

## Some reflections on becoming a therapist; What remains and what changes over the years

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*Kyriakos Katzourakis paint*

### **Abstract**

Our decision to become therapists is a commitment to our own psychic development and maturation, which has much in common with the psychic development of our clients. What aspects of our psychic growth are essential to the process of becoming a therapist? How do we really find our own voice as therapists? Initially, the theory seems to work like a kind of armor that allows us to safely explore the relationships and the psychic reality of people that ask our professional help. Through the passage of time, our theory is enriched, evolves and more or less loses its omnipotence since it proves that it cannot always decode the breadth of human experience. At that moment, we recall that the most important tool is our self and our capacity to make use of what is unique and idiosyncratic to our own experience with our clients.

**Key-Words:** reflections, becoming a therapist, psychic journey, growth, theory, self of the therapist, wounded healer, therapeutic identity.

### **A Psychic Journey**

Psychotherapy as a “good practice” must first of all pay attention to the care process, that is, to be constantly evaluated by reflective processes, which with strictness and flexibility affect actions and then the unstable balance of our knowledge can be accepted as a gift.

Bianciardi & Telfener, 2014

This presentation began in my mind and my heart as an internal dialogue between different voices and parts of me and between the different positions of my therapeutic role. It was, among others, a journey in time back and forth with a central question of what had happened to me as therapist as time passed.

The decision to be a therapist is a journey deep inside the human psyche. It is an inner journey full of joys and challenges, fears, uncertainties, rewards, ambiguities and surprises. It is a journey into the boundlessness of human existence and at the same time to our human limits. Our profession provides us with opportunities for continual learning and growth. We become travel companions to other stories and sufferings. We accompany people in their personal psychic journey through which they mature and get to know themselves and their potentials. Our decision to be therapists is a commitment as well to our own psychic development and maturation. The process of being and becoming a psychotherapist has significant similarities to the development of the child in the hands of the parents and to the psychic development and maturation of the patient under the care of the psychotherapist (Ford, 1963).

Bowlby (1988) said that the role of a therapist resembles that of a parental figure which provides the child with a safe basis to explore the world. As the parent needs to think about himself as a person and his parental role, the therapist also needs to reflect on his role and his experience. According to Cecchin and his colleagues, the moment a therapist starts to reflect upon the effect of his stance and his hypothesizing, he assumes a position both moral and therapeutic (Cecchin et al., 1992). Moreover, the patient gradually internalizes a similar reflective position towards himself and his relations.

### **The Wounded Healer**

"Mother below is weeping, weeping, weeping  
 Thus I knew her  
 Once stretched out on her lap  
 As now on dead tree  
 I learned to make her smile  
 To stem her tears  
 To undo her guilt  
 To cure her inward death  
 To enliven her, was my living."

Winnicott, "The Tree" (1963)

Let's go back to our beginning. Why do we become therapists? What are our motives? Why we are so interested in healing the wounds of other people? We all have conscious and unconscious motives for becoming therapists. In the beginning of our journey to become therapists we have a great need to help and rescue others but underneath is the urge to save ourselves, to heal our own wounds and to work through our own problems. Through becoming psychotherapists we deal with our own anxieties, fears, pains or unresolved issues. "The main patient I deal with is me," Freud wrote in 1897. Frequently mentioned as a motive for becoming psychotherapist is the desire to understand oneself more fully and feel understood by others. There is often a childhood history of psychological trauma and subsequent psychological vulnerability that predispose individuals to become therapists. (Goldberg, 1991, Dryden, 1989)

According to literature, other motivations range from therapists being drawn to "one way intimacy," to voyeurism, to obsession with others suffering, to sadism, to an intense need to mother people, (Bugental, 1964; Marmor, 1953; Wheelis, 1958) to feel a greater sense of power and control not only over others, but over oneself as well ( Kottler,1987), to struggles with early loss or unfulfilled narcissistic needs for recognition and approval (Barnett,2007). Bugental (1964) also mentions rebelliousness as a potential motivator, pointing out that the clinical setting often permits the discussion of socially tabooed topics, such as sexuality, and thereby challenges authority. Sussman (1992) identifies three categories as motivating factors to enter the therapeutic profession. The first category relates to instinctual aims, both libidinal and aggressive (a desire to heal, rescue or even reject the client). The second category relates to narcissistic needs, which can manifest as the therapist's need for validation and acceptance by clients. The third category is referred to as unresolved issues with relatedness, which can manifest

themselves by dependency or by controlling therapeutic relationships.

