

Understanding Psychotherapists' Experience of Ongoing Learning

A Hermeneutic Phenomenology Study

Kerry L. Thomas-Anttila

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New Zealand

Primary Supervisor: Professor Elizabeth Smythe
Second Supervisor: Dr Deborah Spence

Abstract

This study explores the phenomenon of psychotherapists' experience of ongoing learning. Psychotherapy has a clinical case-based history and, therefore, a knowledge base that is founded on clinical work. Amongst psychotherapists themselves there is a tacit understanding that the ongoing learning of psychotherapy goes hand-in-hand with the practising of psychotherapy, including thinking about the work. This latter can often take the form of reading about, writing about, or discussing clinical case reports or studies. Such forms of learning are, however, regarded poorly in the mainstream research arena. Where does this place psychotherapists themselves? Is something amiss with how therapists are educated and continue to learn? This is the basis of a very lively debate in psychotherapy literature and the impetus for my exploring this phenomenon by way of speaking with psychotherapists about their own experiences of ongoing learning.

The 12 participants were purposefully selected for their willingness to participate and their ability to articulate their learning experiences. Participants' narratives were captured via audio-taped interviewing and "stories" of learning emerged. I have offered an interpretation of the therapists' narratives, within the ontological framework of hermeneutic phenomenology and drawing from the writings of Heidegger [1889-1976], Gadamer [1900-2002], and Arendt [1906-1975].

The findings of this study reveal the ways in which psychotherapists increasingly move towards that which is essential for their own learning; what *matters* to the individual therapist begins to emerge over time and to show itself more fully. This arises from the interconnectedness between participants' individual life histories and their vocational lives as psychotherapists. Emphasis is placed on authenticity in life and work. Learning is revealed as an internal movement which includes care for oneself and noticing that which is essential for one's own development. Prescriptive approaches to specific activities of learning are not indicated, rather the learner's *engagement* with activities that are *meaningful* for them. Interpretation of the participants' stories highlighted that there are ways of being that facilitate therapists' ongoing learning. These include an openness of being; meditative thinking, dreaming and reverie; caring for one's own soul; learning to respond; resisting the allure of overly engaging with our rational minds; an awareness of our being-in-the-world as an interplay between the inseparable states of being with oneself, being alongside things, and being with others; and staying open to the mystery and the unknown.

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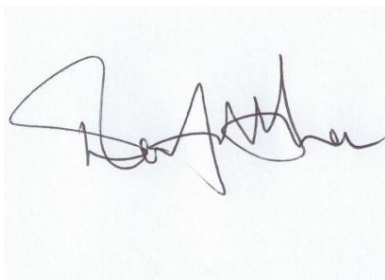
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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in black ink, appearing to be 'R. J. Smith', written on a light blue background.

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Chapter 1: Introduction

This study seeks to uncover the lived experience of ongoing learning for practising psychotherapists in Aotearoa New Zealand. As the term “lived experience” implies, it does not directly concern itself with tasks of learning or with prescriptions for learning. Rather, it engages with the therapists I interviewed and with their own unique experiences of learning. As the researcher, my contribution is to offer an interpretation of the therapists’ narratives, and I do so within the framework of hermeneutic phenomenology. I use this methodology because it is particularly suited to personal learning journeys. In this introductory chapter I begin by explaining the purpose of this research and the reasons for my engagement with this topic.

Purpose of the Research

It is anticipated that this practitioner-informed piece of research will contribute to understanding psychotherapists’ experience of their ongoing learning, and that this understanding will help psychotherapists, as well as those who are teaching, educating or supervising psychotherapists, to engage with the phenomenon of psychotherapists’ learning experiences. This study does not presume to be a definitive or systematic account of the ways in which psychotherapists learn, rather it is a showing of the phenomenon of psychotherapists’ learning. Gadamer (1996) noted that hermeneutics as a philosophy attempts to grasp the unpredictable character of the spiritual and mental life of human beings, the incomprehensible, where “there are always new questions, and with every answer a new question is raised” (p. 167). The aim of this research, therefore, is to engage with, and to remain open to, the phenomenon of psychotherapists’ experience of their learning by remaining in a constant dialogue with that phenomenon.

Impetus for this Study

The beginnings of my engagement with this topic of research lie in my education, training and practice as a psychotherapist, and the questions that have arisen for me along the way in relation to how psychotherapists think about their practice and what form their ongoing learning takes. As a psychotherapist and teacher of students of psychotherapy I have a keen interest in the ways in which psychotherapists continue to learn. Some years ago I became aware that the ways in which psychotherapists

learn seem to differ significantly from the ways in which practitioners in some other disciplines learn, including some health disciplines. There is a tacit understanding amongst psychotherapists that the ongoing learning of psychotherapy goes hand in hand with the practising of psychotherapy, as well as an ongoing interaction with (mainly) clinical material written by and/or discussed with other psychotherapists. This orientation is based in psychotherapy having had a clinical case-based history and, therefore, a knowledge base that is founded on clinical work (Berkencotter, 2008). The nature of the therapeutic relationship, and the therapist's place within it, seem to orient therapists towards reading about the clinical work itself, which might include clinical vignettes or case studies/histories, as well as aspects of the therapist writer's lived experience of learning.

When I first learnt that case studies are regarded poorly in the research arena I wondered where that placed psychotherapists themselves. Is their learning deemed second or even third rate, or perhaps there is something amiss with how therapists are trained or educated¹ and how they continue to learn? I began to read other therapists' thoughts about this and found this to be the basis of a very lively debate. On one hand, there are therapists who argue that the field of psychotherapy is being irrevocably harmed by the push towards so-called "evidence-based" practice. For example, Hoffmann (2009), in his evocatively-titled article "Doublethinking our way to 'scientific' legitimacy: The desiccation of human experience", argued that the psychotherapy case study is especially suited for the advancement of knowledge in psychotherapy, as clinical interactions are unique in nature. Further, that systematic empirical research on psychoanalytic process and outcome is "unwarranted epistemologically and is potentially damaging both to the development of our understanding of the analytic process itself and to the quality of our clinical work" (Hoffmann, p. 1043).

Fonagy (2010), on the other hand, argued that "science is good for practice" (p. 38) and that research is there to help us to deliver the forms of care which are best for our patients. He contended that science needs to be firmly grounded in everyday

¹ In the context of an individual's education to become a psychotherapist, I prefer the term "education" rather than "training", the latter often having corporate or militaristic overtones (I thank Neville Symington, psychoanalyst, for raising my consciousness in relation to this matter). However, I acknowledge that "training" is used in many psychotherapy educational contexts, including by many of the participants in this study. Therefore both the terms "education" and "training" will be used. Where "training" is used it refers specifically to pre-qualifying psychotherapy education. The term "education" is of course broader and the context will dictate whether reference is being made to pre- or post-qualifying education.

clinical care, and, for that to happen, practitioners need to tell researchers what knowledge is most needed. Otherwise, he cautioned, future generations are likely to judge research decisions as unethical and unjustifiable, and potentially as an indication of a self-serving attitude.

The debate amongst psychotherapists continues, and much has been written about the tension that exists between those advocating for evidence-based practice on the one hand, and theory arising from clinical work (practice-based evidence) on the other. Although there are psychotherapist writers who write evocatively and deeply about the ways in which psychotherapists experience their learning (for example, Gabbard & Ogden, 2009; Ogden, 1997a, 1997b, 2004, 2005a, 2006, 2009), I became interested in exploring this phenomenon by way of speaking with the therapists themselves; hence my research topic “Understanding psychotherapists’ experience of ongoing learning”. Such exploration will add a further piece to the puzzle of how psychotherapy clinicians go about their work.

What is Psychotherapy and What is a Psychotherapist?

The beginnings: Freud and psychoanalysis.

The beginnings of the discipline of psychotherapy lie with Sigmund Freud, who began his career as a neurologist in Vienna, and who at the end of the 19th century began to work with his patients using the “talking cure”². His work with his patients and his efforts to understand their mental life was a departure from considering mental illness purely in biological terms. It was an attempt to discover the meaning of the symptoms and to trace their development. According to the time, and to his scientific training, he developed his theories by employing methods that had proven successful in the natural sciences. He inferred causal relations, hypothesised, built theoretical models, speculated and attempted verification with observations (Wertz, 1986). However, because the psychoanalytic process demanded something different, Freud also attempted to “describe, understand, and interpret human phenomena in their biographical and cultural contexts” (Wertz, 1986, p. 565).

² Bertha Pappenheim (“Anna O”), a patient of Freud’s colleague, Dr Josef Breuer, between 1880-1882, first used the expression “the talking cure”, after particular symptoms she suffered from disappeared when she spoke about them. She also used the expression “chimney sweeping” to describe the same phenomenon (Jones, 1954, p. 246).

As a way of conveying what he was learning Freud wrote case histories in which he described in detail his treatment of his patients and his discoveries in relation to the new clinical theory and practice he saw emerging. The first of these case histories appeared in 1893 (Freud & Breuer, 1893/1955), with the publication of Breuer's case of Fräulein Anna O., and four case histories written by Freud³. All five of these case studies had the aim of investigating hysterical phenomena. The term given in the original German, to the description of these cases, was the medical term "Krankengeschichte" – literally "story/history of a sick person". Krankengeschichte is not used on its own, but rather in conjunction with "Behandlungsgeschichte", literally "history of treatment". For example, Freud (1905/1991) described his writing in the preface to the case of his patient Dora as being a "Kranken- und Behandlungsgeschichte" (p. 163)⁴, that is, a "history/story of a sick person and her treatment". This is a literal translation and the terminology is no different from how any medical practitioner would have written at that time. What is different, however, is the tripartite way in which Freud was concerned to carry out the description.

In his preface to the case of *Dora* (1905/1953) Freud emphasised that "We are obliged to pay as much attention in our case histories to the purely human and social circumstances of our patients as to the somatic data and the symptoms of the disorder" (p. 18). Not only do we know the patient's symptoms and illness but also his/her life story and how these might be inter-related. He also wrote about the analysis, a description of the process that happens between patient and analyst. Bringing these three components together in one document makes Freud's (1905/1991) "Kranken- und Behandlungsgeschichte" (p. 163) less of a description that might belong to the medical world and something that becomes a new formulation, the psychoanalytic or psychotherapeutic case history/study.

This direction seems to reflect his early musings that early on he had no particular predilection for the career of a doctor, but was rather moved by a "sort of curiosity... directed more towards human concerns than towards natural objects" (Freud, 1925/1959, p. 8), as well as a "deep engrossment in the Bible story ... [which]

³ Frau Emmy von N. (Freud, 1893/1955a); Miss Lucy R. (Freud, 1893/1955b); Katherina (Freud, 1893/1955c) and Fräulein Elisabeth von R. (Freud, 1893/1955d).

⁴ From the original German publication: Freud, S. (1991). Bruchstück einer hysteric-analyse: Vorwort. In S. Freud, *Gesammelte Werke* (Vol. 5, pp. 163-171). Retrieved from <http://www.pep-web.org.ezproxy.aut.ac.nz/document.php?id=gw.005.0163a#p0163>. (Original work published 1905).

had, as I recognized much later, an enduring effect upon the direction of my interest” (ibid.). He went on to say that his first vocational wish was to study law and to engage in social activities, but that the theories of Darwin exerted a strong pull on him in terms of understanding the world, and that he finally made the decision to become a doctor after hearing Goethe’s beautiful essay on Nature⁵. It seems likely that these medical, social, historical, and story-telling interests came together in the psychoanalytic method that he began to create.

Wertz (1986) described how these two essentially very different research methodologies (“scientific” or positivistic/quantitative, on the one hand, and phenomenological or interpretive/qualitative on the other) have exposed psychoanalysis to critiques from both sides. Freud himself (1893/1955d) wrote that he was dismayed that his case histories should read like stories, “...they lack the serious stamp of science” (p. 160). He went on to say that he could only console himself with the reflection that the nature of the subject was responsible for this, rather than any preference of his own, and that the difference between psychiatric case histories and his is that there is an intimate connection between the story of the patient's sufferings and the symptoms of his illness.

Psychotherapy: Clinical practice.

In this study the term “psychotherapist” includes registered psychotherapists and/or members of the New Zealand Association of Psychotherapists and/or members of Waka Oranga (a group of Māori psychotherapists), and/or members of a psychotherapy organisation recognised by the Psychotherapists Board of Aotearoa New Zealand (PBANZ). The term “psychotherapist” for the purposes of this study refers to a practitioner/therapist who has a predominantly psychodynamic/psychoanalytic orientation⁶. For this reason, psychotherapeutic literature cited will mainly be that which has a psychodynamic/psychoanalytic underpinning. In brief, “psychoanalytic” psychotherapy is a therapy which focuses on the forces that underlie human behaviour. It has a particular interest in the unconscious processes in the individual, including the interplay and conflicts with conscious processes. Psychodynamic

⁵ An editor’s footnote in this 1925 paper states that “According to Pestalozzi (1956) the real author of the essay (written in 1780) was G. C. Tobler, a Swiss writer. Goethe came across it half a century later, and, by a paramnesia, included it among his own works” (p. 8).

⁶ The terms “psychodynamic” and “psychoanalytic” will be used interchangeably; similarly the terms “psychotherapist”, “therapist”, “psychoanalyst”, and “analyst”.

psychotherapists contend that life issues/conflicts/interpersonal dynamics will emerge within the therapeutic relationship in the form of “transference” (in the patient/client) and “countertransference” (in the therapist). Transference is where aspects of the patient’s earlier experiences are unconsciously transferred onto the relationship with the therapist, and countertransference is anything that the therapist experiences (again, unconsciously) in relation to the patient/client. It is then the therapist’s task to “interpret” these (find a way of communicating what he or she experiences and understands), that is, to make conscious what has been unconscious, in order to help the patient/client to understand him or herself better and to work through his/her problems, in order to feel freer and more alive.

Clinical theories, originally developed by Freud, have changed and evolved and at times have been completely replaced, for example, “attachment theory” has largely replaced “drive theory”, as noted by Hirsch (2015): “Drive theory, not too long ago the center of psychoanalytic developmental thinking, is now deeply in the background of theorizing” (p. 9). Many different schools of psychotherapy have been developed and established, including those that have rejected or modified psychoanalytic theory and practice. Contemporary developments in psychoanalysis (the relational “turn”) focus on the intersubjective nature of the therapeutic relationship; hence an important shift from the therapist as observer and commentator/interpreter, to the therapeutic endeavour being collaborative, and one in which both participants are engaged in a co-created field. An important task for the therapist is to notice and be aware of the “analytic third”⁷ that is created. Bohleber (2013) noted that intersubjective psychoanalytic theorists (for example, Robert Stolorow, George Atwood, and Donna Orange) criticise psychoanalysis for having followed Descartes’ epistemic approach for too long, and that the “two-person psychology” remains rooted in a Cartesian theory of the isolated psyche, with the narrow conception of intersubjectivity as being two separate minds “bumping into each other” (Orange, Atwood, & Stolorow, 1997, cited

⁷ Ogden (1997b) suggested that in addition to analyst and analysand there is a “third subject of analysis” (p. 109) which he referred to as the “intersubjective analytic third” (ibid.). Further, that this third subject of analysis stands in dialectical tension with the analyst and analysand as separate individuals with their own subjectivities. He noted that the analytic relationship exists for the purpose of helping the patient to make psychological changes that will enable him to live his life in a more fully human way, and described the intersubjective analytic third as follows: “the analytic third is not a single event experienced identically by two people; rather, it is a jointly but asymmetrically constructed and experienced set of conscious and unconscious intersubjective experiences in which analyst and analysand participate” (p. 110).

in Bohleber, 2013, p. 802). Virtually all intersubjective psychoanalytical theories, writes Bohleber, borrow from philosophy, particularly from Hegel, Husserl, Heidegger, Buber, Gadamer, Lévinas, and Habermas. Hirsch (2015) has also pointed out that long before the “relational turn” there was the Interpersonal school or tradition, with writers such as Ferenczi and Rank in the 1920s, and Sullivan, Fromm and Thompson in the 1940s and 1950s, all of whom wrote about subjectivity and mutual influence in the dyadic psychoanalytic situation.

Use of the Terms Patient, Analysand, and Client in this Study

The terms “patient” and “client” will be used interchangeably in this study, reflecting the fact that psychodynamic practitioners and theorists use these terms interchangeably. The term “patient” is often favoured, not as an indication that the “patient” is in some way helpless or is a passive recipient of treatment, but rather acknowledging the etymological meaning of the word, from the Latin “pati”, meaning to undergo, suffer, bear (Barnhart & Steinmetz, 1988, p. 764); and thus as an acknowledgment that the patient is asking for some assistance in understanding the cause of his/her suffering. However, the term “client” is also widely used in the literature, mainly because it has become popular in contemporary healthcare. The etymological meaning of “client”, from the Latin “cliēns”, means “dependent” or “follower” (Barnhart & Steinmetz, p. 179); however, it is unlikely that users of this term have this in mind. Rather the common understanding is that the term “client” indicates both a person who is paying for a service and an equality between provider and recipient which, for some, is missing in the term “patient”. Moreover, the term “client” does not have connotations of medical practice, which for some writers and practitioners is desirable.

The term “analysand” will be used less frequently but is often used by psychoanalytic writers to refer to patients who are in long-term analytic therapy or analysis.

Personal Pre-understandings as a Psychotherapist and Educator

Gadamer (1975/2013) suggested that our pre-understandings always go before us in interpreting any text, thus the researcher needs to be able to identify and reflect on his or her own experiences and assumptions. This differs from Husserl’s (1913/1983) stance, that it is possible to “bracket” understandings so that they do not influence

research. Gadamer described the hermeneutical task as incorporating an attitude of questioning, and of being prepared for a text to tell us something. In addition, that we acknowledge that we are unable to do this from a “neutral” perspective, but rather from an awareness of one’s bias “so that the text can present itself in all its otherness and thus assert its own truth against one’s own fore-meanings” (p. 272). What is important is the notion of being prepared for a text *to tell us something*. As Gadamer suggested, this pre-supposes an openness to receive what is being told and, at the same time, an awareness of what we might expect or prefer, and how this might hinder being able to receive something additional and/or contradictory.

Here then, in the context of this study, I acknowledge my own situatedness, as a psychotherapist of 12 years, and a teacher of beginning psychotherapists in a tertiary institution. As therapists have told me their stories over the course of this research, I resonate, and do not resonate with what they say; yet I always know something of where they are situated, that is, in a therapeutic relationship with themselves holding the responsibility of being the therapist. I bring to this project my understanding of how I have learnt over the years and, also, through my teaching experience and my participation in various psychotherapy learning groups, my thoughts about how others learn. In addition, the Department in which I work has, over the last 25 years, established its own ways of teaching and learning. It is thus an ongoing process to examine these carefully and to discover how they fit and do not fit with my own beliefs and experiences.

In the context of Gadamer’s (1975/2013) notion of being prepared for the text to tell us something, Leonard Cohen’s (1992) lyrics in the song *Anthem* come to mind: “Forget your perfect offering. There is a crack in everything. That’s how the light gets in”. Although Cohen has been interpreted as saying here that nothing/nobody is perfect and that imperfections are life-giving, his words seem pertinent here in considering how to bring life and light into sometimes rigidly formed ideas and beliefs. “Welcoming the crack” would seem to be an essential part of the hermeneutic endeavour. In relation to this “welcoming”, a psychoanalytic writer, Glen Gabbard (2005) wrote about the “allegiance effect” (p. 333). He explained the allegiance effect as being the strong relationship that exists between the theoretical orientation of the researcher and the theoretical orientation that is privileged in the research. My own education in psychotherapy and subsequent participation in a post-qualifying

psychoanalytic psychotherapy programme, for a further six years, together with my experience as a practising psychoanalytic psychotherapist, present their own challenges with regards to keeping open to the data as it is presented. I bring my own interest and reading about psychoanalysis and psychoanalytic psychotherapy to the project. I have, for example, read much about therapeutic engagement in a psychoanalytic context, which includes thinking about how and what a therapist or analyst might learn in the therapeutic setting. As I have noted, this has been central to theory building since the inception of this discipline. When working with the data it will be important to be aware of and to reflect on the ways in which my own preference for psychoanalytic theory and practice has developed strong beliefs within me which may hinder the text telling me something new.

Helping me with this is the methodology and method I have chosen; hermeneutic phenomenology. I will discuss methodological and method considerations further in chapters four and six, but suffice it to say here that the phenomenological method of interacting with the data (transcribing the interviews, dwelling with the data, writing phenomenologically about the data) has allowed other meanings to come to the fore and illuminate the topic. In addition, discussing the data during thesis supervision has often enabled me to see things from a different perspective. Always, however, in the background are my already formed ideas, including my own professional identity as a psychotherapist, teacher, and beginning researcher/writer (Thomas-Anttila, 2015). These inform the ways in which I am able to hear what is spoken. Heidegger (1959/2008) suggested that we listen to language in such a way that we let it tell us its saying, and at the same time that “we hear it only because we belong to it” (p. 411). The analysis of the data consists of dwelling with it and writing the thoughts that come. In doing so, the data is able to speak, to show itself. At the same time, we are ever-present with the dilemma that we can perhaps only hear that which has already come to belong to us. This is the tension: on the one hand, my already formed pre-understandings and, on the other, my intentions to be open to the phenomena as they show themselves.

Pre-understandings Interview

While I was preparing to interview the participants for this study my thesis supervisor, Professor Liz Smythe, interviewed me, to help me to understand my own experiences

of learning, and therefore how I was likely to think about ongoing learning (including how I was likely to resonate with this in talking with participants). One of her first questions was to take me back to my first few patients and to ask me if I remembered how it was to work with them and how I thought of what I was doing. My response was as follows:

I'm thinking of one in particular who was quite challenging, he was also very interesting, and looking back I really submerged myself into the experience of being with him. I did a lot of work in terms of trying to understand him and what he'd been through. I did huge notes, a genogram; I would say for every session I did with him I did another at least one hour of notes and reflections. And for two years he was the main patient I took to my weekly supervision. So it was exciting in that way, really trying to come to terms with who is this man and trying to understand him.

What stands out for me in reading this, and in remembering the experience, is the feeling of submerging myself in the experience of being with this man. For me, it was not just attempting to understand something on a cognitive level; rather being open to and to letting go into the experience of the person in order to understand him and therefore to be of some help. I had no pre-conceived idea of where this might take me and whether I might encounter any difficulties with this approach – it just seemed that it was the right approach for me to take. If I think about how I have learnt in other situations I would say that this is what I tend to do.

The above example relates to clinical work, however in response to a question about learning from conference presentations I would say that there is a similar theme of “submerging”:

The conference (Francis Tustin conference in Sydney in 2012) went for about three days and there were keynote speakers and individual workshops. The one that spoke most to me was an American man called Jeffrey Eaton, who was presenting his work with a young 8 year old autistic boy, and he did it so movingly. There was something about the feeling he conveyed, how he read it, and the power of the work with this boy really came through, and so I just sat there and cried for a lot of it. It was really wonderful what he did, and what it gave me was a further insight into attuning very closely emotionally and at the same time writing about the work quite fully. It was about being with the person's emotional state rather than listening to the content of what is being said, it's one of those things you learn in the first year of training, but something like that brings it to life, it's so different from being told “this is what we do”, or reading “this is what we do”. To actually see

somebody doing it and to experience it, somehow it makes it possible to go more into that realm yourself.

Again, in this example, I am describing a process of being open to and letting go into the experience of being with this presenter. In doing this I would say that an emotional connection within myself is created, which then means that the learning is received at a feeling rather than a thinking level. There is no effort required to *apply* this learning; I would suggest that instead it transforms the lived experience of the person. Something changed in my own practice after listening to Jeffrey Eaton and which I did not need to force myself to change. The emotional experience of the other became more alive and more evident to me and more worthy of closer enquiry and understanding.

At this point in the interview Liz astutely asked me whether there might be something about this man as a person that had “won me over”. “Yes, of course”, I answered. In a sense, I had fallen in love. What was that about? “Well”, I said, “it was about the respect he felt for his work that really came through, his reverence and his absolute admiration for this boy he was working with”. This links to my own personal history, whereby I am moved when emotional attunement is valued over the content of what is being said. Jeffrey Eaton’s tone and his way of being conveyed this powerfully, and it was irresistible. In this case, the feeling of being moved by his work was inextricably linked to my own feelings of grief in relation to very old feelings of being lost and alone. At least part of my experience (not conscious to me at the time) during that workshop was “where were you when I needed you?” In being willing to feel that, and also when reflecting later, I would say that something reparative happened both in relation to my own history and experience and in relation to my clinical practice. Here, life intersects with practice, and practice with life, in the way that it must when the psychotherapist uses him or herself as a tool in the context of a therapeutic relationship which aims to privilege the understanding of internal psychological processes.

Psychotherapists are encouraged to self-reflect in the service of the work and of their own personal development during and following their education/training. Being in therapy and clinical supervision is part of being a therapist and is an important part of how one continues to learn. Although being in therapy can be thought of as necessary only for those who are pressingly in need of it, this is viewed differently amongst psychotherapists. Unlike supervision, therapy is not mandatory after

qualification; however it is usual for therapists to continue in a therapeutic relationship, to facilitate self-exploration (with another) in the service of their work. I have found this to be an essential part of my own self-development, and that remaining “in the zone” as it were – that is, engaged in an ongoing exploration of one’s own inner conflicts, struggles and so on – brings benefits to the clinical work. Staying close to one’s own process helps to stay close to another’s.

In thinking about my learning I realise it has always been important for me to reflect with others on what I am experiencing and learning. I describe something of this experience in relation to my clinical supervision:

One of the things that I initially found unfamiliar but then came to appreciate was that he took his time. So I would say something to him and he would take his time answering it or reflecting on it, and I was initially quite anxious but I gradually got into this way of reflecting together and associating to the material I was bringing. I think that has been very helpful. I think what it did was that it grew my capacity to reflect, without doing it in a big hurry, feeling like I had to instantly respond, which has been helpful in my work.

I found my clinical supervisor’s style unfamiliar to begin with but then appreciated his way of reflecting and associating to the material I brought to the session. Not only the work, but my own way of relating is challenged. Again, it seems that I am open to changing something about myself and believe that this will go in a helpful direction (in this case, increasing my capacity to reflect). The question here becomes about the tension between what I have described as submerging myself, being open, and letting go into an experience and, on the other hand, unthinkingly adapting to the other and assuming that the other “knows best”. I would suggest that it is here where one’s own therapy comes to the fore, where attuning to self is prioritised over attuning to other, and where the subtleties of each can be explored, that is, where *one’s own* “best knowing” or “unknowing” can be explored and articulated.

I also need to acknowledge my experience as a teacher of beginning psychotherapists in a tertiary institution, and how that might relate to my ongoing learning. I have been a lecturer in the Discipline of Psychotherapy⁸ at Auckland University of Technology (AUT) since the beginning of 2010, teaching and supervising on both the Graduate Diploma of Health Science (Psychotherapy Pathway) and the Master of Psychotherapy programmes, and Programme Leader of the Graduate

⁸ Before 2016 the “Department of Psychotherapy and Counselling”.

Diploma⁹ since the beginning of 2013. I resonate with the received wisdom that to teach something is to learn it:

Teaching beginning psychotherapists has consolidated quite a lot of things for me around things like assessment, formulations, and so on. I think it's really acted as a grounding in me of those things. A few people in my training described me as an intuitive therapist, I think that's probably true in that I wasn't necessarily so good at integrating the theory and I think teaching has forced me to do that, which has been good. I think it enhances the ability to think and feel at the same time, be able to be with the person and think about what's happening at the same time, and have it be informed by theory. I think that teaching has really helped me with that.

In addition, I have been reading and interviewing for, and writing this thesis for a number of years. It has been a huge learning in many ways. I have always embarked on a piece of research because I wanted to understand more. For example, as a young woman in my early 20s I was very unsure about the prospect of becoming a mother. At the time I was studying German language and literature and decided that, to help me with my decision, I would write my Master's thesis (Thomas, 1985) on motherhood, using feminist literary criticism as the methodology. It helped to clarify my thoughts at the time, including what I thought would be the "ideal" conditions for becoming a parent, which I then set out endeavouring to achieve. When I look at my thesis now, what stands out is that I had at that time no experience of being a mother myself, although of course I had *been* mothered and had seen and experienced various forms of mothering. My reading and interpretation of women's experiences of motherhood in what was then East and West Germany were indubitably influenced by my own then-experiences of mothering, and the conclusions I drew at that time differ in some essential respects to the conclusions that my present-day self as a mother of 22 years would draw (which would again doubtless differ from the conclusions I might draw with another 10 or 20 years of life experience). Nevertheless, it was helpful to do that piece of research at the time (a beginning had to be made).

I describe this because I thought of myself, at that time, as taking a rather "objective" stance to the study, and that the "results" would inform my future decisions about mothering. I now believe that this "objectivity" can never be possible; I

⁹ The Graduate Diploma of Health Science (Psychotherapy Pathway) is a one year full-time programme, and a pre-requisite for entry into the two year full-time Master of Psychotherapy programme. As such, it is the first year of the students' education towards becoming a psychotherapist.

cannot stand outside of my life experience and beliefs and undertake an impartial study, perhaps particularly when I am endeavouring to inform myself in the process. Taylor (1985) described the complexities inherent in our attempts to interpret ourselves and our experience:

Our interpretation of ourselves and our experience is constitutive of what we are, and therefore cannot be considered as merely a view on reality, separable from reality, nor as an epiphenomenon, which can be bypassed in our understanding of reality. (p. 47)

In the data analysis chapters the participants will speak about their experiences (in response to the questions I posed) and, in then interpreting their experiences, I will explore some of the intricacies of the psychotherapist's lived learning journey. This discussion of my pre-understandings clarifies that I will do so with a "fore-having" (Vorhabe), a "fore-sight" (Vorsicht), and a "fore-conception" (Vorgriff) (Heidegger, 1927/2008, p. 150). In addition, my intention in discussing the pre-understandings is to make them more conscious and, therefore, as Gadamer (1975/2013) stated, to "check them and thus acquire right understanding from the things themselves" (p. 282).

A Note on Prejudice

Does my being a psychotherapist help or hinder my ability to enquire into the topic of psychotherapists' ongoing learning? Would a researcher who is not a therapist do so in a more "rigorous way"? These questions point towards the concept of "prejudice" and what this might mean in such a study. Am I, as a therapist, hopelessly "prejudiced" when faced with attempting to understand other psychotherapists' experiences? Gadamer (1975/2013) pointed out that the concept of prejudice only acquired a negative connotation during the Enlightenment, and that "prejudice" means a "judgment that is rendered before all elements that determine a situation have been finally examined" (p. 283). Further, that such a judgment can have either a positive or negative value¹⁰. The Enlightenment critique of religion changed the meaning of "prejudice" to have the sense of "unfounded judgement" (ibid.), which Gadamer concluded follows only in the spirit of rationalism, where scientific knowledge discredits prejudices and excludes them completely. Interestingly, as Gadamer noted, some prejudices were retained; for example, the German Enlightenment recognised

¹⁰ Barnhart and Steinmetz (1988) described the meaning of the Latin "praeiudicium" as "previous judgment, opinion formed in advance" (p. 832).

the “true prejudices” of the Christian religion. He went on to argue that if we want to do justice to man’s finite, historical mode of being, then the concept of prejudice needs to be rehabilitated, and that the most basic of the hermeneutic preconditions is one’s fore-understanding, “which comes from being concerned with the same subject” (Gadamer, 1975/2013, p. 306). He underlined this notion of fore-understanding with the following statement:

Hermeneutics must start from the position that a person seeking to understand something has a bond to the subject matter that comes into language through the traditionary text and has, or acquires, a connection with the tradition from which the text speaks. On the other hand, hermeneutical consciousness is aware that its bond to this subject matter does not consist in some self-evident, unquestioned unanimity.... Hermeneutic work is based on a polarity of familiarity and strangeness... Here too is the tension. It is in the play between the traditionary text’s strangeness and familiarity to us. *The true locus of hermeneutics is this in-between.* (Gadamer, 1975/2013, p. 306)

Understanding that the concept of “prejudice” evolved during the Enlightenment to take on a meaning it did not formerly have places this concept in a new (and old) light with regards to the question I initially asked about my legitimacy in enquiring into a subject area that is familiar to me. As I have been immersed in the territory of my ongoing learning as a psychotherapist for many years I therefore have a lived understanding of the experience and, as Gadamer (1975/2013) put it, “a bond to the subject matter” (p. 306). Of course it is my own particular experience and it therefore behoves me to hold the tension of both the familiarity of my own experience and the “strangeness” of that of others. The challenge in the interpretation of others’ experiences becomes to remain “in the play” and in the in-between.

Summary of My Pre-Understandings

To summarise my pre-understandings:

- The importance as a therapist of learning to be open to the experience of the patient. I believe that this is helpful to the patient and conveys an attitude of respect and also a willingness to be affected by the patient and what he/she brings. This includes being willing to momentarily submerge oneself, and then to re-emerge, as it were, to reflect on the experience in order to understand something of it. The re-emerging stage is usefully done with another (for

example, in clinical supervision), but can (and often does) occur alone, in self-reflection.

- The importance as a therapist of staying close to the patient's emotional experience. The content of what is said is a lower priority. My experience and understanding is that emotional distress is what usually brings a person to therapy and that attempting to provide solutions, except in crisis situations, where this becomes crucial, does not alleviate the distress or help the person in any long-term way. Instead the person benefits from an exploration of the distress, which over time helps to diminish the impact of difficult emotions that are experienced. My experience is that it often takes beginning therapists a long time to learn to do this, and that in any case the learning around this never ends.
- Learning, particularly learning that leads to personal change/transformation, occurs firstly at an emotional level. Rather than learning being "applied" in an intentional way, it transforms, without effort (this does not mean that there is no effort in putting oneself into situations where this is likely to occur). It can then be thought about and integrated at a cognitive level.
- As a practitioner, the use of myself as a tool in the therapeutic encounter means that there is an ongoing intersection of one's personal history and current life with practice, and a requirement to be aware of this and to reflect continuously on it. This never ends. Continuing in one's own therapy, after graduating, is a valuable way of staying close to one's own process, in order to both help oneself navigate the often murky waters of clinical practice (and life in general), and to maintain the possibility of helping the patient in his/her self-explorations as best as one is able.
- The importance of not isolating oneself, and instead remaining in contact with colleagues and reflecting on practice. This includes the clinical and research supervisory relationships, and being willing to reflect on challenges posed by others, whether personal or professional. My belief is that if something feels uncomfortable it deserves reflection – how can I learn from this experience of discomfort?
- Being mindful of the tension between being open/letting go into an experience on one hand, and unthinkingly adapting to the other and thinking they ("they"

can be anyone, depending on the context) “know best” on the other hand.

Reflecting on one’s “knowing” and “unknowing”. This includes appreciating one’s intuition as well as one’s ability to think critically.

- Teaching and studying are important ways of learning. I believe that developing an element of expertise in the context of teaching and/or immersing oneself in a sustained topic of study/research increases one’s ability to be open, curious, focused, able to tolerate complexity, able to tolerate the “not known”, and so on; all of which contribute to the therapist’s ability to practise in an effective manner.

Ethical Considerations

In carrying out this study I have been guided by the following ethical considerations:

- The principal aim is that of beneficence or “doing good”; that is, the study must be of use in the field. At the same time non-maleficence or “doing no harm” is central both to the psychotherapy endeavour and to the research process.
- The responsibility to preserve confidentiality by use of pseudonym and disguise of identity, a notion underpinned by the principle of respect for autonomy (Wiles, Crow, Heath, & Charles, 2008).

Further details regarding ethical considerations, including reference to relevant Ethics Committee documentation, are contained within chapter six (Methods).

Psychotherapy in the Context of Aotearoa New Zealand

History: Establishment of the New Zealand Association of Psychotherapists.

Psychotherapy is a relatively new profession in New Zealand. Its professional association, the New Zealand Association of Psychotherapists (NZAP) was established in 1947 by Dr C. Maurice Bevan-Brown, born in Christchurch, New Zealand, and who qualified in medicine and then went to London with a medical travelling fellowship. He worked from 1923 to 1939 as a psychiatrist-psychotherapist at the Tavistock Clinic in London, a centre for psychoanalytic research and practice, before returning to Christchurch in 1940. According to the NZAP website (2017a) Dr Bevan-Brown was concerned with the high rate of New Zealand’s admissions to mental hospitals compared to that of Britain, and also the lack of recognition of the effects of “war neuroses” or “shell-shock”. His desire was to promote an understanding of

psychoanalysis in order to improve society, as he believed that it is “very difficult to be mentally healthy in a mentally unhealthy world” (ibid.).

Dr Bevan-Brown began giving lectures in 1942, leading to the formation of the Mental Health Club, which then became the Christchurch Psychological Society (Cook, 1996). Wishing to train suitable people as psychotherapists, and finding insufficient interest among doctors, he turned to lay people and from 1944 a number of people in the “War Neurosis Group” began to train under Bevan-Brown. Then in 1946 he, together with the Reverend Frank Cook and Dr Enid Cook, established a centre for psychotherapy at 58 Armagh Street in Christchurch, called the Cranmer House Clinic. A conference convened there in December of 1947 resulted in the formation of the New Zealand Association of Psychotherapists. There were 26 people present at the inaugural meeting. The objectives of the Association were:

- (i) The protection of the public by maintenance of high professional standards;
- (ii) The promotion of fellowship and understanding among psychotherapists in New Zealand; and
- (iii) The provision of training facilities. (Cook, 1996)

Dr Bevan-Brown was the first President of the NZAP; he died in Christchurch, aged 80. The NZAP, now called The New Zealand Association of Psychotherapists/Te Rōpū Whakaora Hinengaro (NZAP), survives as the main professional body for practising psychotherapists in Aotearoa New Zealand.

The NZAP in 2017.

The NZAP’s current stated philosophy is as follows:

The New Zealand Association of Psychotherapists/Te Rōpū Whakaora Hinengaro (NZAP) recognises psychotherapy as an independent discipline within the field of psychological treatments in Aotearoa/New Zealand. NZAP is an association of appropriately qualified clinicians who recognise the importance of the therapeutic relationship as an integral part of the healing process. The Association is inclusive of many modalities within the psychotherapeutic field and has well-established standards with processes for membership, professional development and for recertification.

NZAP promotes the recognition of all the peoples of Aotearoa/New Zealand. In particular it recognises the partnership, through Te Tiriti of Waitangi, of the two main cultures of Aotearoa/New Zealand and the importance of Maori as tangata whenua. The Association endeavours to enhance the quality of life of individuals, the community and the profession through the reflective and relational conversation of psychotherapists.

NZAP stands for excellence in the practice of psychotherapy: for high standards and ethics. In its practice in the world, the Association models care.

NZAP serves to lead, not constrain, its membership; full and active participation is encouraged.

Core values for psychotherapy and for NZAP include integrity, respect, beneficence, justice, honouring of Te Tiriti of Waitangi and the Treaty partners, trust, and inclusivity. (NZAP website, 2017b)

It is not within the scope of this study to document the many changes that have occurred since the establishment of the NZAP¹¹. However, it is important to note that although the NZAP originally emerged as an organisation from a group of people who identified themselves as psychoanalytic practitioners, it is today an “umbrella organisation” for a number of different psychotherapy modalities. It is also important to note that with the advent of state registration for psychotherapists in 2008, the NZAP ceded a major part of its regulatory function with regards to the examination and admission of practitioners into the profession, although it does maintain a small role in the training of practitioners who are not part of a tertiary pathway and/or who are not registered with the PBANZ (see “Pathways to becoming a psychotherapist”, on the following page). The NZAP, in its current form, is the premier professional association for psychotherapists in Aotearoa New Zealand; as of 18 February 2017 it had 460 full and provisional members. It holds a four day annual conference, with both international and local speakers; usually around 150-200 members attend. In addition it publishes a journal *Ata: Journal of Psychotherapy Aotearoa New Zealand*, edited by Professor Keith Tudor and Dr Alayne Hall. *Ata* was launched in 2012 with two issues annually; previously the NZAP’s journal was *Forum* (1995–2011).

