the planet, with descending layers of atmospheric gases, crustal landmass, and finally a molten core. If we are to think of a person's behavior as visible on the surface, like the landmass, then drive theorists believed behavior originated at the core. However, proponents of interpersonal psychoanalysis reflected that behavior had something to do with things like climate and local weather. In other words, a person's relationship to her external world (family, society) had much to do with her development. Specifically, it was believed that psychic

suffering could be best understood and organized by examining a person's patterns of interpersonal and social relations. This idea has been criticized by drive theorists for being too much of a surface reading (Jacobson, 1955; Jacobson, 1964; Rangell, 1982), yet at no time did interpersonal psychology discard the assertion that the depth and complexity of the self did not have primacy in the overall composition of the individual. They simply focused on the importance of the individual in relation to others, believing that the individual does not exist or develop in isolation. It is this interplay between the self (again, in all its complex passions) and the other that interested adherents of this new movement.

The work of Melanie Klein exists as both a point of friction and transition in the evolution of relational theory (Mitchell & Black, 1995), and is an example of an important strategy of accommodation that contributed to later radical alternatives. Klein's work centered on children and principally adhered to Freudian theories of drive and structure, but her work often manifested themes that grew away from these concepts and towards a new articulation of the importance of the other in object relations. Perhaps most notably, Klein shifted from Freud's stance on drive as an *aggressive* motivation to one of connection and even love. It is perhaps this part of Klein's work that most deeply informs relational understanding and practice. Her idea posits drive as fundamentally involving the need to connect to the external or other, rather than existing haphazardly within an isolated individual. This idea constitutes a serious break with the classical theory in which she trained and worked.

Klein's ideas spurred much thought on the importance of the self in relation to others. The concepts that grew out of these early ideas remain central to contemporary relational theory. They provided an early critique of the Freudian notion that a person develops, in greatest measure, independently from a host of externalities. The human is born, and contains the innate drive and structures that direct the ways in which she connects to the outside world. Conflict, anxiety, desire, and gratification are the guiding principles of the human infant, and the infant's ability to successfully manage these features has much to do with the reliability and frequency of experiencing pleasurable outcomes, and subsequently replicating such outcomes. In a relatively recent and succinct articulation of relational theory, Safran (2002) wrote that it "conceptualizes psychopathology in terms of recurrent maladaptive patterns in interpersonal behavior" (p. 173).

Relational theory revolutionized this tradition of thought by introducing what can be summarized as a single guiding principle of human development: "the search for relatedness" (Greenberg & Mitchell, 1983, p. 406). This sole principle was then applied to the broad context of the external world, and the human interactions and relationships that generally all individuals come to experience. Relational theory argues that the intensity of certain drives Freud thought of as innate are actually the result of the success or failure of the person's object relations. The innately aggressive and sexual nature of the Freudian infant occurs, according to relational theory, only when the person's object-seeking is frustrated. Furthermore, it is only in the rich content and quality of our relationships to others that we experience psychic wellbeing and growth, or, in cases of

disconnected or frustrated relations, the psychological symptoms of distress (Mitchell, 1988).

It becomes pertinent at this juncture to relate how relational theory provides a radically different conceptualization not only of human development, but also of the therapist-client relationship. What is central to contemporary literature on the relational is not that it makes any direct claim for the therapist's existence and multidimensionality, but rather how it takes these realities as the foundation of therapeutic work, and subsequently develops ideas of how both client and therapist can exist safely and competently in these circumstances. In relational therapy, then, the question of the therapist's self being present in the room does not exist quite in the same way that it does in classical theory. To today's relational therapist, it is not *whether* the self is in the room, but *how*.

Contemporary Relational Perspectives on the Therapist's Personhood

Herein I will explore how revolutions in psychoanalytic models about the individual have had implications for understanding the person of the therapist. The following sections of this chapter will continually refer back to the principles of relational theory as discussed in the preceding pages. Much of what is written today by relational practitioners relies on concepts of object relations and interpersonal psychodynamics as conceived by figures such as Klein, Fairbairn, Winnicott, Kernberg, Mahler, and Sullivan. Contained within some terms used ubiquitously in the field of social work, such as "use of self," are the ideas that posit the interrelatedness of humans, and the impact of relationships on personal development and mental health. Indeed, one of the