Bowen (1978, p.468) considered that the family therapist usually has the very same problems in his own family that are present in families he sees professionally, and that he has a responsibility to define himself in his own family if he is to function adequately in his professional work. Miller (2007) believes that the abilities of therapists to be sensitive, empathetic and responsive may originate from their childhood experiences of fulfilling other people's needs while repressing their own.

Byng Hall (2002, 2008) mentions that many therapists have been 'parent' like children in their families of origin. It is important for them to be aware of how this influences their work with families. It gives them an insight into the competence as well as the problems for parental children. This awareness is particularly important when they experience being drawn into parental rather than therapeutic roles in their client families.

Olinick et al. (1973) noted that the most talented therapists had a depressed or ill parent, someone for whom they provided care. The skill acquired in "reading" a troubled parent proves invaluable in working with patients. Accompanying that talent and wish to heal is a fear of inadequacy, of not being able to provide the needed support. Furthermore, when one must prop up a parent, one must deny one's own neediness. What often results in care-providing children, who become adult analysts, is a denial of vulnerabilities. Whether it is a depressed mother or some other unavailable important figure, the emotional absence creates within the child a sense of helplessness that he is desperate to relieve by curing the other. The drive to cure, with an overestimation of one's responsibility for that cure and the need for positive recognition from others, contributes to the analyst's narcissistic vulnerability (Chused, 2012). This caretaker role could be a repetition of the 'parental script' in the family (Byng-Hall, 2002, p. 378), which may impede the therapeutic process. There can be little doubt that the answers to the reasons we have chosen the profession of therapist reside inside us and in the stories of our families. It's very important for therapists to be aware of their own history, to acknowledge their pain and all the repressed emotions that they carry from their past, to be able to grieve and mourn for what has been lost and find inside them resources and potential. The process of facing our wounds may be, in essence, the way to find those healing powers within us (Adler, 1956).

In Greek mythology the great healer of suffering was a wounded healer

named Chiron. The word Chiron is the root word for surgery “with the hand,” from the Greek ‘chirurgia’, “working with the hands”. The etymology of his name implies that the surgeon heals by the touch of his hand. Chiron was a charismatic centaur (half human- half horse), the mentor of several mythological heroes who instructed them in medicine and music. According to the myth, Hercules, who was Chiron’s student, accidentally wounded Chiron in the knee and this accident forced him to slow down and pay more attention to the horse part of his body, which had been caused by an earlier psychic wound that had occurred when he had been abandoned at birth by his mother. According to Kearney (1996), Chiron’s reputation as a great healer was related not only to his ability to use herbs and plants for curative purposes, but also to his ability to be empathic and compassionate towards the wounds of others. Goldberg (1991) states, “In the oldest myths of healing, it is precisely because healers were vulnerable to wound and suffering that they had the power to heal.” The personal journey of the ancient healer involved transformation through suffering and exposure to the dark sides of the psyche. The myth of the wounded healer teaches us that wisdom and growth can stem from accepting our strengths and limitations and from relating to others with a sense of humility and respect (Papadatou, 2009). In his book “The Making of a Therapist” (2004), Lou Cozolino poses the question, “What makes a good therapist?” He answers, “The courage to face one’s fears, limitations, and confusions.”

### **Constructing, Deconstructing and Reconstructing the Therapeutic Identity**

The only person a therapist can change is him- or herself.  
Harold Goolishian, in Anderson (1997, p.125)

Another important question is how do we construct our identity as therapist to this, as Freud put it, “impossible profession in which one can be sure only of unsatisfying results”? How do we find our own voice after several years of training? What aspects of our psychic growth are essential to the process of becoming a therapist?