Aotearoa New Zealand: A bicultural nation.

In Aotearoa New Zealand there is an additional focus on the bicultural foundation of our society (represented by the Treaty of Waitangi) and the requirement to integrate models of therapy appropriate to the indigenous people of the land (tangata whenua). For example, within the NZAP there is a group of Māori psychotherapists called “Waka Oranga” (see the next section on pathways to becoming a psychotherapist, below).

¹¹ Some of these have been written about in Ruth and Brian Manchester’s 50 year history (1947-1997), and then in *A History of a Decade 1997-2006* (edited by Rhona Carson, Mary Farrell and Sean Manning).

Also, in the Master of Psychotherapy Programme at AUT there is a paper which focuses on Māori models of health. In keeping with this focus (Māori culture tends to privilege collectivist rather than individualistic learning), there is also an emphasis in the AUT programmes on learning in small and large groups. These include small weekly process groups of approximately 12 students, and also a weekly large group (Community Kōrero) of around 50 students, which comprises all students currently in both the Graduate Diploma and the Master of Psychotherapy Programmes. The purpose of these groups is to learn more about oneself and others through the interactions that occur, and, particularly in the case of Community Kōrero, to do so in a context which differs from traditional Western learning fora.

Pathways to becoming a psychotherapist.

For the aspiring psychotherapist there are a number of pathways to attaining a qualification in psychotherapy. Selection criteria for these pathways differ, however most require an undergraduate degree (or equivalent experience), people-helping experience in an organisational context, and experience of one's own personal psychotherapy. The following are tertiary or professional development pathways that are *currently being offered* in New Zealand (these are also pathways to registration with the PBANZ):

- As I have mentioned, AUT offers the Graduate Diploma in Health Science (Psychotherapy Pathway) and the Master of Psychotherapy. The completion of the Master of Psychotherapy entitles the graduate to interim registration with the PBANZ, and provisional membership of the NZAP.
- Application to the NZAP to complete the Assessment for Advanced Clinical Practice (ACP). This entails the applicant applying for provisional membership and then entering into a supervision contract with a training supervisor, with a view to fulfilling the NZAP's requirements for membership (which includes submitting a therapeutic study and work practice description). This professional development pathway is for applicants who do not have a recognised tertiary psychotherapy qualification, and/or who are not registered with PBANZ.
- Training as a Jungian Analyst with the Australian New Zealand Society of Jungian Analysts (ANZSJA).

- Training as a Transactional Analyst with the New Zealand Transactional Analysis Association (NZTAA)¹².
- Psychotherapy Training Programme at Ashburn Clinic, Dunedin. A full-time, three-year training position in psychotherapy, which is offered to one selected applicant each year. The selected trainee becomes an employee of Ashburn Clinic during their period of training.
- Training with the Institute of Psychosynthesis N.Z. (Diploma in Psychosynthesis Psychotherapy).
- Training as a Psychodramatist with the Australian and Aotearoa New Zealand Psychodrama Association.
- Training as a Bioenergetic Psychotherapist with the New Zealand Society for Bioenergetic Analysis (NZSBA).
- Training as a Psychotherapist with the Australia and New Zealand Association of Psychotherapy (ANZAP).

Waka Oranga.

The “He Ara Māori Advanced Clinical Practice” pathway to becoming a psychotherapist, with membership of the NZAP and of Waka Oranga, is offered by Te Rūnanga o Waka Oranga (a national collective of Māori psychotherapy practitioners). In describing this pathway, they note that: “In addition to mainstream education and training, we bring kaupapa Māori knowledge, attitudes and values that enrich and extend our professional skill base and more importantly form the basis for a uniquely Māori practice of psychotherapy” (Waka Oranga, NZAP website, 2017). Kaupapa Māori values informing clinically effective and ethically sound psychotherapy practice are: Manaakitanga, Whanaungatanga, Kaitiakitanga, Kotahitanga, Rangatiratanga, and Wairuatanga¹³.

¹² From a conversation between Evan Sherrard and Charlotte Daellenbach about aspects of the history and practice of TA in New Zealand. Retrieved from <https://soundcloud.com/talkingworks/ataticharlotte-evans-conversationwma>

¹³ Manaakitanga acknowledges the mana of others as having equal or greater importance than one’s own, through the expression of aroha, hospitality, generosity and mutual respect. In doing so, all parties are elevated and our status is enhanced, building unity through humility and the act of giving.

Whanaungatanga underpins the social organisation of whanau, hapu and iwi and includes rights and reciprocal obligations consistent with being part of a collective. Whanaungatanga is the principle which binds individuals to the wider group and affirms the value of the collective while affirming the special

Currently (at the time of writing) this pathway does not lead to registration with the PBANZ. However, Waka Oranga is a Treaty partner with the NZAP and an innovative force with regards to psychotherapy education in Aotearoa New Zealand.

Registration: Psychotherapists' Board of Aotearoa New Zealand (PBANZ).

As a psychotherapist in Aotearoa New Zealand there is a professional framework within which one must practise. The registering body for psychotherapists, the PBANZ has, since its inception in 2008, developed a number of professional documents outlining requirements of its registrants. These include:

- Core clinical competencies
- Standards of cultural competence
- Standards of ethical conduct
- Recertification plan (essentially an annual development plan based on self-reflection of core clinical competencies, cultural competence and ethical and legal practice. This includes evidence of supervised practice)

To continue to practise, psychotherapists must apply annually for a practising certificate and attest to be practising psychotherapy, be competent to do so, be engaging in the Board's recertification programme, and be regularly discussing this

contribution of the individual. Whanaungatanga is inter-dependence with each other and recognition that the people are our wealth.

Kaitiakitanga embraces the spiritual and cultural guardianship of Te Ao Māori, a responsibility derived from whakapapa. Kaitiakitanga entails an active exercise of responsibility in a manner beneficial to resources and the welfare of the people. It promotes the growth and development of Māori in all spheres of livelihood so that Māori can anticipate a future of living in good health and in reasonable prosperity.

Kotahitanga is the principle of unity of purpose and direction. Kotahitanga is demonstrated through the achievement of harmony, balance, and moving as one. All are encouraged to make a contribution, to have their say and then together, consensus is reached.

Rangatiratanga is the expression of the attributes of rangatira (weaving the people together) including humility, leadership by example, generosity, altruism, diplomacy and knowledge of benefit to the people. Rangatiratanga is reflected in the promotion of self-determination for Māori as an expression of the rights defined by mana atua, mana tupuna and mana whenua.

Wairuatanga is reflected in the belief that there is a spiritual existence alongside the physical. Wairuatanga is expressed through the intimate connection of the people to maunga, awa, moana and marae and tupuna and atua. These connections are affirmed through knowledge and understanding of atua Māori and must be maintained and nourished towards the achievement of wellness. Wairuatanga is central to the everyday lives of Māori and is integral to our worldview. (Waka Oranga, NZAP website, 2017).

with their clinical supervisor. In addition, the person's supervisor (who must be registered themselves or otherwise approved by the Board) must attest to having discussed continuing professional development activities with their supervisee, to believe that the person understands and adheres to the Board's core clinical competencies, cultural competencies and ethical standards, including that the supervisee regularly attends supervision.

Essentially, a psychotherapist who wishes to be registered¹⁴ must agree to maintain the standards of ethical conduct, cultural competence and meet core clinical competencies. The development plan follows a self-reflection model and requires that a plan is discussed and agreed with the person's supervisor, who is required to attest to having seen, discussed and agreed with the plan. Inherent in this process is that psychotherapists are engaged in regular clinical supervision¹⁵. Every profession, perhaps particularly one which cares for vulnerable people, must have its educational and then professional requirements in order to safeguard its patients/clients as well as its practitioners. An interesting tension is the relationship between these requirements and the psychotherapist's own experience of his/her learning. This tension became apparent in beginning to talk with the participants in this study; I will discuss this further in chapter seven.

Ongoing (external) development opportunities.

As I have mentioned, the psychotherapy community in New Zealand is small. Ongoing development opportunities – outside of one's practice, therapy, reading and clinical supervision – are necessarily limited by this, however opportunities are there. I have already mentioned the annual NZAP conference, which hosts both international and local presenters. A number of the participants in this study mentioned talks they had attended at these conferences from which they felt they had learned. Local meetings of the NZAP members ("Branch meetings") also take place on a regular basis. For example, in Auckland, these occur monthly; most meetings include a psychotherapist's presentation of an aspect of their work. In addition, some of the training organisations

¹⁴ There has and continues to be discussion and debate about the registration of psychotherapists. Some psychotherapists have objected to the introduction of state registration and have chosen not to be registered. Because the term "psychotherapist" is protected within the registration process those who do not register are unable to call themselves a "psychotherapist"; however some creative alternatives have emerged (Tudor, 2011).

¹⁵ I will provide a more detailed description of clinical supervision in psychotherapy in chapter two.

mentioned above, as well as other psychotherapy organisations, host international speakers on a reasonably regular basis. The International Association of Relational Psychoanalytic Psychotherapy (IARPP), in conjunction with AUT, hosted two international psychoanalysts in February 2016, Joyce Slochower and Donna Bassin, in a weekend event, where papers were presented (“A relational paper on psychotherapeutic moments of meeting”, “A relational view of Winnicott”, “Trauma and Mourning”) and a documentary shown. Approximately 60 therapists attended this weekend.

In 2015, in addition to the annual conference, the NZAP also hosted an international psychoanalyst, Professor Nancy McWilliams, to speak about psychodynamic diagnosis. Approximately 120 psychotherapists, psychologists, and psychiatrists attended this weekend event. Further, Teresa Sommaruga Howard, a group therapist based in London, has been running large or median sized groups for psychotherapists in New Zealand (once or twice a year) since 2001. One of the participants in this study mentioned the valuable learning she has experienced in this forum. Also in 2015, the Balint Society of Australia and New Zealand ran a four day workshop for psychotherapists and others interested in learning Balint group leadership skills. A facilitated Balint group, where clinicians discuss cases from their own practice with a focus on the practitioner-patient relationship, is also currently offered in Auckland.

These are just some examples of development opportunities provided by individuals and organisations. Many psychotherapists also belong to unfacilitated reading groups, where both theory and practice are discussed together as colleagues. Clinical supervisors affiliated to NZAP meet in small supervisors’ groups to discuss matters pertaining to their supervisory practice. Waka Oranga regularly holds seminars and workshops (poutama) on topics pertaining to Māori practice of psychotherapy, informed by kaupapa Māori knowledge. In addition, there are often development opportunities by way of extra training or workshops, seminars, talks etc, provided by related fields, for example, psychology, counselling, and psychiatry.

With regards to formal ongoing development (leading to an additional tertiary qualification in psychotherapy), AUT’s Psychotherapy Discipline offers post-qualifying diplomas and degrees for practising psychotherapists, including the Postgraduate Diploma in Health Science in Advanced Psychotherapy Practice. Also offered are

papers leading to a Certificate or Diploma in Mindbody Healthcare, as well as a proposed (2018) Master's qualification in Clinical Child and Adolescent Psychotherapy. AUT's Psychotherapy Discipline also hosts a monthly psychotherapy forum, where an invited speaker presents an aspect of their clinical and/or research work. These meetings are open to all who wish to attend.

Summary

In this chapter I have introduced my topic of study, "Understanding psychotherapists' experience of their ongoing learning", and have outlined the purpose and impetus for the study. Terms relating to psychotherapy and psychoanalysis have been defined and discussed and I have outlined my personal pre-understandings, both as a psychotherapist and teacher. Ethical considerations and why I have chosen hermeneutic phenomenology as the methodology have been briefly noted (these latter two will be expanded on in later chapters). Lastly, I have given a brief history of psychotherapy in Aotearoa New Zealand, noting the various pathways to becoming a psychotherapist, as well as ongoing learning opportunities. In the next chapter I begin to look more closely at the phenomenon of *learning*, by asking the question: "What is learning?"

Structure of the Thesis

Chapter 1. Introduction.

Chapter 2. What is Learning? I explore the question "What is learning?" and refer to selected theories and models of learning that seem particularly relevant to this study.

Chapter 3. Learning and Psychotherapy. In this chapter I review psychotherapy literature that considers the process of learning from the perspective of the psychotherapist.

Chapter 4. Methodology. The philosophical underpinnings of this study, hermeneutic phenomenology, are outlined and the interface between hermeneutic phenomenology and psychoanalytic psychotherapy/psychoanalysis is explored.

Chapter 5. Heidegger and National Socialism. Heidegger's controversial involvement with National Socialism in Nazi Germany is discussed and I consider the relationship between Heidegger's philosophy and his politics.

Chapter 6. Methods. This chapter describes, in a chronological fashion, my research journey, including interviewing and data analysis.

Chapter 7. Introduction to Data Analysis Chapters. An introduction to the four data analysis chapters and a re-iteration of the ontological nature of this study.

Chapter 8. The Newcomer. This is the first data analysis chapter and it focuses on the often spoken-about experience of being a new psychotherapy practitioner.

Chapter 9. Towards an Openness of Being. This second data analysis chapter explores themes of openness and movement towards care for one's own soul, and meditative thinking. It also shows the ways in which therapists seem gradually to move towards responding to what is essential for their own learning.

Chapter 10. Being With the Other. The many different ways of "being with" are explored in this chapter, including that the experience of "being with" is central to the psychotherapist's experience of his/her ongoing learning.

Chapter 11. The Unknown/The Mystery. The focus of this chapter is on the psychotherapist's experience of learning while being in the role of therapist and in particular the importance of the experience of approaching the unknown.

Chapter 12. Discussion. A gathering together of the themes of the study, including the interpreted meanings. Implications for psychotherapy education and ongoing learning are discussed and recommendations for further research are made.

Chapter 2: What is Learning?

In this chapter I engage with the question of “What is learning?” In initially thinking about psychotherapists’ experience of their ongoing learning I did not have existing learning theories in mind; rather, I was interested in an exploration of the learning processes and experiences of the psychotherapist in particular. I imagined that the learning that is provoked/stimulated by the experience of being a psychotherapist engaged in a therapeutic relationship with patients or clients might be one that is not often investigated in educational or psychological literature. Some of the questions that inform this exploration include: How and what do practising psychotherapists learn, and how might this be thought about? What might be essential learning experiences for psychotherapists? What can be made of the phenomenon whereby psychotherapists in Aotearoa New Zealand seem to share their knowledge, for the most part, in verbal form, amongst themselves (for example, in clinical supervision, reading/study groups and so on)? What are the processes that occur within the practising psychotherapist over time that may not lend themselves to writing about such experiences? What are the learning experiences of an individual who is immersed in an investigation of the unconscious? What is the role of intuition in learning? How much freedom do we have/do we want to have, to pursue the learning that resonates for us? What role do others play in our learning? How might the psychotherapist’s experience of his or her ongoing learning differ from that of other health practitioners, and what might be the similarities? These were some of the questions in my mind.

Because this is a hermeneutic phenomenological exploration of the topic, this study does not seek to establish a learning theory or theories in the context of existing learning theories. In this, I concur with Gagné’s (1965) statement: “I do not think learning is a phenomenon which can be explained by simple theories, despite the admitted intellectual appeal that such theories have” (p. v). Yet, in using the term “learning”, questions inevitably arise as to what “learning” is, and in what ways it has been described. Every theory and model of learning I reviewed was to some degree relevant to my topic; however it is well beyond the scope of this study to describe and investigate each one. Instead, I will explore the theories and models of learning that seem *particularly* relevant, including a brief overview of some recent research in the field of professional and practice-based learning. I will also briefly touch on

Heidegger's view of learning and how this relates to my exploration of the topic; however I will leave a fuller discussion of Heidegger's thoughts on learning to the data analysis chapters¹⁶. Approaching the topic of "learning" from these different perspectives provides a context for the topic of this study, that is, understanding psychotherapists' experience of their ongoing learning.

Learning: A Beginning Definition

The *Oxford Dictionary of English* (Stevenson, 2015) described "learning" as the acquisition of knowledge or skills through study, experience, or being taught. The *Chambers Dictionary of Etymology* (Barnhart & Steinmetz, 1988) tells us that "learn" comes from the Old English (before 725) "leornian" – "to get knowledge, be cultivated" (p. 585). Further, that the Old English "Leornian" is cognate with Old High German "lernēn" and Middle High German "lernen", to learn or teach, originally "to follow along a track", from the Proto-Germanic "līznōjanan" (ibid.). The word is also cognate with the Latin "līra", meaning "ridge between furrows" (ibid.). The *Online Etymology Dictionary* (Harper, 2016) added the Proto-Indo-European "leis" – "track, furrow", related to the German *Gleis*, "track", and to the Old English "læst" – "sole of the foot". I include the links to historical meanings as a way to open up and broaden an understanding of the word "learning" and will reference some of these meanings as I go along, including in subsequent chapters.

My reference to "meanings" in the context of a definition for "learning" points to my own area of interest and focus in this study. Knowles, Holton, and Swanson (2014) noted that the term learning defies precise definition because it is put to multiple uses, which they described as follows:

- (1) the acquisition and mastery of what is already known about something;
 - (2) the extension and clarification of meaning of one's experience; or
 - (3) an organised, intentional process of testing ideas relevant to problems.
- (p. 38)

In other words, they say, the term learning is used to describe a "product, a process, or a function" (Knowles et al., p. 38). As I have mentioned, this study concerns itself with the *processes* of learning, within the context of the practitioner's lived experience, rather than the product or function of learning. As always, however, the

¹⁶ Similarly, I do not include here thoughts from psychotherapist authors on the topic of learning as a psychotherapist. These will be reviewed in the following chapter.

edges are never sharply defined. With the investigation and interpretation of processes comes insight, at times, into the product or function of learning. This becomes clearer in the data analysis chapters.

Learning Theories and Models

There is a significant body of research concerning itself with the phenomenon of learning, particularly in the disciplines of education and psychology. This includes the formulation and description of learning theories and learning models. Knud Illeris (2009), a Danish researcher of lifelong learning, contended that “learning is a very complex matter, and there is no generally accepted definition of the concept” (p. 1). He went on to say that there is a great number of more or less special or overlapping theories of learning which are constantly being developed, and that whereas learning has traditionally been understood mainly as the acquisition of knowledge and skills, that “today the concept covers a much larger field that includes emotional, social and societal dimensions” (ibid.). Illeris concluded that it is thus quite difficult to obtain an overview of the topic of learning and that it is first of all characterised by complexity. In addition, that earlier learning theories do not fully recognise and deal with the complexities inherent in the human learning process. Indeed, in the preface to his book *The Three Dimensions of Learning* (2002), Illeris stated that he believed that rather than engage in the traditional rivalry between different schools of thought, where people easily become locked into a particular position, that any learning theory that has achieved some recognition must have value.

In a literature review of models of adult learning, Tusting and Barton (2003), like Illeris, stressed that there are different types of learning, and that different models of learning are appropriate to particular situations. Rather than specific models being right or wrong, they contribute to each other and to the understanding of learning. Tusting and Barton noted that early theories developed in the USA and in Europe saw learning principally as a phenomenon of the *individual* (behaviourism, cognitivism, cognitive constructivism and developmental psychology). They added that work in the Soviet Union (within the fields of sociocultural psychology, activity theory, and situated cognition) developed understandings of learning as a form of *social participation* and suggested that there are two distinct paradigms of learning in psychology:

- That which sees learning as principally concerning processes going on within an individual;
- Learning as a socially situated phenomenon, “best described and understood in terms of people’s ongoing participation in social contexts and interaction” (p. 5).

In addition, they pointed out that brain science has seen a similar shift, where recent understandings of the brain focus on the brain as developing in an interactive way with the world around it, rather than theories that focussed on the development and characteristics of the brain as an isolated entity. Similarly, Wenger (1998), in describing four different axes of learning, nevertheless placed theories of learning most commonly along two axes; one of which is the learning processes of the individual, and the other being the sociocultural context of the learning.

In the spirit of accepting that different theories contribute to the whole of an understanding about learning, it seems to me that the two paradigms mentioned by Tusting and Barton (2003) and Wenger (1998), that is, learning as a phenomenon of processes going on within the individual on the one hand, and learning as a socially situated phenomenon on the other, are both important in considering psychotherapists’ experience of their ongoing learning. Illeris’ (2009) contention that learning is a very complex matter would seem to uphold the notion that many different strands of different theories (including those not yet articulated) interweave to create an ever-evolving theory of learning. Having said that, in the context of psychotherapists’ learning there are clearly some theories of learning which contain more relevant strands than others – resonating as they do both with my own experience of ongoing learning and with that of other psychotherapists who have written about their learning. As I have mentioned, it is beyond the scope of this study to review every theory and model of learning; instead I will discuss those which resonate the most, in terms of contributing to an understanding of psychotherapists’ learning experiences.

Vygotsky: A Sociocultural Theory of Learning

Lev Semyonovich Vygotsky [1896-1934] was a Russian psychologist who critiqued theories which claimed that adult intellectual functions arose from maturation alone, or were pre-formed in the child and were simply waiting for an opportunity to

manifest themselves (Vygotsky, 1978). He was interested in how the human mind develops in the context of ongoing, meaningful, goal-oriented action and, most importantly, interaction with other people, mediated by semiotic and material tools. He believed that while development is dependent on, and rooted in, biophysical processes such as the maturation of the brain, it essentially occurs in the context of social interaction, and that without this social interaction higher mental functioning would not emerge. One of his most well-known concepts in relation to learning is the “zone of proximal development” (ZPD) (Vygotsky, 1978, p. 84). This refers to the difference between what an individual can achieve on his or her own, and what can be achieved under guidance, or in collaboration with another person/s. He described it as “the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (ibid., p. 86). Here, Vygotsky is placing interaction with other people at the very core of the individual’s learning process. The focus on individual learning and development is replaced with the concept of learning as a socially-situated phenomenon.

Vygotsky (1978) pointed out that a full understanding of the concept of ZPD results in a re-evaluation of the role of *imitation* in learning. Whereas classical psychology posits that the independent activity, rather than the imitative activity, of children indicates their level of mental development, Vygotsky noted that experiments have shown that a person can only imitate that which is within his or her development level. He gave the example of a child having difficulty solving a mathematics problem, and that if his/her teacher solves it on the blackboard the child may grasp the solution. However, if the teacher solves a problem that is far beyond the child’s ability to think about, then the child would not be able to understand the solution or replicate it, no matter how many times he or she imitated it. Vygotsky concluded that “human learning presupposes a specific social nature and a process by which children grow into the intellectual life of those around them” (p. 88). Also, that in using imitation, children are capable of much more in collective activity or with adult guidance.

This concept of ZPD, and the related ideas pertaining to imitation, clearly have relevance for psychotherapists’ experience of their learning. Vygotsky’s experiments were with children, and psychotherapists are of course adult learners. However, I would argue that in relation to learning new knowledge and a new discipline (that is,

psychotherapy in this instance), in many ways adults, while having more life experience resources available to them, engage in learning processes that are similar to those that take place in a child. Imitation, I believe, is one of those. A number of participants described relationships with their clinical supervisors, in particular, where imitative processes were described as being vitally important, and a step forward in ongoing learning. This will be discussed further in the data analysis chapters.

Pedagogy and Andragogy

I have mentioned that I believe that adults engage in similar learning processes to when they were much younger, in certain situations, including when they are learning a new discipline. This requires some discussion of the terms “pedagogy” (child-based learning) and “andragogy” (adult-based learning). The noun “pedagogy” is related to the noun “pedagogue”, from the Latin *paedagōgus* (“a slave who took children to and from school and generally supervised them”¹⁷). Later it came to mean “teacher”, from the Greek *paidagōgós*, meaning to “lead the child” (ibid.). Pedagogy thus came to mean teaching, instruction, discipline, training, from the Greek *paidagōgiā*, education (ibid.). Tusting and Barton (2003) noted that until the early 1970s most theories of learning came from psychology and assumed similar learning processes for everyone, whether child or adult. The field of teaching and learning was usually referred to as the discipline of “pedagogy”. The view was then put forward that there are differences in the ways in which adults learn. Malcolm Knowles’ (1973) book *The Adult Learner: A Neglected Species*, in which he outlined a model of adult learning (“andragogy” – “to lead the man”), was very influential in highlighting differences between adult and child learning. Knowles proposed six core adult principles, as follows:

1. The learner’s need to know (why, what, and how)
2. Self-concept of the learner (autonomous, self-directing)
3. Prior experience of the learner (resource, mental models)
4. Readiness to learn (life-related, developmental task)
5. Orientation to learning (problem-centred, contextual)
6. Motivation to learn (intrinsic value, personal payoff)

His model, “Andragogy in Practice” (Knowles, Holton, & Swanson, 2014, p. 105) sets out these principles within the broader context of individual and situational

¹⁷ Barnhart and Steinmetz, 1988, p. 769.

differences (including institutional and societal growth) and goals and purposes for learning.

These adult learning core principles, stated Knowles, are very different from those for children. For example, rather than self-directing, a child is dependent; a child's experience is limited and of little worth (the teacher has the experience); children have a subject-centred orientation to learning and their motivation to learn is external rather than internal. Knowles (1973), therefore, suggested that pedagogy is suitable for children and andragogy for adults. As well as being appreciated, andragogy has also been extensively critiqued, including by Hanson (1996), who questioned whether there is an appreciable difference between the ways in which adults and children learn. Hanson suggested that the assumptions in theories of adult learning need further questioning. She contended that while there are differences between adults' and children's learning, these are not based on the difference between children and adults per se, but rather differences of context, culture, and power. She thus argued for different learning situations calling for different models; the particular learning situation takes precedence over whether the learner is an adult or a child. Knowles himself (1980) came to recognise that there is not such a clear distinction between pedagogy as being suitable for children and andragogy for adults, and that, for example, a pedagogical strategy may be more appropriate than an andragogical one in certain situations, such as when the subject area is new to the learner.

It is also possible that Knowles' model (Knowles et al., 2014) does not account for the unconscious motivations and beliefs that remain largely unknown to us. For example, the andragogy principle that adults are autonomous and self-directing seems to me to be true only to a degree. For example, most adults, when faced with something new and unfamiliar, do not tend to feel autonomous and self-directing, or at least not all of the time. Similarly, with regards to the principle of "readiness to learn", it seems to me that adults may not always be in a state of readiness to learn. For example, an adult may be consciously "ready to learn"; however there may be other forces (and sometimes forces outside of one's awareness) that attempt to circumvent one's efforts. An adult's stage of life may, on the face of it, indicate a readiness but many other factors may provide barriers which, if not acknowledged and engaged with, will prevent learning from occurring. Brookfield (1995) and Edwards, Hanson, and Raggatt (1995) mentioned something of this when they critiqued the

theory of andragogy as being less of a theory and more of an ideal state for adult learners to be in. While Knowles and his colleagues have undoubtedly contributed much to the field of learning, and particularly to thinking about adult learners, I would tend to agree with Hanson (1996) that differences between adults' and children's ways of learning can be over-stated. There may be more similarities than differences, and many of these differences principally reside elsewhere. It is anticipated that exploration of the participants' data may bring some of these similarities and differences to the fore.

Practice-Based Learning/Learning from Experience

Ann Webster-Wright, in her book *Authentic Professional Learning* (2010), provided an extensive review of research in relation to professional learning and development. She noted that an evidence-based consensus has developed amongst educational researchers that effective professional learning is active, social, situated, continuing, and related to authentic practice issues. Further, rather than a practitioner being an empty vessel into which knowledge is poured, "research supports the notion that professional knowledge is embodied through practice" (Webster-Wright, 2010, p. 21). Webster-Wright cited John Dewey's (1929/1960) argument against a "spectator" theory of knowledge – rather, knowing involves the whole professional as a social being, rather than just his or her mind. In tracing this field of research she noted that understanding the social nature of learning did not begin to develop until the mid-1960s, and it began in earnest in the 1980s with Houle's research (1980) on continuing professional development. Houle suggested that many traditional professional development activities such as lectures, journals and conferences may be as useful as "shouting out of the window" (p. 266, cited in Webster-Wright, p. 29). Houle stressed self-directed learning, with a diversity of approaches; however as Webster-Wright pointed out, his research, and other research and theories that were in support of this, were not widely disseminated at the time. Webster-Wright suggested that the development taking place at that time highlighted the value of experience and reflection, and that both were difficult to investigate in a quantitative manner.

This research on self-directed learning included Richard Rorty (1982), who brought Dewey's (1933) theories of learning as reflective inquiry into experience, and Schön (1983), who researched the "messy swamp" of practice problems. Schön

recognised both Dewey's influence and also that of Michael Polanyi (1967), who emphasised the tacit nature of much professional knowledge. Schön argued against knowledge being an acquisition of facts and for the importance of "recognising and framing problems, and the artistic, intuitive features of such reflection in action" (cited in Webster-Wright, 2010, p. 32). Lave and Wenger (1991) explored the social and situated nature of learning in describing how practitioners learn at work through participation in communities of practice, thus the value of learning in authentic contexts rather than being removed from practice.

David Kolb's (1984) experiential learning cycle is often used to explain the process of learning from experience, including the key importance of *reflection*. Boud, Keogh, and Walker (1985) noted that reflection is the part of this cycle that is most important in turning experience into learning. Kolb's experiential learning cycle is typically represented by a four stage circular learning cycle in which the learner "touches all the bases". These are:

- Concrete experience (doing/having an experience)
- Reflective observation (reviewing/reflecting on the experience)
- Abstract conceptualisation (concluding/learning from the experience)
- Active experimentation (planning/trying out what you have learned)

Kolb updated his model in his book *Experiential Learning* (2015). The four "bases" remain the same but he has included internal arrows which cross through each other and include the words "grasp experience" and "transform experience". Kolb noted that experiential learning theory in its most current statement is described as "a dynamic view of learning based on a learning cycle driven by the resolution of the dual dialectics of action/reflection and experience/abstraction" (pp. 50-51). His definition of learning then becomes "the process whereby knowledge is created through the transformation of experience" (p. 51).

Kolb (2015) also addressed critique of the model. One such criticism is that the learning cycle and experiential learning theory are too "psychological and individualistic" and that they do not take sufficient account of social or political process (Kolb, 2015, p. 52). In replying to this critique Kolb stated that his psychological training as a personality theorist has made him a "great advocate of individuality" (p. 53), which does not exclude societal impacts and one's place in society, but which does

take into account our own uniqueness. He stated: “Each of us is deeply unique, and we have an imperative to embrace and express that uniqueness, for the good of ourselves and for the world” (Kolb, p. 53). In seeing individuality and relatedness in experiential learning theory as being poles of a fundamental dialectic of development, Kolb cited Guisinger and Blatt (1994) who bring these two together in an evocative way:

The capacities to form a mutual relationship with another, to participate in society, and to be dedicated to one’s own self-interest and expression emerge out of the integration and consolidation of individuality and relatedness in the development of a self-identity. (Guisinger & Blatt, 1994, cited in Kolb, 2015, p. 53)

Kolb’s stance highlights an unease with viewing an individual’s ongoing learning through a solely social constructionism lens. This is observed by Webster-Wright (2010), who differentiated between social constructivism, on the one hand, and social constructionism, on the other. Social constructivism foregrounds the individual in the making of meaning and construction of knowledge with others, whereas social constructionism describes learning through the inter-subjective construction of meaning, that is, “the learner and the world are irrevocably interrelated through lived experience” (Webster-Wright, p. 21). Both view knowledge as constructed and include individual and social aspects of learning but social constructivism has somewhat more of an emphasis on the individual constructing his/her meaning, and social constructionism emphasises the inter-subjective nature of this concept.

In relation to intersubjectivity, Todd (2003) noted the distinction between learning *about* and learning *from*, and suggested that the project of psychoanalysis is to “learn from and not merely about one’s own attachments to others – to people, ideas, and objects – in order to purchase insight into one’s condition in the world” (p. 10). Todd highlighted an essential aspect of psychotherapists’ learning here; that much of the learning tends to take place experientially. She also posited that such learning is a “psychical event” (p. 10) and that the encounter with otherness (in its various forms) is a necessary precondition for meaning and understanding. This will be further explored in the next chapter.

The theories discussed, thus far, have emphasised learning as it occurs in relation to the other, learning as embodied through practice, the social and situated nature of learning, the tacit nature of knowledge, and learning as reflective enquiry into practice. In addition, Webster-Wright (2010) drew attention to the impact of

Jürgen Habermas (1963/1973) on theorists such as Jack Mezirow and Max van Manen as becoming interested in *critical reflection*. van Manen (1977), for example, described three levels of reflection, with the highest level being critical. Mezirow (1963) stressed the transformative potential of critical reflection, in particular for learning leading to social change. In a similar vein, Tennant and Pogson (1995) pointed out that learning goes beyond experience alone. They asked the essential question: “How and under what conditions can people reconstruct their experience and thereby learn from it?” Other theorists of learning include Belenky, Clinchy, Goldberger, and Tarule (1986), who investigated the importance of emotions in learning and identity in learning, as well as the neuroscientist Antonio Damasio’s (1994) studies of emotions in reasoning. Webster-Wright (2010) noted that in relation to clinical reasoning and professional judgment there have been divergent approaches, acknowledging “professional artistry” and “practice wisdom” (Fish, 1998; Titchen & Higgs, 2001, cited in Webster-Wright, p. 36). I would add “phronesis” or “practical wisdom” (Smythe, MacCulloch, & Charmley, 2009). Smythe, MacCulloch, and Charmley noted the differences between “techne” (the knowledge that informs the ‘know-how’ of practice), “episteme” (the knowledge itself) and “phronesis”, the lived practical wisdom that includes intuition, responsiveness and playfulness¹⁸. They argued that phronesis “gifts the excellence of practice” (p. 24) and is central to therapeutic practice relationships.

Webster-Wright (2010) noted that in relation to evidence-based practice, professional standards and employee learning within organisations, there has been a drive towards regulation, with the aim to enhance the certainty of outcomes, thus, a “quest for the certainty of structural solutions” (p. 39). Further, she noted that Darling-Hammond (1997) and Fullan (2007) have pointed out the inherent unpredictability of practice involving human beings, and accordingly the limited success of bureaucratic solutions to issues of practice. Thus, Webster-Wright posited that current work-related learning research is critical of assumptions underlying organisational learning, where human beings may be referred to in a dehumanised manner and the emphasis becomes on how employees “should be” (p. 40). She pointed out that as organisations become leaner, employees increasingly become viewed as cogs in a machine, rather than as individual learners. The individual’s mind then becomes a container for

¹⁸ The terms “techne”, “episteme” and “phronesis” draw from Aristotle.

knowledge rather than being engaged in active learning enquiry. She also noted that despite much research and theory into critical reflection over the past 30 years, this has gained little traction within the field of professional development. Instead, professional development programmes often aim to align professionals' practice to organisational goals. She has asked the pertinent question: "Is this considered learning by professionals?" (p. 47).

In contrast to this approach – and highlighting the difference between professional development and professional learning – Webster-Wright (2010) proposed that over the past decades the understanding of learning has moved towards an acknowledgment that "learning involves an interrelationship between the entire person and their social-cultural context" (p. 47). She suggested that the world and professional practice were (and are) becoming more complex and uncertain, and that there is a move away from the temptation to tie everything down and provide solutions which seem absolute, as in, for example, evidence-based practice (Webster-Wright proposed re-framing this latter to evidence-*informed* practice). She cited Mullavey-O'Byrne and West (2001) suggesting that "one way of conceptualising this current decade (2000 – 2010) as a context for professional practice and learning is in terms of a tension between certainty and uncertainty" (p. 39). The focus of concerns with the continuing learning of professionals, stated Webster-Wright, have moved from "authority, through uniformity, evidence and excellence, to a consideration of complexity and possibility" (p. 46). To illustrate this complexity she included Wenger's (1998) description of learning as consisting of four intertwined components:

Meaning (learning as experiencing), practice (learning as doing), community (learning as belonging) and identity (learning as becoming)... He describes learning as the development of meaning through a negotiated process between the individual, his or her history and experiences, and the social and cultural community. He does not describe learning as the sum of these features, but essentially maintains that all experiences of learning can be viewed as ways of experiencing, doing, belonging or becoming. (p. 48)

Wenger merged processes of socialisation with individuality:

Our knowing – even of the most unexceptional kind – is always too big, too rich, too ancient, and too connected for us to be the source of it individually. At the same time, our knowing – even of the most elevated kind – is too engaged, too precise, too tailored, too active, and too experiential for it to be just of a generic size. (cited in Webster-Wright, p. 48)

In a book recently edited by Wenger (now Wenger-Trayner) and others, *Learning in Landscapes of Practice* (2015), written from a conversation between educational researchers and professionals at the Practice-Based Professional Learning Centre at the Open University in the United Kingdom, Wenger-Trayner and Wenger-Trayner explored what it means to live and work in a professional landscape of practice. They suggested that if a body of knowledge is a landscape of practice, then our personal experience of learning can be thought of as a journey through this landscape. Further, that learning is not merely the acquisition of knowledge, but rather the “becoming of a person who inhabits the landscape with an identity whose dynamic construction reflects our trajectory through that landscape. This journey within and across practices shapes who we are” (p. 19). Wenger-Trayner and Wenger-Trayner also contended that the journey incorporates the past and the future into our experience of identity in the present. Here, they place the individual’s personal identity and his or her own journey, as it intersects with the practice landscape, as central to the learning process.

Webster-Wright (2010) noted that although Wenger’s (1998) research is not explicitly phenomenological, it is congruent with a perspective that is phenomenological. Rather than being viewed separately, essential features of the phenomenon of learning are described and are seen as inseparable, “embedded within lived experience” (Webster-Wright, 2010, p. 49). This is similarly the case with Wenger-Trayner and Wenger-Trayner (2015). In the next section I will move to a brief exploration of Heidegger’s view on learning, as a way of beginning to focus on the phenomenological basis of this study, and to expand on, and add to, an understanding of learning.

Heidegger and Learning

It has been said that, although Heidegger was involved with teaching all of his life, he rarely explicitly mentioned ideas of teaching and education. Rather, he wrote widely on topics to do with the nature of thinking, understanding, and, by implication, learning (Bonnett, 2002). Magrini (2014) noted that the learning sciences tend towards taking an instrumental approach to understanding, and that what is “learned” is defined as “information, facts, concepts and disciplinary methods and structures” (p. 37). In contrast, Heidegger emphasised notions such as “meditative” or “poetic” thinking (rather than “calculative” thinking), authenticity, openness, and a willingness

to journey into the unknown. Bonnett (2002) added that the learner must “submit herself to the demands and rigor of thinking in the active sense of listening for and attending to what calls to be thought from out of the unique learning situation in which she is involved” (p. 241). The learner must come to *feel for herself* what is there to be thought. I do not propose to describe here those notions of Heidegger’s which relate to learning, but rather to leave this to the data analysis chapters, where the participants tell their stories of learning. Writing about the participants’ stories using the method of hermeneutic phenomenology, and with particular reference to Heidegger’s thinking, leads to what van Manen (1977) referred to as the “disclosure of human lifeworlds” (p. 215), which are occurrences of original learning, and instances of “knowledge *as* understanding” (ibid.).

Summary

Because this study seeks to explore psychotherapists’ experience of their ongoing learning, I have provided a brief overview of a number of the theories and models of learning which seem particularly relevant, as well as thoughts from these theorists about the field of learning. Learning theories and models point towards a view of learning as being processes that go on in the individual him or herself, as well as in participation with emotional, social, and political contexts. More recent theories and commentary attend to the complexity of this field and the view that there can be no definitive statements in relation to the phenomenon of learning. I have noted the debate about the notions of andragogy and pedagogy and that these are also more complex than they may appear at first sight, and have included Webster-Wright’s (2010) review of practice-based research, Lave and Wenger’s (1991) work on communities of practice, Kolb’s experiential learning cycle (1984, 2015), and Wenger-Trayner and Wenger-Trayner’s (2015) research on learning in landscapes of practice. Recent practice-based learning research points to a tension between certainty and uncertainty rather than notions of excellence and uniformity, as well as noting the interface between the individual’s journey and that of the practice landscape.