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consistent standards by which mental health has perhaps always been measured is the quantity, quality, and constancy of relationships that one has with others. The individual who exists in isolation is one who provokes concern, and literature on suicide prevention, for example, universally condemns isolation as symptomatic of risk. Similarly, the DSM IV includes criteria for symptoms of mental disorders as "distress or impairment in social, occupational, or other important areas of functioning" (p.463), and the multiaxial assessment system of the DSM features Axis IV, which evaluates the presence of psychosocial and environmental problems. The concept that there is something important about the individual in relation to others is today widely accepted in fields of mental health and beyond. The above examples are just some of the ways relational theory has been perhaps discreetly incorporated into the everyday practice of social work as a fundamental understanding of human nature, an approach, and as a diagnostic tool. Yet beyond how the relational view changes the way individuals and clients are understood, and perhaps most salient to the purposes of this research, relational theory and perspective carry enormous implications for how the person of the therapist is understood. Possibly one of the lesser-recognized impacts of relational theory is the idea that the therapist is also a person in the room – an individual as well as an object or other in the client's world. Relational theory revolutionizes the practice of therapy because it changes the visibility of the therapist, removing her from the sidelines and placing her squarely in the action.

Safran's (2002) work on BRT (Brief Relational Therapy) describes some of the key features and ideas about relational therapy in practice. He begins by briefly

reviewing major distinctions between psychodynamic and relational therapies, highlighting the respective emphases placed on drive/structural theory and interpretation of wish-conflict confrontation (psychodynamic), and the two-person perspective and importance of countertransference (relational). Safran maintains that principal to relational therapy, including BRT, is the therapist's awareness that she is participating in the enactment of themes that have been embedded in the client's relational frame for some time. Safran hypothesizes that a concern of any therapist practicing BRT is the short time frame of the treatment, not merely because of what it asks a client to accomplish in a compressed span, but also because it heightens the *therapist's* anxieties. Those anxieties encompass a common underlying fear of many therapists that they must be 'enough' for the client. This notion is compelling in that it manages to approximate the complicated assumption that the therapist must *be* something to or provide something for her clients. The suggestion is that this provision has personal relevance to the therapist beyond the sense of 'a job well done' and explores the realm of what the therapeutic process and relationship means to the therapist.

Safran's conception of BRT is one that turns on the use of therapeutic metacommunication, a term he borrows from Kiesler (1996). The principles of metacommunication include the therapist's close engagement with her own experience of the session's material: "All observations and formulations should take into account what the therapist is feeling" (Safran, 2002, p. 182). This connotes a prioritization of the therapist's awareness of her emotions and reactions in order to better understand what is being enacted in the relationship. This awareness is then utilized in the session to explore

with the client his or her own approach, response, and understanding of the work. One can sense some parameters surrounding how the therapist makes use of herself in Safran's description of the treatment; her internal responses to the treatment are tied to the duty of facilitating the client's own explorations. Thus, she can experience herself in the service of the client, but not necessarily beyond that; "beyond that" could entail the therapist seek her own therapy. Yet Safran's ideas – and those he shares with some relational therapists more broadly – posit the therapist's presence as central to the work. This presence is two-fold: it is not merely the therapeutic stance or the ability to maintain focus in the moment, but involves also the infinitely complicated internal processes of the therapist. It involves the therapist as subject, not object, and as within, not outside of, the therapy.

Yet there may exist a not uncommon misunderstanding about relational theory held among students of its literature. The relational appears, on its face, post-classical, or argued against the neutral, blank screen that marked classical Freudian approach. Of this approach, for example, Davies (1994) writes, "…the Gemini twins of abstinence and neutrality became the sine qua non of precise analytic technique. Within such a model the analyst existed only as the object of the patient's desires and counter desires" (p.156). In this classically-held view, the therapist is a dispassionate figure, a scientist unwavered by the emotional complexities of the work. Under the relational she became an increasingly nuanced figure, analytical of her contributions to therapeutic content and cognizant of her personal investment in the process. She became simultaneously more aware of her impact and perhaps less certain of its viability as an authority over the client's

perspective. As understanding about the role and importance of relationships in the

individual's development and mental health changed, she became self reflecting in ways

for which Freud's theory of countertransference did not completely account. It could be

that the relational allowed the therapist to be born, whereas by classical notions the

therapist was foremost the midwife. Relational theory maintains that there are two

people in the room, and that the therapist is one of them.