In the beginning, we are attached to our theories and to their technical applications obtained through our training. We are also loyal to our teachers, to our books, to our own therapists and we try to accomplish a model of an idealized therapist. Initially, the theory minimizes the weakness of “I don’t

know", gives us the illusion of certainty and seems to work like a kind of armor that allows us to safely explore the relationships and the psychic reality of the people who ask for our professional help. Through our clinical practice, we realize that we may use theory as a defense, as a way to maintain a feeling of independence from difficult emotions or internal experiences. Yvonne Stolk and Amaryll Perlesz (1990) took ratings of client satisfaction during a two-year family therapy training programme. Clients were less satisfied with therapy received from second-year students than they were from first-year ones. Yvonne and Amaryll concluded that the students' relationship skills diminished as they learned more about the techniques involved in working with families, and this was seen to be a poignant reminder that our clients require respect, understanding, warmth and positive regard, not merely thought-provoking and systemically correct hypotheses and interventions. Therapists have tended to see their interventions as the most important factor, whereas clients tend to pay tribute either to life intervening or to therapist qualities and the opportunity afforded them in the therapeutic relationship (Rycroft, 2004). Who the therapist is rather than which method is used seems to make a bigger difference (Rønnestad and Skovholt 2002). Hoffman (2001) underlines that we (therapists) looked at families for hours on end in order to find the patterns that would fit with what we were thinking. As a result, we conducted a therapy where we used manoeuvres, manipulations in order to bring about change and we created distance between us and our clients. Jenkins (2006) reminds us that clear models are not enough, for it is the intimate encounter between client and therapist that is the bedrock of therapeutic change and growth.

Before constructing the role of therapist, we have to deconstruct convictions based on tradition, stereotypes and even scientific dogmas. The notion of irreverence introduced by Cecchin and his colleagues (Cecchin et al., 2009) urges the therapist not to adhere to the safety of his theoretical constructs but to be ready to revise them, promoting uncertainty, questioning preconceptions and being open to human experience. Irreverence essentially saves the therapist from sticking to the dominant ideology of his scientific model or the facility in which he works and urges him to remain alert to the true needs of his clients and provide alternative viewpoints and meanings. The validity of therapeutic relationship is affirmed when we call into question some of our biases and we are present in what is emerging in the therapeutic room. One moment we do therapy not by the book but by the patient (Casement, 1985). The next moment we hear the "music" of the session and in a way we participate in the "dance" of the moment. Another moment is "where methods and techniques are no longer valid but the important thing is

to find the worry box, the communication channel, the space where body and emotion meet" (Hoffman, 2001). Moments in which something unsaid is put into words. Through these critical and unpredictable moments we are open to our own intuition, grounded in experience and, together with our clients, we open up new worlds of meaning. Bion, a famous psychoanalyst, pointed out that the analyst must endeavour to forget what he thinks he knows or knows 'too well' in order to be able to learn from his current experience with the patient. Bion (1987 p.58) once said to a presenter: "I would [rely on theory only] if I were tired and had no idea what was going on." Shotter (1993 p.190) used the terms "knowing of the third kind" (knowing from) and "a kind of knowledge one has from within a situation, a group, a social institution, or society" to talk about the knowledge that comes from lived experience. It is closely connected to emotions and felt invitations of situations and has its appearance only in moments of interaction. According to him, the therapist brings a way of being to the therapy that is instinctual as well as cognitive; personal as well as professional.