Theories and models of learning can tend to view the individual in ways which can leave out the subtleties of human experience, instead focussing on “how things should be”. They are, however, useful maps for thinking and reflecting, and indeed much recent practice-based research seems to have been moving towards including

more of the complexities of the human experience. Much of psychotherapy learning is experiential, emotional, and psychical, and involves learning *from* rather than *about* (Todd, 2003). The focus of this study is accordingly on the “disclosure of human lifeworlds” (van Manen, 2014) and in particular the lifeworlds of psychotherapists. The next chapter will explore some of these from the perspective of the therapist as researcher and writer.

Chapter 3: Psychotherapy and Learning

In the previous chapter I reviewed learning theories and models that have some resonance with the topic of this study. In this chapter I propose to turn to the writing of psychotherapists, themselves, to gain a perspective into the ways in which psychotherapists view and write about the experience of the psychotherapist learner. I will include both a review of the research into psychotherapists' experience of their ongoing learning and also something of how this experience is portrayed, as reflected on by psychotherapist authors. The focus of this chapter is thus on how psychotherapists have written about their learning, and in pursuing this focus I move through the main themes that emerged from the literature. These are:

- Learning from the patient/client
- Learning from personal therapy and ongoing self-analysis
- Learning in the supervisory relationship and from other mentors
- Learning through reading and undertaking research
- Learning from writing
- Learning from life/impact of life experiences

Learning from the Patient/Client

There is a tacit understanding amongst therapists that clinical work forms the basis of the therapist's development and, as I have noted in the previous chapter, practice-based research increasingly supports the notion that "professional knowledge is embodied through practice" (Webster-Wright, 2010, p. 21). Allan Schore, a researcher in the field of neuropsychology suggested that the psychotherapist's clinical expertise requires a clinician who has the ability to receive and express nonverbal affective communications (clinical sensitivity), who is capable of empathy and right brain activity within the intersubjective field, clinical intuition, and a capacity for interactive affect regulation. He asserted that, from a developmental neuropsychanalytic perspective, the "art and science of psychotherapy are directly linked to the functioning of the clinician's right brain, which deepens and expands with clinical experience" (Schore, 2007, p. 7). Likewise, Bugental (1987) emphasised the correlation between experience in the clinical setting and the therapist's clinical expertise:

The primary instrument brought to the support of the client's therapeutic efforts is the therapist's trained, practiced, and disciplined sensitivity. In many ways, this sensitivity is akin to a musical instrument which must be carefully prepared, maintained, tuned, and protected. *With experience* [my emphasis] it can make possible the detection of nuances and feelings that would elude any attempt at explicit documentation, the drawing of inferences which are intimately in harmony with the client's subverbal experiencing, and the phrasing of interventions in terms exquisitely fitted to the client's needs, both in the moment and long-term. (p. 222)

In a study of more than 4,000 therapists from a variety of specialties, nationalities, and theoretical orientations, Orlinsky, Botermans, and Rønnestad (2001) identified "experience in therapy with client" as the most important influence on their overall professional development. Stahl et al. (2009) noted that, as well as the study of Orlinsky et al., there are other qualitative accounts of therapist development which highlight the importance of clients as primary teachers of therapists (for example, Farber, 1983; Freeman & Hayes, 2002; Goldfield, 2001; Skovholt & McCarthy, 1988; Skovholt & Rønnestad, 1992a, 1992b). Stahl et al. added that, despite the findings of these studies, learning from clients has rarely been discussed in therapy training or research, and that "these studies are important because they confirm that therapists *do* learn from clients, but they provide no evidence about *what* therapists learn from clients" (p. 376). Their own study of pre-doctoral psychology interns focused on the typical lessons learned from clients and they describe these in their study findings. In discussing implications for further research they suggested an investigation into what therapists of different experience levels, different working settings and different client populations or theoretical orientations learn from their clients.

The assertion that learning from clients has rarely been discussed in therapy research is an interesting one, and begs the question as to what might be considered research. Much of the literature in psychoanalytic publications concerns itself with case-based vignettes, which aim to make more transparent the process between therapist and patient/client. This can serve to illustrate learnings that take place in the clinical setting, including learning from the patient. An example of this is Symington's (1996) description of one of his first therapy experiences with a patient, who he said "made" him an analyst. He described this as follows:

She came to me because she was desperate. I saw her on the National Health Service in England. Very few analytic vacancies are available in England on the National Health Service. She had no money, and I had

offered to see her. She accepted me because she was desperate. She knew she had no alternative. I was the last resort. She also knew that I was not mature enough to manage her. She realized that her only option was to force me with all the strength in her being to be the analyst she needed. Before seeing her, I had no idea what analysis was. When I had finished her treatment, I began to get the first glimmerings. It also set in motion emotional developments that were favourable to areas of my life other than professional....I had attended numerous clinical seminars. I had been supervised. I had been told how to do analysis, but that patient made me an analyst. (p. 374-375)

Symington's (1996) description leaves no doubt that his work with his patient facilitated his development as an analyst and, moreover, that this patient was so determined to receive treatment from him that she effectively "forced" him to learn how to treat her. Later in this article he described the experience of being with this patient and some of the processes that occurred, thus helping us to understand what he means when he says that he has learnt from the patient. An example of this is as follows:

Her hatred and contempt for me had been continuous for about five years. I had felt her sessions to be an enormous strain. I did not know much of the time what was happening. I constantly felt anxious and worried. Her session consumed more emotional energy than all my other patients. Then, finally, the break came. She went through a cataclysmic anxiety and the two sides — the male and the female, the left and the right, the adult and the child, the intellectual and the sensuous — collided. She had to go into the hospital for a few days. An intense love toward me broke through, and she felt severe guilt toward me and extreme anxiety that she had damaged me. In the midst of one of these intense moments of recrimination about her cruelty toward me, I decided to counter it with all my weight, so I said to her, "In my life I have known a handful of people, certainly not more than six, and knowing them has brought me great personal enrichment and for those people I have lasting respect. I count you as one of those six."

She cried and said it was so sad we had to part. I believe that, although the sentiments that I expressed were true, it was a mistake because it made her leaving more difficult. At that time, I did not know how to counter negativity except with a counterblast. It was a mistaken approach. Of the two mistakes that were possible — to let the self-recriminations go or to counter the negativity — I believe the second was the lesser mistake, but it would have been better had I pointed out the negativity and how it destroyed the positive emotional development. The aim is for the patient to leave the analyst and establish relationships outside. The patient needs to let go of her analyst and plunge into the business of living, and I believe that that statement did not aid her in that process. (p. 374)

In this vignette, Symington (1996) generously tells the reader how he thought that he erred in his response to this patient, and what he thought may have been a better response to her. This is a poignant example of a therapist learning from the interaction from the patient (and perhaps also re-enforcing this learning by writing about it). The reader of course also learns something in reading it, and in particular something about being sensitive to the patient's state and interpreting this to the patient, rather than going along with the temptation to counter what the patient is saying. We do not know, however, how this experience was for the patient. Would it have been better for the patient if Symington had, as he mentioned, pointed out the negativity and its effects, or were the words that her therapist actually spoke to her crucially important to her after having left her therapist? It is not so much the answering of this question that is important with regards to the reader's learning, but rather that the reader is prompted to consider it in the context of his or her own practice.

Learning from Personal Therapy and Ongoing Self-Analysis

There has long been an understanding that an integral part of learning to be a psychotherapist is to undergo one's own psychotherapy. Personal therapy is generally integrated into any psychotherapy education or training programme, with varying expectations as to duration and frequency of sessions. Freud (1912/1958), when asked how to become an analyst, replied that the best method was to analyse one's dreams and then went on to say that often this cannot be done on one's own, and also noted that in therapy:

One's aim of learning to know what is hidden in one's own mind [is] far more rapidly attained and with less expense of affect, but impressions and convictions will be gained in relation to oneself which will be sought in vain from studying books and attending lectures. And lastly, we must not under-estimate the advantage to be derived from the lasting mental contact that is as a rule established between the student and his guide.
(pp. 116-117)

Bion (1962/2004) wrote that one's own therapy is "the only really effective method of passing on analytic experience that we have at present" (p. v), and at the same time he warned about only restricting oneself to this method. In fact, he wrote that "to limit one's energies to this activity smacks of the esoteric cult" (ibid.).

Wiseman and Shefler (2001) pointed out that while there is a general dearth of studies on the development of psychotherapists, the studies that have addressed personal therapy in the context of development have all documented that therapists consider personal therapy as one, if not the most, influential component of their development (for example, Kaslow & Friedman, 1984; Skovholt & Rønnestad, 1992a, 1992b). In their study, using narrative analysis, into the ways in which psychotherapists' personal therapy impacts on their professional and personal development, Wiseman and Shefler described the ways in which personal therapy offers a "unique arena in which development evolves through a complex interplay between the personal self and the professional self" (p. 137) and that these two are often inseparable. The interviewed therapists in this study viewed personal therapy as highly influential, playing an important role in their ongoing process of individuation, the development of the ability to use the self and to achieve authentic relatedness with one's clients.

Likewise, Oteiza (2010), in a qualitative study of 10 psychotherapists, found that personal therapy had a positive impact on the therapists, to the extent that it was recommended by all the participants. They focused on its relevance for personal and professional development, including learning about one's emotional blind spots, becoming more aware of the impact one has on others, and increasing awareness and acceptance of inevitable human weaknesses and limitations. Orlinsky, Botermans, and Rønnestad (2001) rated personal psychotherapy as one of the three main influences in the therapist's development; the other two being working with patients and formal supervision. In contrast, they found that academic learning was accorded a significant but secondary role. Related to this is research that has been carried out which demonstrates that it is not the modality of treatment which is responsible for therapeutic change but that it is the therapist him or herself who makes the difference. Thus, Skovholt (2012) wrote that "There is increasing evidence that it is the therapist and not the treatment per se that is responsible for therapeutic change" (p. 170) and their research concluded that, "excelling as a practitioner mainly involves developing, at a very high level, *as a person* [emphasis added]" (ibid.). He cited Wampold's (2007) contention that there is little evidence, after decades of clinical trials with children and adults, of whatever diagnosis, that one treatment is demonstrably superior to another — instead concluding that the *person of the*

therapist is the crucial factor. De Bianchedi (2001) pointed out that “emotional contact in the human link” (p. 27) is the therapist’s fundamental instrument. If, as the research suggests, personal therapy has an important role in helping the therapist to develop their emotional awareness and competence, then an essential relationship exists between the therapist learning in the context of their personal therapy and their ability to provide an effective therapeutic experience.

Learning in the Supervisory Relationship and From Other Mentors

Clinical supervision is another of the cornerstones of therapist learning and development¹⁹. Solnit (1970) defined supervision as “a process in which two or more people participate in a joint effort to establish, maintain, and/or elevate a level of performance” (p. 360), and that the function of the supervisor is to “oversee or to overhear” (ibid.). He stated that supervision “requires us to examine the borderlands of empathy, theory, technique and how the analyst and his patient establish and elaborate an ongoing psychoanalytic process” (ibid.). Furthermore, supervision is one of the main educational methods of imparting psychoanalytic knowledge, and questions of current and future theory and technique. Supervision is also described by Solnit as a bridge between therapy and one’s own personal understandings and the more theoretical learning that takes place in an educational setting.

Berger and Buchholz (1993) noted that supervision can be a place of important learning, even inspiration, or a source of frustration. However, there are tendencies in both supervisor and supervisee that are detrimental to the learning alliance, for example, feelings of rivalry, issues of authority, and behaviour stemming from competitive feelings. Because the supervisor is generally in a more established position in the psychotherapy community, and his or her opinion about the competence of the supervisee matters, this evaluative component may be a factor in difficulties that arise. In addition, the experience of the supervisee of “not knowing” may be experienced as infantilizing. The relationship is always triangular, with the patient as the third party, and the revival of oedipal conflicts is often encountered in the supervisory process. Berger and Buchholz argued that, while the responsibility for gaining competence rests with the supervisee, the learning process itself should be made transparent, which

¹⁹ I have mentioned that in Aotearoa New Zealand clinical supervision is mandatory for registered psychotherapists (chapter one).

they term “presupervisory preparation” (p. 91). With such preparation they propose that the “third ear” (ibid.) of trainees is awakened and that they can then guide themselves towards smoother paths of learning.

With regards to the responsibility for gaining competence resting with the supervisee, research has been carried out on the personality characteristics of the successful therapist. Rodenhauser, Rudisill, and Painter (1989) maintained that there is general agreement that personality characteristics, attitudes and values are better predictors of future clinical competence than intellectual ability. They cite Swensen’s (1971) literature review which found that:

Interest in people was the single feature that most consistently distinguished the successful from the unsuccessful therapist. Other characteristics included originality, insight into self, integrity, self-control, and warmth in relationships....Tremblay and colleagues also identified a core “therapist personality” characterized by a focus on the present, strong self-acceptance and self-regard, synergy, and optimism about the human condition. (p. 372)

They also list attributes of the supervisee which facilitate the process of learning psychotherapy. The high-scoring ones include psychological-mindedness/openness, reliability, interest/desire, enthusiasm/eagerness, interpersonal curiosity, flexibility (personal, theoretical, clinical), empathy, intellectual openness, a habit of reading/development of knowledge base, minimal defensiveness, introspection, receptivity to feedback, tolerance for ambiguity and not knowing, tolerance of emotions (self/patient), willingness to risk, willingness to listen, amongst others.

The supervisor’s responsibility in the relationship is described by Ungar and Ahumada (2001) as being both teacher and therapist. They draw on Fleming and Benedek’s (1964) paper which proposed that:

Psychoanalytic skill depends primarily on native endowment consisting of an interpersonal sensitivity and capacity for empathic responsiveness that cannot be imitated but must be developed. Without the aptitude, little can be learned from teaching or experience. With the aptitude, much can be learned from experience alone, but more can be achieved by good teaching. (p. 95)

Ungar and Ahumada noted that the supervisor helps to recognise learning blocks and to apply what he or she has learned of self-knowledge and theory. Fleming and Benedek (1964) cited Ross in presenting the supervisor’s job as Janus-like, being simultaneously both teacher and therapist, and that the supervisory situation then

becomes as “intimately affect-provoking” (p. 71) as the therapy. They put forward these emotion-laden contexts as the overall frame for the supervisory learning alliance, in which they regarded the supervisor foremost as teacher and the focus as being principally on the supervisee’s learning difficulties.

Watkins (2015) noted that this notion of supervision as a learning alliance has endured. In a literature review of psychoanalytic writing about the supervisory relationship he suggested that the learning alliance initially introduced by Fleming and Benedek (1964) has been the most important aspect to emerge from psychoanalytic writings about supervision, and that it has become foundational for psychoanalytic supervision: “The supreme significance of the learning alliance for psychoanalytic supervision appears to now be uniformly and unanimously accepted” (p. 453). He added, however, that while the notion of the learning alliance has endured over the years, it has predictably evolved from the one-person psychology perspective that was predominant at the time of their writing to now include the more co-created mutuality of contemporary relationally focused perspectives. Thus, Watkins proposed, the supervisory alliance has come to be viewed as less of a top-down teaching situation and more as a “coconstructed, cocreated developmental educational bond” (p. 461). For the supervisee, then, learning takes place within the experience and vicissitudes of the supervisory relationship, as much as an attending to aspects of his or her difficulties in learning.

Learning from Reading and Undertaking Research

I have already mentioned that the relationship between clinical work and research is problematic in the field of psychotherapy. Busch and Milrod (2010) asked the provocative question “How can a field packed with highly erudite, thoughtful clinicians and scholars, dedicated to helping patients change, remain so fixed in obdurate resistance to systematic research?” (p. 309). In this section I restrict myself to briefly reviewing the literature on whether or not, and to what degree, psychotherapists turn to research findings to help them with their work, or even carry out research themselves. Castonguay et al. (2010) contended that the practice of psychotherapists is rarely or insubstantially influenced by research, and that it has been argued (Beutler, Williams, Wakefield, & Entwistle, 1995; Goldfried & Wolfe, 1996) that a possible cause of this is that most empirical research does not address the day-to-day issues that

practitioners face. Dattilo, Edwards, and Fishman (2010) are of a similar opinion, writing that “the failure of research based on positivist principles to deliver context-dependent knowledge is the central factor in alienating practitioners” (p. 430).

Kernberg (2011) has a more scathing approach to clinicians’ wariness of empirical research:

A fearful attitude regarding any challenges to traditional psychoanalytic thinking reflects the sense of isolation and implicit frailty of psychoanalytic institutes and stimulates the phobic attitude toward empirical research that still dominates large segments of the psychoanalytic educational enterprise, rationalized most frequently on the basis of the ‘uniqueness of each longterm psychoanalytic encounter’ that defies generalizations and efforts at quantitative assessment. (p. 611)

At the same time, Kernberg posited that fundamental contributions have been made by psychoanalysis to the related fields of psychology and psychiatry, and that while these have been absorbed and integrated by those disciplines, they are less and less cited as scientific and professional contributions of psychoanalysis. To what extent has this perhaps alienated and/or confused psychotherapists in relation to research?

Castonguay (2011) used the term “empirical imperialism” (p. 134) to describe scientists (often treating few patients), who decide what should be studied and how it should be studied. He argued for an active collaboration between researchers and clinicians, and pointed to one such enterprise established under the leadership of a full-time academician and full-time clinician, the Pennsylvania Psychological Association Practice Research Network (PPA-PRN). Castonguay outlined how one of the studies was conducted, highlighting the level of involvement that clinicians committed towards research, as well as lessons that could be learned from this collaborative enterprise. He added that clinic training programmes can also be optimal sites for such networks, fostering what he calls a “healthy confusion” (p. 135) between three areas that are often seen as mutually exclusive – clinical, research and training; and describes how he and his colleagues at Penn State University have transformed their psychology clinic into a Practice Research Network.

In an amusing article Wolfe (2012) explored his own researcher/clinician split, examining the arguments on each side. His researcher side talked about empirically validated manualized treatments being more effective than “treatment as usual” (p. 102). The clinician, however, countered with the value of his intuition and clinical

expertise. The researcher appeals to “science”, and the current gold standard for clinical researchers being the randomised controlled trial (RCT); the therapist appeals to “intuition as a major arbiter of pragmatic and immediate therapeutic truth and argues further for the necessity of intuition and experience to go beyond the limitations of the research literature” (p. 102). Goodyear, Wertheimer, Cypers, and Rosemond (2003) cite Rønnestad and Skovholt’s (2003a, 2003b) research findings in giving another reason for practitioners avoiding reading psychological research. They suggest that, as they get older, practitioners turn increasingly to other sources of knowledge about human nature (literature, cinema, and so on), and that these data “validate that therapists have the motivation and commitment to continuing professional development” (p. 78).

In the articles I have mentioned, the authors are all discussing research as being mostly empirical research, and the relative antipathy of psychotherapists towards that research. Does that mean that other forms of research, for example, case-based writing, do not count? I have mentioned that many practising psychotherapists seem to read routinely, and discuss amongst themselves, such case-based research. In addition, and as I have pointed out, much of the literature in psychoanalytic publications concerns itself with case-based vignettes and the exploration of psychotherapeutic processes in the psychotherapy setting. I will touch on this in the following sections on “learning from writing”, and “learning from life”. Before moving on, however, it seems important to mention that a number of participants in this study were engaged in qualitative research, and to reflect on how this activity might support learning in the psychotherapist. Thorpe (2013) argued that conducting qualitative research enhances the clinical development of therapists due to a transferability of the skills that are developed in carrying out qualitative research. He described these as “an attitude of curiosity, flexibility, compassion, empathy, respect, openness, non-judgment, self-awareness, and playfulness” (p. 41). Further, that the qualitative researcher learns to be intellectually and emotionally immersed in the material, while remaining open to different perspectives. He/she also learns how to tolerate the experience of ambiguity, chaos, and not knowing, all of which are crucial in the therapeutic endeavour. My own experience of engaging in this research, while continuing to work clinically, would support Thorpe’s assertions. In particular, the deep

immersion in the material, and staying open to the meanings, seem to have particular relevance for ongoing learning in clinical work.

A note regarding the range of therapist experience in the research.

Orlinsky et al. (1999) noted that much of the research regarding therapist experience has tended to focus mainly on the therapist towards the beginning stages of his/her career. Examples given include Fleming, 1953; Hess, 1987; Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987. They added that empirical research has mainly examined supervisees in their student or immediate postgraduate years and, with the exception of the life-span developmental model of Skovholt and Rønnestad (1995), “the existing literature gives only a sketchy account of professional development in the later years” (p. 204). Since this was written, Skovholt and Rønnestad (2012) have described the phases of therapist/counsellor development, from the “pretraining” phase (p. 182) to the “senior professional” phase (p. 195) and have identified themes in the professional development of a therapist. Skovholt, Vaughan, and Jennings (2012), focus on the issue of expertise in the therapist, outlining general characteristics of experts and describing stages of expertise. They also explored the differences between novices and experts and attempted to define the “master therapist” (p. 217) and acknowledged that the topic of expertise is complicated due to conflicting ideas. They cited one conflict as being, on the one hand, the debate between academic researchers who argue that practice does not improve practice and, on the other hand, practitioners who believe that professional experience is central to improved practice.

A study by Spengler, White, Aegisdottir, and Maugherman (2009) – a meta-analysis of clinical judgment within professional psychology – supported both positions. The authors contended that “greater clinical or educational experience leads to almost 13% more accurate decisions regardless of most other factors” (p. 379), leading them to point to possible future research into why the experience-accuracy effect is so small. Skovholt, Vaughan, and Jennings (2012), in considering this, pointed to some limitations of the study, including one raised by the authors themselves, that the range of experience is “often very narrow, thereby reducing researchers’ ability to assess the true impact of experience” (p. 239). They also cited Lichtenberg (2009) who commented that clinical judgment may not even be the critical area to measure

“because a contextual model of therapy and counselling seems to be ascending as the medical model descends in popularity” (p. 240).

Learning from Writing

It could be argued that much of the writing done by psychotherapists relates, to some degree, to their ongoing learning, whether this is writing about clinical practice and clinical dilemmas, or in fact any writing that pertains to an interest in self- and other exploration. Thomas Ogden, an American psychoanalyst, is possibly one of the most evocative contemporary psychotherapist writers. His style is experience-near and intimate and he avoids instructing the reader on points of learning; instead he seems to combine writing and learning, so that the reader has the experience of learning on the way. The experience of being the reader is one of being free to go with him, or not, and that one’s learnings are one’s own. His writing calls to mind Hannah Arendt’s (1955/1968) thoughts on story-telling: “Storytelling reveals meaning without committing the error of defining it” (p. 105).

Many psychotherapists are, however, very reluctant to write about their clinical experiences (Klumpner & Frank, 1991). One fairly obvious reason is the difficulty of ensuring patient confidentiality (Thomas-Anttila, 2015); yet the question also has to be asked as to how compatible being a psychotherapist is with writing about psychotherapy, and how useful this is as a learning endeavour. Psychotherapy is an oral enterprise. It is also a feeling one, and one in which intuition and non-verbal interactions play a large role. To what extent does this differ from writing? Ogden (2005a) discussed the similarities of the two endeavours; writing as a form of waking dreaming, an experience of living at the frontier of dreaming, but at the same time not to be romanticized. He described it as a mixture of meditation and a wrestling match (wrestling a beast to the ground). He described meditation as “a way of being with myself and of hearing myself coming into being” (p. 23) and the state of writing as:

Very similar to the experience of reverie in the analytic setting, in a heightened state of receptivity to unconscious experience while at the same time bringing to bear on the experience an ear for how I may be able to make literary use of what I am thinking and feeling. (ibid.)

This dual experience that Ogden described of, on the one hand, being receptive to the unconscious and, on the other hand, of being able to think at the same time about what can usefully be brought in from this experience to the analytic setting, echoes the

therapist's stance in psychotherapy. It is fascinating to think about how this might correspond to being in a state of writing.

In my own experience the "state of writing" is not always comfortable. There is a finality about the written word on the page that seems to me to be different from speaking words, where we can repeat and repair what we say as we go, noticing responses, weaving our words with the words of the other. As well, as Michels (2000) pointed out, there are nuances such as tone of voice, volume, accent, and the nonverbal communication that takes place during speaking, that are difficult or impossible to translate into the written word – "Oral and written language are often treated as if virtually identical, but as analysts we should know better" (p. 365). Ogden (2005a) similarly alluded to this when saying that "Language, as if of its own accord, resists being tamed and pressed into the service of expressing inherently wordless experience" (p. 23). However it also seems true that the creative processes involved both in writing and being in the role of therapist are essentially very similar.

If the act of writing is in some way similar to the act of being a therapist, this might go some way towards explaining why therapists would write, and particularly why they might write about the therapy situation. There will also be other reasons for writing; informing others about theoretical developments, for example, and related to this, contributing to the readers' psychotherapeutic development, contributing to psychotherapy and to future patients/clients. Slochower (1998) talked about writing as helping to diminish a sense of isolation, that psychotherapy is an inherently lonely business and that professional writing creates a symbolic link between the writer and other therapists, thereby diminishing this sense of isolation (p. 334). Ogden (2005a) described writing as having been one of the pleasures in his life and Searles (1979) talked about clinical writing as being a way of facilitating self-analysis, that it represents both an attempt at self-cure and an indirect communication with one's own analyst. Writing can also be a way to find out what we think and can have an organising function; Slochower (1998) argued that psychoanalytic writing helps the analyst to organise or integrate theoretical and/or clinical ideas about the work, and that the process of making sense of these ideas often serves to reflect on the therapist's treatment stance and deepens the therapist's understanding of the patient. The example I gave of Symington's writing (about the patient who made him an

analyst) illustrates the potential value of such writing both for the writer and for the reader.

Learning from Life

There is comparatively little written about the impact of the therapist's own life, past and present, on his/her ongoing learning. In his book (2006) *Learning from Life: Becoming a Psychoanalyst*, Patrick Casement asserted that "all of life proves to be a resource for our learning" (p. 1), and that incidents from his life have helped to lay a foundation for his understanding of life and, in turn, his understanding of psychoanalysis. In the foreword to Casement's book, psychoanalyst Paul Williams noted that writing about learning from one's own life is a bold move, "as a certain type of received wisdom decrees that revelations about the analyst's life are by definition intrusive" (p. ix). He pointed out that recent retirement from practice no doubt made it more possible. Casement himself also mentions that the "freedom of retirement" (p. 1) allowed him to take the risks of self-exposure. Williams concluded that Casement is successful in describing life experiences that have contributed to the acquisition of wisdom as opposed simply to knowledge. Examples of this wisdom include: the need to take profoundly seriously the pain that many patients live with, the need to set limits, the price of the failure to mourn, the need to contain hate in the transference and countertransference, the dangers of certainty and the importance of lifelong supervision. In addition, he noted that those reading Casement's book will not only learn but will be moved.

One such moving example is Casement's description of himself as a 13 year old boy at boarding school. He described himself as having been "difficult" and "incorrigible". He recalled that once, when summoned to the headmaster's office, he was expecting a further telling-off or punishment, but that instead the headmaster told him that all the staff had given up on him and that the only thing that remained was to put him into a position of responsibility, to see if that had any effect: "I am going to give you the responsibility of being a school prefect. Please don't let me down" (p. 11). Casement's response was to do whatever he could to live up to the headmaster's trust in him. He wrote that it was a new experience to have this affirmation, quite different from what he had previously experienced. He then connected this to being drawn later in his life to the psychoanalyst Franz Alexander's

(1954) notion of “corrective emotional experience”. He recalled that because he had been profoundly affected, including emotionally, by what his headmaster had done, he had formed the opinion that this was the thing that helped bring about change in people. Before he became an analyst Casement had been a probation officer and he believed, from his own life experience, that caring for and believing in people would help them to change their lives for the better. He also carried this belief into his career as a psychoanalyst and only gradually began to realise from further experience with his patients that this was not quite the whole story: “there was something very important missing in this view” (p. 12). He thus illustrated the way in which his learning deepened and became more complex.

As I have mentioned, examples of psychotherapists writing about their lives and the connection between these and their role as therapist are relatively rare. A recent book *Clinical Implications of the Psychoanalyst's Life Experience* (Kuchuk, 2014), contains accounts from 18 therapists of how childhood and adult experiences have impacted on their personal and professional lives. Kuchuk argued that no two clinicians approach their work in the same way, and cited Gill (1983) who noted that if the transcripts of multiple therapies conducted by the same clinician were studied, there would be clear evidence of the therapist's individual personality. Kuchuk added that he hoped that this would encourage other therapists to consider how their lives affect their experience, and that of their patients, in the consulting room. He further noted that writing on this topic is rather scarce and lists some relevant works, including Casement's book (2006), Frank (1977), Little (1990), Stolorow and Atwood (1993), Isay (1996), Pizer (1997), Harris (1998), Ruderman (2002), Ehrenberg (2004), Sherman (2005), Sherby (2013), Richman (2006), Ragen (2009), Dimen (2011) and Gerson (1996). I would also add the psychoanalyst Bion's *The Long Weekend* (1982/2005), a reminiscence of the first 21 years of Bion's life, written by him at the age of 80 and published posthumously, and then his draft second biography (the next 30 years of his life) *All My Sins Remembered* (1985/1991), also written at the same time and published posthumously.

Allen Wheelis is another analyst who wrote an autobiographical volume, *The Listener* (1999), when he was in his early 80s. It is a book of reflections on his life, including his complex relationship with his mother, his adult family life (particularly his wife), and his relationship to his work as an analyst. He has a poetic style of writing

which evokes further reflection on the part of the reader, and any connections between his learning from life and his work are implicit and poignant. In one section he wrote about watching on television an interview with Erik Erikson, the famous psychoanalyst who developed the theory of life consisting of developmental phases. Erikson is in the final stage, which he has described as being characterised by wisdom on the one hand and despair on the other. The interviewer asks “Have you achieved wisdom, Mr. Erikson?” (p. 214). Wheelis wrote:

He hesitates, then stands behind his product: “I’m afraid I have”. Mazeltov. I have not. I’m as old as he, almost. Anyway, like him slogging along through the last phase, if it *is* a phase, anyway the last years of life. But not with wisdom. Rather, with the vanity, awkwardness, longing, and sham that have characterized my passage through all the other phases. (p. 214)

What stands out here is Wheelis’ own self-awareness of his human predicament. He does not say that this helps him to help his patients, however it seems rather likely that this would be the case. Further, that it is not the fact that he has *lived* a life that would contribute to his abilities as a therapist, but rather that his *reflecting* on his life (including his writing about his reflections), and his ability to tolerate the complexities and unpalatable aspects of it, is an essential element²⁰.

The psychoanalyst Paul Williams has written two volumes of a three volume autobiography (2010, 2013), or at least books that “take as their subject aspects of the author’s life” (Williams, 2010, preface). Williams, like Bion and Wheelis (and unlike Casement), does not explicitly write in these two volumes about how his early life (childhood and adolescence) has influenced him as an analyst; the reader is left to draw his or her own conclusions. However, there are passages in his books where, in reflecting on his own life experiences, he makes connections between these and how he has come to think about human nature and behaviour. For example, in *The Fifth Principle* (2010), he described a childhood characterised by solitude, violence and abuse. He wrote that, as the child, he was unable to think about any of this, and that

²⁰ Wheelis’ (1999) reflections bring to mind T.S. Eliot’s poem “East Coker” from *Four Quartets* (1944/1979) and particularly the following passage:

“Do not let me hear
Of the wisdom of old men, but rather of their folly,
Their fear of fear and frenzy, their fear of possession,
Of belonging to another, or to others, or to God.
The only wisdom we can hope to acquire
Is the wisdom of humility: humility is endless.” (p. 16)

he was essentially existing on the level of survival. In reading the book, it becomes apparent that the adult writing the story has had many different and sometimes reparative experiences since that time, and so is able to think and to make meaning of what happened, and to understand something of the human experience. As the reader, it seemed to me that, as in Wheelis's (1999) book, his reflections and his writing contribute to his present day sense of self (personal and professional) and are a further illustration of writing (as with Thomas Ogden) as "learning on the way".

Summary

In this chapter I have reviewed selected studies on psychotherapists' learning and professional development, and have provided examples of writing undertaken by therapists themselves which take as their subject (overtly or otherwise) their ongoing learning. I have noted that there are themes within this writing that pertain to particular ongoing learning experiences. Many therapists write about the learnings they have gleaned from their patients or clients and a number of studies show that this learning is possibly the most important influence on therapist development. However, despite studies showing *that* this is the case, there is very little showing or discussing *what* it is that is learnt, or *how* the learning occurs. Understanding the latter is the focus of this research. There are ethical difficulties in writing about clinical work from the therapist's perspective, and many therapists are therefore reluctant to write about their clinical work. However there are therapist writers who do undertake this complex task. I briefly mention Thomas Ogden, Neville Symington, and Harold Searles, who are amongst those who transmit their own experiences of their learnings in a moving and evocative manner.

As well as learning in the clinical setting, therapists have written about other places of learning, including from one's own personal therapy, receiving supervision, reading, writing, and learning from life. This is not an exhaustive list but represents the main themes in the literature. With regards to writing about the influence of one's life experiences on one's role as a therapist, this has traditionally been complicated by therapists wishing to retain a certain anonymity out of respect for their patients and the clinical work. However, this attitude seems to be undergoing something of a change and I mention a number of therapists who have undertaken this writing,

including Steven Kuchuk (2014), Patrick Casement (2006), Allan Wheelis (1999), and Paul Williams (2010, 2013)²¹.

This brief review of the literature is intended to provide a context for looking more closely at the experiences of the participants in this study. Before moving to these I turn to the philosophical underpinnings of the study.

²¹ In the finishing stages of writing this thesis, a book by Neville Symington (2016) was published, *A different path: An emotional autobiography*. It is his story of the first 45 years of his life.

Chapter 4: Methodology

“Meaning is the barely heard white noise enveloping everything I meet, and the unnoticed gleam that lets everything shimmer with reality.”
(Sheehan, 2015, p. 113)

This study of psychotherapists’ experience of their ongoing learning has its philosophical underpinnings in hermeneutic phenomenology, and draws principally on the thinking of the German philosopher Martin Heidegger [1889-1976], but also includes the thinking of Hans-Georg Gadamer [1900-2002] and Hannah Arendt [1906-1975]. In this chapter I discuss how I came to choose a methodology informed by hermeneutic phenomenology, and I describe and situate Heidegger’s hermeneutic phenomenology within its own beginnings in Husserlian phenomenology. Because I have also included thinking from selected, mainly psychoanalytic, writers in this study (where it enhances interpretation of the data), I then consider the interface between hermeneutic phenomenology and a psychotherapy which is informed by psychoanalytic theory and practice. Lastly, I discuss selected Heideggerian notions.

Choosing the Methodology

The poet Cecil Day Lewis (1947) noted that he did not sit at his desk to put into verse something that was already clear in his mind because, if it were clear in his mind, he would have no incentive or need to write about it. He suggested that rather than writing to be understood, he wrote to understand. This process of writing to understand was very much at the heart of my endeavours in undertaking this project. I am interested in the psychotherapist’s experience of ongoing learning and I imagine that many other psychotherapists are as well. My hope in interviewing psychotherapists, being open to what they have to say, and then writing about the interviews, was that I would attain some measure of understanding that might be helpful for me and for others. At the beginning of this study I had some thoughts about psychotherapists and learning. Over the years, in my clinical practice, I had observed my own particular learnings, including that I gradually became more confident with being with patients (including the paradox of being more confident about being in a position of not knowing). For example, I noticed that the emotional experience of being with patients did not overwhelm me in the way that it had at the beginning of

my practice, that my ability both to think *and* feel concurrently had evolved over time. However, although I could say *that* this had happened, I could not say anything very coherent about *how* that had happened – that is, my *experiencing* of this phenomenon.

This then raised the question of which methodology would best suit such an exploration; how would I go about finding out what can be known? Because my topic concerns learning, the issue of existing learning theories was raised. If my intention was to engage with the experience of learning, would I not do that within the container provided by the huge body of literature on learning theories? That would certainly be one approach. However, my inclination was to learn from the therapists themselves about their learning processes. I had a hunch that these might be of a particular nature, and that therapists describing their experiences or stories of learning, and my dwelling with these and then letting them show something essential, might yield a depth of understanding of the phenomenon that did not seem to be articulated in the literature, except in mostly implicit ways by therapist writers writing about their work and/or their lives (see previous chapter). I also considered using thematic analysis but again this seemed to have limitations in relation to what I was hoping to discover. While thematic analysis also gathers data from participant interviews and would enable me to identify and articulate themes emerging from the interviews, I was interested not only in identifying and analysing themes but in capturing something of the participants' more primordial *experiences* of their learning.

When I reviewed several different methodologies I came to understand that hermeneutic phenomenology is an approach to qualitative interpretive analysis with a particular interest in how people make sense of their experience; it is concerned with meaning and processes rather than with events and their causes (Larkin & Thompson, 2012), and focuses on the particular rather than the general, that is, a commitment to an idiographic level of analysis. Ajjawi and Higgs (2007), who carried out a study using hermeneutic phenomenology, noted that because phenomenology is concerned with lived experience it is, therefore, ideal for investigating personal learning journeys. Many others have also shown this in their research (for example, Healy, 2011; Laverty, 2003; Smythe, 2011; Spence, 2017; van Manen, 2014). Further, hermeneutics adds an interpretive element, whereby the researcher "explicates meanings and assumptions in the participants' texts that participants themselves may have difficulty in

articulating” (Ajjawi & Higgs, p. 616). Thus, hermeneutic inquiry aims to uncover meanings and intentions that are hidden in the text²² (Crotty, 1998).

The goal of this research, that is, to understand a human phenomenon and psychotherapists’ experiences of this phenomenon (the experience of ongoing learning) fits with the interpretive research paradigm. According to this paradigm meanings are constructed by human beings in unique ways, depending on their context and personal frames of reference as they engage with the world they are interpreting (Crotty, 1998). Subjectivity is valued (meanings of experiences are sought rather than explanations or predictions of behaviour), and findings emerge from the interactions between the researcher and participants as the research progresses (Creswell, 2007).

The interpretive paradigm is suitable because of its “potential to generate new understandings of complex multidimensional human phenomena” (Ajjawi & Higgs, p. 614). An important aspect of this approach is the assumption that our pre-understandings always go before us in interpreting any text; and, therefore, that the researcher needs to be able to identify and reflect on his or her own experiences and assumptions. Gadamer (1975/2013) proposed that neutrality in the context of interpreting data cannot exist, however, that if we are sufficiently aware of our own bias (our own fore-meanings and prejudices) then we will also be open to the text’s alterity or otherness, and to its being able to show itself in new and different ways.

As a psychotherapist I also needed a methodology that fitted well enough with the psychotherapeutic endeavour. The emphasis of hermeneutic phenomenology on the exploration of lived experience resonates with what I know from clinical psychotherapy practice, and concurs with Hinshelwood’s (2013) statement that, “Psychoanalysis is the prime psychology still concerned with human *experience* itself” (p. 1). Hermeneutic phenomenology seemed to resonate more closely with the therapeutic endeavour than some of the other methodologies. There is an emphasis on being and being-with, including being-with the data (corresponding to a being-with the patient or client), an openness to what might arise from being with the data (as in noticing one’s response to the patient or client), and then the written response to

²² In the context of this research the “text” is the interviews with the research participants.

being-with the data, which deepens with further engagement²³, often uncovering the taken-for-granted or a hidden (and elusive) truth (Smythe, 2011). One's own subjectivity, as well as the intersubjective nature of the engagement between researcher and participant, is acknowledged (here are further resonances with the therapeutic engagement). Saevi (2013) suggested that phenomenological writing means writing about the experience "from the perspective of an 'insider', a subjective being that exists along with the experience" (p. 4). Thus, I felt very hopeful that I had found a methodology which was congruent with my already existing way of being in the world as psychotherapist and psychotherapy teacher.