      To a student of or novice in the social work field, practicing a relational style of

therapy can seem more confusing and rife with pitfalls than early, traditional

psychoanalytic technique. The risks of the therapist's active and personal involvement in

the re-configuration of relational outcomes for the client are multiple – for both therapist

and client. A two-person process does not presume a level playing ground; regardless of

their theoretical orientation, few writers encountered in my research failed to

acknowledge the shifting balance of power that occurs in the therapeutic relationship that

can so frequently happen in the therapist's favor. Melanie Suchet's powerful exploration

of race in the therapeutic dyad contains a telling statement about such shifts and

imbalances from a client who compared her relationship with Ms. Suchet to her feelings

about Jesus: "You have to look up to him and never make him real, otherwise you are

always disappointed" (2004, p. 429). The client's comparison of the therapist to the

figure of Jesus is extraordinary in what it reveals about some clients' hopes and

expectations for their therapists (while simultaneously serving as a reminder that these

exaltations also function to preserve standards of self-object relations). Still, such

comparisons describe the powerful ways therapists can be idealized by clients, and

provoke thinking about the specific dangers and responsibilities that accompany such idealization.

It is of interest that so much of the literature on the intersubjectivity of the therapeutic relationship frets about desired or actualized sexual or romantic contact between the therapist and client. Speaking in practical terms, it is of course not unreasonable to buttress discussions about the therapist "as a person in the room" (Bess & Edwards, 1998, p. 90) with still more discussion about professional and ethical propriety. After all, since there are aspects of the therapist's self that at any point are unconsciously in play and even deliberately utilized, there are certainly other aspects of the self that are not. Romantic and/or sexual prohibition between professional and client is not unique to the mental health profession, but it may function therein as a particularly acute necessity given the emotional close-quarters.

Davies (1994) reflects on the reluctance of practitioners to engage more openly in dialogue about the reality of erotic and sexual countertransference. Critical to such discussions, she imagines, would be the possibility for increased clarity on the nature of countertransference: how to recognize it and optimize its impact on the therapeutic process, as well as how to better distinguish between "dangerous…induced acting out on the part of the analyst, and what represents…the patient's understanding of, and fantasies about, the analyst's subjectivity" (Davies, 1994, p. 157). Davies argues vigorously, and persuasively, for consideration that the therapist's sexual subjectivity can represent an opportunity to develop and organize self-other object relations in a parallel process between therapist and client. Exploring this aspect of the therapist safely rests on the

therapist's ability to both immerse herself in her subjective experience while simultaneously performing relational-rooted containing functions for the client (Davies, 1994). Of interest in Davies' article is the salience of her idea that the therapist is a full and active participant in the therapeutic process, and as such must be willing to utilize and explore her self in the service of the endeavor. In this formulation the therapist arrives at therapy as a whole person, and (hopefully) one willing to access the parts that comprise the whole. This is a little different, and crucially so, from other formulations that posit an inverted or piecemeal view of the therapist. In such formulations the therapist is traditionally viewed as an agent, role, or professional responsibility, but not something in which the *person* is wholly incorporated or recognized. These divergent viewpoints proffer commentary on how therapists practice and how the profession is comprehended: do therapists understand their subjective experiences to be an extension or projection of the client's, thereby disavowing or disowning the parts of themselves that react or emote; or, do they view their subjective experiences as a part of the therapeutic process and relationship, and as equally viable, impactful, and vulnerable as the client's? Schamess' (1999) reflections on therapeutic love succinctly close with the following:

> Recognizing latent erotic and/or sensual content as an important, but not necessarily central component of treatment is similar to rediscovering a dormant sensory capacity; it adds dimension to our therapeutic work by expanding what we hear, understand, and feel. It encourages us to see our patients as more fully human, and to be more fully human ourselves. (p. 25)

Schamess conveys the critical role that the therapist's self-awareness and honesty can play in the expansion of the therapeutic relationship to include a more fully realized picture of both therapist and client.

The debate between self-disclosure and non-disclosure is a salient one in which to ground further inquiry into the relational perspective on the therapist's self. Self-disclosure can occur in a multitude of ways, as when the therapist shares certain formulations and interpretations, personal fantasies, experiences, relations to others, history or data, or engages in physical contact (Wiener, 1978). The question of the degree or extent of self-disclosure that therapists engage in with clients is particularly potent because it encompasses boundaries – a construct critical to therapy regardless of theoretical orientation.

Relational literature in no way posits an idea of self disclosure as uncomplicated, but rather that disclosing manifests critical relational content. Cole (2002) writes compellingly of the interweaving areas of his life that intertwine and in turn affect his practice, and the particular challenges of directly engaging with what a client may wish to know about his personhood.