As we try to become better therapists our aim is to go beyond theories and techniques, and observe what is taking place inside us, in our clients and in the communities we live. The most valuable part of our therapeutic work is our personal, idiosyncratic responsiveness, most of which is brought from our own life experiences. It is the self of the therapist that constitutes "the heart of the matter." (Simon, 2006)

Over time, we inevitably experience challenges, personal crises and failures and times when we come face to face with our limitations. Through the passage of time, our theory is enriched, is evolved, and more or less loses its omnipotence, since it proves that it cannot always decode the breadth of human experience. According to Larner (2004), to be scientific is to maintain an investigative curiosity about how and why therapy works and to accept that science may never be enough to explain the process. As therapists we are in the strange position between our scientific knowledge, our need for reliable clinical explanations and predictions, and the art of the human relating. Being "human" beyond the role, constitutes, in parallel with the theory and the techniques, a vital part in the formation of our role. According to Jenkins (2006), there needs to be a mix which for each therapist is their unique mix of theory, methods, and the intangibles of what we bring of ourselves to those encounters that allows for the possibility of healing and change.

It is common for it to take a lot to constitute an authentic voice in order to

find our own steps in our profession and our own unique style. Sidney Jourard (1963, see Bugental, 1964) suggests that one of the main things that has a curative effect in the therapeutic relationship is the therapist serving as a model of authenticity for the patient. Our identity as therapist is a complex amalgam of professional role intertwined with personal aspects of self in a non-linear way. It appears that acquiring therapeutic capacity serves to expand our personal identity. Our self is discovered and rediscovered through the influence of important others: teachers, therapists, patients and other significant people. According to Pinsof (2005), who you are as psychotherapist is a product not only of education, training and personality, but also even more importantly of your own experience as patient in psychotherapy over the course of your life. All the above have an influence on the way of understanding the clinical practice and theory of psychotherapy and what we do in our clinical practice has the potential to influence in a reflexive way our values, beliefs, theory and personal style.

Simon (2003) has proposed that all family therapy be conducted by therapists who have explicitly chosen to guide their practice by a model whose underlying worldview provides a close fit to their own. The result of choosing a model in this way is that therapy becomes highly personalized, both for the therapist and for clients as they encounter not an abstract theoretical edifice, but the personhood of their therapist. Therapy thus becomes what it always is at its best—an encounter between persons (Simon, 2003). Our attitudes, our values and our ethics are at least as important as our knowledge and our techniques. These, along with experience, develop our secure base as therapists (Rycroft, 2004). In a way our professional self has to evolve in a direction that is neither bound by theory nor driven exclusively by identification with others (Bion, 1987). A dialectical tension exists between inventing oneself freshly, on the one hand, and creatively using one's emotional ancestry, on the other (Gabbard and Ogden, 2009). We would say therefore that the most important tool is our self and our capacity to make use of what is unique to our own experience with our patients. In the end, through our clinical practice and experience, we find our self in a position that we rediscover our theory.

According to Minuchin and Fishman (1981), the job of a novice therapist is to learn how to make a diagnosis in an ecosystem way. The process is similar to that required by the samurai swordsman who must spend a lot of time learning skills and techniques. After intensive training, the apprentice is instructed to retire to the mountains where he meditates. When he has

forgotten all that he has learned then he can return and become the sword.

Gershon Molad (2001), an Israeli psychoanalyst, mentions, "It takes a lot to constitute an analyst's voice: part of it is and always was there, part of it is in an endless training and reshaping, part of it gets lost at times of crisis, part of it will never be found, or has never been there, and we always talk against the echo of what there is and what there is not."

### **Concluding Reflections**

Before concluding, let's go back in the beginning. The question of why I became a therapist would be answered differently depending on which phases of my life I was considering at the time of being asked. When I was child I remember I was full of questions and curiosity but my parents were more absorbed by the practical issues of life and not very much interested in answering my questions. My choice of becoming a psychologist and later a psychotherapist was my own way of trying to find answers to my questions and make sense of the world and of myself as well. Later on, through my practice and working with people and accompanying them in their suffering, I realized that questions create space for other questions and that keeps the mind open. When Rilke was asked by a student how to become as good a poet as he was, he answered, "Try to love the questions themselves as if they were locked rooms or books written in a foreign language. Don't search for the answers which cannot be given to you now because you will not be able to live them and the point is to live everything. Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer" (Rilke, 1986).