What I could not anticipate was the often daunting nature of coming to an understanding of the philosophical notions of hermeneutic phenomenology. Having been immersed in psychoanalytic theory and practice for many years I felt that I was now learning a new language, and with that came the struggle of how this could or could not be integrated within the psychoanalytic framework. Early on in my studies I spoke briefly with another psychotherapist about my endeavours and he stated his opinion that phenomenology does not accept that there is an unconscious. I was horrified, given that the unconscious is an essential concept in psychoanalysis. How would I regard myself if I underpinned my research with a philosophy that contradicted what I believed to be an intrinsic part of clinical practice? This question of the unconscious, and the wider relationship between psychotherapy and hermeneutic phenomenology, became a thread running through my reflections during this research. I will explore this after turning first to the beginnings of phenomenology and then to Heidegger and hermeneutic phenomenology.

The Beginnings of Phenomenology

Although the history of the phenomenological movement could be said to originate with Georg Wilhelm Friedrich Hegel [1770-1831]²⁴ and Franz Brentano [1838-1917], Edmund Husserl [1859-1938] is widely regarded as the father or founder of phenomenology (Lavery, 2003; Koch, 1996; Moran, 2005; Polkinghorne, 1983). Husserl was born in Proßnitz, Moravia (then part of the Austrian empire but now part

²³ Husserl (1954/1970) put it this way – "From what rests on the surface one is led into the depths" (p. 355).

²⁴ Merleau-Ponty (1948/1964) wrote that "All the great philosophical ideas of the past century—the philosophies of Marx and Nietzsche, phenomenology, German existentialism, and psychoanalysis—had their beginnings in Hegel" (p. 63).

of the Czech Republic) into a middle class Jewish family (Moran, 2005). He initially studied mathematics, but moved to studying philosophy after being persuaded by Brentano, with whom he studied from 1884-1886 (ibid.). He increasingly became interested in “pure phenomenology” (Husserl, 1913/2014) and worked to find a universal foundation of philosophy and science (Lavery, 2003). Husserl took exception to the Cartesian split between mind and body and believed that psychology as a science had taken a wrong turn in ignoring that living subjects do not simply react to external stimuli, but rather have their own perceptions of what these stimuli mean, and that in ignoring context, an artificial situation is created (Jones, 1975). Instead, Husserl proposed to return to the grounding of truths in human experience (Caelli, 2001) – thus his famous appeal “To the Things!”, signifying the importance of beginning not with theory but rather with the *phenomena* themselves, hence restoring to science a philosophy grounded in deeper human concerns (Cohen, 1987). Husserl introduced the term “lifeworld” (*Lebenswelt*), and in *The Crisis of European Sciences and Transcendental Phenomenology* (1954/1970), he discussed *Lebenswelt* as the “pre-given, universal framework of pre-theoretical experience on which the scientific conception of the world is founded” (Moran, 2005, p. 36). He believed that the investigation of the lifeworld could form the basis of a new science – “a science of the much-disparaged world of common opinion or *doxa*” (ibid.). Here we have the beginnings of phenomenology, as being essentially the study of lived experience or the lifeworld (van Manen, 1997).

Husserl (1913/2014) outlined his thoughts on the differences between the science of psychology and “pure phenomenology”, after first clarifying that his critique of the psychological method did not deny the value of modern psychology or denigrate the work that had been carried out, rather that there were certain deficiencies of method. The following is his comparison between psychology and phenomenology:

Psychology is a science of experience. Given the usual meaning of the latter term, this claim is twofold:

1. It is a science of *facts*, of “matters of fact” in David Hume’s sense.
2. It is a science of *realities*. The “phenomena” that it treats, in its capacity as psychological “phenomenology,” are real occurrences. As such, if they have actual existence, these occurrences fit, together with the real subjects to which they belong, into one spatial-temporal world as the *omnitudo realitatis* [the whole of reality].

In contrast to this, pure or transcendental phenomenology will be established, not as a science of facts, but instead as a science of essences

(as an “eidetic” science), a science that aims exclusively at securing “knowledge of essences” and no “facts” at all. The corresponding reduction that leads from the psychological phenomenon to the pure “essence” or that leads (in the sort of thinking involved in making a judgment) from the factual (“empirical”) universality to the universality of an “essence” is the eidetic reduction. (Husserl, 1913/2014, p. 5)

The “reduction” referred to here by Husserl needs further brief explanation, particularly because this was later radically revised by Heidegger (indeed this issue of the reduction is often seen as one of the main differences between Husserl’s and Heidegger’s phenomenology). Phenomenological “reduction”, also referred to as “bracketing”, was explained by Lavery (2003) as emanating from Husserl’s belief that in order to achieve contact with the essences “one needed to bracket out the outer world as well as individual biases” (p. 23) – that is, to suspend judgment about a phenomenon in order to see it clearly, or to “see things ‘as they are’ through intuitive seeing” (ibid.). Lavery cited Osborne’s (1994) description of bracketing as “identifying one’s presuppositions about the nature of the phenomena and then attempting to set them aside to see the phenomena (sic) as it really is” (p. 23). She also cited Klein and Westcott (1994) in describing this process of bracketing as being “a threefold process including exemplary intuition, imaginative variation, and synthesis” (p. 23). Thus, to paraphrase Lavery’s description of this bracketing process, the researcher:

1. Chooses a phenomenon and holds it in his/her imagination
2. Then moves to develop examples of similar experiences through imaginative variation
3. Achieves integration of these variations through synthesis of the essences of interest.

As mentioned, Heidegger held a different view about the issue of reduction or bracketing; he did not believe that it was possible to bracket or to set aside one’s existing judgments or presuppositions in order to arrive at that which is essential. He believed that we bring who we are, including our background, beliefs, and understandings to any interpretive process²⁵. Lavery (2003) stated that Heidegger thus further erased distinctions between the individual and experience; each cannot exist without the other and “one cannot stand outside the pre-understandings and

²⁵ In this research I am informed by Heidegger’s rather than Husserl’s view on this matter, and this will be explained further in chapter six.

historicality of one's experience" (p. 27). Heidegger set about developing his own phenomenology (hermeneutic phenomenology), which will be explored in the next sections.

Martin Heidegger: The Question of the Meaning of "Being" (Seiend/Sein)

Heidegger was born in 1889 in Meßkirch, a rural town in Baden-Württemberg in southern Germany. His father was a cooper²⁶ and also sexton in the local Catholic Church. His mother was Johanna Heidegger-Kempf (Schalow & Denker, 2010). He was raised as a Catholic and was deeply religious in his youth; his early ambition in life was to be a Jesuit priest (Blattner, 2006). His first studies at Freiburg University were in theology; he also studied philosophy and his doctoral thesis was completed in 1914, the first year of World War 1. In 1915 he completed his *Habilitation*²⁷ and it was at that stage that his religious convictions began to change. He also met his future wife, Elfride Petri, who was a Protestant. By 1919 he had severed his ties with the Catholic Church; Blattner (2006) stated that he continued to lecture on the philosophy of religion but that his philosophical perspective increasingly reflected existential and historical concerns.

Heidegger called into question the notion of humans being principally rational beings (as proposed by, for example, Plato and Descartes), and "the Platonic assumption that human activity can be explained in terms of theory and the central place the Cartesian tradition assigns to the conscious subject" (Dreyfus, 1991, p. 3). As Dreyfus put it, rather than asking *epistemological* questions (concerning the relation of the knower and the known), Heidegger was interested in *ontological* questions, that is, what sort of beings we are, and how we are bound up with the intelligibility of the world. He suggested that as well as being thinking, observing beings we are also "being beings, coping beings involved in the world" (ibid.). Resonating with Kierkegaard, Heidegger suggested reversing Descartes' famous statement to read "I am therefore I think" (Dreyfus, p. 3). Heidegger's most influential work was *Being and Time (Sein und Zeit)* (1927/2008) and it is in this work that he began to discuss the meaning of being. He opened with the statement "For manifestly you have been long aware of what you

²⁶ A cooper is a maker and repairer of casks and barrels.

²⁷ A second dissertation, which in Germany must be written in order to teach at a University.

mean when you use the expression “being” (seiend)²⁸. We, however, who used to think we understood it, have now become perplexed” (p. 1).

Heidegger (1927/2008) stated his intention to “raise anew *the question of the meaning of Being*” (p. 1), established the importance of asking this question, on the basis that it had been forgotten, deemed unnecessary and neglected to the extent that, if anyone asked it, they were charged with an error of method. He suggested that the question about the meaning of Being had come to be seen as superfluous, indeed that a “dogma has been developed which...sanctions its complete neglect” (p. 21). “Being”, he maintained, had come to be seen as the most universal concept, and that it was “indefinable”, because it could not be conceived as an entity. However, he proposed, its indefinability did not eliminate the question of its meaning, rather that “it demands that we look that question in the face” (p. 23). Rather than “Being” needing no further discussion due to it having a clarity of meaning, Heidegger suggested that, “the very fact that we already live in an understanding of Being and that the meaning of Being is still veiled in darkness proves that it is necessary in principle to raise this question again” (p. 23) – and that it is “*the fundamental question*” (p. 24). He therefore recommended formulating the question, going on to say that the investigation of the meaning of Being was the task of ontology, which he described as explaining “Being itself and to make the Being of entities stand out in full relief” (p. 49). Furthermore, this investigation must be treated phenomenologically, the meaning of which he then went on to explain.

Heidegger and the Meaning of Phenomenology

Heidegger (1927/2008) explained the word “phenomenology” as having two components – “phenomenon” and “logos”. He then looked more carefully at the meaning of this word, stating that it comes from the Greek expression “φαινόμενο”, which is derived from a verb meaning “to show itself” (p. 51). Thus, phenomenology means “that which shows itself”, the manifest. Heidegger also noted that contained within the verb is “to bring to the light of day, to put in the light” (p. 51), wherein something can become visible in itself, thus “phenomenon” signifies “that which

²⁸ The editors noted that Heidegger translated Plato’s present participle *δν* by this present participle of the verb “sein” (“to be”), and that it is accordingly translated as “seiend”. They add that “seiend” must be distinguished from the infinitive “sein” (“to be” or the gerund “being”), and “Sein” (always capitalized), which is translated as “Being” (capitalized), and “Seiendes”, usually translated as “entity” or “entities” (Heidegger, 1927/2008, p. 1).

shows itself in itself” (p. 51). The phenomenological method of investigation, Heidegger stated, does not characterise the “what” of the objects of research, but rather the “how” of the research (p. 50). It is rooted in a primordial manner as “the way we come to terms with the things themselves” (p. 50) and it is far removed from technical devices. Heidegger went on to say that this is not about free-floating constructions and accidental findings and that he was opposed to what he called “those pseudo-questions which parade themselves as ‘problems’” (ibid.).

After investigating the concept of the “Logos” (discourse) (Heidegger, 1927/2008, p. 55f), the meaning of which he described as making “manifest what one is ‘talking about’ in one’s discourse” (p. 56), and the function of which he described as “merely letting something be seen, in *letting* entities be *perceived*” (p. 58), Heidegger then defined phenomenology as letting “that which shows itself be seen from itself in the very way in which it shows itself from itself” (p. 58). He again re-iterated that this expresses nothing more than “the things themselves!” (ibid.), and that in terms of its subject matter, “phenomenology is the science of the Being of entities – ontology” (p. 61).

Heidegger and Hermeneutic Phenomenology

The term “hermeneutics” is derived from the Greek word “ἑρμηνεύω” or “hermeneuō” (Klein, 2000, p. 344), meaning to translate, expound, or interpret. Yet, the etymology of “hermeneuō” seems unclear. Some link the word with the mythological Greek deity, Hermes, messenger of the Gods, whose duty it was to carry messages (between the gods, and between gods and men) and to translate. Kächele, Schachter, and Thomä (2009), however, maintain that the link between Hermes and hermeneutics is based on popular etymology and that “hermeneuō” actually derives from a root with a meaning identical to *speaking* (p. 37)²⁹. They note that the term *hermeneutics* dates from the seventeenth century, that it was formed from *hermeneutike techne*, meaning a procedure to interpret texts, and that it was influenced by the exegesis of the Bible. Hermeneutics is a circular theory, indicating as it does an interplay between an “understanding” of the whole and an “understanding” of a part: “This circle implies a correction based on the feedback between the

²⁹ Kächele et al. (2009) noted that this opinion is from the philologist Professor K. Gaiser (Tübingen University, Germany).

preliminary “understanding” of the text and the interpretation of its parts” (ibid.). The basic question is: “What meaning, what significance did and does this text have?” (ibid.).

A student of Husserl’s, Heidegger acknowledged his debt to Husserl in *Being and Time*, both by dedicating the work to Husserl, and by writing that, “The following investigation would not have been possible if the ground had not been prepared by Edmund Husserl, with whose *Logische Untersuchungen* phenomenology first emerged” (p. 62). Heidegger also began to develop phenomenology in ways that departed from Husserlian phenomenology, in particular replacing detached observations in the service of theory with a pre-theoretical hermeneutics rooted in the historicity and facticity of the experience of living: “The path to the matter itself is given only in interpretation that is never without presuppositions” (Dahlstrom, 2012, p. 51).

Dreyfus (1991) noted that Heidegger developed his *hermeneutic* phenomenology in opposition to Husserl’s *transcendental* phenomenology (p. 2). Whereas Husserl’s account of man was as essentially a consciousness with self-contained meanings (intentional content), and that this mental content gives intelligibility to everything people encounter, Heidegger argued that there was a more *basic* form of intentionality: “At the foundation of Heidegger’s new approach is a phenomenology of “mindless” everyday coping skills as the basis of all intelligibility” (p. 3). Further, that we have a “fundamental way of being-in-the-world that cannot be understood in subject/object terms” (p. 5), and that this *presupposes* our (derivative and intermittent) experience as conscious subjects relating to objects by way of intentional states such as desires, beliefs, perceptions, and so on.

In this way, we can see that Heidegger placed a further distance between his thinking and the Cartesian tradition of man as a principally rational being. Husserl’s phenomenology, although challenging this tradition, retained, in his method of bracketing, the position of man as rational thinker, able to set aside his own biases to arrive at that which is essential. Heidegger declared this an impossible endeavour, arguing instead that we are inextricably in-the-world, and relate to the world as such. Heidegger (1927/2008) believed that to be human was to interpret, and that our understandings are inevitably influenced by our own life histories (our fore-structures and historicity).

Thus, while Heidegger did not abandon phenomenology, he did break with the primacy of perception in phenomenology (“Phenomenology is not done with “just” seeing”) (Farin, 2015, p. 110), and consciously inserted into phenomenology the hermeneutical, or the “interpretedness of the world” (ibid.). Hermeneutics became a feature of Heidegger’s thought. Farin noted that for Heidegger the world is “disclosed through the articulation and communication of meaning in discourse and speech” (ibid.), and that when he began to embrace the word “hermeneutics” in his research he translated the original Greek term as “to communicate” (*mitteilen*), that is, to put into words and share with others” (p. 112). As Farin suggested, Heidegger’s hermeneutics is not “second-order interpretation or general theory about the interpretation of pre-given texts...but, rather, the first-order, original understanding, expression, dissemination, explication, and communication of meanings, messages, and intimations” (ibid.). Farin added that while Heidegger’s thinking about hermeneutics evolved during his lifetime, and took different forms in his philosophical thinking, the hermeneutical impetus to show the belonging of man and world through language and thought remained: “Heidegger’s hermeneutics remains true to his early commitment to interpreting, explicating, and clarifying the historical situation in which we live” (p. 122).

Having outlined the nature of phenomenology, and particularly Heidegger’s hermeneutic phenomenology, I now move to consider the interface between hermeneutic phenomenology and psychoanalysis. In doing so, I aim to shed further light on my choice of hermeneutic phenomenology as the methodology for this study. I begin with a consideration of the place of psychoanalysis’s concept of the “unconscious” and its relation to hermeneutic phenomenology.

Psychoanalysis and Hermeneutic Phenomenology

Laplanche and Pontalis (1973) made the observation that if Freud’s discovery had to be summed up in a single word, that word would, without doubt, have to be “unconscious” (p. 474). Thus, as previously mentioned, when it was suggested to me that phenomenology does not accept the notion of the unconscious, and I read of Heidegger’s antipathy towards Freud and his theories³⁰, I was curious; yet, at the same

³⁰ Heidegger’s view was that Freud’s work was “the new religion” and that it needed to be stopped (Askay & Farquhar, 2012).

time, could not see how this could be the case, based on my understanding of hermeneutic phenomenology as a methodology. I draw firstly on Ogden's (1992) writing to describe the psychoanalytic notion of the unconscious and then reflect on how this does or does not fit with hermeneutic phenomenology as a methodology. I then go on to explore more fully the relationship between psychoanalysis and hermeneutic phenomenology.

The unconscious.

Every psychotherapist is familiar with the experience of sitting with a patient who has tried, sometimes for many years, to effect a change in themselves using rational thought and intention, only to fail again and again. Many self-help books have been read, many positive visualisations have been creatively engaged with, and many attempts have been made to use the cognitive mind to deconstruct harmful beliefs. Still, something prevents the change from occurring. It is this phenomenon that often brings people into psychotherapy, as they gradually realise that they do not have the control over their lives that they had previously imagined. Sometimes, in the process of therapy, understandings arise between therapist and patient or client that could not have been arrived at using the above methods. These can then be worked with and worked through, in order that change may occur. How can we think about this seemingly obscure process? Ogden (1992) noted that Freud's thought reconceptualised man's relationship to himself; Ogden described this as a "fundamental decentring of man from himself" (p. 518). This "decentring" can be explained as being an undermining of the illusion of the identity of consciousness and mind: "From a psychoanalytic perspective, man can no longer experience himself as 'absolute ruler' of his own mind" (ibid.). Citing Freud, he continued: "*the ego is not master in its own house...what is in your mind does not coincide with what you are conscious of*" (ibid.).

Simply put, the unconscious is that which lies outside of our awareness. Ogden (1992) stated that the dynamic unconscious is "not only devoid of the quality of self-awareness, but is comprised of a set of meanings that are felt to be incompatible with, unacceptable to, and threatening to the system of meanings constituted in consciousness" (p. 518). Consciousness and unconsciousness are mutually dependent, that is, the unconscious is not, as is often presumed, lurking *beneath* that which is

conscious; rather they exist in relation to each other and in communication with each other. The two systems are complementary: “we do not live two lives (a conscious and an unconscious one) concurrently; we live a single life constituted by the interplay of the conscious and (dynamically) unconscious aspects of experience” (p. 519). Thus, in therapy, as the patient comes to know more about the complexities of human experience, of human-beingness, and of seemingly contradictory thoughts and feelings, then previously insurmountable difficulties, including wished-for changes, might begin to be experienced in different ways, and change may then occur.

For me, this notion of the unconscious sits well within hermeneutic phenomenology. As I have noted, Heidegger challenged the Cartesian tradition of man as a principally rational being, and instead viewed humans as interpreting beings, and as being in the world in a fundamental and coping way, including being heavily influenced by our own life histories. In doing so, he went a step further than Husserl, who believed that we are able to set aside our own biases to arrive at that which is essential. Further, Heidegger (1927/2008), in describing phenomenology as letting “that which shows itself be seen from itself in the very way in which it shows itself from itself” (p. 58) did not pretend that this is a straightforward endeavour when he wrote about a phenomenon for the most part not showing itself at all:

Manifestly, it is something that proximally and for the most part does not show itself at all: it is something that lies hidden, in contrast to that which proximally and for the most part does show itself; but at the same time it is something that belongs to what shows itself and it belongs to it so essentially as to constitute its meaning and its ground. (p. 59)

He went on to reveal how phenomena can be covered up, undiscovered, neither known nor unknown, buried over, and even disguised, and that it is through interpretation that Being may be “laid bare” (p. 61). In the same way, it seemed that in this study the phenomenological method of both being with the data and then writing about it (to be explored in more depth in chapter six) lends itself particularly well to an ever-increasing depth of analysis. Lavery (2003) noted that this often includes what we may take for granted but which remains *hidden*; that phenomenology seeks to examine these experiences and to uncover new and/or forgotten meanings. Saevi (2013) expressed this as the “undoing of the taken for granted of the experiential world” (p. 4), and Henriksson and Saevi (2009) noted: “A phenomenological text is not so much a traditional research report, but a wilful wandering into a more profound

understanding of the taken-for-granted; the text aims to be a questioning experience for the reader (as well as the writer)” (p. 46).

This interpretation seems very much akin to the notion of “reverie”, an intrinsic part of psychotherapy practice, a concept first introduced into psychoanalysis by the psychoanalyst Wilfred Bion, and which Ogden (1997a) has described as the “unconscious intersubjective constructions generated by analyst and analysand” (p. 567). He suggested that reverie requires “tolerance of the experience of being adrift” (p. 569), and is an experience which “cannot be rushed to closure” (ibid.). I would argue that dwelling with participants’ data, in a sense in a *lived* way, being open to what might emerge, brings one into this state of reverie which is familiar to psychotherapists. A dialogue occurs between researcher and participant (firstly in the interview process and then in being with the data from the interview) which engages the researcher in a way that is beyond the cognitive realm. Saevi (2013) described it as a “pathic dwelling” (p. 3). Thus, as I proceeded I found it difficult to see how the unconscious could be excluded from hermeneutic phenomenology *in action*, that is, the carrying out of the method. In exploring participants’ stories from their interviews I felt free to be drawn to meanings both consciously expressed and to others that seemed to lie more outside of the conscious realm, indeed the method led me to this.

In writing this, I am aware that the two disciplines collide, perhaps uncomfortably, and I have to ask myself to what extent I am forcing a collision. Also, to what extent does my being a psychotherapist inform my viewing of hermeneutic phenomenology, including my desire to want it to be a good enough fit with psychoanalytic practice and theory? As Gadamer (1975/2013) stated, we bring ourselves into the play, in whatever we are carrying out. I could scarcely set aside my psychotherapist self in engaging with hermeneutic phenomenology. Perhaps other hermeneutic phenomenological researchers do not experience the reverie of which I am speaking, and perhaps I read too much of that experience into the accounts of other researchers (how could I not)?

Nevertheless, it does seem that there is an element of talking at cross-purposes in the play, where language may confuse rather than enlighten. Richardson (2003), whose paper on Heidegger and psychoanalysis begins with the statement “Heidegger was no friend of psychoanalysis” (p. 11), posed an interesting question in this regard when he cited Lacan’s proposal of a new way to understand Freud’s unconscious,

namely as a process that is structured like a language – rather than being thought of as a physical system of hydraulic forces. His question is whether Heidegger would have been as hostile to Freud’s notion of the unconscious if it had been presented to him as “structured like a language” (p. 9). Richardson thought, “probably not” (p. 10). Perhaps this is a cautionary tale of the ways in which we can, at times, talk past each other and can develop allergic reactions to terminologies from different disciplines without taking care to understand what lies within their meanings. At the same time, it does seem true that earlier psychoanalysts, while valuing the unconscious above all, positioned themselves more along the lines of Husserl’s thinking, that is, that they believed they were able to set aside their own biases and to be the “one who knows” in the clinical situation. This stance has gradually changed over the years to include the view that it is not only the patient but also the analyst or therapist who is influenced by what lies outside of conscious awareness³¹; hence the clinical session becomes less of an investigative endeavour, with the therapist as investigator, and more of a collaborative and intersubjective undertaking (Bohleber, 2013; Hirsch, 2015).

This interface between psychotherapy and hermeneutic phenomenology, is, I think, worthy of ongoing investigation; I have only touched on it briefly. Before leaving it, I will bring in some other thinking, but I acknowledge that this is an area which is deserving of more attention than the space in this study can provide.

Hermeneutic phenomenology and psychoanalysis: Cross-cultural conversations.

Here, I briefly examine the impact that psychoanalysis and hermeneutic phenomenology have had on each other. Askay and Farquhar (2012) noted that Husserl, as the founder of phenomenology, and Sigmund Freud [1856–1939] as the founder of psychoanalysis, were contemporaries who both studied under Fritz Brentano at the University of Vienna (although not at the same time). Askay and Farquhar stated that although they would have been aware of one another’s work, they made no reference to each other during their lifetimes; however they formulated their theories of the unconscious at much the same time. They also noted Ricoeur’s observation that “no reflective philosophy has come as close to the Freudian

³¹ Paula Heimann is generally credited with beginning this discussion in her article “On Counter-Transference” (1950).

unconscious as the phenomenology of Husserl and...Merleau-Ponty" (p. 597), and Ricoeur's argument that phenomenology converges with psychoanalysis without merging. They also showed that although Heidegger expressed a distaste for Freud's work he has had the greatest impact on contemporary psychoanalytic movements around the world, and particularly in Europe, Scandinavia and the United States. As examples of analysts within Freud's inner circle they give the German analysts Paul Federn and Heinz Hartmann, both of whom incorporated particular phenomenological notions into their clinical work. In Switzerland Ludwig Binswanger and Medard Boss were heavily influenced by Heidegger, Binswanger grounding his practice in Heidegger's ontology, and Boss endeavouring to incorporate Heidegger's phenomenology within traditional psychoanalytic practice. This became known as *Daseinsanalyse* or *Daseinsanalysis*³².

In France, Jacques Lacan's earliest work was from a Husserlian perspective, including his use of "intersubjectivity". Askay and Farquhar (2012) added that Heidegger's early philosophy was, however, a primary influence for Lacan. In Britain, R.D. Laing was influenced by phenomenology, and by Heidegger and Sartre in particular. Laing integrated phenomenological understandings into his clinical practice, and criticised psychoanalysis for not adequately recognising the importance of interpersonal relatedness and social context (Askay & Farquhar). However, according to Askay and Farquhar, while "most American psychoanalysts are utterly clueless as to what phenomenology actually is" (p. 606), it has been in the United States that Heidegger's phenomenology has had its greatest impact, and particularly in the sphere of relational psychoanalysis, which includes intersubjectivity theory. The analysts Robert Stolorow, George Atwood, and Donna Orange have all critiqued Freudian metapsychology and have drawn from existential phenomenology. They argue that psychoanalysis and phenomenology have much to offer each other.

Friedman (2000), a psychoanalyst who has reflected on hermeneutics and psychoanalysis, suggests that hermeneutics adds much to the study of human meaning and that it adds a philosophical reflection on the contrast between uniqueness and generality. In this vein, hermeneutics teaches the analyst or therapist humility in

³² Askay and Farquhar (2012) noted that *Daseinsanalysis* has spread around the world under the auspices of the International Federation of Daseinsanalysis and that there are members in the US, England, Germany, France, Belgium, Brazil, Greece, Canada, Hungary, and the Czech Republic.

his/her claim to understanding, that we cannot actually capture someone else's unique meaning:

Hermeneutics warns us that we cannot place an idea in somebody's head. An interpretation can never be to a patient what it was to the analyst.... Hermeneutics cautions us to carry our fixed categories lightly. There is always a world of alternative abstractions available. (p. 254)

At the same time, he cautioned against what he calls hermeneutic phenomenology's "romantic rebellion against modernism and science" (p. 255); and cited William James' famous description of the "blooming, buzzing confusion" of undifferentiated awareness" (ibid.). He noted that Heidegger and Gadamer at best patronize questions of effectiveness and technology, and at worst denigrate them, suggesting that psychoanalysis, as well as seeking understanding of patients, also has theories of mind, pathology and treatment that inevitably inform these understandings, and, he intimated, are helpful in doing so. For example, he proposed that an analyst would do better with a patient who is premenstrual by knowing not only *that* the patient bleeds, but that menstruation exists.

This is a rather concrete example, pertaining as it does to biology rather than to psychoanalytic theories; however the point is rather more successfully made in his description of the usefulness of John Bowlby's³³ researches into infant experience and his ensuing theory of attachment, and how this then informs the analyst's or therapist's understanding of the helplessness of the infant – including the ways in which aspects of that may have played out in the life of the adult patient in the room. The question then becomes how the theory is "applied" within the patient-analyst interaction, and Friedman (2000) states clearly that hermeneutics has much to offer because there is no universal way of grasping someone else's meaning:

No matter what relevance we intend by our comments, patients will understand us in terms of their pressing questions.... Understanding will reach us only if we approach the patient with genuine curiosity. It cannot be an empty, formal curiosity, such as expressed by, "How could I put this

³³ John Bowlby [1907-1990] was a psychiatrist and psychoanalyst who carried out research into, amongst other things, maternal deprivation. He developed "attachment theory", which challenged Freud's "drive theory", and also Melanie Klein's belief that the infant's internal life is determined by fantasy rather than real life events. Instead, he proposed (in simple terms) that the early formation of emotional attachments contributes to the foundation of later emotional and personality development, and conversely that we experience problems of varying degrees where this does not occur satisfactorily (Bretherton, 1992).

in terms of my theory?" or "How on earth did the patient get that way?"
The patient's outlook must strike us as revelatory. (p. 244)

Friedman argued for integration of the biology of human behaviour, an appreciation of dramatic meanings, and that analysts should immerse themselves with "all the available valid images of human life we can garner" (p. 262), including the sciences, hermeneutics, infant development, and so on.

Reflections and summary.

During the course of this research I have come to appreciate more fully the 'truth' that no one approach has the answers to all questions about being a human being in this world. Friedman's (2000) paper highlights something about the difficulty of attempting to define psychoanalytic theory and practice and thus how it might intersect with hermeneutic phenomenology. Askay and Farquhar (2012) named particular psychotherapists who have been impacted to varying degrees and in various ways by phenomenology and hermeneutics. I would also suggest that psychoanalysis has evolved markedly, and in different ways since its inception, so that we now have different schools or branches of psychoanalysis, and that this might demonstrate something that is as much about shifting societal influences as it is about the influences of philosophy, developmental theories, neuroscience and so on.

In addition, I would argue that it is self-evident that individual psychotherapy practitioners, including myself, regardless of their theoretical orientation and professional affiliations, will understand both psychoanalytic theory and/or hermeneutic phenomenology in ways that are unique to them, although there will also be certain principles which form a basis of common understanding. That is, individuals develop their own understandings over time, and make use of specific theories and notions which they deem relevant to their particular situation, including their clinical practice. For example, there are aspects of psychoanalytic theory and practice that are important to me because they have meaning, either from my own personal or clinical experience. I am not about to cast them aside because a phenomenological notion suggests something to the contrary, although I *am* interested in whether the notion adds something to my understanding, even if some contradictions may be involved. Then some thinking is required and learning may occur. In the same way, I would say that I have used phenomenology, and particularly Heidegger's hermeneutic

phenomenology, to explore participants' experience, as a way of engaging with that experience. In all cases I followed the principle that the "the data always need to lead" (Smythe, 2011, p. 49), that is, I did not start with a phenomenological notion and attempt to make the data fit; rather interview data have driven the use of the appropriate phenomenological notions. These have then assisted a deepening of understanding of the participant's experience.

Thus, my belief in carrying out this research, using hermeneutic phenomenology as a methodology to understand psychotherapists' experience of their own learning, is that the methodology lends itself particularly to the ontological exploration of experience, that is, the study of being, and particularly human-beingness (*Dasein*), and adds to a discipline (psychotherapy) that has shown itself to be evolving and not static. Being and human-beingness are also an intrinsic part of the psychotherapeutic endeavour, contributing, I believe, to a certain congruence in employing this methodology. This goes further than the study of human-beingness to include hermeneutics, as Ogden (1992) demonstrated when he suggested that the psychoanalytic method "is built upon the process of constituting meaning through ... [the] dialectic of presence in absence and absence in presence" (p. 521). He proposed that Freud (and he adds Klein and Winnicott) worked within a:

dialectical, hermeneutic framework wherein the analytic dialogue (as well as the intrapersonal dialogue) is based on a mutually interpretive discourse in which meanings are clarified and elaborated and in which enhanced understandings of the experience of oneself and the other are generated. (p. 523)

He added that psychoanalysis can be thought of in terms of the hermeneutic circle: "foreground is contextualised by background and vice versa: the Freudian text is assumed to have an integrity in which every part is related to, informs, and is informed by every other part of the text" (p. 523).

As Friedman (2000) has shown, being with one's patient is not the only activity that the analyst carries out, and he or she is certainly informed by a plethora of theories (psychoanalytical, biological, and so on); nevertheless I do not think it is unreasonable to suggest that in psychoanalysis there has been an increasing shift to the relational paradigm, and away from the idea of therapist as objective observer and mirror. In saying this, it seems important to note that Freud's hope for his new discipline was that it would be grounded in the (respectable) scientific (Cartesian)

approach of the time; hence, I think, his use of an overly mechanistic framework to describe human phenomena. As I have noted in chapter one, Freud also wrote (1893/1955d) that he was dismayed that his case histories should read like stories, lacking the serious stamp of science, and that he could only console himself with the reflection that the nature of the subject was responsible for this, rather than any preference of his own. Thus, he clearly had his own philosophical conflicts, but it was left to later psychotherapists to address these. I would, therefore, suggest that to view even traditional psychoanalysis as being only ever about the therapist as objective observer, and not always also containing the relational and the intersubjective, seems to be a misunderstanding of the basic psychotherapeutic endeavour, including the central place occupied by the concept of the unconscious, its use in clinical practice effecting an inherently intersubjective enterprise, as Ogden (1992) demonstrated, and one which finds much resonance in hermeneutic phenomenology.

Before continuing to the next chapter, I will briefly outline central Heideggerian notions that have informed my reflections and writing. This is not an exhaustive list, and there are many others contained within the study, and which will be described as I proceed. However, it seems useful to provide an orientation to key aspects of Heidegger's thinking from which I have drawn.

Heideggerian Notions

Dasein.

The literal translation of "Dasein" is "being there". Although Heidegger uses this term to refer to "human being", Dasein is not to be thought of as a conscious subject. Rather, it is something more like "human beingness" or the state of being a human being (Dreyfus, 1991). Lavery (2003) described Dasein as "'the mode of being human' or 'the situated meaning of a human in the world'" (p. 24). Dreyfus pointed out that in 1943 Heidegger stated that, in *Being and Time*, Dasein is used in place of "consciousness" (p. 13), thus highlighting his move away from Husserlian phenomenology – "Dasein is not to be understood as an individual person... Heidegger is interested in the human *way of being*, which he calls "being-there" or Dasein" (p. 14).

Sheehan (2014) emphasised that this human *way of being* is intrinsically related to the notion of disclosedness or openness, when he cited Heidegger (1964):

“Da-sein” is a key word of my thinking and thus the occasion for major misunderstandings. For me, “*Da-sein*” does not mean the same as “Here I am!” but rather – if I might express it in a perhaps impossible French – *être le-là*. And the *le-là* is precisely Ἀλήθεια: disclosedness – openness. (p. 264)

Thus, Sheehan noted, the *Da* of *Dasein* designates the openness where beings can be present for human beings, including themselves; the human being “occurs in such a way that he or she is the “*Da*”, that is, the clearing of being” (p. 264).

Sheehan’s (2014) clarification of the meaning of *Dasein* particularly resonates with my understanding of the individual being in connection with him or herself, and with others, and understanding this as a human way of being. It also contains the sense of not only being in connection with, but also observing at the same time, which is familiar to psychotherapists and a common feature of the participants’ stories.

Being-in-the-world.

The activity of existing is “being-in-the-world” (Dreyfus, 1991, p. 40); “being-in” is being *occupied* with things, or being *involved*. Being-in is also referred to by Heidegger as “dwelling”; thus, “dwelling is *Dasein*’s way of being-in-the-world” (p. 45). Again (as with *Dasein*), an important aspect of this being-in is that we are not talking about an object located with respect to another object, “like chalk in a box” (p. 42) – hence the notions of dwelling and involvement.

This reminds me of how, in engaging in an activity, for example the activity of being a psychotherapist, we do not simply carry out that activity, rather over time we inhabit the activity in an embodied way. This is more about learning how to *be* than learning a piece of knowledge. In chapter 10 I give the example of a guitar player suggesting that the guitar is a dialogue between the guitar player and the guitar. Interpretation of participant stories revealed a similar phenomenon, particularly when individuals spoke about their therapeutic work, whether as patient/client or as therapist.

Gelassenheit.

Inwood (1999) explored Heidegger’s use of the term “*Gelassenheit*” and noted that it was used by mystics such as Meister Eckhart³⁴ in the sense of “devout, devoted to

³⁴ Meister Eckhart (Eckhart von Hochheim), was born in Thuringia, around 1260. He was a theologian, philosopher and mystic.

God, pious" (p. 117), for "the peace one finds in God by taking one's distance from worldly things" (ibid.). He noted that it now means "calmness, composure, detachment, releasement" (ibid.), and, importantly, used by Heidegger in relation to the pull of technology, that is, *Gelassenheit* as a *remedy* for technology. Heidegger suggested that this *Gelassenheit* involves the "disinterested reflection that technology threatens to eliminate" (Inwood, 1999, p. 118); an abandoning of willing but not a passivity, a thinking and a sort of waiting. *Gelassenheit* is described as "the thinker's attempt to keep the open open, letting a world world" (ibid).

Gelassenheit is an important notion in this study; I have used it to think about the openness of the learner (for example, in chapters eight and nine) and how this openness helps us to dwell in such a way that we are more connected to the unknown and the mystery. I have also connected it with Gabbard and Ogden's (2009) discussion of Bion's idea that a principal means by which one learns from experience is "thinking/dreaming one's lived experience in the world" (p. 312).

Entschlossenheit.

Dreyfus (1991) described Heidegger's use of "resoluteness" (*Entschlossenheit*) as meaning "unclosedness" or "openness" (p. 318), where one's ownmost self takes action of its own accord, and there is even, as Dreyfus (1991) noted, a "transformation that comes from Dasein's accepting its own powerlessness" (p. 319). Thus, in *Entschlossenheit* there is both an openness and receptivity, as well as a focussed engagement. Dreyfus added that rather than making choices, Dasein "presses forward into possibilities" (ibid.). Dasein's only choice is "whether to keep silent so as to hear the call or to try to drown it out by plunging into the noise of the everyday rat-race. This choice, as Dasein's letting itself be called, is receptive rather than wilful" (p. 318). Authentic Dasein, Dreyfus contended, "foreruns its own death": "Forerunning discloses to existence that its uttermost possibility lies in giving itself up, and thus it shatters all one's tenaciousness to whatever existence one has reached" (p. 327).

I understand here that being open and staying true to that which resonates, with the inevitable powerlessness that this also brings, lends an authenticity that seemed central in many of the participants' experiences of ongoing learning.

Note: Relationship between Gelassenheit and Entschlossenheit.

Thomson (2001) noted that in Heidegger's writing the comportment of *Entschlossenheit* later became *Gelassenheit*. He noted, however, that although they contain similarities they are not simply equivalent; thus, "both entail a responsive hermeneutic receptivity and both designate comportments whereby we embody, reflexively, an understanding of what we *are*, ontologically, namely: *Dasein*, 'being [the] there', a making intelligible of the place in which we find ourselves" (p. 253).

Meditative thinking.

Meditative thinking is related to *Gelassenheit*. In *Discourse on Thinking* (1959/1966) Heidegger spoke about the impact of technology on us, including our being unprepared for this impact. He made a case for *meditative* thinking rather than purely *calculative* thinking, in order to make use of technology but not become dominated by it. He wrote: "I would call this comportment toward technology which expresses "yes" and at the same time "no," by an old word, *releasement towards things* [Die *Gelassenheit zu den Dingen*]" (Heidegger, 1959/1966, p. 54). He went on to say that releasement towards things and openness to the mystery belong together, and give us the possibility of dwelling in the world in a totally different way: "They promise us a new ground and foundation upon which we can stand and endure in the world of technology without being imperilled by it" (p. 55).