> …(T)o avoid asking and answering what the patient really wishes to know puts me in the uncomfortable omnipotent position of a kind of gatekeeper of another's subjectivity. This seems to me the opposite of the job I assume when I offer myself as someone to whom a patient can tell anything. The job is about opening the gate and believing in the potential that it can remain open to traffic in both directions. (p. 83)

Cole's experience of self-disclosure in his practice is not one that is fundamentally relational per se, but nevertheless captures something critical about the theory – its acknowledgement of the potency of the interrelational exchange between therapist and client. The concern that "the person of the therapist could be harmful to the patient" (Satir, 1987, p. 26) is one challenged by the relational model, which posits that careful

attendance to the personhood of the therapist can provide information, even transformation, to the therapeutic relationship and process.

One particularly salient area in which to witness the complicated convergence of relational theory and its practice is in the occurrence of racial difference between therapist and client. There may be no more useful situation in which to absorb the full impact of the idea of the therapist's subjectivity, for there can be no objectivity when it comes to differences in race. Furthermore, racial difference features the same shifting imbalances of power that are inherent to the therapeutic dyad (Peterson, 1991; Helms, 1992). Suchet (2004) tackles the examination of race and the relational head on in a case study of her relationship with an African American client (Suchet identifies herself as a white South African). The client did not become aware of Suchet's national and cultural identity until some time into the treatment, at which point Suchet self-disclosed the information in response to her client's question. What begins as the client's curiosity about her therapist turns quickly into some of the most trenchant and complex material that therapist and client then process together. Suchet (2004) writes:

> She had shifted from being the bearer of a shameful, degraded and racialized black subjectivity to me holding the shameful burden of my own white racist subjectivity. I was forced to own and tolerate my own shame. It is very hard to acknowledge, even to myself, that not only did I grow up racist, but I still harbor a racist part inside me…I was asking Sam to confront her most hated self-states; it was necessary for me to do the same. (p. 431)

Suchet's analysis is illuminating because it shows the liberty and responsibility that go hand in hand with a relational perspective. In her encounter with a client of a different race, she was forced – or had the opportunity – to confront her subjective experience as a white woman, while simultaneously perform the containing function of the therapy. In

the relational view, however, these were *both* her duties as a therapist and could not be separated. Her turbulent self-examination had to occur alongside the execution of her ethical responsibility to her client; her vigilance of her own and her client's subjective position was part and parcel of the therapeutic process. Suchet's self was not only in play but also became critical to the outcome of the therapy. Her emergent sense of shame highlights the shift of power that accompanied not only her exploration of her racial and national identity but also the experience of vulnerability in front of her client. Suchet's account is relational theory in action, and we see how profoundly the selves of the therapist and client interact with and organize around each other to perform the therapeutic work.

Discussion and Conclusions

Acknowledgement of the therapist's broader existence does not necessarily result in clarity about her dimensions. On the contrary, such acknowledgment could be understandably regarded as complicating an already complicated process. Who is the person known as the therapist? How can she both feel with her clients and perform her professional responsibilities for them? Who can she be and who must she be? Does relational theory liberate the person of the therapist, or simply confine her to a different mold? In classic psychoanalytic technique, the therapist was a viable entity in the room insofar as she served the purpose of observing and interpreting the transference of the client. In relational practice she serves a similar purpose, observing and interpreting the way the client relates to her in order to gain greater understanding of the client's object relations. Both iterations of the therapist's person posit her experience of her self in ways

that ultimately utilize that experience for the treatment process. Only in the relational, this action is quite different: she is not outside of this process, but a direct and active participant. In the relational model the therapist utilizes her own subjective experience of the therapeutic relationship to offer interpretation and containment of the client's experience. Yet during this process she herself is drawn in, accessing deeply personal and intimate parts of herself in order to assist the client with the same task. The role and safety of the objective observer is no more.

The central way relational theorists conceptualize the mutual vulnerability and participation of the therapist and client is through the key construct of a two-person model of clinical work. The model does not exist to redress power imbalances in the therapeutic relationship even if it *could* have that effect, but articulates the experience and subjectivity of both the client and therapist. Their shared experience of the therapeutic process is a core tenet of relational theory, and fundamentally differs from countertransference in some important ways. The inclusion of the therapist's subjective experience into the frame is a direct result of recognition of the importance and efficacy of interpersonal dynamics on the growth and outlook of the individual. In relational theory, it is precisely this interplay between and among individuals that produces meaningful outcomes in identity and behavior. Mitchell (1988) writes:

> There is no "object" in a psychologically meaningful sense without some
> particular sense of oneself in relation t it. There is no 'self' in a psychologically
> meaningful sense, in isolation, outside a matrix of relations with others. Neither
> the self nor the object/other are meaningful dynamic concepts without
> presupposing some sense of psychic space in which they interact, in which they
> do things with or to each other. (p. 33)

The effect is that the lens through which the therapeutic process has typically been comprehended is wider. Relational theory provides the view that the therapist is no mere object in the room, but a viable entity with whom the therapeutic process is both navigated and negotiated. But again the student of social work must ask: to what extent? How does the therapist experience her self in relation to the client in ways that are productive and ethically consistent to the task of therapy?