The task of the therapist is not to come up with answers but to provide a framework that facilitates their research. Through my therapeutic role I learned to love the questions my patients posed to me and treat them with respect and openness, like threads that open space to new ways of meaning. Furthermore, only by questioning ourselves about the intensity with which we hold to certain theories and beliefs, can we be open and learn from our clients' experience. There can be little doubt that the therapeutic process is open, uncertain incomplete and painful, but at the same time liberating. Making sense of ourselves in relation to others and their relationships with us is an exciting never-ending venture. The therapeutic journey initiates an exploration of the inner life of both therapists and patients. An exploration always opens up what we are and what we are becoming. That's why our

profession is so fulfilling, meaningful and satisfying, despite the many difficulties we face.

Letting myself think back to my first sessions with my clients, I realize that after 25 years of clinical practice I still feel grateful for being a psychotherapist, in a profession that gives me the opportunity to penetrate into the mysteries of human nature. I am very touched by accompanying my patients on their personal psychic journey and I am very privileged that they share with me their more intimate thoughts and experiences. Through their suffering and personal growth they have taught me to go a step further, to explore unknown territories of their inner lives, be open to their influence and witness their transformation. Through exploring the vulnerable issues of their existence with my patients and trying to alleviate their suffering along the way, together we find ways of how to live with the ambiguity of our lives and try to make sense of where the meaning of life lies. In the beginning, I was more loyal to and passionate about systemic ideas. Now I am more flexible and open to other approaches as well. (Did you notice how many references have been made to psychoanalysts?) Now 25 years later, I think I have found a piece of my more human self and I have arrived at a more realistic understanding of therapy. I have in mind that therapy will neither cure our patient nor our self of our human condition because as Yalom writes, "Our life, our existence, will always be riveted to death, love to loss, freedom to fear, and growth to separation. We are, all of us, in this together." Yalom (1989, p.14) Looking back, I think I have rediscovered again and again those things I already knew.

Eliot reminds us in his poetic way :

We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.  
Little Gidding , 1942

I conclude with the comments of a client of mine finished her therapy and sent me the following message from abroad where she now lives. "I fight every day to see the conditions of my life change. I feel resilient and safe even on the days I am sad. On the first day I arrived in Athens, I took my car and my first thought was how much I would like to come to see you. Maybe this is the

end of a healing process to be truly in touch with your therapist and be able to leave and then to get in touch with other significant people in the same healthy, reparative way."

When I read the following poem I think of our therapeutic journey.

*I walk in a forest with wild pine trees  
And every step I take is a story  
I think, I love, I act  
And that is history  
Maybe I will not do important things  
But the story is made  
Of small gestures  
And all the things I will do before I die  
Will be pieces of history  
And all the thoughts of now  
Will make the story of tomorrow*

La Storia, Italo Calvino.

## **Bibliography**

- Adler, G.(1956). "Notes regarding the dynamics of the self". In *Dynamic aspects of the psyche*. New York : Analytical Psychology Club.
- Anderson, H. (1997). *Conversation, Language and Possibilities: A Postmodern Approach to Therapy*. New York: Basic Books.
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors, *Psychodynamic Practice*, 13 (3), 257-274.
- Bianciardi, M. , Telfener, U. (2014). *Ricorsività in psicoterapia. Riflessioni sulla pratica clinica*. Italy : Bollati Boringhieri
- Bion WR (1987). Clinical seminars. In: *Clinical seminars and other works*. London: Karnac.
- Bowen, M. (1978) On the differentiation of self. In *Family Therapy in Clinical Practice*. New York: Jason Aronson, 467–528.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Bugental, J.F.(1964). The person who is the psychotherapist. *Journal of Consulting Psychology*, 28, 272-.277.
- Byng-Hall, J. (2002) Relieving parentified children's burdens in families with insecure attachment patterns. *Family Process*, 41, 375–388.
- Byng Hall, J. (2008). The crucial roles of attachment in family therapy. *Journal of Family Therapy*, 30, (2), 129-146.