Heidegger (1959/1966) further suggested that thoughtlessness takes place far too easily: "nowadays we take in everything in the quickest and cheapest way, only to forget it just as quickly, instantly" (ibid.). We are, he proposed, in "*flight from thinking*" (p. 45), and he emphasised that *meditative thinking* or "pondering" is a natural phenomenon for the human being, who is a thinking and meditating being. It is enough, he said, if we "dwell on what lies close and meditate on what is closest; upon that which concerns us, each one of us, here and now" (p. 47). Heidegger (1954/1976) also highlighted the notion of that which *calls* us to think:

What calls us wants to be thought about according to its nature. What calls on us to think, demands for itself that it be tended, cared for, husbanded in its own essential nature, by thought. What calls on us to think gives us food for thought. (p. 121)

Although Heidegger stated that this meditative thinking is a natural phenomenon he did not underestimate its difficulty: “the way to what is near is always the longest and thus the hardest for us humans. This way is the way of meditative thinking” (p. 53).

I notice here that meditative thinking, as Heidegger (1959/1966) described it, captures many of the processes alluded to by the participants in this study. Learning was often described as occurring in a meditative/pondering/reflective state. Further, there is a connection between Heidegger’s pointing out the difficulty of meditative thinking and Bion’s (1962/2004) pointing out the difficulties we have in learning from experience, including that we have an unconscious resistance to learning.

Sorge: Caring concern.

Heidegger distinguished between three different forms of care: “*Sorge* pertains to Dasein itself, *Besorgen* to its activities in the world, and *Fürsorge* to its being with others” (Inwood, 1999, p. 35). In *Being and Time* (1927/2008) Heidegger suggested that *Sorge* is the very *Being* of Dasein, that “understanding... makes up a basic kind of Dasein’s Being, and that this Being is constituted as care” (p. 363). Thus, central to Dasein’s Being-in-the-world is the notion of *Sorge*, or ‘care’. Further, that there is an intrinsic connection between care and a move towards oneself, an intuitive letting go into possibilities, and wanting to have a conscience. Heidegger said it in this way: “in the call of conscience care summons Dasein towards its ownmost potentiality-for-Being” (ibid., p. 365).

Care is central to the psychotherapeutic endeavour; it is often understood as care for the patient/client, and then care for oneself (self-care) in order to be able to care the other. Heidegger’s (1927/2008) thinking about care as the very Being of Dasein and the connection between care and moving towards oneself, and wanting to have a conscience, illuminates the interpretation of a number of the participants’ stories of learning.

Angst: Anxiety.

Heidegger (1927/2008) suggested that Angst (anxiety) is a basic state of mind, and that it belongs to Dasein’s essential state of Being-in-the-World (p. 234). Further that in Angst one feels “uncanny” (p. 233). In German the word he used is “*unheimlich*”, which means “not-being-at-home”, something that he proceeded to point out. Heidegger further said that uncanniness reveals itself “authentically in the basic state-

of-mind of anxiety... Dasein is anxious with anxiety about its ownmost potentiality-for-Being. What if this Dasein, which finds itself in the very depths of its uncanniness, should be the caller of the call of conscience?" (p. 321). Uncanniness, Heidegger suggested:

Is the basic kind of Being-in-the-world, even though in an everyday way it has been covered up. Out of the depths of this kind of Being, Dasein itself, as conscience calls... The call whose mood has been attuned by anxiety is what makes it possible first and foremost for Dasein to project itself upon its ownmost potentiality-for-Being... uncanniness pursues Dasein and is a threat to the lostness in which it has forgotten itself. (p. 322)

Pertinent here also are Heidegger's thoughts about the difference between Angst, or anxiety, and fear: "Anxiety springs from Dasein itself... anxiety springs from the *future* of resoluteness, while fear springs from the lost Present" (p. 395). About fear he said: "Fear is occasioned by entities with which we concern ourselves environmentally... when fear assails us, it does so from what is within-the-world" (p. 344). So he seemed to be saying that fear arises from within-the-world and Angst arises from Being-in-the-world.

A number of participants spoke about feeling uneasy or somewhat lost or uncertain about a particular direction they were taking in their practice or in their lives. Heidegger's (1927/2008) "angst" describes something of these feelings and differs somewhat from the notion of "anxiety", in that he posited that it heralds an opportunity to come to recognise one's lostness, one's "not-being-at-home".

Mitsein, Sein-bei, Selbstsein: Being-with (people, things, oneself).

For Heidegger, *Mitsein* (being with) means being with other *people*. Inwood (1999) stated that Heidegger discriminated between our relations to people and to things by using different prepositions. Thus, he used the expression *Sein-bei* for being alongside *things*, and *Selbstsein* for being alongside *oneself*, or 'being-ones-self'. These three, *Mitsein*, *Sein-bei* and *Selbstsein* are the "three constituents of being-in-the-WORLD" (Inwood, p. 31); Heidegger suggested that they are also equiprimordial and inseparable. Inwood gave the example of an individual not having to carefully inspect another's physical characteristics before they can communicate; that is to say, an individual is with others even when they are not physically present: "Being missing and

'being away' are modes of Dasein-with and possible only because Dasein as being-with lets the Dasein of others come to meet it [begegnen] in its world" (p. 32).

Heidegger (1927/2008) suggested that "Listening to... is Dasein's existential way of Being-open as Being-with for Others. Indeed, hearing constitutes the primary and authentic way in which Dasein is open for its ownmost potentiality-for-Being.... Dasein hears because it understands" (p. 206). He also suggested that everyday Being-with-one-another maintains itself between two extremes of positive solicitude: "that which leaps in and dominates, and that which leaps forth and liberates [vorspringend-befreienden]" (p. 159). Heidegger proposed that the latter form "helps the Other to become transparent to himself *in* his care and to become *free for* it" (p. 159).

Crucially, Heidegger (1927/2008) viewed the world of Dasein as a "with-world" and that "Being-in is Being-with Others" (p. 155), including, importantly, that "Others" does not exclude oneself. Psychotherapists understandably privilege the therapeutic relationship and "being-with" often becomes being with another *person*, separate from myself. However, in considering experiences of ongoing learning, reflection on Heidegger's broader conceptualisation of "being with" (people, things, oneself) brings more nuanced understandings.

Summary

In this chapter I have described how I came to choose hermeneutic phenomenology as the methodology for this study and have engaged with its philosophical underpinnings, beginning with a brief introduction to Husserlian phenomenology and then moving to an exploration of Heidegger's development of hermeneutic phenomenology. I situate myself as a psychotherapist undertaking this research, and engaging with hermeneutic phenomenology, and thus have included some thoughts on the somewhat problematic (at first sight in any case) interface between a psychotherapy informed by psychoanalytic thinking (traditional and contemporary), and hermeneutic phenomenology informed principally by Heidegger's thinking and writing.

I argue that these two disciplines are not as far apart as might be thought, that indeed there is much common ground. Each has informed the other over time and this is likely to continue. I also note how specialist terminologies within disciplines can easily be misunderstood and can contribute to a "seeing past" each other rather than a "being with" to understand. Lastly, I briefly introduce some of the key Heideggerian

notions I use in this study. Before moving to an articulation of specific aspects of my research journey (chapter six, Methods), I address, in the next chapter, Heidegger's association with National Socialism in Nazi Germany.

Chapter 5: Heidegger and National Socialism

Heidegger's involvement with National Socialism in Nazi Germany has been well documented and, as noted by Thomson (2005), a significant literature exists debating the complex issues involved. Thomson pointed out that an unfortunate aspect of this debate is that scholars have often taken "sides" – on the one side a minimisation of Heidegger's involvement and a belief that his philosophy was not contaminated by National Socialist ideals and beliefs, and on the other side a belief that his philosophy has been infiltrated by these ideals and beliefs and is therefore inextricably flawed. No serious critic, Thomson stated, dismisses Heidegger's thought outright, based on his politics. Nevertheless, he noted that whereas Heideggerians have become accustomed to rigidly separating Heidegger's philosophy from his politics, this has begun to change: "even long-embattled Heideggerians are beginning to realize that a firm separation of Heidegger's politics from his philosophy is no longer tenable" (p. 33). Instead, Thomson suggests that although Heidegger's involvement with National Socialism had nothing to do with his being anti-Semitic (and he claimed that both critics and defenders of Heidegger share this view), that it is important to *understand* the relationship between Heidegger's philosophy and his politics. In saying this, he is of course acknowledging that a relationship between the two exists. What is this relationship?

National Socialism in Germany after World War 1

The rise of the National Socialist German Workers' Party or Nazi party (Nationalsozialistische Deutsche Arbeiterpartei or NSDAP), founded in 1919³⁵, has been extensively documented as being the result of Germany's position after the war, in particular that the German economy suffered severe setbacks after the end of World War I, partly because of reparations payments required under the 1919 Treaty of Versailles, but also because the German people were demoralized and looking for leadership which would restore their pride in themselves, their country, and culture (Evans, 2003). The situation worsened in 1929 with the stock market crash in the United States, which further devastated the economic situation in Germany. The Nazi

³⁵ It was originally called the German Workers' Party (Deutsche Arbeiterpartei or DAP) from 1919-20, and then became the National Socialist German Workers' Party (Nationalsozialistische Deutsche Arbeiterpartei or NSDAP).

Party promised jobs, more living space (*Lebensraum*), order, and the restoration of Germany's reputation – welcome promises in these times (ibid.).

Tragically, included in this package, and perhaps fundamental to it (Kershaw, 2008) was the notion of the superiority of the German people, and the necessity to keep the race “pure”. The Nazi party accordingly demonized Jewish people and, as the years went on, the extent of this worsened immeasurably, from initially stripping them of their citizenship and civil rights to eventually mass extermination of at least six million Jews (Evans, 2008). The belief in the German “master race” acted as a unifying factor for the German people. What could be more ecstatic and promoting of blindness towards the extraordinarily toxic aspects of the Nazi régime, than the belief that one is superior (particularly when world events have made one feel *inferior*), and that this superiority is shared with all others of *a particular race* in your country? Those not belonging to this race, and in particular the Jewish people, came to be seen as less than human and their persecution became not only reasonable, but necessary, as they were deemed to be a destructive force in relation to those who identified as properly “German”³⁶. It seems that this state of “ecstatic oneness”, and the perceived necessity for it, laid the foundation for the Nazi party's totalitarian régime (Evans, 2005). At the time there was a term, and indeed a policy, in Germany called “Gleichschaltung”, which means “coordination”, “bringing into line”, or “synchronization” (McNab, 2009). Koonz (2003) described how this policy of “Gleichschaltung” meant that many aspects of life were tightly controlled, as it brought about a way of thinking and a way of being that could not be questioned. Further, that this transformed ordinary Germans into bystanders and collaborators with persecution. Such is the dangerous territory of totalitarianism, and the milieu in which Heidegger was situated.

Heidegger's Term as Rector at Freiberg University

Heidegger became rector of Freiberg University on 22 April, 1933, and on 1 May of the same year he joined the Nazi party (Wolin, 1990). This date of 1 May is interesting. Adolf Hitler became Chancellor of Germany on 30 January 1933 and, on 28 February following the fire at the Reichstag, he persuaded President Paul von Hindenburg to

³⁶ As is well known, this phenomenon was not restricted to National Socialism. Stoll (1999) gave the example of the influential nineteenth century German writer, Paul de Lagarde, who wrote that Jews were a “danger to the regeneration of the Volk” and “an irreconcilable foreign element on German soil” who possessed “conspiratorial motives” (p. 336). Stoll added that of course cultural anti-Semitism did not begin here but stretches far back into history.

issue the “Reichstag Fire Decree”, which suspended most civil liberties and enabled Hitler to annihilate many of his political opponents. The NSDAP won the parliamentary election on 5 March 1933, and after this hundreds of thousands of people joined the party; it has been suggested that for most of these people (mainly civil servants and white collar workers) this was for reasons of expediency rather than conviction. They were termed the “March victims” (*Märzgefallenen*) (Beck, 2008). Haffner (2002) wrote about the sobering reality of this time in Germany, and the various very serious punishments that were routinely handed out to “non-believers”. He included the personal story of his father, a retired civil servant, who was required to sign a declaration confirming his allegiance to National Socialism. No signature, no pension. Again, such is the reality of a totalitarian régime. Interestingly, the party issued a freeze on admissions from May 1933 until 1937 (Kolb, 2005), as the more established members were distrustful of the flood of what they regarded as opportunistic applications. Heidegger must have just squeaked in. In any case, as Wolin (1990) wrote, Heidegger openly supporting the Nazi party was a tremendous coup for them; Koonz (2013) mentioned the impact that this would have had on the ordinary member of the public. Germany was home to thinkers and philosophers after all and Heidegger, even at this stage, had a tremendous amount of influence.

So why did Heidegger do this? Thomson’s (2005) view was that Heidegger’s philosophical views on higher education were largely responsible for his becoming rector of the University (and by implication joining the Nazi party). He stated that Heidegger thought that he could use the Socialist “revolution” to enact his own philosophical vision for a radical reformation of the university, something he had been working on since 1911. He believed that he could fight the growing problem of “historical meaninglessness” (p. 35) by way of the university. Thomson then went through what Heidegger’s vision was, particularly his wish to restore philosophy to its rightful place in relation to the sciences, that is, not trailing along behind, “straightening out the tangles” (ibid.), which he felt was Kant’s position, but rather that philosophy should be in the position of “torch bearer” (ibid.). Heidegger believed that those in the positive sciences do not question their guiding ontological presuppositions, that is, they presuppose an ontological posit, whereas philosophy studies what the positive sciences take for granted, that is, their ontological posits. Thomson cited Heidegger (1998) as follows:

Ontic sciences in each case thematise a given entity that in a certain manner is always already disclosed prior to scientific disclosure. We call the science of entities as given – of a *positum* – positive sciences. ...Ontology, or the science of being, on the other hand, demands a fundamental shift of view: from entities to being. (Thomson, p. 37)

Thomson (2005) went on to say that Heidegger's view was that the positive sciences' ontological posits guide the actual scientific investigations, and that it is only in times of crisis that ontological questioning takes place. Otherwise, he maintained, scientists tend to study entities rather than the *being* of entities³⁷. Thus, Heidegger's view of the guiding place of philosophy becomes clear – that is, to lead the sciences by way of carrying out the ontological questioning. Philosophy "leaps ahead" into a particular region of being, discloses it, and makes the structures available to the positive sciences for their enquiry. In this way, science *springs* from philosophy. In Heidegger's Rectorial Address he emphasised that he does not mean that it is only philosophers who do the philosophizing, but rather that scientists need to do this as well, and that in this way disciplinary barriers will be brought down and faculties and disciplines in the University transformed.

Thomson (2005) noted the authoritarian nature of some of the reforms that Heidegger sought to impose during his term as rector, and endeavoured to answer why this was the case. Briefly, Heidegger at this time believed that the various ontological presuppositions guiding the positive sciences were not all distinct, rather that they reduced down to a small number of "regional ontologies" (p. 40) and further, that these were all grounded in a single common foundation; in *Being and Time* this was called a "fundamental ontology" (ibid.). Heidegger believed that if he were to deconstruct the history of ontology (called "Destruktion" in *Being and Time*) he would be able to recover this fundamental understanding of being. Thomson suggested that Heidegger's belief that a transhistorical binding ontology could be discovered beneath Western history makes sense of his authoritarian stance and, that as holder of this vision, he would become the natural spiritual leader of the university and also of the nation. The only problem was that he had not worked any of this out and so was rather ahead of himself. Thomson described it as Heidegger giving in to "the force of the

³⁷ Thomson also includes here Heidegger's provocative claim that science as such "does not think" (2005, p. 38), a view that he held throughout his life and that was widely misunderstood.

motive to influence practice more thoroughly than his theoretical vocation would permit" (p. 41).

Heidegger's Turn ("Kehre") and his Turning Away from National Socialism

Eventually, by 1937, as part of Heidegger's turn, or "Kehre", he came to realise that there was *no* substantive fundamental ontology waiting beneath history to be recovered. Rather, the ontological posits that guide each of the positive sciences come from a particular age's reigning ontotheology: "Every age in the West has been unified by such a basic metaphysical understanding of what and how beings are" (p. 42).

Thomson (2005) showed that Heidegger's eagerness to move forward with a vision that had not yet been tested led him to align himself with a régime that he was in fact attempting to philosophically contest and redirect, and that the excesses in Heidegger's university politics were as a result of a philosophical mistake that he later corrected. He showed as well that what led Heidegger to National Socialism was his motivation to critique the university, and that he gave up fairly quickly thinking that the National Socialist movement could be directed towards an ontological revolution. However, Heidegger did not give up his program for radically reforming the university, nor the project of transforming higher education so that it would serve his life-long philosophical cause.

Heidegger's term as rector lasted exactly one year; he resigned on 23 April 1934. Schalow and Denker (2010) stated that Heidegger turned away from National Socialism as he became aware of the criminal nature of the régime. He instigated a covert critique of the Nazi movement in his courses and in an interview given by Heidegger in 1966³⁸ to *Der Spiegel* (Augstein & Wolff, 1976), a German weekly news magazine, he mentioned that he forbade the book-burning that was planned to take place in front of the university library, and did not comply with repeated demands to remove books by Jewish authors from the library. In addition, Heidegger stated that he was constantly under surveillance from the Party (he gave the example of a Dr Hancke, who let him know that he had been sent by the Security Service to keep him under surveillance), that his works were not allowed to be discussed, and that his lectures "What is metaphysics?" and "On the essence of the truth" were sold under the

³⁸ Heidegger (1991) asked that the interview not be published until after his death. It was published on 31 May 1976, after his death on 26 May 1976, with the title '*Nur noch ein Gott kann uns retten*', translated as 'Only a God can save us'.

counter in dust jackets without titles. Young (1997) referred to this when he noted that the Nazi party eventually prevented Heidegger from publishing. Petzet (1983/1993) quoted Heidegger as having said to him that his term as Rector was “the greatest stupidity of my life” (“die größte Dummheit meines Lebens”) (p. 43). Wolin (1990) disputed a number of Heidegger’s assertions about this time stating that after the war and until he died, Heidegger “misrepresented the extent and profundity of his National Socialist convictions” (p. 93) and that he never came to a final reckoning with his political misdeeds. He acknowledged that Heidegger’s activities could in no way disqualify him as a philosopher, because he was “a thinker...of the highest order” (ibid.), but that he cannot be read “naively” and that the question of the relationship between Heidegger’s philosophy and his politics is likely to remain an ongoing issue.

Contemporary Dilemmas and Reflections

It certainly seems to be the case that the relationship between Heidegger’s philosophy and his politics is an ongoing issue. In 2014 the first of Heidegger’s *Black Notebooks* (*Schwarze Hefte*), edited by Peter Trawny (2014a, 2014b, 2014c) were published by the German publishing house Vittorio Klostermann. The *Black Notebooks* comprise 34 black-covered booklets containing Heidegger’s notes between 1931 and 1976. So far 14 have been published, spanning the years 1931-1941. Escudero (2015) described them as having the style of a “‘thought journal’ or ‘thinking diary’ (*Denktagebuch*)” (p. 25). They contain content that has been viewed by some as anti-Semitic, which rather contradicts the received wisdom in the majority of the scholarly community up until the publication of the *Black Notebooks*. That is, that although Heidegger was guilty of various political misdeeds, being anti-Semitic was not one of them. Further, attempts to construct a connection between his work and Nazism have failed (Blattner, 2006). Escudero (2015) maintained that Heidegger was not a typical racist anti-Semite and that he rejected biological racism on numerous occasions (p. 35). Instead Escudero pointed to “strong traces of spiritual and cultural anti-Judaism” (p. 37) in Heidegger’s philosophy, and that this reflected a long-held European tradition against the Jewish people and religion. He went on to say that anti-Judaism differs markedly from anti-Semitism, as racial persecution and systematic annihilation of the Jews is not an aspect of anti-Judaism. Although many agree with this stance (for example, Rayman, 2015; Rée, 2014; von Hermann, 2014), it is not shared by all (for example, Fuchs, 2015;

Gordon, 2014; Trawny, 2015), and the debate about Heidegger's sympathies to the National Socialist régime and his possible anti-Semitism, including its relationship to his philosophical writings has been re-ignited.

What is the relevance of all of this to my study? One of my positions is that both men and women are more flawed than we would generally care to admit. I do not agree with the position espoused by some (for example, Steinbock, 2015) that more should be expected of philosophers; it is our idealisation of them, I believe, that leads us to thinking that philosophers should be blameless and beyond reproach. They are human and subject to the normal human foibles and, at times, extreme defects of character. In addition, people are always greatly impacted by the time in which they live. In Heidegger's case, a totalitarian régime, with all of its accompanying propaganda, violence and dehumanisation, has an impact which is difficult for anyone to understand except those who have lived through it and experienced it. Attempting to understand these complex factors, and engaging with the exercise of keeping a critical eye on how all of this may or may not affect Heidegger's thinking and ideas, seems to me to be the most reasonable course of action, given that practically all critics and commentators (whether supportive or not) acknowledge his pre-eminent status as a twentieth century philosopher. This includes that his thinking was groundbreaking, and that his influence on European philosophy was immense.

In relation to my study, many of Heidegger's insights are extremely valuable and help with the complex nature of understanding individuals' lived experience. With the complexities of all of this in mind, my hope is that a critical engagement with his thinking is possible; Blattner (2006) described this as keeping "a wary eye on Heidegger's politics, but an open mind for his philosophical innovations" (p. 7). Trawny (2015) wrote that, as a philosopher, he rejects the notion of "obedience to a beloved thinker" (p. 6), and that he also rejects the temptation of "bathing in Heidegger's thinking as in the endless melody of Wagnerian music-drama" (p. 6). The British philosopher, Jonathan Rée (2014), put it this way:

I think that those who say that because he was anti-Semitic we should not read his philosophy show a deep ignorance about the whole tradition of writing and reading philosophy. The point about philosophy is not that it offers an anthology of opinions congenial to us, which we can dip into to find illustrations of what you might call greeting card sentiments. Philosophy is about learning to be aware of problems in your own thinking where you might not have suspected them. It offers its readers

an intellectual boot camp, where every sentence is a challenge, to be negotiated with care. The greatest philosophers may well be wrong: the point of recognising them as great is not to subordinate yourself to them, but to challenge yourself to work out exactly where they go wrong.... Like the best of what Heidegger wrote – indeed the best of philosophy in general – they [the *Schwarze Hefte*] are full of sharp observations: observations that we should respond to not as opinions we might like to fall in with, but as incentives to think again, and to think more thoughtfully. (para. 3)

Although this position certainly resonates with me – and particularly the exhortation to keep thinking – I notice at the same time some discomfort. I cannot seem completely to hold fast to it. It is a position which, after all, could be argued to eschew personal responsibility, placing more importance on thought than on the consequences of thought. It could even be viewed as utilitarian and nihilistic. In an act of personal responsibility, Professor Günter Figal, of Freiberg University in Germany, resigned his position as chair of the Martin Heidegger Society in January 2015, after the publication of the first *Black Notebooks*. In a radio broadcast he had this to say:

As chairman of a society, which is named after a person, one is in a certain way a representative of that person. After reading the *Schwarze Hefte*, especially the anti-Semitic passages, I do not wish to be such a representative any longer. These statements have not only shocked me, but have turned me around to such an extent that it has become difficult to be a co-representative of this. (Weinberg, 2015, para. 1)

In a later interview with Laureano Ralón and Mario Teorodo Ramirez of *Figure/Ground* (Ralón, 2015) Figal added that he would, however, refuse to describe Heidegger as a fascist thinker: “Otherwise I would have to agree with the idea that Gadamer, Arendt, Löwith as well as Sartre, Merleau-Ponty, Lévinas, Derrida, Foucault and many others were influenced by fascist philosophy, and this appears simply absurd to me” (p. 6).

It would seem that Figal, who has been throughout his professional life deeply affiliated with Heidegger’s thought and philosophy, remains in a dilemma that is not likely to resolve with any speed. It is a dilemma that is too complex to be painted in black and white colours, whereby this opinion is right and this other one is wrong. As a relative newcomer to Heidegger and his philosophy, I am “on my way”, as it were, with this dilemma. The facts of what happened in Germany between 1933-1945 can of course be “known” in a purely rational way, and judged using all of the hindsight available. However to really know, in the way that Heidegger suggests knowing, that is, responding with our being, is more uncertain territory. Facing into this would mean

facing into the reality of the person we may have been, including the thoughts we may have had, what we may have said, and the deeds we may have committed. One senses that a lifetime could pass and the complexity of this dilemma would not be any less.

Summary

This chapter has explored the relationship between Heidegger's philosophy and his brief involvement with National Socialism. As I have moved through the undertaking of this study, I have always read Heidegger's philosophical writings with this in mind. In my reading of his writings I have not encountered any specifically anti-Semitic sentiments or overtones, which would be abhorrent to me. Nevertheless, I have kept this dilemma to the fore. With this in mind, I move to the next chapter and outline my research method.

Chapter 6: Methods

“To choose hermeneutic phenomenology to guide one’s research is to open oneself to a journey of thinking where thoughts ‘come’ and knowing emerges.”
(Smythe, 2011, p. 51)

In chapter four I discussed the philosophical underpinnings of this study and in this chapter I move to describing the research journey itself. I will proceed in a chronological fashion, although this should not be taken to suggest that the process of moving through this research journey was a linear or straightforward one. Indeed, the notion that there was a prescribed method to follow in the traditional sense of “method” within the context of research belies the reality of the hermeneutic phenomenological journey. van Manen (1990) wrote that “the method of phenomenology and hermeneutics is that there is no method” (p. 30). Healy (2011) indicated that the method is a circular one, adhering as it does to the basic principle of the hermeneutic circle, in which the part is understood from the whole and the whole from its parts (as discussed in chapter four). With this in mind, I discuss the following aspects of this study, including how each impacts on the other:

- Ethical approval
- Choosing and recruiting participants
- Interviewing and interviews
- Working with the interview transcriptions
- Analysing the data
- Trustworthiness and rigour

Beginning of Research

I began this research by looking at a different topic entirely, or at least it seemed completely different at the time. I had become interested in the way in which psychotherapists enjoy reading clinical writing, but knew that this writing was not well regarded in the conventional research arena, because it belongs in the genre of the individual case study. Thus, I thought to embark on an exploration of the psychotherapy case study or history, including its strengths and weaknesses. After a time, my interest in this dwindled; I realised that what I was really interested in was

“how do psychotherapists learn?” This is of course related to my original topic: if psychotherapists enjoy reading clinical case reports in preference to randomized controlled trials, for example, what might this mean about the ways in which they learn? So, in effect I turned my original topic on its head and decided to ask psychotherapists about this learning phenomenon. Thus, the topic became “understanding psychotherapists’ experience of their ongoing learning”. Since then, this topic has continuously held my interest, although I have at times despaired of the word “learn”. It is so broad and difficult to define. However, the seeming impossibility eventually became a blessing, as I was led further by the data and the methodology, to explore the connections between learning, thinking, and being.

There is no uniquely correct way or method of going about phenomenological research (Armour, Rivaux, & Bell, 2009; Caelli, 2011; Koch, 1995; Thomson, Dykes, & Downe, 2011); although the philosophical underpinnings ensure fundamental principles. I therefore describe in this chapter a method that was arrived at by an emerging and evolving awareness of what hermeneutic phenomenology is and thus how best to carry out research honouring the underlying philosophy.

Ethics

Following the write up and verbal presentation of my proposed research (Auckland University of Technology’s (AUT) PGR9 process) I applied for ethical approval via AUT’s Ethics Committee (AUTECH). The approval from AUTECH is appended as Appendix A. In carrying out this research I have been guided by the following ethical considerations:

Partnership.

This study is particularly designed to benefit the participants in their capacity as psychotherapists, because it aims to shed light on the phenomenon of psychotherapists’ ongoing learning. As a psychotherapist myself, I value highly the participants’ contribution and have ensured that the information and knowledge provided by the participants are acknowledged. Participants were advised of their right to withdraw from the research at any time, were given a copy of the data crafted from the interview transcripts, and given the opportunity to notify me of any changes they wanted to make. In all cases these requests or suggestions for change were followed³⁹.

³⁹ The changes were either minor editorial changes, or in one case the participant wanted to add something he had later thought of; we then had a second interview. In the “Trustworthiness and Rigour”

I will advise participants of any dissemination and/or publication of the outcomes of the research.

Participation.

The role of participants in this research is as interviewees who took part in a research project which aims to understand the learning processes of psychotherapists. The participants were not asked to inform or influence the nature of the research, its aims, or its methodology. Their principal role was one of sharing information within the interview process. They do not have a formal role as stakeholders of the research; nevertheless it is anticipated that they will benefit from the research, both as individuals, in terms of discussing a topic that is likely to be important to them, and as members of the psychotherapy profession, which the research is aiming to benefit.

Protection.

In carrying out this research I was guided by the following ethical considerations:

- The principle aim is that of beneficence or “doing good” – that is, the study must be of use in the field. At the same time non-maleficence or “doing no harm” is central both to the psychotherapy endeavour and to the research process.
- The responsibility to preserve confidentiality by use of pseudonym and disguise of identity, a notion underpinned by the principle of respect for autonomy (Wiles et al., 2008).

With regards to the latter, it is well known amongst psychotherapists in Auckland, and indeed throughout New Zealand, that the psychotherapy community is a small one, with many people involved in multiple professional relationships. In considering interviewing psychotherapists, I also held in mind that I am a lecturer in the only university in New Zealand that offers specific psychotherapy training at Master’s level, and that my husband is also a psychiatrist and psychoanalyst who has worked in Auckland for 25 years and continues to work with psychotherapist patients and supervisees. There are obvious boundary and confidentiality implications in my

section later in this chapter, I also describe meeting with a participant subsequent to her interview, to discuss a particular concern that had arisen for her. It did not change the data, however it did highlight an important issue for me to consider more fully in relation to all participants.

interviewing psychotherapists and, at the same time, psychotherapists in general are very willing to be self-reflective, to share their knowledge and personal understandings and to be rigorous in the upholding of confidentiality; the activity of being a psychotherapist depends largely upon having these abilities.

Participation in the research was of course voluntary and so I anticipated that participants would self-select with boundary issues in mind. This was discussed with each participant, including making clear the difference between my role as a researcher and my role as a psychotherapist and teacher. At the suggestion of the AUTEC I revised the confidentiality statement in the Participant Information Sheet to read that I could offer “limited confidentiality” only, due to the relatively small number (approximately 500) of psychotherapists in New Zealand. In all cases I have used pseudonyms and have disguised material where it could be identifying. However, I did point out at the beginning of the interviews (and it was also stated in the Participant Information Sheet) that, while every effort would be made to protect participants’ identity, confidentiality could not be guaranteed.

The “Participant Information Sheet” is appended as Appendix B, and the “Consent Form” is appended as Appendix C. Considerations regarding an ethical approach to a research project permeate every aspect of the endeavour; these will, therefore, be included more fully as aspects of the following sections.

Choosing and Recruiting Participants

Participants were selected on the basis of their being practising psychotherapists, working a minimum of 10 face-to-face hours per week. The participants needed to be either registered with the Psychotherapists’ Board of Aotearoa New Zealand (PBANZ) and/or members of the New Zealand Association of Psychotherapists (NZAP), and/or of Waka Oranga (a group of Māori psychotherapists), and/or members of a psychotherapy organisation recognised by the PBANZ. I was interested in having a range of experience reflected in the selection of the participants (a range of between one year post-graduation to 10 or more years of experience). Participants also needed to identify themselves as having a psychoanalytic orientation to their practice.

I began to think about how to approach specific individuals to ask if they would consider participating in the study, without this being a direct approach (that is, face-to-face). I wanted to feel confident that the participants I interviewed were able to

engage in depth with the research question and to provide me with comprehensive and thoughtful responses. I therefore reflected carefully on who I thought would fulfil these criteria and also on with whom I felt comfortable having this conversation. Former or current patients or supervisees of mine were excluded from the study. As I have mentioned, the psychotherapy community here in Aotearoa New Zealand is relatively small and so each of the participants is known to me, in varying degrees. Also, because my husband works in the field, I was mindful of current or former professional relationships between him and other psychotherapists that may or may not be known to me, but that might deem it inappropriate for them to be a participant (NB. my husband is not a participant of this study). Potential participants themselves then either accepted or declined my invitation to take part in the study.

The method of contacting potential participants was to email them and to invite their participation. In the email I stated that if I did not hear back from them then there would be no further contact from me in relation to my study. If, however, they responded to my email and indicated their interest then I sent them the Participant Information Sheet (Appendix B) with further information, and the Consent Form (Appendix C). We then corresponded (email or phone) about the interview place and time. For some of the interviews I went to participants' consulting rooms, and for others the participant came to mine; the choice lay with the participant.

Who are the Participants?

There are 12 participants in this study whom I interviewed over a period of nearly three years. In discussions with my supervisors we spoke frequently about participant numbers, and particularly about the matter of knowing when it is time to stop interviewing – that is, when there is sufficient in-depth data. Although there are 12 participants, I believed I had enough at 10; psychotherapists are generally very able to speak about their experiences and internal processes and both supervisors remarked that the data was comprehensive and that the participants had been very generous with what they had shared.

Although I believed I had enough, it is certainly true that each new person brings something more. There is no right place to stop, rather a sense of “I need to move on”, due to limitations relating to the time available for the study; each interview takes time, as does the synthesising analysis. I interviewed the eleventh

person because most of my participants had many years of experience, and I decided that I needed one more person who was a relatively recent graduate, to add something more to this particular experience. Then I interviewed the twelfth person because she indicated that she was interested in participating in the study and that she had had particular experiences she wanted to share. I was grateful for her approach and pleased to have her experiences as part of the study. The pseudonyms for the participants are as follows (in alphabetical order):

- David
- Ella
- Grace
- Hannah
- Isabel
- James
- Leah
- Mia
- Philip
- Rahel
- Sarah
- Simon

The participants differ from each other in many important ways; however for reasons of confidentiality I have decided not to add detail to the individual pseudonyms, but instead to provide the following summary information about the group as a whole:

Years of working experience (post-graduation/completion of clinical training) as a psychotherapist.

Of the 12 participants, two had approximately 12 years' experience, four had between 20 -30 years' experience, four had between 30-40 years' experience. The other two therapists were relatively new to the profession, having between two to five years postgraduate working experience. Both of these participants began their psychotherapy studies as a second career which is a common phenomenon in the field.

Place of work (public mental health/private practice/educational institution).

All of the participants were engaged in private practice, some full-time and others part-time. Of these 10 experienced therapists, eight also had clinical supervision as a part of their practice; this may be with individual psychotherapist supervisees or supervising, for example, groups in community mental health agencies. As well as private practice, two were employed full-time as therapists in community mental health services, one of these in a Māori mental health agency. Two participants were psychotherapy educators in a public tertiary institution and one was a psychotherapy educator in a private psychotherapy institution. Two of the participants were undertaking further studies at PhD level.

Ethnicity and cultural heritage.

One participant identified as Māori, five as Pakeha (New Zealand European), two as South African (European descent), two were born and raised in a European country, one has South American heritage and one was born and raised in North America. Amongst the participants there were five who immigrated either as a child or adult to Aotearoa New Zealand, a percentage which is fairly representative of the New Zealand psychotherapist population.

Gender.

There were four male therapists and eight female therapists, which is fairly representative of the gender split in the psychotherapist population in Aotearoa New Zealand.

Interviewing

The interviews were semi-structured in-depth interviews of approximately one to one and a half hours. I indicated at the end of each interview that I would welcome a further meeting or phone conversation if anything from the interview required clarification or if more needed to be said. Two participants requested a further meeting; a number of others added clarification or requested minor changes to the transcript, mainly via email.

Interviews were audio-taped and transcribed. Questions were general and open-ended initially, to ensure a broad gathering of data, and were of an exploratory rather than explanatory nature (Larkin & Thompson, 2012). van Manen (1997) noted

that the art of the researcher in the hermeneutic interview is to keep the question open (in terms of the meaning of the phenomenon), to “keep himself or herself and the interviewee oriented to the substance of the thing being questioned” (p. 98). In this way, he suggested, the interviewee becomes a co-investigator of the study. Smythe, Ironside, Sims, Swenson, and Spence (2008) similarly stressed that a hermeneutic phenomenological interview is neither structured nor unstructured, but rather an openness is encouraged wherein the researcher approaches the interview as a unique conversation in itself, engaging with “the play of conversation” (p. 1392). A phenomenological interview is not “conducted” as such by the researcher; rather there is a “falling” into conversation, an embracing of Heidegger’s understanding of “being-there, being-open, being-in-the-play, going with what comes, awaiting the moment of understanding” (ibid.).

In accordance with hermeneutic phenomenology, questions were grounded in stories of specific events, designed to encourage participants to tell their “stories” about the phenomenon of their ongoing learning. I also included questions along the way to explore the participants’ *understandings* of their “story”. I began each interview by explaining the topic of my study and that the nature of the interview would be an open-ended discussion about the topic. I usually began with a question along the lines of, “Please describe in detail an event or process which has influenced your experience of ongoing learning as a psychotherapist”. Sometimes, however, the participant had thought carefully about the topic before the interview and they were ready to start with whatever thoughts they had. Then the interview would take on a life of its own, right from the beginning and, as mentioned above, my main task was simply to be open to what was being said. I also had a list of further possible questions with me which I referred to at times to ensure that we were keeping to the topic (see Appendix E). Although I could not say that I “conducted” the interviews, I did feel that I “held the space”, as it were. After all, I was responsible for not only being responsive to the participant, but also to ensure that the interview retained the focus on the phenomenon, and that the participant had as good an experience as possible. Part of my preparation for the interviews included considering the difference between being a researcher and a psychotherapist, which I explore here briefly.

Being a Researcher and a Psychotherapist: Differences in Interviewing

As a clinician, I needed to consider the differences between “interviewing” a patient and interviewing a participant for research. I first began to think about this before I started interviewing and after my supervisor interviewed me (see chapter one). One of my thoughts after the interview was, “I am not a therapist in the research interview situation, and of course on another level I am because that is simply part of who I am; this feels like a very grey area, not only for myself but also for the participants.” Hunt, Chan, and Mehta (2011) pointed out some of the differences between interviewing in a clinical context, on the one hand, and in a qualitative research context, on the other. They mainly emphasised the difference between the two roles. The clinician who interviews a patient focuses on providing assistance to the patient; whereas the qualitative interviewer who interviews a research participant focuses on approaching the participant as the expert who can teach them about the phenomenon that is under investigation. Hunt et al. suggested this represents “a fundamental shift from someone whose expertise is being sought (the clinician), to someone who is an enquirer (the researcher) seeking out the experience of others in order to better understand a phenomenon” (p. 195).

Hunt et al. (2011) add that it is important to acknowledge and reflect critically on prior interview experience; that is, that it is not possible to bracket previous experience. Communication skills honed in clinical practice, for example, active listening, responding in a sincere, open manner, and attending to non-verbal communication, are essential aspects of qualitative interviewing, because they encourage reflexivity (paying attention to how one is feeling and reacting to the participant), and then the impact of these responses on the interview process and the rapport between two parties. A further difference between the role of the clinician and the qualitative researcher is that a participant’s comfort level always takes priority over obtaining data. This is somewhat different from the clinical situation where the interviewer may be justified in probing a sensitive topic in order to, for example, conduct an assessment, formulate a treatment plan, or simply to better understand the patient. Finally, it is suggested that reflection and evaluation of the interviewing process is an ongoing activity that continues throughout the research project. The recommendation is to write field notes after each interview, as well as listening to

tapes and looking at transcripts, to evaluate the exchange that took place. This provides the opportunity to reflect on and chronicle the interviewing process.