A relational style does not mean the boundaries between therapist and client exist as they might in the style of friendship, kinship, or romance. Far from: the relational model observes the necessity of boundaries even while it may challenge traditional notions about their execution. The nature of therapy is one that depends, to a great extent, on the porousness of these boundaries, or in other words, its effects can depend greatly on the relationship between therapist and client. Relationists may view the most effective work as occurring when both the therapist and client exist in a state of empathic permeability with the other; this proximity, arguably intimate, is required to foster the client's understanding of her relational patterns. It is the kind of work for which boundaries serve dual and crucial purposes: foremost for the preservation of the safety of both client and therapist, and secondly for providing structure upon which to operate and maximize the effectiveness of therapeutic contact. Yet learning how to "operate and maximize" therapeutic effectiveness rests largely on the skills, instincts, qualities, etc. unique to each therapist. On this point Bess & Edwards (1998) write:

> The application of *what you know as a psychotherapist* (that is, the accumulation of knowledge and techniques from professional education and training) can only be helpful and effective if you are aware of how *who you are as a person* in the room with the client (that is, the accumulation of your own personality traits,

personal belief systems, and psychology in the relational matrix with the client) is
influencing the therapy. (p. 90)

The therapist's awareness of her self as described above is ideally translatable,

transferable, or *made useful* to the therapeutic relationship and process. How to integrate

personal components of the therapist's self into this professional relationship and in an

ethical way rests largely on the therapist's expertise and discretion. This is related to why

relational literature so frequently advises that every therapist make use of supervision and

personal therapy in order to closely monitor and calibrate this intense collusion between

the personal and the professional in their daily work (Bess & Edwards, 1998).

CHAPTER IV

DISCUSSION

The preceding chapters have been an attempt not to persuade the reader to a certain answer to the question of who the therapist is, but rather to illuminate the question of how therapists integrate their personhoods into treatment, and to highlight this complexity. To review, this research began with the question of what kinds of ideas exist as to who the therapist is, and how she should be. This immediately called for an assessment of the history of the idea of the therapist, and went on to trace the trajectory of her emergence into the therapeutic encounter as a more fully articulated and faceted participant. In the chapter on ideas of the therapist as viewed via traditional psychoanalytic lenses, understanding about the presence of the therapist was compared to the origins of psychoanalytic thought on human development. This early thinking enriched the analysis of the question, in that it provided a useful grounding as well as departure point in/from which we could see how the therapist was originally conceived as somehow *outside* of the interaction with the client. In this chapter, a claim was posited that Freud's thinking on human development helped conceptualize the role of the therapist, and that this conceptualization has since affected the presentation of the therapist. Of equal use was the chapter on how the evolution of psychoanalytic theory and changed thinking about human development, saw the advent of the relational model. In relational model, too, there was a concurrent shift in both thought and practice

regarding the presence and presentation of the therapist. No longer confined to earlier models that posited humans as innately driven creatures, new ways of understanding included, and affected, the therapist, as well. The therapist became a person in her own right, and one whose presence, history, and personhood was understood to have a profound impact on the client and on treatment outcomes.

Yet these "competing" theories have far more in common than they have dissimilarities, and that the hotly contested debates that still rage as to precision of technique, school of thought, or theoretical orientation (Abend, 1995; Ackerman & Hilsenroth, 2001; Brown, 1994; Cooper, 1998a; Davies, 1994; Davis, 2002; Hanson, 2005; Philip, 1993) do so not because these things occupy such extreme or polar ends, but because what is at stake – the therapist's responsibility to her client, and to herself – is so absorbing, vital, and precarious. To that end, these competing theories are actually far more complementary in nature, and even their vast differences can be seen as commonly derived in the infinite complexity of attempting to tell the story of human experience. In both theories, the therapist is always in service of the client. The principal contrast between the psychodynamic model and the relational is that while one strives to clear the consultation of experience extraneous to any but that of the client's, the other makes fuller use of the therapist's experience of the treatment. It's as though a switch has been thrown, rather than any foundational change taking place. A psychodynamic model does not deny that the therapist has an experience of the treatment – it instead asserts rationale that such experience best serves the client when accessed in ways indirect to the treatment (i.e. in supervision and the therapist's own analysis). By

contrast, the relational model sees fit to include this experience, and larger still, posits its centrality to the treatment as a whole. To summarize, the disagreement between the two models lies in how the therapist is utilized in treatment.