- Casement, P. (1985). *On Learning from the Patient*. London: Routledge.
- Cecchin, G. , Lane, G., & Ray, W.A. (1992). *Irreverence: A strategy for therapists' survival*. London: Karnac.
- Chused , J. (2012). The analyst's narcissism. *Journal of the American Psychoanalytic Association*, 60, 5, 899-915.
- Cozolino, L. (2004) .*The Making of a Therapist: A Practical Guide for the Inner Journey*. New York : W.W. Norton & Company.
- Gabbard, G.O., Ogden, T, H.(2009). On becoming a psychoanalyst. *The International Journal of Psychoanalysis*, 90, 311–327.
- Dryden, W. & Spurling, L. (1989). *On Becoming A Psychotherapist*. London : Routledge.
- Ford, E. S. (1963). Being and becoming a psychotherapist: The search for identity. *American Journal of Psychotherapy*, 17, 472–482.
- Goldberg, C. (1991). *On Being A Psychotherapist*. Northvale, NJ. : Jason Aronson.
- Hoffman , L. (2001). *Family Therapy: An Intimate History*. New York : W. W. Norton & Company.
- Jenkins , H.(2006). Inside out, or outside in: meeting with couples. *Journal of Family Therapy*, 28, 113–135 .
- Kearney, M. (1996). *Mortally wounded: Stories of soul pain, death and healing*. Dublin: Marino Books.
- Kottler, J. A. (1987). *On being a therapist*. San Francisco: Jossey-Bass Publishers.
- Larner, G.(2004). Family therapy and the politics of evidence. *Journal of Family Therapy*, 26,17-39.
- Marmor, J. (1953). The Feeling of Superiority: An Occupational Hazard in the Practice of Psychotherapy. *American Journal of Psychiatry*, 110, 370-376.
- Miller, A. (2007). *The drama of the gifted child: The search for the true self*. New York: Basic Books.
- Minuchin , S , Fishman, H. , C. (1981). *Family Therapy Techniques*. Cambridge: Harvard University Press.
- Molad, G. H. (2001) "On Presenting One's Case: Embraced Trauma and the Dialogue Between Analysts" *Psychoanalytic Review*, 88(1), 95-111.
- Olinick, S.L , Poland, W.S, Grigg, K.A., Granatir, W.L . (1973).The psychoanalytic work ego: process and interpretation. *The International Journal of Psychoanalysis*, 54,143-151.
- Papadatou, D. (2009). *In the face of death: Professionals who care for the dying and the bereaved*. New York: Springer.
- Pinsof, W.M.(2005). A Shamanic Tapestry: My experiences with Individual, Marital, and Family Therapy In Geller, J.D., Norcross, J.C, Orlinsky D.(Eds), *The psychotherapist's Own Psychotherapy . Patient and Clinician Perspective*. Oxford : Oxford University Press.
- Rilke, R, M. (1986) . *Letters to a Young Poet*. New York : Vintage Books.
- Rønnestad, M.H. and Skovholt, T.M. (2002). Learning arenas for professional development: Retrospective accounts for senior psychotherapists. *Professional Psychology: Research and Practice*, 32, 181-187.
- Rycroft, P. (2004). When theory abandons us – wading through the 'swampy lowlands' of

practice. *Journal of Family Therapy* , 26, 245–259.

Shotter, J. (1993). *Conversational Realities: Constructing Life Through Language*. Thousand Oaks, CA.: Sage.

Simon, G.M. (2003). *Beyond technique in family therapy: Finding your therapeutic voice*. Boston: Allyn & Bacon.

Simon, G.M. (2003). The Heart of the Matter: A Proposal for Placing the Self of the Therapist at the Center of Family Therapy Research and Training. *Family Process*, 45,(3), 331-344.

Stolk, Y. and Perlesz, A. (1990) Do better trainees make worse family therapists? A follow-up study of client families. *Family Process*, 29,45–58.

Sussman, M. B. (1992). *A Curious Calling: Unconscious motivations for practicing psychotherapy*. London: Jason Aronson Inc.

Yalom, I. (1989) *Love's Executioner and Other Tales of Psychotherapy*. Harmondsworth: Penguin Books.

Wheelis, A. (1958). *The Quest for Identity*. New York: Norton.