I found writing my own responses after interviews to be very helpful in carrying out further interviews. For example, following are some reflections I wrote after an early interview:

During this interview I didn't really say anything much and I wondered afterwards if I could have said more. While he was talking it didn't feel right to interrupt him; he was speaking a bit as if in therapy, his own reflections and associations, in a meditative way. When I spoke I sometimes felt that my words were superfluous. What is it like to interview therapists for research? Do I go into a therapist role instead of a research interviewer role? What are the differences? This topic feels very personal; does it evoke a therapy-like atmosphere where I am reluctant to interrupt?

Reflecting on this interview helped me to think about the differences between researcher and therapist, and how to keep an attitude of openness, while at the same time being focussed on the topic (collecting the data), and ensuring the comfort of the participant (as far as it is possible to do so). Reflections after other interviews included fears of having spoken too much, wishes that I had asked a particular question, or probed more deeply into an area that we went into, fears that the participant may have later regretted having been so open, and so on.

I began to feel more relaxed about interviewing and that I knew something of what I was doing, just before I finished. I then wished that that was my starting point – thinking that if I started at that point then the interviews would have gone so much better. In reality, however, when I look at the discussions in the interviews and the data they yielded, the early ones contained no less pertinent data than the later ones. I came to realise that the participants were very able to communicate their thinking, regardless of my clumsiness at times. I often had to laugh (at myself) when I listened to a recording and heard a participant determinedly talking over me as they tried to follow a train of thought, and became irritated by my interruptions, but kept going nevertheless. Listening to the recordings was very good in showing me my interviewing faults and helping me to try to do better the next time.

Added to this mix was the reality that each participant was a different person, with his/her own unique style and way of going about things, including interacting with me. Therefore, I do not think there can ever be a proper “interviewing style” or

“method”, no matter how long one might carry out such interviews; the interviewing couple does as best as it can, taking into consideration many internal and external factors, including the unconscious dynamics at play. Rizq (2008) discussed this latter in her article on the “research couple”, in which she considers possible oedipal dynamics within the qualitative research interview, and some of the emotional and ethical tensions in analysing and presenting research results. I touch on some of these as part of my ongoing reflections in this study, particularly in the data analysis chapters.

Transcripts

After each interview came the task of transcribing. I transcribed the first few interviews myself, thinking that to do so would enable dwelling with the data. In a sense that was right, however there are other ways of doing this, such as listening to the tapes a number of times, and during the writing process (which I will describe in the next section). Overall, and as advised by my supervisor in the early stages of the research, it seemed a better use of my time to ask someone more adept than myself at speed typing to transcribe the interviews, and so this is how I then proceeded.

Once I received the transcripts, I checked them for accuracy against the audio recording and I then set about crafting the data into “stories”. This was a method informed by Caelli (2001), who noted the difference between a verbatim transcript and a narrative. She described how, when she initially sent verbatim transcripts to participants, they often did not bother to read them, and she began to wonder how she would achieve in-depth stories from the data. Over time she came to realise that phenomenological researchers, such as Max van Manen and Patricia Benner, were crafting stories or narratives, from the interview data. That is, taking what was said by the participants during the course of an interview or interviews, and organising it in such a way that it read as a coherent story without changing its meaning. She described the response from one of her participants when she followed this way of crafting the data: “If I had been able to tell my story the way it happened, this would be my story!... It makes sense to me now that you’ve organized it like this” (p. 278). Caelli re-iterated that this process is not about making something up; rather it is about taking the story from the person’s own words and writing it in such a way that what the person says is distilled from across the interview/s.

As an example from my own research, I found that often participants would describe a phenomenon at different times in the interview, which is a normal way of conversing verbally, but which can feel confusing and disjointed when the interview is simply written up verbatim. In crafting the stories, therefore, I would pick through the transcript and pull the threads together to form a story about an aspect of the phenomenon that might have been mentioned many times throughout the interview. I have included, as Appendix G, an example of working with the interview transcript in this way to craft a story.

Naturally there was variation in the interviews with how the participants spoke, so that for some interviews my “crafting” became a rather simple matter of removing the “um’s” and “ah’s” and “like’s” – in other words, doing some basic editing. For other interviews there was more the sense of events or phenomena being returned to and thought about as we went along, and this was where more pulling together of the threads was required. As a part of this crafting I endeavoured to retain participants’ own words and styles in order that their individuality was preserved rather than being subsumed by my own style of writing.

Once the “stories” were written up I sent them (via email) to the participants for their comments, with a request to let me know if they would like any changes at all to be made, or if they would like a second meeting to add to or clarify anything that had been spoken. Two participants requested a further meeting to add an aspect of their learning experience which we had not discussed; a number of others added clarification or requested changes. In these cases I complied with any requested changes or alterations, thus creating a revised transcript. I endeavoured to begin the data analysis of each interview as soon as possible after the interview had taken place, and certainly before the next interview. The interviews were returned to again and stories rewritten. The next section describes this process.

Data Analysis

Over time it became clearer to me what was meant by writing being the way of going about “doing” phenomenology (Smythe, 2011). I found resonance for this in the psychotherapy literature; Ogden (2006) wrote that “writing, after all, is a form of thinking” (p. 1072). I found this to be particularly true of using hermeneutic phenomenology for this study. When I had the data in front of me I began to write,

kept writing and then re-writing, to hone the emerging ideas. In this section I describe my process of analysing the data by writing. Again, this is not to suggest a linearity of process; there were many times when I felt that I was back at the beginning, with little idea of what I was doing. However, overall I moved further towards a way of being with the data and writing about it in ways that seemed to make sense.

I do not want to suggest that *all* that is needed in being with the data and making sense of the data is through writing; the writing is both a beginning as well as a culmination of reflections that take place in a number of ways that then make it possible to write. Smythe et al. (2008) put it this way: “understanding will come, but not without the circling discipline of reading, writing, talking, mulling, re-reading, re-writing and keeping new insights in play” (p. 1393). Thus, I have at times described this research journey as a reading and writing journey, but I also would not want to leave out the talking and mulling that took place in supervision meetings, with colleagues, my husband and friends, and also in a Heideggerian reading group, established at AUT by Professor Smythe. Reading a text together and thinking about it together always promoted further thinking. However, writing is what needs to occur if a thesis is to be completed; thus, I turn now to the process of writing itself:

First phase (old habits die hard).

I began by writing about parts of the first interview I carried out. I sent the stories from this interview to my supervisor, along with my interpretive analysis. When we next met, she kindly and gently told me that this was not yet phenomenological writing; rather it was some kind of descriptive thematic analysis, nothing at all to do with hermeneutic phenomenology.

Second phase (Help! Do I have to learn something completely different here? Yes and no).

I began to ponder what constitutes hermeneutic phenomenological thinking/writing. I was helped in this by reading some inspiring articles (Henriksson & Saevi, 2009; Saevi, 2013; Smythe, 2011; Smythe et al. 2008), describing the phenomenological writing process. At the time this territory felt like breathing rarefied air and that it was somewhat elusive. Sometimes I thought I understood how to go about it and at other times absolutely not. I started to become concerned that after years of learning about

what psychotherapy is, I was now faced with having to learn a completely new discipline.

Here I began to think more in depth about the interface between hermeneutic phenomenology and psychotherapy (explored briefly in the methodology chapter), as despite my concerns there was something very familiar to me in what I was reading about phenomenological writing; it was actually *not* unknown to me and felt exciting. As I have mentioned, there was a resonance, for me, with the psychotherapeutic process. For example, Saevi (2013) suggested resisting the temptation of seeing oneself as an instrument of understanding and instead to remain flexible and open. The writing pace, she said, must be sufficiently slow to allow the writer to dwell with the text, that the writer must learn to “dwell comfortably in the space of hesitation” (p. 5). She advised to dwell with the phenomenon and “to be open and to stay open to the uniqueness of the experience and of the language that emerges to describe the experience” (p. 5). My supervisor said something very similar and put it in this way: When considering the text (interview), and in particular a story within it, reflect on:

- What matters?
- What leaps out?
- What thoughts am I having?
- What interpretive leap am I making?
- The conversation is always in the play – take the reader with me.

Third phase (learning how to dwell with the data).

Before I began to write I put a piece of paper in front of me with Professor Smythe’s words written on them. It helped me to focus while softening my focus at the same time. This is the dwelling with the data which cannot be hurried, which occurs without expectations, in the “reverie” state that I mentioned in the previous chapter. I have often felt that, although phenomenology is described as being about an exploration of lived experience, in order to carry out research informed by phenomenology, there needs to be a willingness to be in a lived relation (van Manen, 1997) with the data *itself*, or rather with what the data is speaking. I think it is helpful to be able to merge personal boundaries with the boundaries of the text. This is not fighting with the text, not looking at it and demanding that it show something, or forcing oneself to apply one’s brain to the text in an effort to extract or impose meaning on it, but rather

swimming with the text itself, even letting it take over. Saevi (2013) noted, in this regard, that an understanding of the interconnectedness of self and world is needed.

During this phase, practising the writing was important. Reading was also important; however the reading and the writing only properly interacted with each other when I began to write about the data. This felt similar to watching students grapple with theory in their first year of the psychotherapy programme and knowing that it will only really begin to make any sense once they start to see clients in the following year. Before then there is nothing much for the theory to connect into and, in fact, it easily distorts rather than enhances their knowledge.

Fourth phase (passivity together with a move towards action).

This phase could be summed up in a few words: surrender and increasing familiarity with the methodology, in order that phenomenological notions could be integrated more fully into the process of data analysis. Perhaps also a willingness to be passive, as Saevi (2013) described it:

The attuned and passive living with the phenomena is a pathic dwelling that remains attentively open to the suffering of the other. The terms passive and pathic in fact stem from the same origin, and are both attentive to the other's experiential condition. (p. 3)

I found the notion of "passivity" useful. In our busy world the word "passivity" is not generally imbued with positive meaning; however in this context of phenomenological writing it feels right. In practice it means that when I sit with the text I am meditating on the participant's experience; I am not just trying to describe it. What are they saying here, what is the experience they are trying to convey? What are the feelings here? What is evoked in me? Where do my thoughts take me?

I began to have experiences of the writing writing itself, by which I mean that at a certain point in engaging with a piece of data a flow in the writing occurred. However, this did not necessarily mean that the process became any easier. Each piece of data was its own experience, and approaching it meant inevitable anxieties about what *this* particular experience would be and whether I would be able to make anything of it at all. During this phase I heard Haruki Murakami⁴⁰ speak about writing

⁴⁰ Haruki Murakami [1949-] is a contemporary Japanese writer. He gave a talk at the Auckland Writers' Festival in 2015.

as going far down into a well, but not so far that you might not be able to return back up again. A disturbing image⁴¹.

I mentioned in chapter three that Ogden (2005a) suggested that writing is a form of waking dreaming and as a mixture of meditation and a wrestling match (wrestling a beast to the ground). The latter seems to me to be an apt metaphor for this particular stage of the writing, capturing as it does the dual experience of being open and receptive, on the one hand, and thinking about how to make practical use of this experience (translating it into the written word), on the other. I often reminded myself that I was not writing about the experience of the phenomenon, but rather to illuminate “the experience from the perspective of an “insider”, a subjective being that exists along with the experience... a subjective experience that offers the reader a worldly co-existence” (Saevi, 2013, p. 4). Something needs to be said about the impossibility of this endeavour and the doing of it in any case. Saevi (2013), in considering Caputo’s (1997) thoughts on deconstruction as the relentless pursuit of the impossible, described this well: “The gentle endeavour to write a phenomenological text is in fact the attempt to do the impossible, while not letting the impossible be wiped out by its impossibility” (p. 5).

During this time I was sending my data analysis on a regular basis to my supervisors. Each time I was grateful to receive their feedback. It was positive and encouraging and, at times, it also pointed out how I might approach something differently. I began to feel that I was “getting the hang of it”, as it were, although this feeling often proved transitory. As I have mentioned, there were many times when I felt that I was right back at the beginning in terms of my understanding of both methodology and method. I remembered being in labour with my daughter, some 20 years earlier, and my midwife saying to me something along the lines of “this is going to be painful and you’re just going to have to do it.” There is not much room for passivity at this point; the horizon changes from being one of meandering and pondering, of delighting in a creative endeavour, and instead what comes sharply into

⁴¹ The poet Cecil Day Lewis (1947) also used the metaphor of going down into the well and gave the following advice: “Before one lowers oneself into a well, it is best to make sure that the rope is firmly secured to some immovable object in the upper world” (p. 135). Murakami’s (1997) character, Toru Okada, lowers himself into a well to be alone; however someone removes his rope ladder so that he cannot get out (eventually he is rescued). Perhaps this story underlines something about our frail hope for an immovable object to which we can attach and feel secure?

relief is the doing of it, or rather a pulling together of many parts into a cohesive whole.

Fifth phase (putting it all together).

This fifth phase took place during a concentrated period of time (six months). I was awarded an AUT staff doctoral study award to complete the thesis and had reached a stage where I wanted to dedicate most of my time to writing. This was most important for the data analysis chapters which needed a depth of thinking and analysis difficult to achieve on a part-time basis. I needed total immersion in the data to do it justice.

It was a rewarding time, not easy and often full of doubts, but the singleness of purpose helped and even felt luxurious. It came together, piece by piece, although without the feeling that additions could not be usefully made. In hermeneutic phenomenology there is always an excess of meaning (Heidegger, 1927/2008); there is never an end to the hermeneutic circle, there is always something more to discover. Yet, at a certain point, one has to say “that is enough now” and increasingly I believed it was enough.

Trustworthiness and Rigour

Descriptions of “rigour” in qualitative research seem often to attempt to nod in the direction of methodologies that are scarcely qualitative. Even the use of words such as “rigour”, “reliability”, “validity” and “transferability” seem replete with notions of measurement and rules of engagement. And yet, we would want to be assured that a researcher who has used hermeneutic phenomenology in a study has done so in a thoughtful, thorough, and considered way, such that we can be confident that what we are reading is a valued contribution to the field. How might we know this? Lavery (2003) mentioned that issues of rigour in interpretive inquiry are confusing to discuss as there is no agreed upon language or universal set of criteria to assess its presence. She cited Hall and Stevens’ (1991) view that adequacy occurs “when the whole process of inquiry is reflected, relative to the purposes of the study” (p. 31), and that this is achieved through the use of reflexivity, through the writing of texts that are credible and that can be understood, and that research conclusions are coherent and reflecting complexity and lack of deception. She cited Husserl (1950/1970) as saying that “others will see the text as a statement of the experience itself” (ibid.), and Lincoln and Guba’s

(1985) view that the topic must be accurately identified and described and complexities of experiences and interactions embedded in the data and final text.

Koch (1995) stated that in hermeneutic phenomenology it is critical to see the multiple stages of interpretation that allow patterns to emerge, as well as the discussion of how interpretations arise from the data. The *showing* of those interpretations as they occur (from the data) is essential. Thomson et al. (2011) argued that the hallmarks of genuinely phenomenological studies are evidence of authenticity and attention to poetics. They described authenticity as a retreat from “fallenness”⁴² (p. 234), and an effort to authentically engage with what could be, rather than simply describing what is, a moving genuinely towards the thing itself (p. 235). “Poetics” is described as reaching for the essence of Being, where the themes that emerge are “nuanced and complex insights into the phenomenon under investigation” (Thomson et al. p. 235).

These thoughts are some of the many expressed by researchers attempting to address the question of trustworthiness or rigour in phenomenological research and they essentially relate back to the principles of hermeneutic phenomenology itself. As Koch (1995) put it, the philosophical assumptions underlie the method, and therefore the essential notions will need to be present in the writing, including in the *spirit* of the writing, and, more prosaically, the researcher’s pre-understandings and his/her facility with engaging with the hermeneutic circle. Smythe et al. (2008) suggested that “resonance” (an attunement that is “known” but cannot be pinned down) is the hallmark of trustworthiness (p. 1396), that we can list all the so-called behaviours that are supposed to lead to trustworthiness but that perhaps it is time “to hold ontic requirements more loosely and to bring greater trust to the ontological spirit of ‘understanding’” (p. 1396). Thus, the researcher does not write to say that “this is the truth”, rather questions of the truth are kept open; the reader is invited to share a journey of exploration, to bring his/her own questions and to arrive at his/her own understandings and meanings.

This latter description certainly resonates with me. In this study I have sought to articulate the phenomenon of therapists’ experience of their own learning in such a

⁴² Heidegger described “Fallenness” as Dasein yielding to the pull of the world it is absorbed in, a letting itself be turned away from what is primordial in the world and in itself – “Dasein, then, does not choose to fall away; it is simply socialized into this lack of primordially” (Dreyfus, 1991, pp. 233-234).

way that the reader is encouraged, even provoked, to think about this phenomenon for him or herself. I have not said “this is how it is”, but rather that these are my deep reflections on this topic, based on dwelling with the data, on phenomenological notions, and on the person who I am, with all of my pre-conceptions (including that immersing myself in this study has changed the person that I am). Moreover these reflections have been, I think, expressed in a relatively tentative manner, so as to provoke the reader’s own thoughts along the way. I have aimed for openness rather than a closing down of the topic, for a to and fro within the hermeneutic circle. Success in this regard fits with the hermeneutic phenomenological endeavour and thus the interpretation could be viewed as trustworthy. However, as Schmidt (2006) noted, “In the end, as in all phenomenologies, it must be left to the thoughtful reader to decide on the accuracy of the phenomenological description” (p. 66).

As an illustration I would like to give a practical example of my engagement with one of the participants, what it then meant for the data analysis, interpretive writing and thus as a contribution to the trustworthiness of the study overall. The example concerns the matter of participant feedback, one of the “behaviours” mentioned above, which Guba and Lincoln (1989) suggested as being a crucial way of enhancing the rigour of qualitative research. Bradbury-Jones, Irvine, and Sambrook (2010) cited Doyle’s (2007) view that participant feedback encourages a negotiation of meaning between participants and the researcher and that it is consistent with the hermeneutic circle “which requires the constant movement between interpretation and the text” (p. 29). They suggested that the benefits of checking emerging interpretations of the data with participants outweigh the disadvantages of doing so. They described disadvantages such as participants not being willing, or even being distressed by revisiting experiences that had been spoken of (the interview representing, as it does, particular moments in time), that participants may forget or regret what they spoke of, or that their wanting to please the researcher may mitigate against their entering into any disagreements. In addition they cited Ashworth (1993), who questioned whether participant agreement actually lends support to the interpretations, and that the validity of the findings can be compromised in the event of participant disagreement. I would add that participants may be so busy with their lives that reading material sent to them by the researcher may be yet another chore to carry out and there may be a reluctance to do so.

As I have briefly mentioned, I sent all participants the “stories” from their interview, so that they could check these and let me know if they represented what they had said to me, and that from a number of the participants I received back some additional comments or suggested changes. This seemed a worthwhile endeavour and one that I carried out before analysis of the data. I wanted to ensure that the data I was working with had been verified, as it were, by the participant. Sending my interpretations of the data felt very different for some of the reasons listed above. In fact, so convincing are those reasons that it is difficult for me to envisage how Bradbury-Jones et al. (2010) came to the conclusion that sending out the interpretations could overall be a useful endeavour. Nevertheless, I did send out interpretations to three of the participants, all for different reasons. The first was because the participant wanted to know how I was dealing with the issue of participant confidentiality and I think it is useful to describe the process in some detail here:

1. I sent the transcript of the “stories” to the participant, letting her know how I had drafted these, that I had attempted to disguise her identity as much as I possibly could, and asking her to let me know if she wanted any changes to be made, including deletions. I also highlighted a section of the transcript, which I had felt in the interview she may not want included, and asked her to clarify whether that was the case or not.
2. In her reply to me she indicated that she had been thinking about it “quite a bit” and had been going through “several phases of reactions and ideas of what to do”, and that it was less straightforward than she had anticipated. She suggested meeting up to discuss her thoughts.
3. I replied that I was very happy to meet, which is what happened. As a part of that conversation I offered to send her some of my writing, that is, interpretation of the data.
4. After a period of time I emailed the participant some writing about one of the stories.
5. After another period of time the participant wrote back to me, saying that she liked what I had done: “In fact I like very much what you’ve done in that piece. How you interpret what I’ve been trying to describe and in this I also recognise myself, both past and present”. She also indicated that her earlier worries had

dissipated and that the interview had helped her to “lay a few ghosts to rest”. She added that she saw the story I had written about as being a gift to me, for me to use as I saw fit, and that she trusted the care with which I would do this.

This exchange, which took place over nearly a year, from the time of the interview to my receiving her final email, was very important in a number of ways, and I was grateful to this participant for taking the time to raise issues that some others surely may have had but for various reasons may not have wanted to voice. It was a reminder to take very seriously the issue of protecting participants’ privacy, particularly in such a small community of psychotherapists. Secondly, and related to this, it was a reminder of each individual’s vulnerability in sharing what was, at times, very personal information and my duty of care in ensuring that the data was treated with the highest respect and with the knowledge that what was said belonged in that moment in time; as this participant wrote to me “for me it is a story of the past now.” Again, this feels important in a small community with regards to letting go of the stories in relation to the individuals involved. People move on and we all have a responsibility in helping that to happen, particularly when we are in the position of hearing confidential material.

Thirdly, I was delighted to read that my writing about this person’s story had struck a chord with her. This is the aspect that Bradbury-Jones et al. (2010) were referring to when they stated that it is useful to send one’s writing to the participants. We are then able to discover whether what we wrote resonates with the participant and this contributes to the trustworthiness of the study. I mentioned that I had sent my writing to two other participants; they also wrote back, or said to me, that they were happy with what I had written and that I had captured something of their experience. One participant suggested some small changes in relation to disguising potentially identifying details in the writing. I made those changes and sent back a revised piece of writing, to reassure her that this had been done. Again, that this person’s comments or concerns related to the possibility of being identified has been another reminder with regards to checking *all* of my writing, to ensure participants’ identity is protected.

As useful as this had been, including, I think, contributing to the trustworthiness of this research, I made a decision not to send my writing to the other

nine participants (although I would have done so if they had requested it), for reasons that I have mentioned above. Nevertheless, I have certainly circled back many times to all of the interviews, to the stories I crafted from them, and to the writing that emerged from my dwelling with them and meditating on them. As part of this circling process I have also shared my writing with my supervisors in our monthly meetings, and with colleagues in a number of verbal presentations I have given during the course of this study. I have been delighted and often humbled that my writing has found resonance in these situations. In this circling, my writing has been revised many times, and different levels of meaning have emerged over time. My hope is that this process is evident in my writing and discussions and that the attitude of rigour and integrity with which I undertook this study is apparent to the reader.

A Note on Framing the Notions

The four data analysis chapters in this study explore a number of different phenomenological notions that resonate with my interpretation of the participants' learning experiences. I have drawn from different sources to introduce and frame these notions. For example, I begin chapter eight by introducing Heidegger's (1954/1976) example of the apprentice who learns from his experience how to respond. Then, as I was writing about the notion of "openness", in chapter nine, my mind was very much with a book I had recently read (Doerr's (2014) *All the Things We Cannot See*). It seemed that this book had something to say about the notion of openness and I have incorporated my ponderings on this into that chapter. Similarly, in chapter 10, I explored the notion of "being-with" and drew on two of the three volumes of Janet Frame's (1984, 1985) autobiography and her unique experiences of "being-with". In the last data analysis chapter (chapter 11) I reference poetry within the chapter, and discuss poetic thinking, as a way of engaging with the notion of the unknown/mystery. Finally, and beyond the data analysis chapters, I begin the discussion chapter with my own poem that emerged from the experience of dwelling with all of the data and ponderings of the previous chapters. Each of these "deviations" is a way of grounding the key notion that is explored within the chapter. By placing the notion in a lived context, the meaning is fleshed out beyond philosophical thinking, bringing it to ontological experience.

Summary

I have described the journey of this research from its beginnings in the exploration of a different and yet related topic, to applying for ethics approval and then beginning to select and interview participants. The complexities of recruiting from within a relatively small professional group (of which I am a part) have been outlined. Issues of protecting participants' identity came to the fore in this process and yet stories of great depth were shared – reflecting, I think, on the integrity of the individuals with whom I met and on the profession as a whole. I have described how, in the interviewing process, I needed to be mindful of the differences and similarities between being a psychotherapist and a phenomenological researcher; I have described the interviewing process itself and the transcribing and crafting of the “stories” that followed. Some detail follows about the various phases I went through in the interpretive writing process and I have highlighted the hermeneutic “circling” that occurs when using hermeneutic phenomenology. This has been re-iterated in my thoughts on the trustworthiness and rigour of this study. In this last section I have shown how I achieved this, including my responsibility to relate issues of rigour back to the principles of hermeneutic phenomenology. Finally, however, it is in the reader's resonance with the writing and discussion that such trustworthiness can be judged.

Chapter 7: Introduction to Data Analysis Chapters

This study seeks to uncover the *lived experience* of ongoing learning for practising psychotherapists. As such, it is an ontological enquiry researching both the *Being* of entities as well as the meaning of *Being* in general (Heidegger, 1927/2008). Heidegger noted that an ontological enquiry is more primordial when contrasted with the ontical enquiry of the positive sciences, and described them in the following way: “Ontological inquiry is concerned primarily with *Being*; ontical inquiry is concerned primarily with *entities* and the facts about them” (p. 31). In their work, psychotherapists are predominantly attuned to their own and others’ “beingness”, including their inner emotional worlds. In many ways the work itself is an ontological enterprise and yet the environment in which the work is carried out (our society, institutions, professional associations, and so on) often has difficulties in recognising and valuing the ontological. This has implications for psychotherapists and their ongoing learning, and in turn for their patients and clients, and, I would argue, for wider society. The exploration in the following chapters of psychotherapists’ lived experiences of their ongoing learning will hopefully contribute to a fuller understanding and appreciation of the importance of the ontological dimension, and to a greater awareness of the implications of attempting to leave this to one side.

Thoughts and Feelings about “Learning”: The Impact of the Educational Process

A relevant example of a certain dissonance between the ontological and the ontic became apparent in considering psychotherapists’ own experience of their learning and the professional framework within which psychotherapists must practice. As I have noted in chapter one, a psychotherapist who wishes to be registered in Aotearoa New Zealand must agree to maintain standards of ethical conduct, cultural competence, and meet core clinical competencies. The development plan follows a self-reflection model and requires that a plan is discussed and agreed with the person’s supervisor. In this way there exists an external, imposed mechanism for practitioner development, which does not always fit well with the psychotherapist’s own experience of his/her learning. This tension became apparent when beginning to talk to the participants in this study.

Many participants said that when I initially contacted them about the possibility of participating in a study about ongoing learning, they had thought I was looking for evidence and examples of their having attended conferences, read books and articles, attended supervision and their own therapy, engaged in further academic education and so on. Learning seemed, in people's minds, often synonymous with *places* of learning and "*doing things*", and thus fulfilling requirements. I gained the impression that "learning" was a word laden with meaning that for many was not particularly positive. I wondered about the echoes for people from their past experiences at school and even university. Was learning something that had to be rather grudgingly "done"? One participant, Rahel, who had only recently finished her education as a psychotherapist, alluded to this when she said:

I was very ready to leave the institution I trained in. I really wanted to get out of the environment and didn't feel that I should stay longer. I felt that I'd done what I could there. Even though I felt that I got the hang of it somewhere in the middle of the training, and became a lot less worried about being assessed and judged and decided just to write the way it was for me. I realised that I understood the environment and it was also liberating. And yet I found it painful in terms of the learning.

Sadly, Rahel's experience of learning in an educational institution was that she had to "get the hang of it" – that is, find out what was expected, and survive the fears about being assessed and judged before being able to relax into learning in the way it needed to be for her. Her coming to this understanding about the educational "environment", although liberating, remained painful and she was pleased to leave. It would seem that Rahel struggled within the institution to be faithful to herself and to her own learning needs; the external expectations seemed to impinge on a process that might otherwise have more freely unfolded, according to her own internal processes (or at least this seemed to have been her desire). My role as a teacher in an educational institution was challenged by Rahel's description of her experience. On the one hand, I thought that I understood something of what she was trying to say, and have often experienced my frustration in relation to what can feel like an over-emphasis in tertiary institutions on "outcomes" rather than process. On the other hand, it is easy when one is part of the institution to become defensive about the necessity for external requirements, including that the student (and lecturer) simply must come to terms with these.

Rahel is, I think, pointing to the phenomenon of “not-thinking” that easily occurs in all institutions, including, perversely, educational ones. When the time and space is filled up with requirements to show what has been learnt, then there is often not the time and space to actually engage in a process of authentic learning. The quest easily becomes about showing enough to satisfy the requirements. Magrini (2014) asked the important question “How is it that an authentic education unfolds in its essence?” (p. 3), and suggested that learning is about growing as an individual in community with others. He cited Gadamer’s (1975/2013) contention that authentic understanding and learning unfolds as dialogue, including that the play of language and the play between participants is a “to-and-fro” movement that is not tied to any goal. In a system which requires its students to focus on specific outcomes, and to achieve them in order to move forwards, it is certainly a challenge for its teachers to facilitate this authentic learning.

As I have noted earlier, Heidegger maintained a long-standing critique of the university system, because he believed it was moving progressively towards disciplinary fragmentation, leaving it with no common standards other than the “entirely empty and formal ideal of excellence” (Thomson, 2001, p. 251). He believed this resulted in a move away from authentic learning and instead towards a technological focus, resulting in “instrumentalization, professionalization, vocationalization, corporatization, and technologization of the modern university” (ibid., p. 243), an outcome of which would be students themselves regarding their studies not as an experience of learning, but rather a means to ensuring a higher salary. A detailed exploration of this is beyond the scope of the current study, because the focus here is on ongoing learning *after* the tertiary or qualifying education; however, it is important to recognise the impact of individuals’ foundational learning experiences as they continue to learn.

The Struggle for Authenticity

The following story is an example of the impact on the individual of foundational learning experiences during internship, a time of emerging into the world of practice. Philip speaks about his struggle as a student to respond to a more senior practitioner (in this case his supervisor) in an authentic, rather than compliant, manner:

I remember during my internship a supervisor telling me that I had missed the sexualised transference which was a shock at the time to me,

including the way he had gone about telling me. He had gone into a bit of a rant, which was unusual for him; even my co-supervisees had noticed it and said to me afterwards that it had been rather strange. Nevertheless I really pondered what I had missed and what I hadn't recognised. After all, I was just a beginner and felt that I really didn't know anything much at all. However I had picked up sexualised transference with other clients and so didn't feel that I had a major issue with that.

I talked about all of this with my peers, with my therapist; what had I missed, did my client remind me of someone, and so on. I eventually came to the conclusion that although my supervisor had totally appropriately pointed something out, my experience in the room was different. He was coming from reading a relatively minor remark from my client, and I was trying to link it in with everything else that had happened in other sessions. It prompted me to contemplate what the learning is, what actually happens, and also who's the one who holds that learning.

I decided after quite a few days that I needed to follow my experience in the room. In this process I realised how hard it was to determine what was real and what wasn't; that struggle was quite intense, and it has helped me from then onwards to realise how difficult it is to learn. It was an interesting disjunction between somebody picking up on something and with authority claiming this was the truth, versus my experience. I suppose that just highlights that learning in this space is not just about the right interpretation, or the right knowledge, it is this curious mix of a practised knowledge, or a knowing practice. It's an emotional knowing that happens when you are present in the room. Now with my own supervisees I ask them, "what is your experience in the room and how does that then make sense?" That is different from wondering about what Bion or Klein would say. It has been very helpful to take that experience with me, continuously. My knowledge base is always something that is important but I hold it much more lightly compared to my experience in the room.

In this story Philip describes his supervisor saying something to him which did not resonate with his own experience of what had happened in the therapy room with his client. He then describes his process of thinking about this for several days. He is willing to stay with the experience and to explore the dissonance between his own experience and that of his supervisor. He mulls over what has happened, including the conversation with his supervisor, conversation with his peers, as well as with his own therapist. Something which does not resonate with him is turned over and over in Philip's mind. He mentions self-doubt, acknowledging he was a beginner, and realising how difficult it is to learn; he describes the struggle as being "intense".

Philip shows that despite the intensity of the struggle he managed to stay with it, and it seems that what has remained valuable for him in this experience is *learning about his learning*, particularly the importance of staying true to his experience in the room (which he refers to as “emotional knowing”) rather than falling back onto his supervisor’s knowledge or his own theory base. Philip describes a process of interacting not only with his supervisor, but also with his peers, his therapist, his client, and his own responses and reflections. Further, that it was this “dialogue” (with others, as well as with himself) that led to his integrating something within himself as a person and a practitioner that has endured over time, eventually becoming an essential part of his own supervisory practice. Philip is learning here not by instruction, but rather through a complex, lived experience which required time and space, and which has then remained with him.

We can imagine the anxiety produced by disagreeing with one’s supervisor in an evaluative situation; it is likely that this anxiety prompted Philip to take this time and space, although it could also have closed him down and foreclosed the possibility of his learning. Heidegger’s (1927/2008) notion of “angst” (anxiety), when one feels “uncanny” or “not at home⁴³” (p. 233) is helpful here. Heidegger provided a connection between anxiety and authenticity when suggesting that “Anxiety throws Dasein back upon that which it is anxious about – its authentic potentiality-for-Being-in-the-world” (p. 232). Heidegger contended that the willingness to engage with our anxiety (our feeling of not being at home, or that something is not quite right) leads to an openness, and in Philip’s situation, to an openness to learning. Thomson (2004) noted that for the individual to take an embodied stand – “authenticity” (p. 447), he or she will need to struggle against social norms which promote “anonymous conformity” (ibid.). In thinking about the institution and its requirements, we could wonder to what extent students are encouraged to take a well-considered stand rather than defaulting to compliance⁴⁴. Particularly where assessment is involved, is it possible to engage with one’s anxiety and to find it helpful, or does this become overwhelming to the extent that compliance seems much more inviting?

⁴³ Heidegger used the German word “unheimlich”, literally “un-homely” or “not-at-homeness”. It has been translated in *Being and Time* (1927/2008) as “uncanny”, in the sense of something not feeling right.

⁴⁴ Kernberg (1996, 2012) explored the many different ways in which psychoanalytic institutions contribute to candidates choosing the path of compliance rather than creativity and authenticity.

Our Own Experience of Learning: Finding the Track/Sole of the Foot

As I have mentioned, some of the participants' initial responses suggested a sensitivity to requirements to comply (this is of course different to *actually* complying). I wondered if some participants felt that I might be checking up on whether "learning" (in a task-oriented way) was in fact *being done*, and that at the end of my project I might come up with a list of what a practising psychotherapist ought to be doing by way of learning. This would then be an expectation of compliance. For example: one conference per year, weekly supervision, weekly therapy, reading one book or article each fortnight, and so on. As a result I became uncomfortable with the word "learning". After a while I even wondered (appropriately I think) what it meant.

I noted in chapter two that *The Chambers Dictionary of Etymology* (Barnhart & Steinmetz, 1988) tells us that "learn" comes from the Old English (before 725) "leornian" – "to get knowledge, be cultivated" (p. 585), and that some of the meanings from Old High and Middle High German, from Proto-Indo-European, and Indo-European include the sense of following along or finding a track. Harper (2016) added the Old English "læst", meaning "sole of the foot". It seems that for many people "learning" is often synonymous with the carrying out of a task to fulfil (usually someone else's) requirements, and I began to wonder if some of the original meanings of learning had become lost in privileging the demonstration of the rather more ontic, conceptual definitions, for example, "competencies", "learning outcomes", and so on. Perhaps the effort required to demonstrate these has had unwanted consequences for one's ability to think and learn in a way that is meaningful for the individual? Reading the etymological definitions I found words such as "think about", "study", "get knowledge", and "find the track". "Sole of the foot" is very interesting; it seems to allude to a very practical process of learning, that is, walking our own path.

What I was particularly interested in at the beginning of this study, and increasingly as it progressed, is how psychotherapists experience the continuing development of their practice. I suspect that the focus I wanted on the therapist's *own experience* removes the focus on "learning", or at least the onerous connotations that this word seems to have gathered over time. Magrini (2014) noted the difference between "philosophy of education" and "education-philosophy" (p. 3). He suggested that the former asks "What is education?" and attempts to answer that question by conducting investigations in order to produce conceptual definitions of phenomena.

Phenomenology, however, is more concerned with *how* something is in the world, “the manner in which its existence or Being unfolds” (ibid.).

How then do psychotherapists experience their ongoing learning? “Journey” is an overused word, particularly in the mental health arena; however, it does evoke something of what I was trying to tease out and understand. Again, the etymological meanings of “learn”, that is, “finding the track”, and “sole of the foot” seem to be communicating something important. What is the track that we walk on a daily basis? How does our particular walking track differ from that of someone else? And how might our track change from one year to the next, one day to the next, one clinical session to the next? In discussing Plato’s *Doctrine of Truth*, Heidegger stated that “real education lays hold of the soul itself and transforms it in its entirety by first of all leading us to the place of our essential being and accustoming us to it” (1931/1998, p. 167). Thus, Heidegger alluded to the process of learning as being one of a journey back to oneself. How do we understand this? And what place might others, including our community, occupy in this journey? These were some of the questions that were at the forefront of my mind in pondering the stories that emerged from the data. This is where I will now turn.

Chapter 8: The Newcomer

In this chapter I explore the newcomer's experience of his or her ongoing learning. By "newcomer", I am referring to those who have completed their qualifying studies and/or training, including those who are in their beginning few years of practice. I interviewed two people who identified themselves as newcomers. A number of more experienced participants also reflected on their early years of practice. The phenomena of *being* a newcomer, of *remembering* being a newcomer, and of *encountering* newcomers, were reflected in many of the stories told, and although I have not ordered this study according to stages of therapist development, the "newcomer" theme emerged so frequently from the participants' stories that this early stage seemed deserving of particular attention and focus. I naturally have my own experiences of having been a newcomer to the profession of psychotherapy. My own varied and multi-layered experiences of having been a newcomer influence the way in which I think about this issue. In addition, I am involved in the education of psychotherapists at AUT and have a particular interest in and affinity with those who are on the cusp of becoming newcomers. Although I would now describe myself as an "experienced"⁴⁵ psychotherapist, I acknowledge that my engagement with this topic is very much from the perspective of an "insider" (Saevi, 2013).

Learning as "Lived Experience"

Heidegger (1954/1976) viewed learning as embedded in everyday practice rather than being an exercise of the mind. Ogden (2004) described psychotherapy as a "lived emotional experience" (p. 857), that it is the therapist's responsibility to reinvent psychotherapy for each patient and, furthermore, how to be with each patient in each session. In *What is Called Thinking* (1954/1976) Heidegger gave the example of the cabinetmaker's apprentice and how he learns, not only how to make furniture but also, more importantly, how to respond to the wood. The apprentice "makes himself answer and respond above all to the different kinds of wood and to the shapes slumbering within the wood" (p. 14). Without this relatedness (to the wood),

⁴⁵ I use this term mainly to differentiate myself from the term "newcomer". It is widely acknowledged amongst psychotherapists that the learning never ends. A comment of Bion's comes to mind: "You know, I am not an analyst. I am merely trying to become one" (Grotstein, 2007, p. 32).

Heidegger suggests, the craft will never be anything other than “empty busywork” (p. 15).

In discussing Heidegger’s example of the cabinetmaker’s apprentice, Nielsen (2007) emphasised the importance of learning in context, learning as a consequence of making mistakes and learning as a matter of developing a sense of familiarity. With regards to the latter he described familiarity as a “lived understanding” (Nielsen, p. 466) and that, according to Heidegger, “circumspection discloses itself fully as a sense of understanding, which can be termed familiarity (*Vertrauenheit*)” (Nielsen, p. 465). Further, the *aim* of the learning process is to develop familiarity with the practice in which one is involved. Although “familiarity” in some respects describes what Heidegger is speaking about, it could be interpreted as meaning that the apprentice will learn simply by practising, that is, by continuing to carry out the same activity. However, Heidegger (1954/1976) expressly states that such learning “is not mere practice” (p. 14), and that it is not about becoming more technically skilful, or gaining “facility” as he put it. It is about the apprentice learning to *respond*. How does this happen? Heidegger argues that the ability to respond, in this case, “to wood and wooden things” (p. 15) depends on “the presence of some teacher who can make the apprentice comprehend” (ibid).