Analysis and Synthesis

The idea of utilization is key to the questions posed in this research. If the therapist's subjective experience is primarily viewed as a tool to treatment, this is hugely relevant information for trainees of the field. Such a premise clarifies some of the largest and least clear concepts encountered in training, e.g. issues of self-disclosure, use of self, and countertransference. These concepts can and do appear vague and unwieldy without the critical understanding that whatever aspect of the therapist's personhood is in play, it is best practice to have it be so for the good of the treatment (I cannot herein clarify what "the good of the treatment" could mean in a universal sense; suffice that it be determined on a case by case basis). Thus, if a therapist finds herself wanting to self-disclose to a client about some item or issue that concerns her personhood, she would do well to first assess what the potential benefit such disclosure affords the treatment and the relationship (Cornell, 2007).

It is impossible to understate the importance the subject of this research has in the training of new practitioners. The idea of the therapist's personhood is often alluded to but just as frequently eludes frank discussion, save for discourse that serves to clarify the necessity of boundaries and ethical responsibilities…things that in the magnitude of their own importance and impact on the therapeutic relationship quickly overshadow the legitimate concerns of how to deal with what is or will eventually be profoundly personal

in a professional way and setting. Perhaps particularly so to trainees, the knowledge of

how to exist in a profession that can get so deeply personal may well seem unclear and

elusive. During the period of studying and internships that typically comprise training,

the question arises of how to best merge the qualities and skills that first bring one to the

profession with the professional ethics and etiquette that circumscribe the work.

The practice of therapy is among few that ask its practitioners to draw so

intimately upon such personal aspects of themselves for the sake of professional success.

A term widely used throughout the field of social work that attempts to articulate this

process is "use of self." But this term already suggests some existing fracture in the

therapist's presentation or being, as if there is a division – albeit a bridgeable one –

between the therapist in her professional capacity and some other self. This "other self"

alludes to a part of the therapist that may be capable of resource and interaction but may

also be withheld or unknown in the therapeutic process. Use of self is a broad and

unwieldy concept, constituted as it is by the therapist's personal understanding. The

interplay of the personal states of the therapist and their application to the therapeutic

setting are often bound to moments, and thus difficult to replicate or extrapolate to the

overall work at hand. Theory addresses, but often falls short, of acknowledging the

extent to which therapists use themselves, and discussions among practitioners about the

complexity of the therapeutic connection are already speaking past the complexity of the

individual participants.

Ideas and terms exist that attempt on some level to debunk the mystery of the

therapist, as seen in ideas about self-disclosure or countertransference. Such ideas seem

to orbit around the concept of the therapist as a person in the room without explicitly

acknowledging her, or else such acknowledgement is utilized for interpretation of the

client's transferences and projections. In other words, the therapist's self is usually

viewed as a tool with which to engage with and access the client. On some level, these

sorts of indirect acknowledgements fail to fully take into consideration the therapist as

someone of equal status with the client, possessing of her own intrapsychic world,

conflicts, and relational matrices (Mitchell, 1988). It is possible that fear exists in the

field that without great restraint, the therapist's self could somehow metastasize into a

malignant and uncontrollable mass that would harm the client. This is a greatly

exaggerated but perhaps not unfounded fear. Yet discussion about the therapist's person

participates in the treatment does not ignore her professional obligation to perform a

service for the client. It is of course within the therapist's capacity – as a person and

professional – to hurt her clients (Satir, 1987). However, this fear has long been used to

justify reluctance to engage in discussion of something difficult to quantify and articulate.

The therapist's use of self is inherently personal, and so may be viewed as inherently

problematic. And how is it taught? *Can* it be taught?

In the need to instruct and train future practitioners, there is the potential to curb

what is one of the most important components of the therapist: the particular way in

which she makes use of her personhood throughout the therapeutic process. Therapists

are artists as well as scientists (Jasnow, 1978.) An over-emphasis on function can inhibit

form; or in other words, too much didacticism with regard to theory and its

accompanying technique can inadvertently impose limitations on the unique ways in

which each therapist chooses to practice. There are excellent reasons for the rigor of familiarizing trainees with theory, and these reasons are practical, desirable, and helpful, but of equal importance is deepened understanding of and focus on what makes each therapist unique and inimitable. The personal style, experience, and understanding of every therapist greatly impact treatment, as do the nuance of every client and every moment. These things all demand and respond to constant innovation and attention.

Methodology, Biases, and Limitations

This is a theoretical thesis consisting of five chapters, all of which serve as thoroughfare toward increased understanding of how the role of the therapist and her personhood are negotiated. The question of the therapist in the room – who and how she is – is trenchantly examined via the lens of two competing theories: Freudian theory and relational theory. These two theories proffer useful backdrop in which to ground my analysis of the therapist, since each ascribes to distinct ideas about the root of and motivations for human development and behavior. Classical Freudian analysis posits a theory of the mind that places drive or libido as central to motivation, while relational therapy views intersubjective experience between the individual and others as primary to behavioral outcomes. The divergences between these two theories are highly visible via their approach to distance in the therapeutic relationship: Freudian analysis employs a neutral or blank stance in the therapist's treatment of the client, while relational therapy seeks change and examination of identity via the therapeutic relationship and interpersonal relationships more broadly.

A personal bias informing this research is my own belief that the role of the therapist is actually an integration of the many selves and/or identities of the individual in practice. This belief has been a guiding force throughout this work, and consequently I have made use of sources that similarly reflect the idea that there is considerable, even inseparable, overlap between the therapist's personhood and her professional capacity and capabilities.

Implications for Social Work

Limitations of the study of course concern any limitations inherent to the choice of type of research. Choosing a theoretical thesis means that there is no input or opinion from practitioners on the question of the therapist's personhood, which could be quite useful for surveying the mindset of the field on this phenomenon.

This study contributes to the field of social work by virtue of its attempt to elucidate a deep conceptual gray in the understanding of who therapists are – and how this personhood fosters and contributes directly and indirectly to the undertaking of therapy. From the standpoint of a practitioner in training, the use of one's personhood in work with clients is fundamental; yet its practical, ethical, and honest application is often unclear. How the therapist might use her emotional states in a session, or employ certain facets of her personality, such as a sense of humor, as well as the interplay of these dynamical forces, are so often ethereal, bound to moments with clients that cannot be replicated, and that are challenging to explain. There is what can fairly be considered extreme hazards in a profession in which the therapist relies upon her being to perform a service for her clients, and how students of the field can well grasp the range of

approaches offered and the varying theoretical orientations that can guide the demands

placed upon her personhood remains a question vital to practice, study, and training.

The idea of how a therapist can exist as a person in the room while

simultaneously doing her job is in need of much discussion and clarification. Such

integration of experience signals a symbiotic relationship between the personal and

professional in the consulting room, while also highlighting their divide. If the personal

is to be used or drawn upon, then it can also be ignored or under-examined. The extent to

which the therapist can know when, how, and how much to utilize her personality in the

course of her professional duties has been the subject of this research, as is how the close

blend of personal and professional can have "complications and sticky problems"

(Barron, 1963; 1976). Bess & Edwards (1998) articulate the problem in the following

terms:

> Most agree that the disciplined use of knowledge of self, particularly in the
> technical uses of self-disclosure and countertransference, as well as the
> development of knowledge of self through the therapist's own psychotherapy or
> analysis, are essential elements in becoming an effective psychotherapist.
> However, they struggle to describe accurately and precisely what the link is
> between the therapist's *individual character* and professional technique and how
> to develop the ability to use it most effectively. (p. 90)

Given the extraordinary range and nature of the therapist's role and

responsibilities, it is understandable why clarity and specificity about this scope is

desired. How therapists – and especially students of the field – understand the

complexity of what is required of them is one of the most important questions the field

can reflect upon, and the methods utilized to fulfill their obligation while maintaining

personal integrity are of equal or even greater importance. That the therapist is impacted

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or can even become emotionally entangled with the content and material is not in dispute.

Rather it is a question of how therapists utilize such outcomes and reactions for the gain

of the client, themselves, and for the therapeutic process.