How might this be relevant to the new psychotherapist? Heidegger was highlighting a couple of things here; one is that the apprentice learns not only how to respond, but also that he or she receives assistance in some form from a teacher. This assistance is not solely about passing on knowledge. It has a different quality which includes the reality of the teacher’s presence and the way in which the teacher goes about helping the apprentice to respond and thus enter into a state of relatedness. Kleiman (2009) referred to this as the teacher pointing out what is thought-provoking: “that which calls on them to think, that which has relevance for their essential being-in-the-world with others” (pp. 35-36). Isabel’s story illustrates how a beginning therapist’s “teacher” (clinical supervisor) was able to do this:

The Supervisor Notices That Which Has Already Been Noticed (But Ignored)

Isabel, who has been practising for many years, recalled an event that was seminal for her during the beginning stages of her practice, in which her supervisor played an

important part in teaching her, not how to *do* something, but rather *how* to *pay attention* to something that she already knew:

When I was doing my (psychology) internship we had this bloody awful process where we had to do a video with a number of people to show that we could do a particular style of assessment, which is rather like a Spanish inquisition style. You go through family, you go through the problem, through the antecedents and the consequences. You learn a kind of template and you're supposed to demonstrate this in an hour and a half.

So there I am, I was so intellectual as a young person, I'd cut off from my other more feeling stuff, but it was still there. Thankfully I had a really lovely supervisor; her orientation was psychodynamic. And she didn't really like the Spanish inquisition style of stuff, so I was lucky. But I was such an anxious student, I wanted to demonstrate that I could do this thing that I was supposed to show that I could do.

We set up our first interview with a real client – a teenager who had been cutting and suicidal, so quite a serious case. The arrangement was that Sue my supervisor would be quiet but she would be in the room. So this young 14 year old girl comes in with her mother. She had serious cuts up her arm and scars; she was clearly a distressed young lady. So I start my interview. Sue and I had made this code that if I got stuck and needed some help I would just say "Sue, do you have anything to ask at this point?" I was so anxious, and as it went along this young woman's affect didn't match what we knew about her. She looked smiley as if everything was fine. And nothing I was asking was getting to the real stuff. At least I could feel that, thank god. I got Sue in and Sue started and had the girl crying within a few minutes and I was mortified.

At the end of it I was so upset I said to Sue "Oh god I don't know how to do this". And she said "calm down, what was it that you were thinking? What was getting you stuck?" And I said "her affect didn't match the fact that she's clearly not okay". And then Sue said "so why didn't you go for that? Why didn't you just trust what you were feeling and go with that and just let go of this other stuff that the University is making you try and show?"

And that was a really beginner, learner thing but it was so true because that's essentially what Sue did. It was a simple thing. She attended to what the client was feeling. She said to whatever the girl's name was, let's say Monique, she said, "Monique I'm hearing you say that everything is all good and stuff but I know a little bit about what's happened from having talked to your mum and I can see by your arms that things are not alright, things seem pretty bad to me". And it was that simple, attending to her emotion, but because I was so caught in my head thinking I've got to show that I can do the proper assessment I wasn't with the reality of the person. That was a really foundational experience.

Afterwards Sue said to me that she liked supervising students like me who clearly had that piece, the feeling bit. But she said you can have students that just keep staying at the level of learning techniques and routines. All the thinking is being done in the brain and there's nothing tuned in. That's always stayed with me and I think that was the beginning of that other muscle – whatever we're going to call it – growing, and why I ended up wanting to do psychotherapy and why I ended up going to therapy myself.

Isabel describes how she closes down to the impact of her client. The oppressive assessment form takes centre stage and her mind becomes dominated by the task of completion. This prevents her from being open to her thoughts and feelings in relation to her client. The client, herself, becomes almost irrelevant; only the content of what was required in the assessment form is important. However, Isabel did notice her increasing anxiety about what was occurring. She could see the split in what was happening in the client; feeling/emotion and reality had become divorced from each other. The role of Isabel's supervisor was crucial. She helped Isabel to become aware of the split that Isabel was feeling, and to pay attention to it, to trust this experience and to act on it, rather than going along with the educational requirements that she feels are being demanded of her (that is, to go through the form in a mechanical way). The supervisor helps Isabel to learn to be responsive, or rather to privilege responsiveness, in a similar way that Heidegger's apprentice is being helped to be responsive to different types of wood. In doing so, Isabel also becomes more able to be herself, in the way described by Kleiman (2009), that the teacher pointing out that which is thought-provoking has relevance for the individual's essential being-in-the-world.

There is much in Isabel's story, including that learning is not all about practising (in the sense of repeating an activity). Isabel mentioned that her supervisor said to her that some people do not move beyond wanting simply to learn techniques and routines, that *"all the thinking is being done in the brain and there's nothing tuned in"*. The supervisor is highlighting that learning to *respond* does not always happen and that sometimes the work remains "empty busywork", as Heidegger described. Isabel also reports the supervisor as acknowledging that she enjoys supervising people who have the "feeling bit", as Isabel does. What can we make of this? What is the "feeling bit" that is being referred to and why do some people have it and others not (according to the supervisor)? To return to the example of Heidegger's apprentice.

Heidegger (1954/1976) talked about the kind of assistance the apprentice receives from the supervisor. Yet it would also seem that another aspect relates to the apprentice him or herself as an individual.

Learner as an Individual Learning How to Be-In-The-World

Heidegger (1954/1976) pointed out that the apprentice becomes increasingly able to respond, increasingly having the sense of being-in-the-world in relation to that which is being learned. van Manen (2007) used Heidegger's term "*Befindlichkeit*", meaning the sense we have of ourselves in particular situations, "the way one finds oneself in the world" (p. 21). Furthermore, this is related not to our cognitive learning capacities (for the apprentice, for example, how to make a chair, or for the psychotherapist, going through a checklist of symptoms indicating depression) but to what van Manen called "*pathic*", deriving from *pathos*, meaning suffering and also passion – a "general mood, sensibility, sensuality and felt sense of being in the world" (p. 20). This pertains to the being-in-the-world experience of the apprentice or learner. Similarly, Dall'Alba and Sandberg (2014) pointed out that learning incorporates not only what we *know* (the epistemological dimension) but also how we are learning *to be* (the ontological dimension). Fields of knowledge are not only forms of knowing but also ways of being human. For example, an experienced psychotherapist is likely to be aware after only a few seconds of meeting a client who is suffering from depression that this person is depressed; this is not about asking relevant questions of the client, although this will also occur, but relates more to a felt sense of being in a familiar situation (that is, the familiar situation of being with a depressed client). The therapist responds to the client, and in responding feels the depression.

Returning to the newcomer, Heidegger (1954/1976) noted that to learn means to "make everything we do answer to whatever essentials address themselves to us at a given time" (p. 14). This is a rather convoluted statement, and possibly, in part at least, due to the difficulties of translating Heidegger. However, I take it to mean that an orientation to learning means taking responsibility for responding to that which feels essential for us. Heidegger added that we cannot do this on our own, thus the importance of the teacher in helping us learn to respond. However, in his example, the apprentice "makes himself answer and respond" (p. 14). The apprentice also has to do his/her bit. Perhaps there is an element of luck in all of this; Isabel certainly mentioned

that she was thankful for her supervisor. The intimation is that if she had had a supervisor who was more interested in the technicalities of the assessment situation then she may not have been able to learn as she did, that is, to begin to trust herself and her own experience. However, it seems more likely that Isabel would have, if not then then at some point, come across a person or a situation that would have facilitated such learning. Examining Heidegger's use of the term "Gelassenheit" is helpful in understanding why this might be the case.

Gelassenheit: The Openness of the Learner

Inwood (1999) explored Heidegger's use of the term "Gelassenheit" and noted that it was used by mystics such as Meister Eckhart in the sense of "devout, devoted to God, pious" (p. 117), for "the peace one finds in God by taking one's distance from worldly things" (ibid.). He noted that it now means "calmness, composure, detachment, releasement" (ibid.), and, importantly, used by Heidegger in relation to the pull of technology, that is, Gelassenheit as a *remedy* for technology. In *Discourse on Thinking* (1959/1966), Heidegger spoke about the impact of technology on us, including our being unprepared for this impact. He made a case for *meditative* thinking rather than purely *calculative* thinking, in order to make use of technology without becoming dominated by it. Heidegger wrote, "I would call this comportment toward technology which expresses "yes" and at the same time "no," by an old word, *releasement towards things* (Die Gelassenheit zu den Dingen)" (p. 54). He went on to say that releasement towards things and openness to the mystery belong together and give us the possibility of dwelling in the world in a totally different way: "They promise us a new ground and foundation upon which we can stand and endure in the world of technology without being imperilled by it" (Heidegger, p. 55).

In Isabel's case perhaps "Gelassenheit", described as "waiting, not expecting, and not waiting for anything in particular but waiting for (auf) "the openness"" (Inwood, 1999, p. 118), is an intrinsic part of what Isabel was trying to explain in her moving account of this learning experience. Ultimately, she noticed, with the help of her supervisor, that she was *not* waiting, that she was rushing in to fulfil the technical aspects of this assessment process, and that this meant that she became unable to pay attention to her own misgivings, which closed down rather than kept open the process with this client. Heidegger (1959/1966) noted that in the concern to "know" (in this

case, knowing the information to be able to fill out the questions on the assessment form) – to quantify this knowing, extrapolate from it, create theory from the knowledge – risks that we become mechanised beings, unable to wonder, engage with mystery, and to see beyond that which is most obvious. We lose the ground under our feet, our rootedness (*Bodenständigkeit*), the ability to wonder, to be in awe, to be surprised, to be fully human in other words. In this story Isabel demonstrates her willingness and perhaps even a fundamental orientation towards being open to that which calls to her, and towards her own Being-in-the-world.

This became more obvious when Isabel spoke to me, after telling this story, about another client whom she currently sees (that is, some 20 years after this formative experience with her supervisor). She said:

So I guess I was looking through a different lens and listening to her without really getting invested in the words she was using. Instead of listening to the content and the words, I think it's a feeling thing. It's like feeling their relationship. Feeling into something about the relationship between her and her son. I can't think how to describe it but it is something about feeling beyond her words. I had images in my mind, I was trying to picture the stories that she was telling. I was trying to picture her son.

It wasn't as if I was making myself do this, it was just happening. It was one of the things that was happening and letting something about what the feelings were wash over me and it was like an ache, there was a big ache in my chest, like a real ache. It was as if I heard what she wasn't saying.

Isabel speaks about how, rather than attending to the content of what the client is saying, she is listening to her feelings, looking at the images/thoughts that come to her and attempting to use them to help the client. In this way, Isabel recognises there is an openness to whatever might come, a trusting that what comes may be helpful, a willingness to engage with the mystery of this process. It is difficult to put this into words, “How can I explain this?” she asks. At the same time, her work with a current client is very moving to listen to, particularly that the client has made significant progress in dealing with a difficult relationship.

Gabbard and Ogden (2009) offer some insight into Isabel's experience when they discuss Bion's idea that “thinking/dreaming one's lived experience in the world constitutes a principal means, perhaps *the* principal means by which one learns from experience” (p. 312), and that becoming a therapist involves a process of “dreaming

oneself more fully into existence, in progressively more complex and inclusive ways” (p. 313). In the course of her practice as a psychotherapist, Isabel seems to be learning how to be open to what comes; Heidegger’s use of the terms “meditative thinking” and “releasement towards things” seem congruent with Gabbard and Ogden’s notion of “thinking/dreaming one’s lived experience in the world” (p. 312). Both point to the phenomenon of Isabel becoming more of herself. Heidegger speaks of becoming more fully human, more being-in-the-world; Gabbard and Ogden about beginning to develop a voice of one’s own. The process that began when Isabel was a student, with her supervisor helping her to notice, to be open to and respond to (attuning to the client’s emotions), has continued as a thread in Isabel’s clinical work.

Isabel’s story highlights both the importance of the teacher and one’s own willingness to be open in learning to respond. It would seem that Isabel has been helped to move towards a sense of her own being-in-the-world as a clinician, and that for the newcomer the phenomenon of being helped is particularly important, perhaps *essential* for this development, as Heidegger showed in his example of the apprentice. Gabbard and Ogden (2009) state further that “one’s lived experience often is so disturbing as to exceed the individual’s capacity to do anything with it psychically, i.e. to think or dream it. Under such circumstances, it requires two people to think or dream the experience” (p. 312). Of course it may also be more than two people; further on they mention that this other “person” may be a consultation group, for example. In the next section I explore the phenomenon of needing others to be able to think and to learn.

Learning in the Presence of Others

I have mentioned that I was not drawn to engaging with learning theories and models when I started to think about this topic. Nevertheless, in the interests of not naively attempting to reinvent a wheel that has long been spinning, it is important to note those that are pertinent to this topic, or at least those that seem particularly relevant. Many theories of learning, and particularly situated learning theories, stress the importance of the *learning community* for the individual’s learning. Lave and Wenger (1991) explored the social and situated nature of learning in describing how practitioners learn at work through participation in communities of practice, thus the value of learning in authentic contexts rather than being removed from practice.

Lehtinen, Hakkarainen and Palonen (2014) cited Lave and Wenger's contention that "newcomers become competent members of the community through the process of a gradually deepening participation" (p. 205). Rahel, a relative newcomer, describes belonging to a group where group members present vignettes about work they are doing with a patient and then the group members freely associate to what has been said. Rahel praises the group for its ability to facilitate her learning.

A group that works: Meditative thinking.

It is the best group I've ever been in. It's facilitated by two very experienced psychotherapists and everybody comes with goodwill. It is a very warm group to be in. I can bring things that I am still in the grip of, where I don't have a clue what's going on, and I present just what is on top of my head. You don't give a full background as you usually do when you're doing a case presentation. If you've presented the person before you might remind the group of a few details, then you launch into whatever comes to your mind.

It's important to speak spontaneously because often the words you use give clues; you present for about 10 minutes and then sit back and the group members freely associate. Often I have learned that what I am thinking about, or having a hard time hearing, or paying attention to, are things that can be very useful. Gradually a constellation begins to form. When you sit back and hear this, it is almost as if your work with your client gets laid out in a landscape where different people in the group occupy different positions. You then realise, "oh I said something in a particular way and somebody picked that up and played with it".

It becomes a group mind; the space opens up and something is processed. While speaking the group members give something to you. Nobody ever gives advice, this is not problem solving and questions are not asked. After a while we have a brief conversation where things can be clarified, or you say what was useful or you might say "I don't accept that", and then you talk a bit about that and about the experience overall. I have real trust in that group process. I learn a lot from what happens around other cases that are presented, I also learn a lot from how different people react in different relationships, and how different people hold different perspectives and that there's no right and wrong.

There are a number of factors in Rahel's account of this group that contribute to her experience of it being a place of learning. One is her respect for the two facilitators, and another is the tone of the group, which she says is "warm". Related to this is that people come with "goodwill", and that the group members seem free to speak about what is in their mind. There is no sense of it being an evaluative environment, or of the facilitators adopting an authoritative stance. The experience is clearly valuable for her

learning; she describes how “a constellation begins to form”, that the sharing of the material and group members’ responses to the material clear a space for being able to think new and helpful thoughts about her work with the patient.

Heidegger (1959/1966) stated that “man at the core of his being has the capacity to think” (p. 45), and that in his own special and essential nature man is a meditative being (p. 56), but that he believes that we are today⁴⁶ in a “flight from thinking” (ibid.). He went on to state that in our time “calculative thinking” is privileged, by which he means thinking that furthers our modern technology society, that is, planning, calculation, organisation, automation. While Heidegger maintained that this type of thinking is important and necessary, he argued that it has become overly privileged, and that he fears that calculative thinking may eventually become the *only* way of thinking. In other words, that people are in danger of losing the ability to think in a meditative way. For example, while we may hear or read something, it is entirely different to understand and to “ponder”. “Pondering” seems to be what Rahel describes is happening in her group. A group member brings case material and other group members ponder on it, letting others know what they are thinking, without it having to make obvious sense. The person who brought the material is then free to view what Rahel calls the “constellation” and the “landscape” that emerges from the pondering. The meditative thinking thus provides both space and illumination. I have mentioned Gabbard and Ogden’s (2009) notion of dreaming one’s lived experience into the world; similarly, in a psychoanalytic reading group context, Ogden (2006) described the “collective dreaming” (p. 1069) that took place in the group, as well as the possibility that this type of group offers for “learning to forget what one has learned” (ibid.).

In an environment where the wellbeing of patients and therapists is the focus, Heidegger’s (1959/1966) “meditative thinking” and Ogden’s “collective dreaming” both seem to describe a method of thinking and communicating amongst group members that facilitates their learning. Heidegger noted that meditative thinking “demands of us not to cling one-sidedly to a single idea, not to run down a one-track course of ideas” (p. 53). Meditative thinking, he suggested, “demands of us that we engage with what at first sight does not go together at all” (ibid.). In encouraging any

⁴⁶ Heidegger’s *Discourse on Thinking* was first published in 1959, 58 years ago. It could be argued that this phenomenon has become more accentuated over time.

and all contributions from group members in response to case material, and in (presumably) leaving the responsibility with each person to make of it what they will, the group facilitators seem to have been successful in providing an atmosphere of meditative rather than calculative thinking. Testament to this is Rahel's high esteem for the ways in which this group furthers her learning. Might a part of what she is saying be that she has increased her capacity to think in a meditative way? Or was she drawn to this group (and indeed to psychotherapy as a profession) because she is already inclined to this way of thinking? Finally, although Rahel did not specifically mention her being a relative newcomer in the context of attending this group, she did mention in the interview issues of belonging to the psychotherapy community as a newcomer; we could imagine that being part of this group helps with this sense of belonging, including the possibility of learning from the facilitators and participants (and they from her).

Personal therapy: The newcomer's most important learning?

In chapter three I noted that an integral part of learning to become a psychotherapist is to undergo one's own psychotherapy, and that personal therapy is generally a component of any psychotherapy education or training programme. It sits alongside working with patients and formal supervision as one of the three main influences in the therapist's development (Orlinsky, Botermans, & Rønnestad, 2001); Skovholt's (2012) research on becoming a therapist found that excelling as a practitioner mainly involves developing *as a person*. There seem to be two overlapping aspects to personal therapy for the newcomer; one is the personal development that Skovholt referred to, and the other is learning about being a psychotherapist from one's own therapist. I very much remember as a new therapist wishing that I could sit in on psychotherapy sessions with an experienced therapist, just to see what they "do", and of course for obvious reasons of confidentiality this was not possible. Then one's own therapist becomes the model, which is quite complex because on the one hand you are present as a patient and inevitably immersed in all that that experience contains – including often a suspension of any type of critical thinking; and on the other hand, you are keeping an eye on what the therapist is doing and how they are being with you.

One of the participants, Grace, who graduated from her clinical training a couple of years ago, spoke about it in this way:

I think my own therapy is possibly the most important learning. It feels as if almost always in my sessions I have got this split. There's always a little observing part of myself that notices what my therapist does and even notices what she could have done but didn't and so forth. I'm absolutely watching her as a part of my own learning, basically because she's been extremely helpful over a long period of time and I expect she will carry on being very helpful for a long time. There have been a few educational points at which she could have done something different in my view, but they are like that (makes a sign with fingers of something very small) compared to me wanting to channel her on the other hand. I think this is because she is so effective and has been so helpful to me. Just hugely. And the experience of it, and noticing what I brought to therapy and how the relationship has changed over time, so there's so much learning.

In talking about her therapy Grace mentioned that she had seen her therapist for many years, including some time before her formal education as a psychotherapist. She also thinks that her therapy has been the most important learning for her. It is important for her both as a way of learning about herself and as a way of learning about how to be a therapist. A part of her is always watching, she says, to see what her therapist does. She talks about wanting to “channel her”, and although she laughed when she spoke about that in the interview, this seems very important and speaks, I think, to an internalising process that occurs in the presence of an “other” from whom who you desire to learn. This seems to me to be a further example of Heidegger’s illustration of the apprentice and the teacher, and one where learning is being effectively facilitated. Specifically, how the “teacher” is above all teaching responsiveness. In this example, Grace is not learning how to be responsive to a piece of equipment but is learning responsiveness itself. She is watching her therapist and how she responds to her, how they respond to each other, and in doing this, she is learning how and internalising how, to be responsive.

Heidegger’s (1954/1976) view was that whether or not the apprentice comes to respond depends on the presence of a teacher who can “make the apprentice comprehend” (p. 15). He then talks about the inherent difficulties; teaching is more difficult than learning because what it calls for is to “let learn” and, importantly, that if the relation between the teacher and the taught is genuine then there is never a place for the “authority of the know-it-all or the authoritative sway of the official” (ibid.). There is no sense from Grace’s description of her therapist and the process that takes place that this is a relationship that cannot be questioned; indeed Grace does question

some of what her therapist does. However, there is a strong sense that what is going on, amongst other things, is a process whereby Grace is learning how to be responsive, how to be with the other and that she is transferring this to her own practice as a therapist. Grace's ability to be open (again, Heidegger's "Gelassenheit") to this occurring seems to be crucial to this process, as does the therapist's ability to "let learn".

The newcomer who is ready for the supervisor to teach a new way of being.

I have mentioned some of the learning theories which stress the importance of the learning community for the newcomer's ongoing learning and, in this regard, Vygotsky's important research into how individuals learn illuminates some of the experiences that participants shared. I described Vygotsky's (1978) sociocultural theory of learning in chapter two, including his belief that learning occurs in the context of social interaction, and his concept of the "zone of proximal development" (ZPD), which refers to the importance of guidance, collaboration, and imitative processes in learning. David spoke of some experiences with his supervisor that resonate with this theory:

My early learning was from a bunch of different sources and it seemed at the time that it was quite technically oriented, in terms of a way of doing things, as well as a way of understanding myself as a safe and effective practitioner. However when I started seeing a particular clinical supervisor I began to notice how affected I was by what he did with me and I found it very powerful. To give you an example, he would get a book out and show me a piece from it, so then I would start to do the same with people I was seeing. Another example was his way of bringing in stories to the conversation, and so I started to do likewise, bringing in my stories. It was a process of almost aping what my supervisor did and finding how well it fitted for me.

This experience, as well as the reading I would do, and the experiences that I came across - all of these made me move more and more towards a different model of practice than what I started with, and further and further away from my first technical training.

In his original vocation David measured himself as a safe and effective practitioner against the criteria within the technical education he had received. He then describes that, as a newcomer to the practice of psychotherapy, he began to see a clinical supervisor who began to open up a new way of being with his practice. David describes how he was "affected by what he did with me", that is, that the impact of

what the supervisor was doing with him was so powerful that he began to do similar things with supervisees he was seeing. Something felt right about what this supervisor was saying and he began to change his practice away from the more technical education he had initially received. He talks about moving “more and more towards a different model of practice”, which seems to feel more alive for him. Finding the supervisor is like finding the person he could trust to lead him to a place that felt like his own but which he nevertheless needed to be helped to; he needed to be shown the territory which belonged to a particular way of being. This included being shown a path and being inspired and having the faith to take that path.

It could be argued that this change in direction is simply a change in allegiances. Rather than an allegiance to his previous training. David’s allegiance is now to the supervisor’s way of doing things. However, it does seem that the learning processes are quite different. The process with the supervisor is one wherein David seems to allow himself to be moved on a “being” or “living” level. The supervisor helps him to resonate with something within himself and is able to show him something of what this might look like. At the same time, there is an openness; David is open to noticing something in the supervisor that resonates with him. With regards to Vygotsky’s theory (chapter two), it is unlikely that he *could* have imitated his supervisor if the supervisor’s way of being was far out of his reach and comprehension. However, it was not, and the supervisor’s proximity meant that David was able to learn and develop his effectiveness as a psychotherapist. Interestingly, David said that after a time (quite an extended period of time) these imitative processes were gradually replaced with a growing sense of his own identity as a psychotherapist, which included doing things and thinking things that were different from his supervisor’s ideas and actions. While he had regarded his supervisor as his main source of learning how to be a therapist, he gradually found other sources of learning which became just as, or more, important, for example, reading books and other experiences.

Choosing a supervisor.

Mia is a senior psychotherapist who remembered her early years of practice, and in particular how she chose her first supervisor:

I think the first thing that comes to mind in terms of how I learn best is when I feel inspired by the teacher. I didn’t choose someone who was practising in my own modality; I chose the person, because I found him

to be a solid, trustworthy, wise person and I know that I learn best when I have that kind of personal sense of the teacher.

Actually he didn't teach and it was incredibly valuable to have him as my supervisor. I remember at the time, a very long time ago, I was seeing a woman who was very complex; it was the first time that I had encountered that presentation, and this supervisor was wonderful in supporting me in working with this person. First of all he trusted my diagnosis, he supported the evidence that I gave him and he was knowledgeable about the diagnosis, and he would support what I was doing, or suggest other ways that I might work with her.

It was important for Mia to have a supervisor who was inspiring, as well as solid and trustworthy. Her thoughts went to this supervisor when she was thinking about how she learns best. Like David, she needed someone with whom she felt comfortable and from whom she could learn. Recognition that she learns best when she has “that kind of personal sense” of the teacher is suggestive of a decision based not so much on the supervisor’s intellectual knowledge, or particular qualifications, but rather that she felt that she could work with the *person* he was. His personal qualities were what made this man feel like the right choice for Mia. She goes on to say that he was supportive of and trusted her work, as well as suggesting different ways of working with her patient. Again, this is congruent with both Heidegger’s (1954/1976) description of the teacher whose presence is crucial for the apprentice, and Vygotsky’s (1978) description of what can be achieved under guidance or in collaboration with a more capable and experienced peer.

In addition, the way in which Mia speaks about her supervisor as being inspiring and trustworthy, shows something of her own openness and willingness to respond. As with Isabel’s story, where her supervisor pointed out that some people are not willing to move beyond the techniques and routines, and where responding does not always happen. Mia, in actively seeking a supervisor with whom she has a “personal sense”, shows her desire to make this more personal, open, and responsive connection. This becomes an inherent part of learning how to do the work in an engaged and related way (as opposed to the “empty busywork” referred to by Heidegger).

Sometimes Things Can Go Wrong

Dall’Alba and Sandberg (2014) described the learner as being entwined with others and things in the context of practice worlds and go so far as to contend that it is our entwinement with these worlds that makes learning possible. Learning and knowing

are not considered to be located within individuals themselves, rather that they are performed within social practice. Pang (2014) described one aspect of this phenomenon as being that of *enculturation*. She gives the example of a tailor's apprentice who, not only learns how to make clothes but also learns how to speak and behave as a tailor, so as to become a legitimate participant of a defined social group. Although this phenomenon of enculturation resonates as being an intrinsic aspect of group belonging, one participant, James, in speaking about his "Welcome" interview into a psychotherapists' professional organisation, highlighted some of its attendant difficulties:

The newcomer gets squashed into shape.

From memory it was conducted in two parts, one part discussing my current practice and then some feedback from them for us to reflect on together in the second part. After the first part, one of the pieces of feedback from one of the interviewers was that I had not seemed to have integrated aspects of psychotherapy that were fundamental. When I asked what she meant she said that I had not used the words "transference" and "countertransference" as a psychotherapist would normally do. These words had been missing from my discussion of my work, and in fact psychotherapy terms in general were conspicuously absent in my discussion, and so she felt that I did not know what they were.

As it happened, I had recently been reading an article by an analyst who had made a convincing argument to reduce the use of what he termed "psychotherapy jargon terms", and instead to put effort into describing what the phenomenon was. I had taken this to heart, and, probably over-zealously, decided to banish these sorts of words from my vocabulary and instead to describe what I meant by them. So in this meeting, I thought I had included thoughts about the transference and the countertransference in discussing my work, but obviously had not done so in a convincing way. Or was this interviewer merely looking for terms that she thought should be included, and found fault when they were not? What I was left with at the time, as a newcomer into the profession, was a feeling of profound disappointment that my eager attempts to learn and to be creative had been received in what seemed to be a very formulaic way. The impact of all of this in the moments of it happening meant that unfortunately I was not able to explain all of what I have just said, and so I did not give the interviewers a chance to revise their opinion of my knowledge about transference and countertransference (which in all fairness to the interviewers would have been at a more rudimentary level than theirs, no matter whether I used the terms or not).

The details of what happened next are hazy, except that I do remember feeling angry and upset after the interview, and that it took me some time to recover. It was not a good experience of being “welcomed”, but it did alert me to the enculturation process of entering into a new profession, where there are ways of being and thinking that are not explicitly articulated, and that it can be difficult to navigate one’s way through this.

Although it was some years since this had taken place, James obviously still felt hurt and misunderstood by the experience. He understood in retrospect that the interviewer’s response to him was limited; but there was significant disappointment that his efforts to think creatively were not recognised. Furthermore, in the position of newcomer he clearly felt that he was unequal to the task of explaining to the interviewer what he was able to say to me years later. I think this highlights something about this position of newcomer and the relative lack of freedom, or ability, to challenge the ways things are (as these are still in the process of being understood). Instead, the imperative often becomes to fit in to the extent that the eventual rewards of any fitting in may overtake any previous desires to challenge. From the position of experienced therapist, it seems all too easy to minimise what the newcomer actually offers and all too easy to try to channel him or her into ways of being that feel comfortably familiar. Furthermore, it assumes that there is a specific learning trajectory from novice to expert. Dall’Alba and Sandberg (2014) challenged this assumption, stating that “such a model of learning fails to adequately account for development in diverse, and even unexpected, directions” (p. 296). They also cite Webster-Wright (2010) who argued that professional development programmes often fail to take account of such complexity and consequently do not adequately meet the learning needs of professionals.

Tynjälä and Newton (2014), in discussing the process of newcomers into a profession, noted that “old-timers’ knowledge is mostly valued and transmitted to newcomers who... are supposed to adjust to existing working culture and practices” (p. 525). They cited Tynjälä’s experience in an in-service training session where a young teacher stated that: “New teachers with their new ideas will be suppressed in less than a year” (p. 525), and they noted that many studies on novice teachers’ work challenges confirm these experiences. As an example, they cited a study by Shoval, Erlich, and Feijgin (2010), which showed that amongst novice physical education teachers there is a significant gap between the new teachers’ initiatives and the lack of appreciation for

these in their environment. They also cited a case study reported by Saka, Southerland, and Brooks (2009), where a reform-minded novice teacher moved away from his goals of reform in order to fit into the context of the school. Furthermore, the experience of having skills and knowledge ignored as a novice is not restricted to the profession of teachers. This can be found in any profession. A well-known example in psychoanalysis is that of Melanie Klein and the newcomer Donald Winnicott. Grotstein (1990) described Klein's insistence of strict adherence to her ideas as privilege for membership in her group, and her denying that Winnicott's work was of any value. Winnicott "bristled at the need to submerge his own ideas in conformity to hers" (p. 8) and eventually, along with a number of other analysts, moved away from the Kleinian group to become part of the British Independent Group.

The newcomer and the experienced therapist.

It is interesting to reflect on what happens to the experienced therapist when confronted with the newcomer. On the one hand, the newcomer absolutely relies on the generosity of the experienced professionals in his or her milieu; the apprentice relies on the teacher; the psychotherapist on those in her community she learns from (supervisor, therapist, colleague in peer supervision group, workshop leader, and so on). Pang (2014) described learning as "participating in communities of authentic practice" (p. 593) and that professional learning in this view is conceived of as belonging to and participating, and that learning takes place in the process of becoming a full participant in the person's professional community. She cited Brown and Duguid (1996) who suggested that newcomers "steal" the knowledge they need by legitimately and peripherally participating in authentic social practice. This begs the interesting question of whether the experienced therapist might at times feel "stolen from", no matter how legitimately the "stealing" is carried out. Does he or she perhaps feel that the newcomer might consume him/her, eat him/her alive? Hannah alludes to this:

I quite quickly decided that a particular group wasn't for me, mainly because of my place in the psychotherapy community (as a senior therapist). I just thought it's not good. For example, there is a therapist who has told really nasty stories about me that are so far from the truth, and I think it was from that last group that I did. That's the only place I can think of where she might have gathered something personal about me. So I feel that going outside of this country (for example, to

conferences) is actually a vital thing; it's been vital for me to do, to step back from exposing myself to others here.

Although Hannah does not explicitly mention that she feels stolen from, she does seem to be saying that the newcomer might try to spoil something for the experienced therapist and that envy might play a role in this. Her response is to endeavour to protect herself by withdrawing from the group, to “*step back from exposing myself to others here*”. In this case the newcomer misses out, but has “cooked her own goose” as it were (as an aside, it is important to note that of course this phenomenon is not restricted to the newcomer/experienced therapist dynamic but can take place between any two therapists). Another participant, Leah, spoke similarly about this phenomenon:

The invisibility of the experienced therapist.

I went to a presentation given by a recently graduated therapist. The presentation was excellent and I very much enjoyed it and was pleased that I had gone to support her as a new therapist into the community. Something that stayed with me, however, was how my contribution to her presentation went completely unacknowledged by her; in fact more than that, the group that I belong to (and that she also belonged to) was mentioned in a slightly deprecating way. In one way I thought that her criticism was fair enough, and in another way I felt angry that she wasn't able to acknowledge the contribution the group, and particularly I, had made to her work. It was as if she had done it all herself.

Leah *does* experience feeling stolen from. Her experience is that something has been taken without acknowledgement and she is left feeling unseen, even devalued. This element of perceived ruthlessness in the newcomer's attitude towards the experienced practitioner is interesting. We do not know what the graduate presenter's experience was, including whether she had made any conscious connection between the presentation and that which Leah felt she had contributed. Striking, however, is the strength of Leah's feelings about being at the presentation and having felt slighted or minimised. We might wonder at the extent to which these events take place and the impacts they might have on the individuals involved. For example, we do not know the extent to which Leah may have asserted her “senior” position and minimised the contributions of the graduate. Issues relating to the real power imbalance between the

newcomer and the experienced therapist and how these may be consciously and unconsciously expressed, cannot be minimised⁴⁷.

One of the mechanisms that legitimises the “stealing” from more experienced psychotherapists is individual supervision, which newcomers are expected to engage in, with an experienced therapist on a weekly basis. The supervisor charges a fee (an effective way to manage feelings of envy and hatred, which Winnicott (1949) has evocatively described in his paper “Hate in the Countertransference”), and it is not unusual for new therapists to barely cover their costs in the first few years of practising, while they pay for their supervision, therapy, and as many other opportunities for learning and participating in their community that they can afford. I am not meaning to suggest that new therapists should not have weekly supervision; all of the participants in this study spoke about the value of their supervision for them, regardless of how many years they had been practising, and that it is one of the most important places of learning for them. This included relatively recent graduates as well as senior therapists; all were receiving supervision for their practice. However, the relationship between the newcomer and the experienced therapist is not straightforward.

While there is much to be gained from the newcomer belonging in a community of practice, there are also good reasons to be wary of it and to take appropriate care (although this realisation to take care usually, and perhaps inevitably, only comes after a difficult or even traumatic experience). This is illustrated in James’s story (this chapter); the culture of the community and the pressures to belong and conform may have adverse effects on individual creativity, thought and action. Another is the envy and hatred that may come their way from more experienced practitioners, particularly if they are perceived to challenge the ways things are, but also just because they exist. Envy of youth is also likely to play a role here, although it is certainly true that because psychotherapy is often a second career undertaken in middle life, many beginning therapists are not particularly young. And then there is the potential for envy and hatred of the newcomer towards the experienced therapist. Heidegger’s (1954/1976) example of the teacher and the apprentice risks idealisation and the emphasis placed on everyday practice, while very relevant to the

⁴⁷ Kernberg (1986, 1996, 2000, 2012) discussed some of these in the context of psychoanalytic training. Naturally these can occur in any psychotherapeutic educational context.

psychotherapist, might at times eclipse complex psychological dynamics that come into play. This also seems to be the case with many of the learning theories (Freire, 1970; Boud & Walker, 1991; Kolb, 1984; Knowles, 1970; Lave & Wenger, 1991; Mezirow, 1990, 1991, 1996), which at times consider people not in all of their complexity, but rather as they “should” be. I would argue that this is where psychotherapy, and particularly thinking about interpersonal dynamics and relationships, shows its strength.

Summary

I have explored the newcomer’s experience of his or her ongoing learning, including some of the responses of more experienced psychotherapists towards the newcomer. Isabel’s story shows a relationship between novice and experienced therapist that facilitates important, even fundamental, learning and which includes care, respect, a sense of responsibility and goodwill (going in both directions), even of love. Similarly with Rahel’s, David’s, Mia’s and Grace’s stories. The stories of James, Hannah and Leah show in different ways how things can “go wrong”, and perhaps more importantly, how these relationships contain conflicts and complexities that may arise at any time in *any* relationship, and what might then occur in the absence of a working through of these. There are risks then, both for newcomer and experienced therapist, in learning together in dyad or larger group settings; however there are obvious limitations to what an individual can learn in isolation. The newcomer, in particular, needs others and, as we have seen, also needs to remain open in order to continue learning, and to take responsibility for responding to what is essential for their own learning. The latter will be explored more fully in the next chapter.

Chapter 9: Towards an Openness of Being

"A scientist's work, cadet, is determined by two things. His interests and the interests of his time. Do you understand?"

"I think so."

"We live in exceptional times, cadet."⁴⁸

(Doerr, 2014, p. 154)

In *All the Light We Cannot See* (2014), Anthony Doerr wrote about Werner Pfennig, an orphan growing up in Nazi Germany, who has a passion for learning about mathematics and electrical mechanics. He is nurtured and encouraged by Frau Elena, the orphanage mother, who believes he is destined for great things. As a young boy he becomes renowned for his skills in radio repair and, as a young teen, he is identified as gifted and sent to a Nazi institute for elite youth where his gifts are developed for the glory of his country. Upon arriving, his bunk master declares "You will all surge in the same direction at the same pace towards the same cause" (Doerr, 2014, p. 137). Werner, who hopes he has escaped from the fate of a grim life in the mines (where his father died) notices that he has never felt such a hunger to belong. As Werner's story unfolds, and the nauseating brutalities of life in the institute press in on him, we are witness to Werner's innocence and passion becoming gradually eroded: "Werner is succeeding. He is being loyal. He is being what everybody agrees is good. And yet every time he wakes and buttons his tunic he feels he is betraying something" (Doerr, p. 250). When he confides in his friend Frederick that he wishes he did not have to be at the institute, Frederick replies that it does not matter what he wants. "Of course it matters", Werner replies, "Why else do any of this if not to become who we want to be?" "Your problem, Werner," says Frederick, "is that you still believe you own your life" (Doerr, p. 223). The impact of the de-humanizing trauma of life in the institute eventually, and heart-breakingly, creates a chasm between himself and what was once his passion: "Into the stillness come the voices of his masters, echoing from one side of his head while memory speaks from the other. *Open your eyes and see what you can with them before they close forever*" (Doerr, p. 264).

⁴⁸ Professor Hauptmann and cadet Werner Pfennig, National Political Institute of Education #6 at Schulpforte, Germany, 1940.

Nazi Germany in the 1930s and 1940s is not Aotearoa New Zealand in 2017; nevertheless the dilemma of whether we “own our own lives”, or to what degree, and whether our passions are nurtured (by ourselves and others) and are able to be sustained in our work, are certainly relevant, and perhaps central, to an enquiry of ongoing learning. This includes what form our learning is able to take, and whether this is according to our own interests and passions, or according to the interests of an other (an institution, a company, and so on). The requirements of others, including one’s country, one’s culture, family, employer, impact significantly; the tension between these and the desires and passions an individual may have are negotiated differently for each person, and according to many and diverse factors. This became apparent in interviewing the participants and is a reason why, although the previous chapter enquired into the phenomenon of being a newcomer, I do not intend to order this study according to different stages of therapist development and experience. This way of ordering did not emerge from the data as being particularly significant. Likewise there was little sense of priority given to specific activities of learning, for example, supervision, personal therapy, conference talks and so on.