Conclusions

Who is the therapist? Expert, guide, quack, facilitator, friend, savior, witness –

wizard or Wizard of Oz? Regardless of their truth or attainability, ideas about who the

therapist is – and who she should be – abound. Kottler (1986) writes:

> The ideal therapist is comfortable with herself and appears warm, tolerant,
> sincere, serene, tranquil, self-assured. This quiet confidence is counterbalanced by
> a contagious zest for life. Passion. Excitement. Electricity. Enthusiasm. She
> radiates from body and soul…the therapist is also attractive for her stability and
> grounding. She is patient, so, so patient. She exhibits great self-discipline, yet,
> enigmatically, she is also spontaneous and playful. Creativity, humor, flexibility,
> honesty, and sincerity are other qualities to strive for. (p. 20)

This hologram-style interpretation of the therapist is confounding: the therapist holds still

under a certain light, only to flash different and intriguing personas when the client shifts

in the chair. Kottler's assessment is as astonishing as it is beguiling, but the trajectory of

psychoanalytic theory has not changed so drastically as his characterization would

suggest. The classically derived notion of the therapist as a blank screen has not shifted

so far to the other extreme, whereby the reality of the therapist is rendered just as distant

as from the depth suggested by blankness. Chances are high that she is neither rock star

nor rock – or not so simply one or the other – but as infinitely complex a person as the

client she sits across.

An investigation of the therapist is contains numerous twists and turns, all of

which seek to address common assumptions about the apparent divide between the

personal and the professional, or among the selves and/or identities that comprise, and

complicate, all individuals. Therapists encounter people and situations that challenge

their personal beliefs and values, frequently sitting across from clients with whom they

have divergent politics or class background. Alternately, therapists sit with someone

toward whom they might feel love or attraction (Davies, 1994). Our feelings about our

clients are varied and powerful, requiring both vigilance and discipline. The work of

therapy makes use of the reactions, impressions, and emotions of both client and

therapist, and the quality of the therapeutic relationship is correlated to the quality of the

therapeutic process. Because therapy relies on the relationship, demanding engagement

on profoundly personal levels from both parties, it has come to be taken as a matter of

course that some rather private or intimate aspects of the therapist's self are in play

(Hollender and Szasz, 1956; Davies, 1994; Satir, 1987; Schamess, 1999; Suchet, 2004;

Weiner, 1978). This research has striven to distinguish between the professional manner

a therapist may have as she enacts her role as therapist and the personal self or selves that

undergird her professional responsibilities and demeanor. The ways in which each

therapist obtains access and utilizes parts of her self that are personal are unique, and

guided by professional ethics. But this daily mining can be dangerous, warranting close

attention and discussion. Who the therapist is, and how she utilizes her personhood in a

professional capacity, remains a topic worthy of continued study.

One area in which this phenomenon has received increased attention is that of

neurobiology. The findings of this field have profoundly impactful clinical implications

for social work practice. Increasingly, advancements in understanding the brain correlate

with and support the tenets and structures of psychoanalytic thinking.

> During the treatment, the empathic therapist is consciously, explicitly attending to
> the patient's verbalizations in order to objectively diagnose and rationalize the
> patient's dysregulating symptomatology. But she is also listening and interacting
> at another level, an experience-near subjective level, one that implicitly processes
> moment-to-moment socioemotional information at levels beneath awareness
> (Schore 2003b, p. 52).

Years of observing certain dynamics between therapist and client are being corroborated

by research into how the brain develops and how individuals interact with one another.

As our understanding of neurobiological processes grows more sophisticated, and there is

mounting awareness of the number of levels on which humans communicate (i.e.

nonverbal communication), understanding of the therapist's existence beyond her

immediate role is becoming greatly expanded. The symbiosis of the therapist's

personhood – including her neuropsychobiology – with her professional identity and

responsibility is now more fact than theory. The field and research of neuroscience has

much to offer the intuitive understanding that has long guided the theoretical findings of

the therapist-client relationship in social work practice.

  It occurs at the conclusion of this research that its title of "The Therapist in the

Room" is of use for how it notes that the therapist of course *is* in the room, and that this

fact is not truly in question. The actual question underpinning all of this, perhaps, is how

the fact of the therapist's personhood is handled – and not just in the immediate sense, as

happens in moment to moment interactions with a client, but also more broadly – how

this personhood is viewed and understood by practitioners of mental health fields. It is

perhaps confusion about how to incorporate such complexities that stymies closer

examination and more frequent study of these questions. Yet these questions are at the heart of a practice that relies on the interplay of the personhoods of both therapist and client. Further study, and foremost, increased attention, to this phenomenon is critical to the continued value and integrity of the social work field, and to the growth and education of its practitioners.

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