Instead, what did emerge was an interconnectedness between participants’ individual life histories and trajectories on the one hand, and their vocational lives as psychotherapists on the other. Participants did indeed speak about the significance of accruing more experience, and also about the importance of the activities of learning in which they were involved. However, the stories about the phenomena of becoming more experienced, and of being involved in particular activities, tended to illustrate what those meant for them in the context of their personal and professional lives. The meanings were by no means consistent amongst the participants. Becoming more experienced and engaging in particular activities of learning does not seem to produce a universally recognisable clinician. Interpreting participants’ stories from a phenomenological perspective provides a glimpse of a complexity of learning which refuses to conform according to neatly arranged categories, but rather reflects the messy and unpredictable nature of living as a human being.

It would not be appropriate, or possible, to “analyse” participants’ motivations for becoming psychotherapists, or to presume that I know something about the connections between their personal histories and the ways in which they describe their learning. For one, I would need to try to understand in a much fuller way the

personal histories and conscious and unconscious lives of the individuals (which might take a number of years with each person!); and for another, it would be unlikely that anyone would willingly agree to such an endeavour within the framework of a research project. In addition, it would not serve such a complex field to reduce it to a single viewing lens. People are more complex than their internal dynamics and motivations, notwithstanding the (understandable) emphasis placed on these in psychotherapy.

It was, however, surprising to see that when I initially grouped the stories of learning into various categories (for example “learning in groups”, “learning in other cultures”, “learning from the body”, “learning by being open”, “learning from personal therapy”, and so on) individual participants’ stories tended to fall within a small number of these groupings rather than being evenly spread across the categories. This piqued my interest and I began to discover that individuals described their learning in ways that were particular to them and, most importantly, had *personal meaning* for them. I have therefore stayed close to the experiences described by the participants, and will discuss how personal life history and experience have significantly impacted on, and/or provided a particular focus for, ongoing learning in practice. I will also discuss the ways in which clinicians, once they move beyond a beginning level of practice, seem increasingly to move towards responding to what is essential for their own learning. It is not that this does not occur in the beginning stage; however, as I noted in the previous chapter, there are particular concerns during this time which preoccupy the therapist, and many of these have to do with becoming proficient and becoming accepted into the profession and the professional community. An orientation towards others and, in particular, towards what others are able to provide by way of learning opportunities, seems to be central. While learning from and with others remains important, what *matters* to the individual therapist begins to emerge and show itself more fully.

Impact of Family of Origin: “I am the Middle Child”

Ella is an experienced therapist, who at the beginning of the interview said:

I’m the middle child of a large family and the extended family is very important as well, and was when I was growing up. I would say that learning in a group is where I’ve learnt most and where I learn best and where the most significant sort of learning that I’ve experienced has happened. I think that’s really because of being a middle child and the kind of culture that supports that.

She then went on to say that learning at University did not work for her: “I went there twice to try and learn, and it just did not work, I just could not take anything in”. However, when she began her first clinical training it was group-based: “we had groups that we belonged to and we learned how to do groups, and it just made sense to me”. Something resonated with Ella about being in a group; she felt at home and was able to “take things in”, as she puts it. The experience of being in a group was known to Ella since a very young age; the experience is visceral, familiar, a part of who she is. There is a sense that Ella *knows* groups. We do not know how long it took for Ella to become consciously aware that she learns well in a group environment, but at this stage of her life she has this awareness. Ella recalled a number of situations during her professional life where learning in a group had been important, including one where she was involved with others in organising an event:

I've organised a lot of things before, I've been part of organising groups over the years. This latest event was different because the group was different. And maybe it was just the stage we were all at. I think it also has something to do with the group that we were, being allowed to represent the region and because there was a lot of anxiety about what we'd produce or how we'd do it. We'd get a lot of stories coming out about who's who and what we would do, but I learned such an enormous amount about the process itself. It was such a privilege to be part of it. So what have I learned? I think it was something about the process, and about the group itself being allowed to hold that particular process so we didn't get into activity. Things were held very thoughtfully and there was a trust, a level of trust in each other's ability or in the group to just hold, I think that one of the group members in particular was an important part of that because of what he held and also because he assembled it. That was important somehow; we were thought up and invited in and then we made it what it was.

Someone said "What do you think it was that made the difference?" I think it was love and it sounds like a corny thing to say for a therapist, but it was a very loving experience, so it was very trusting and holding in that way. There wasn't a lot of effort in the way that you hear of in other organising groups where there can often be a lot more people and a lot more friction and fighting and difficulty. It was the sort of group that would allow new thoughts to arrive, that didn't get in the way of things. I would say there was a trust and a respect, a really deep respect for whatever experience anyone had – it wasn't judged – it was just being part of the whole and what everyone brought was part of the whole and it mattered and meant something. I like that idea; it has meaning for me, the idea of the matrix.

Ella describes an experience which held much meaning for her. She describes a group that worked well and thinks this was due to the individuals within the group respecting each other as well as respecting the group process. The latter refers to an attitude she recounts of the individuals within the group feeling that they were part of a whole and that each part “mattered and meant something”. New thoughts were able to arrive into the group and could be thought about; the respect amongst the group members meant that no-one got in the way of these thoughts. There is no sense of one person dominating (although she does mention that one of them assembled the group to begin with), rather her experience of the group was that it felt “loving”. That Ella prefaces this statement with “it sounds like a corny thing to say for a therapist” demonstrates, I think, how uncomfortable it is for therapists to think about and talk about love in a professional context.

I explored “love” in a Master’s dissertation (2006), and found that the topic is fraught with difficulties for the psychotherapist. Often love is written about in the context of boundary violations, for example, when a therapist has loving or sexual feelings, or both, for his or her patient and abandons the therapeutic endeavour by acting out these feelings. “Love” is a problematic word, and Green (2005) has asked the question as to whether the reference to love is still accurate or whether there is a better word to describe the nature of the emotional links that are created in therapeutic relationships. Writers who comment on the anxiety of writing about the therapist’s love include Coltart (2000), who suggests that the very use of the word “love” in psychoanalysis is “often felt to be dangerous, or open to misconstruction” (p. 120). Bach (2006) wrote that love in psychoanalysis is fraught with problems of transference and countertransference, the weight of social attitudes and collegial judgments, special ethical considerations, and even legal concerns (p. 126). Lear (1990) noted that it is hard to take love seriously (p. 156) and that “love has become almost taboo within psychoanalysis” (p. 15), that as soon as anyone mentions love, from somewhere comes the response, yes but what about aggression?

Sándor Ferenczi [1873-1933] was an analyst who was an early explorer of, and proponent for, love in psychoanalysis and who placed love in a central position. The following quotation seems to resonate with what Ella describes in her group experience: “Psycho-analysis works ultimately through the deepening and enlargement of knowledge; but...knowledge can be enlarged and deepened only

through love” (Ferenczi, 1955/2002, p. 17). Further, he defined love as being “neither egoism nor altruism, but mutualism, an exchange of feelings” (p. 248)⁴⁹. Todd (2003), who has written about ethics in education, asked the question of what love and Eros have to do with learning from the other. Her thoughts echo Ferenczi when she stated that:

The *feeling* of love optimally allows for a way of *being together* that seems to confer automatic concern for the Other... the *feeling* of love is always already bound to a *relation* to the Other, and, more specifically, a *communicative* relation to the Other. (p. 67)

She added that “love creates a mode of relationality where connectedness reigns supreme” (p. 77) and suggests that the affective ties of love enable a deobjectification of the self which is essentially freeing, as oppression and domination become disrupted in this act of reaching out. Both Ferenczi and Todd seem to speak to something of what Ella describes about her group, that is, that a *mutualism* was present that was loving in its essential character, and that this feeling of love between people enables concern (that is, caring concern) to be present in the relating to each other, which then promotes an environment characterised by freedom rather than oppression.

As I have mentioned, I do not intend to speculate on the details of how participants’ life histories have influenced ways in which they learn; however, it is striking that Ella refers to herself as a middle child in a large family and that she herself draws attention to the impact that has had on places of learning that are fruitful for her. The original family group seems to have continued in different forms throughout her professional life, and in ways which have often brought her much satisfaction. We might wonder whether she has endeavoured during her life to improve on her original experiences of being one of a large family, and that therefore being in a group that works brings much personal satisfaction, or that her early experiences simply gave her the tacit knowledge and confidence to work well within a group, or that something of both of these might be in the play.

⁴⁹ For his efforts to include love in the psychoanalytic discourse Ferenczi was ostracized from the mainstream of psychoanalysis (Glucksman, 1993), and the English-language publication of several of Ferenczi’s contributions were suppressed for 16 years by Ernest Jones because of Ferenczi’s presumed mental “aberrations” (Hoffer, 1991, p. 466). It has only been in recent years that Ferenczi has been rehabilitated back into psychoanalytic thinking and writing, and acknowledgment has been made of his unique contribution to, for example, the British object-relations school of Balint, Winnicott, Khan, and Guntrip (Hoffer, 1991), but also to all relationship-based psychoanalysis (Haynal, 2002).

A Lifetime of Busy-ness: Learning to Create Space

One of the participants, David, describes his own journey of attending to an aspect of his early life which created difficulties for him in his personal and professional life, and which he then sought to remedy:

When I was young, a very small boy, there was a family joke that I would be staring with my mouth wide open; the joke was: "a fly will fly in David, close your mouth". I think about myself dreamily looking around at things. Both my parents were very busy people; I was joking with a friend that at least his father never did anything, he was very lazy, his mother was super sort of onto it, but I had both parents who were always onto it, and that has remained a challenge for me that I am over busy, so it's been a great balm to do work where increasingly I've seen the work as a place to create space and also where the creation of space allows something new to emerge.

In telling this story David lets me know how "busy-ness" has particular and long-standing meaning for him. As a child he was expected to be busy, his parents were busy, and it was not alright not to be busy (you cannot just sit there with your mouth open). As an adult, however, after initially having chosen a very busy profession, he realised that this was not what he wanted. In the interview he said, "I got more and more burnt by that sort of way of working and felt so desperate by the end of the day, desperate not to do that. It took me a couple of years before I could leave". A desperation to resist not being busy prompted him to change to psychotherapy, a profession which he equated with spaciousness and as allowing room for reflective contemplation. He recognises that when he began practising psychotherapy he did it in a busy way, and that he had to unlearn the busy-ness. The work itself did not guarantee a less busy lifestyle; it was his own determination to learn how to be less busy that set him on this path.

Here he describes his transition from being a "busy" psychotherapist to one who is able to allow space and let something different occur in the meeting with the client:

It is very specific for me how that happened. About 15 years ago I started to have a sense of this over-busyness in my work, with this instrumental technical approach; it felt unsatisfying and I knew that people, they and I, were caught in the performance, we were caught on the surface. There was so much more inside me that was not happening in the sessions and I sort of knew that it was my busy-ness, my conscious cleverness or knowing that prevented something more from happening.

My intuition was that “there’s more here and I know I’m not getting to it in myself”.

And so I started quite naively, practising suspending thinking, I started practising being dumb, for as long as I could tolerate it, I’d stare out the window, I’d look at the floor, I’d breathe for as long as I could before I spoke. It was nerve-wracking, 20 minutes had gone by, 25 minutes had gone by, nothing effective was happening and I was barely able to understand what was going on. I would practise and practise tolerating, somehow knowing, that this is going to work better, and reasonably soon I was getting confirmation, maybe through the experience of a feeling, a connection with the other person, I started to get enough feedback that I’d think, right yes, I’m on to it, and I just kept practising that.

It’s as if I am constantly meditating, that every day is just a long series of meditations, and that’s got a little less effortful, but not entirely. I think it’s really a re-affirmation of staying open, that if I can bear it, if I can hold my anxiety, that’s all I have to do. It’s sort of getting out of my own way, and it’s happened so many times that I can absolutely trust it. Of course sometimes I’m disappointed, as sometimes it all seems to fall flat, and I think that was a waste of time, or I got busy, I had a coffee and started talking, so I’m not pretending it’s all straightforward.

David describes his growing sense that the more technical and active approach to psychotherapy he had been taking seemed to prevent a deeper experience in his therapy sessions and he started to think about how to address that. He says that he intuitively knew that his “busy-ness” and “cleverness” were inhibiting something more from happening, and that he knew this because he was not getting to something more within himself that he knew was there. He then describes how he practised not being busy, which meant practising being silent more often and creating more space, which then paradoxically led to a feeling of more connection with his clients. He links this with staying open, with holding his anxiety, and with getting out of his own “busy” way.

David was able to follow a hunch he had, while finding this at the same time very uncomfortable. It seems that as he was becoming more experienced he became more able to let go of his need to be the clever one, the one who provides the answers and to trust that his different approach would yield deeper and more satisfying results. An aspect of this experience is the importance of *intuition* in the clinical setting. David was able to heed his intuition and began to make use of it. Intuition showed the way, but following the way was not easy; it was hard work. He emphasises the amount of

practice that it took to follow his intuition; there is a sense here that he was devoted to exploring a new way of being with his clients, fuelled by his own inner sense that something was not right and had to change. There is an integrity inherent in what David was prepared to take on, that is, to learn a new way of practising that fitted better for him (or at least the evolving him), and that simultaneously challenged a way of being that had been a part of his personal life and professional identity for many years. In being open to his intuition and finding a way to put it into practice, David was essentially redefining both his professional and his personal self. What can we make of this phenomenon of “intuition”, and perhaps more importantly, how it is, or is not, heeded?

The Connection between Intuition, *Angst* and Conscience

David’s reflections led me to ponder Heidegger’s notion of “Angst”. Heidegger (1927/2008) suggested that Angst (anxiety) is a basic state of mind, and that it belongs to Dasein’s essential state of Being-in-the-World (p. 234). Further that in Angst one feels “uncanny” (p. 233). In German the word he used is “unheimlich”, which means “not-being-at-home”, something that he proceeded to point out. Heidegger further suggested that uncanniness

reveals itself authentically in the basic state-of-mind of anxiety... Dasein is anxious with anxiety about its ownmost potentiality-for-Being. What if this Dasein, which finds itself in the very depths of its uncanniness, should be the caller of the call of conscience? (p. 321)

Uncanniness, Heidegger suggested:

Is the basic kind of Being-in-the-world, even though in an everyday way it has been covered up. Out of the depths of this kind of Being, Dasein itself, as conscience calls... The call whose mood has been attuned by anxiety is what makes it possible first and foremost for Dasein to project itself upon its ownmost potentiality-for-Being... uncanniness pursues Dasein and is a threat to the lostness in which it has forgotten itself. (p. 322)

David describes this uncanniness, or “not-being-at-home” when he says that he has to “hold my anxiety”⁵⁰. In order to hold one’s anxiety, one must first be aware of it, and I

⁵⁰ Pertinent here also are Heidegger’s thoughts about the difference between Angst, or anxiety, and fear: “Anxiety springs from Dasein itself... anxiety springs from the *future* of resoluteness, while fear springs from the lost Present” (1927/2008, p. 395). About fear Heidegger said: “Fear is occasioned by entities with which we concern ourselves environmentally...when fear assails us, it does so from what is

would suggest that David's becoming aware of it over time, being aware of the uncanniness, or the "unheimlich", the feelings of "not-being-at-home" meant that he was able to begin to learn something essential, *for him*, in the clinical setting. Busy-ness, which had been a familiar way of being for David, began to be experienced as "unheimlich". It seems that David's conscience was calling out to him in order that he might move from his own lostness to himself (where he felt "caught on the surface") to a place where he was able to move more towards himself and his own potentiality for being with his patients in a way that increased the possibilities for a good therapeutic outcome. In doing so, he was able to heed his own intuition that his busy-ness was preventing this from occurring. The meaning of intuition seems synonymous with Heidegger's "uncanny" or "not-being-at-home" states. Dasein is concerned for its potentiality-for-Being and responding intuitively becomes that which prompts a move towards oneself rather than a move away from oneself. David describes this further:

Letting Go Into/Falling Towards

People talk about a stage of mastery and I definitely feel I've achieved some level of mastery over this particular approach now; however what I find interesting about that is that there are no guarantees, I can't make something happen, I sort of like that, even as I struggle, and when there's a sense of something going well, and how often it doesn't feel like it's me, it just feels that I've got out of the way enough to let that part of me that does meet with the person who can also do that. I'm really struck by that subjective absence of agency, that if I get out of the way, and if I can keep that chatter to a minimum – being that clever fellow – then the other guy will do the job.

In this part of the story there is a real sense of David's surrendering to a process that he does not feel he is directing, except that the direction has come to feel the right one for him to take. When he says that he has to "get out of his own way", I think of Heidegger's resoluteness and "forerunning into death", whereby there is both an openness and receptivity, as well as a focussed engagement. Dreyfus (1991) described Heidegger's use of "resoluteness" (*Entschlossenheit*) as meaning "unclosedness" or "openness" (p. 318), where one's ownmost self takes action of its own accord, and there is even, as Dreyfus noted, a "transformation that comes from Dasein's accepting

within-the-world" (p. 344). So he seemed to be saying that fear arises from within-the-world and angst arises from Being-in-the-world.

its own powerlessness” (p. 319). Rather than making choices, Dasein “presses forward into possibilities” (ibid.). Dasein’s only choice is “whether to keep silent so as to hear the call or to try to drown it out by plunging into the noise of the everyday rat-race. This choice, as Dasein’s letting itself be called, is receptive rather than wilful” (p. 318). Authentic Dasein, Dreyfus contended, “foreruns its own death”: “Forerunning discloses to existence that its uttermost possibility lies in giving itself up, and thus it shatters all one’s tenaciousness to whatever existence one has reached” (p. 327).

As David’s story demonstrates, following his intuition and staying close to himself has meant questioning longstanding ways of being. It was, and is, a struggle; however, it is *his own* struggle, and therefore a struggle that has personal meaning for him. That it is not neat and tidy like a “formula” underscores once again the messy and unpredictable nature of human being living I have previously mentioned. There is no arrival place, no moving towards something finished or completable, but rather a pressing forward into possibilities, with an openness of being and an always becoming.

Going With “What Makes Sense”

Ella also talks about intuition when she describes how she chooses which presentations to attend at conferences:

With regards to deciding which presentations I am going to go to, it’s usually whatever’s preoccupying me at the time. Unless I’ve specifically gone there because I like someone’s work and I like a particular presenter. For example, if I like their writing or their work or I’ve heard them before and I feel that there is something on offer there. Some people just don’t make sense to me and there’s no point me going there. I’ve tried to force myself to do that in the past, and now I go with what makes sense for me.

Ella notes that in the past she tried to force herself to go to presentations that she thinks might offer something important, that she *should* perhaps go to. As time has gone on she has instead become more able to attune to what is right for her, including which learning opportunities will serve her the best. As with David, there is a heeding of intuition, a letting herself be open to what resonates with her. Forcing herself to do otherwise, as a way of being, fades into the background. At the same time, Ella emphasises that what she is describing is a dynamic ever-evolving position: “You’re always moving towards where you might be. I welcome my ignorance”. As well as the heeding of intuition there is this sense of letting go into something from a place of not

knowing the outcome. There is a “falling towards” or a “letting go into” possibilities. Being open to and heeding intuition, rather than forcing oneself to go against one’s intuition, is the direction, yet this does not mean that the direction is clear or straightforward.

Both David and Ella tell stories of personal transformation and how this transformation is at least partly aided by their work and learning as psychotherapists. To what extent this transformation could have taken place had they chosen different vocations is unclear. Heidegger (1975/1982) suggested that we are what we pursue and care for, that we “understand ourselves and our existence by way of the activities we pursue and the things we take care of” (p. 159). Ella, for example, talked in the interview about loving the work and feeling privileged to do it. She linked her personal growth to the work of psychotherapy itself when she said that it has such scope for exploring, that as a therapist you never get to the end of learning, and there is continually the feeling that you do not know very much. David expressly moved into the field of psychotherapy because he thought the work would be less busy than his previous vocation. On the other hand, as he described, becoming less busy was more difficult than he thought. “Being busy” can be transposed into any situation, and to heed his intuition that he needed to be less busy became a work in progress. In this context I would suggest that Heidegger’s formulation of essentially “we are what we do” seems only partially to capture what occurs. David’s story shows that who we are influences the ways in which we carry out our activities at least as much as our activities influence who we are.

Sorge (Care)

However, to return to intuition. If heeding intuition becomes a move towards oneself and a letting oneself be open to what resonates, then it would also seem that *care* for oneself is most centrally at play. I have noted the connection between caring concern, mutualism, and love/loving feelings in Ella’s experience of her group, and particularly in relation to how the group members regarded each other, and learnt from and with one another. What of care for oneself? Heidegger distinguished between three different forms of care: *Sorge*, pertaining to Dasein itself, *Besorgen*, to its activities in the world, and *Fürsorge*, to its being with others (Inwood, 1999, p. 35). In *Being and Time* (1927/2008) Heidegger suggested that *Sorge* is the very Being of Dasein, that

“understanding... makes up a basic kind of Dasein’s Being, and that this Being is constituted as care” (p. 363). Thus, central to Dasein’s Being-in-the-world is the notion of *Sorge*, or “care”. Further, that there is an intrinsic connection between care and a move towards oneself, an intuitive letting go into possibilities, and wanting to have a conscience. Heidegger said it in this way: “in the call of conscience care summons Dasein towards its ownmost potentiality-for-Being” (p. 365).

Larivée (2014) proposed that *Sorge* is at the heart of *Being and Time*, that the human being is not a rational animal but is “rather simply care” (p. 124), and that *Sorge* evokes “something like a movement, a drive beyond the self towards something that concerns it” (ibid.). She added that this is an ancient concept that connects to the human soul and cites Plato’s contention that the human soul is a *movement*, that most of the time we are occupied with various tasks and projects that distract us from what is essential, however “the soul’s movement can re-orient itself” (p. 126). Further, that the care for one’s own soul is an alternative to becoming lost in the activities of the day-to-day. Larivée showed that Heidegger followed Socrates’ recommendation to care for the soul, including following the tradition that this consists of each person facing up to his or her particular situation and awakening a feeling of responsibility for his or her self (p. 133). She also showed, importantly, that Heidegger extended the tradition of “care of the self” by suggesting that care is *the foundation for a self* (p. 140), that the soul can take care of itself because it *is* care. “Caring” (for ourselves and others) thus becomes not a thing that we *do* but a movement that resides within us; if we can clear a space from the day-to-day and cultivate an openness of being to that which is essential then care becomes manifest.

If this sounds improbable or far-fetched it is likely to be because we are in our present ways of living often so far away from being able to set aside the strictures we place upon ourselves in multitudinous ways. Heidegger wrote about this in *Discourse on Thinking* (1959/1966), where he suggested that we (individually and collectively) are in flight from thinking, and specifically what he termed “meditative thinking” (*besinnliches Denken*). In commenting on this, Bonnett (2002), Thomson (2001) and Magrini (2013) wrote about the ways this plays out in our technologically-minded society, including educational institutions, where responsive and reflective ways of teaching and learning have increasingly become replaced with, as Thomson (2001) described, “education as the transmission of ‘information’, the filling of the *psyche*

with knowledge as if inscribing a *tabula rasa* or, in more contemporary parlance, ‘training-up’ a neural net” (p. 254). This has obvious consequences for the individual’s ongoing learning, even after leaving an educational institution. How do we re-learn how to learn? How do we gradually make our way back to ourselves such that we can attune to the movement of the soul? This is a topic to which I will return; in the meantime, however, I offer some stories from the participants of this study which contain and focus on aspects of the notion of *Sorge*.

Caring for the Soul

Hannah talked about her own situation as a senior therapist in the community and gave an example of her taking responsibility for her own care:

I became very passionate about engaging with biculturalism, but actually over the years I’ve realised that I don’t want to over-identify with it. I don’t want to lose myself in it. I don’t want to get sucked in to something around it. And the travelling and thinking outside of my culture has helped me with that. I would say that just listening to other people, being in a large group in Europe, for example, and listening to the struggles between and inside nations, it gives me some perspective into how we think we are so special. Also coming from little New Zealand across to the other side of the world; 99% of the time I am the only New Zealander if I go to an overseas conference. So I have felt kind of very small. And free to have my process, to be in process groups with people I don’t know, who aren’t projecting stuff onto me from who they think I am. So I’ve used these conferences, I’ve used them for my own development. They’ve been precious for me.

In speaking about her engagement with biculturalism Hannah says that although she was initially passionate about biculturalism this changed over time to a feeling of not wanting to “over-identify” with it, or “lose herself” or “get sucked into something around it”. All of these expressions suggest that her engagement with biculturalism came to feel less of what felt true for her, and more of what was *expected* of her. Her expressions suggest that her engagement with biculturalism became overly determined in her life, and perhaps less relevant than it once had been, and that moving outside of her culture and country for conferences helped her to gain a fresh perspective where other aspects of her development could be explored. This led to a sense of freedom which she describes as precious, including the freedom to develop in ways which are meaningful for her.

Hannah's story seems to say something important about how individual interests and passions change over time, how we might find it difficult to update ourselves in relation to this and continue to feel free to pursue that which resonates for us in our particular situation. This might be the case particularly when an identification has occurred (either by oneself and/or by others) around having this interest or passion. Expectations may hold us fast, as it were, beyond the time when holding fast provides inspiration and care for the soul. This is an area where the tension between our own requirements and those of others comes to the fore. It is interesting that Hannah describes leaving her environment in order to gain the space she needs to re-orient herself (follow the movement of her soul) to that which is essential for her. Perhaps this says something about the compelling nature of this tension which also makes itself felt in clinical practice where care for the other is paramount. What is the relationship between learning according to that which resonates for us, and being there for the other? What can we make of Ogden (2004), who suggested, for example, that: "It is the analyst's responsibility to reinvent psychoanalysis for each patient and continue to reinvent it throughout the course of the analysis... Similarly, the analyst must learn anew how to be an analyst with each patient in each session" (p. 862). Before turning to this (in the next chapter) I propose to explore the experiences of a number of other participants who recounted stories of learning which had personal meaning for them, including their care for themselves in learning how to be open to that which resonates. Sometimes this is only briefly mentioned, as with Grace in the following story.

Being Open to One's "Affinity"

Grace hinted at the importance, for her personally, of learning more about Asperger syndrome (Asperger's) when she revealed that she had recently attended a seminar on people with Asperger's because this is an area in which she is interested:

A while ago I decided I wanted to understand more about Asperger's. For various reasons I feel somewhat of an affinity for people with that experience... I felt that I might possibly like to work with people like that; actually my greater interest is couples where one of them has Asperger's.

Grace's personal connection with Asperger's (we do not know the nature of this personal connection) led her to attend a workshop to learn more about it, including

how to work effectively in this area. She states that her interest is to work with couples where one of them has Asperger's. Crucially, Grace states that she wants to *understand* more. Attending workshops and working with these clients are ways in which Grace is open to and will inevitably come to understand more. It seems clear that the understanding she is seeking has a personal motivation, although it may well also manifest in a professional setting. It is also likely that the *affinity* that she speaks of will help her to transform something that has personal meaning into an ability to work with and help others. *Affinity* in this context brings to mind Heidegger's example in *What is Called Thinking* (1954/1976) of the cabinetmaker's apprentice. I noted in chapter eight that Heidegger described the apprentice responding to the wood, suggesting that without relatedness to the wood the craft would never be anything other than "empty busywork" (p. 15). In a similar way it seems that Grace works with something that is close to her. The combination of her affinity and the assistance she gains from others in her learning goes beyond an intellectual experience. It becomes embodied and known in a familiar way. Heidegger referred to this as entering into a state of relatedness wherein understanding becomes possible.

Mia also speaks about affinity in relation to the type of people with whom she thinks she might work best:

Possibly the people I work best with are people with a schizoid presentation. Over long periods of time. I am not 100% sure why I have this affinity. I've done a lot of teaching on my work with people with schizoid presentation but I have never really given much thought as to why I seem to have this affinity. In terms of a type of adaptation rather than a disorder, I could easily say that my husband has a schizoid adaptation. He is internally very creative; I keep being delighted and surprised at the richness of his inner life.

Could it be that Mia's learning to work with people with a schizoid presentation is helped by her having a husband who has some of these personality traits? In a similar way to Grace, whose affinity with Asperger's comes from a personal rather than an intellectual "knowing" in her life, Mia seems to be alluding to an embodied knowledge of the schizoid personality, albeit in the high-functioning form she refers to, that is, an adaptation rather than a disorder. What is interesting in Mia's story is her obvious love for and admiration of her husband (more was spoken about this in the interview, however I have not included it here for reasons of brevity and confidentiality); it seems likely that her openness to her husband, including ways in which he has (as she

describes) a “schizoid adaptation” (and indeed her appreciation for the creative aspects of this), might help her to develop a particular sensitivity and understanding towards others who are similar.

With regards to the themes of this chapter, that is, how the therapist’s life experiences impact on his or her ongoing learning and how the therapist increasingly learns to respond to that which is essential for him or her, I do not think it is going too far to suggest that Mia’s “working best with people with a schizoid presentation” might say something about her connection to her husband and how that fosters a particular ability in her work. If she is working well with these clients then an aspect of her relationship with her husband is alive in the work. Going a step further, we could surmise that the schizoid presentation of Mia’s husband resonates within her in a way that is likely to have personal significance for Mia. This personal significance, in turn, seems to be a catalyst for Mia’s ongoing learning. If she can let herself be open to that which resonates, that which feels essential, the learning becomes a responding and a lived understanding, which then becomes an alive part of her practice.

It is at this point that I fear becoming overly intrusive into the participants lives. As I noted at the beginning of this chapter, I do not want to presume that I know something about their personal histories and how these might connect with what they have said about their experiences of learning. Furthermore, I do not want to suggest that *all* learning is connected in some way to an individual’s personal history. However, it would seem from the data that learning which has personal meaning can be as near as this (and indeed often is), and can also include other factors which are somewhat more distant, for example, the learning that takes place when a therapist works in a particular setting and wishes to understand more about the client group they see in this setting. Philip works in a Māori community mental health agency and describes how thinking and learning about social and cultural trauma is crucial for a deeper understanding of his clients:

For me personal trauma is most often political trauma, and wondering about that is very important for my learning and my understanding. When a person sits in the room with me I see webs going right out, across history, and that matters to me hugely in terms of understanding history and its processes, what wars do to us, what people have suffered and struggled, that matters. I think about how people in New Zealand have struggled, the political and cultural impacts, the cultural genocide. I think about what my clients’ parents and grandparents went through. This has affected my clients so clearly, and what’s interesting is that

when there is some understanding about this, people seem to find a meaning and centre in it, and therefore immediately they are not so lost in their own guilt.

There are negative, shadow aspects to this very westernised approach, something like: "Who's doing this to me?" That has its own problems and I wouldn't want to idealise it, however for me these aspects are incredibly important, and have always been very important. I've always enjoyed doing philosophy and sociology and politics, together with my psychological training; for me they run together.

As Philip sits with his Māori clients, he is very aware that the often devastating impacts of European colonisation on Māori continue to live on; he sees the *webs going right out*, and the suffering that has occurred. He is also aware that coming to some understanding of what occurred is helpful and brings meaning to a situation where otherwise there may be confusion and lostness. Philip mentions that the cultural and political aspects of people's experience have always been interesting to him; it would seem that this is a lens through which he looks, or rather one of his lenses, a way he has always had of learning about himself and others. It was not only being in this workplace that provoked his learning in this way; it already existed in him (although it continues to develop), and in fact, as he goes on to say, this is one of the reasons he loves working there:

I love working here because I can think about this more openly, and wonder about it; the political and the cultural have a scope and an acceptance. Even if it's not always talked about it can be accessed and engaged with, whereas in other areas there is a very strong biological or psychiatric model. Here I have a freedom of thinking, which I really appreciate, and a form of learning too, from my clients.

For example in one situation with a client, I might not have known that the traumatic and paranoid signs were in fact the result of intergenerational processes, caused by the land wars or that his whānau had lost land, and hence his father became a heavy drinker. Yes, my client is psychotic because of his bad attachment issues, or bad processes in his early years, but they are in turn the result of the land loss, how that has affected the situation, so you can trace it back to that.

Philip notes that in most community mental health agencies in which he might work as a therapist the focus is on a biological and/or psychiatric model. In this workplace he can think and wonder about the cultural and the political, and he experiences this as a *freedom of thinking*, whereby he is able to continue learning about something that

resonates in him. He gives an example of a client where this occurs; rather than a single focus on a psychological or psychiatric diagnosis (for example, an attachment disorder) he is also able to think about the political impact on why attachment in this family may have become particularly disrupted and in this way stay close to the person's life experiences, to what matters for him or her, and to what has meaning for them. In doing this, he says that he does not exclude but rather stays close to the principles of his psychotherapy knowledge and practice that resonate:

At the same time I still believe in what Bion says about "not knowing" because a Māori person could be sitting there and not relate at all to the Tikanga, or he or she might be Mormon. I need to be open, I cannot make assumptions, and I need to be wondering 'who is this person'? So even though I'm interested in this space (the political and cultural) with them I need to actually not know, not to fix it, quite the opposite, and that means dancing on the edges of knowledge, but it helps me stay flexible and hopefully nimble. And at times of course clunky.

Philip's story shows something important about how he has been able to hold to that which is important for him. He has always been interested in and studied philosophy, sociology and politics at the same time, and these have become developed as interests that run parallel to his education and practice as a psychotherapist. Neither seems more important than the other and, although his employment is as a therapist, he has found a workplace environment and a way of being with his clients that has enabled him to integrate these, bringing meaning to both his own experience and that of his clients. This begs the question of how it might be for other therapists, who may not have the opportunity to work in places where their interests are welcomed. Has Philip been particularly fortunate, and/or has his ability to think, and to learn in the way he has, meant that he has more easily been able to find a place for himself that is a good fit? Finding this place may take different forms during one's life, and also become more layered, as the next participant found.

Learning Together

As a child I was the only reader in my family and I used to bike up to the public library and sit up there and read books. Reading's always been a lifeline for me. I've got a phenomenal collection of psychoanalytic textbooks. So there's two layers to that isn't there? There's the reading and then there's having a place where I can think about and where I can speak with others, and for me teaching has turned out to be the place where that happens the most. I get more satisfaction and engagement from teaching and I learn a lot through this. I will read something or

think about it, I'm thinking about the class and thinking about the people I'm teaching and who they are and sometimes I'll think of a diagram or something will begin to come together but then when I'm with the class it will take on a whole new life. It will take on a life of its own in some way because there's this back and forth process. When I think of those moments of teaching, they're my most favourite because it's not me, it's a two-way process.

Hannah describes reading as having always been a lifeline for her, and then as she became an adult she found that thinking about and sharing what she was reading with others became a way of learning for her. The image of Hannah biking *up* to the library, while being the only reader in her family, is a poignant one, as is her expression of reading being a *lifeline*. It seems that books were her companions; they seemed to have been sources of both comfort and knowledge. When I think of Heidegger's (1954/1976) teacher and apprentice example (mentioned in the previous chapter), it is almost as if books were Hannah's teachers and she the apprentice learner, responding to what they had to say to her. There also seems to have been a simple *beingness* in this relationship between her and her books. This learning/being dyad evolved during her life to include others; Hannah brought her books and her thinking about them to others through the medium of teaching. Teaching, for Hannah, is not telling her students about her thoughts in a didactic manner; rather it is engaging with the students even before she sees them and while she is thinking about a particular reading and letting the students' presence inform her thinking. It is no longer just Hannah and her books; others are included. Then, when she is physically with the students in the classroom the *back-and-forth*, the *two-way* process (or is it three?) continues. The books teach, the students teach and Hannah teaches. This life-long way of learning and being continues to come to life and to resonate within her. It does not seem to be taking things too far to suggest that Hannah has found here a way of caring for her soul.

When Learning is Painful

Thus far, in this chapter, I have explored the ways in which therapists' life histories and experiences impact on their ongoing learning and that therapists seem increasingly to move towards responding to what is essential for their own learning. What *matters* to the individual begins to emerge and show itself more fully. Further, that an understanding of intuition and openness of being is helpful in understanding how this

occurs, including the underpinning of love. This seems congruent with Todd's (2003) sense of affective ties of love disrupting oppression and domination and instead enabling caring concern for self and other and of *Sorge* (care) being the very Being of Dasein, a movement that resides within us. It would be naïve to suggest that this is a track along which all therapists progress and, perhaps more pertinently, that all learning situations provide the necessary conditions for this to occur. This would presume that learning situations are generally progressive, forward leaning, and liberating, and that people are constantly learning and doing so in ways that enrich their lives and those of others. "Learning" can become one of those words where an assumption is made that always something *good* is happening, and *progress* is being made. It is interesting that of the participants I interviewed, a few mentioned learning that was painful or difficult (and that it was often considered to be amongst their most valued learning) but very few mentioned learning or learning situations that caused significant personal trauma. This is possibly due to a reluctance to speak about these during the course of an interview. Traumatic situations were, however, mentioned and the question arises as to what differences there might be between painful but beneficial learning, and learning situations that are harmful? Philip spoke about an intensive supervision experience he had had many years earlier that he described as "painful":

Literally we would just be transcribing, from tape onto paper and have a copy for the supervisor and myself and then go through it. So embarrassing and so painful, so unbelievably painful, and then the supervisor would listen to the tape as well by the way, so there was no way I could just fudge it, and then they'd ask me "which area do you want to work on?" That was my best learning and the toughest, the hardest I ever had, very close reading of what is going on, it was so painful, so painful (laughter).

The way in which Philip talks about his experience leaves us in little doubt that, although he refers to this method of supervision as "painful", he counts it as having also been very beneficial; indeed, in the context of supervision, his *best learning*. "Painful" here perhaps means "intense discomfort" – however, the discomfort was not overwhelming. Instead it enabled him to learn in a way which in hindsight feels extremely valuable to him. We do not get a sense that he would rather not have had this supervisory experience. Similarly, David spoke about the value of some "extremely painful" learning in his clinical work:

Apart from my experience with the supervisor I mentioned, which I think was pretty central for my learning, it has been the clients who were not straightforward, who were in some way extremely painful, who have deepened my practice.

Earlier in this chapter I wrote about David heeding his intuition to become less busy and active in his practice. He recognises the connection between the painful learning from the clients he mentions (and one in particular that he mentions below) and his being open to and moving towards a new way of being with his clients:

It signalled the opening – which took years and years to come to fruition – of a much more relational way of working with people, where I increasingly focussed less and less on an outcome or a gain or an achievement in the session and more and more on what was happening between us and how that was affecting the other person, and what was the meaning for them. So using myself much more, rather than an instrumental use of an approach. I think this client was probably, and incredibly painfully, the beginning of that. It was a very difficult birth in that sense.

And strangely enough, no-one was difficult after this client. I would say that she took me as far into my own chaos and feelings of guilt, confusion, powerlessness and intense discomfort, so that it was almost a benchmark of how difficult it can get. This strangely gave me confidence.

Like Philip, David expresses in strong terms that this learning was intensely uncomfortable, on a very personal level, and yet it led to the transformation in his practice that he was looking for, despite not initially being aware of the form it would take. It was this experience that gave him confidence. No-one was difficult after this client; it was as if the experience had led him to the beginning of a new way of being. Perhaps the confidence he mentions is connected to a feeling of having been able to move away from the more technical and busy approach he had mentioned and towards an approach that had more meaning for him? This experience was an important part of his being able to achieve a more meaningful approach. David's story reveals that the achievement was hard-won, and that it was in the doing and being in the work with this client that it became possible.

In both David's and Philip's examples, learning can be seen as painful, and perhaps even that the pain has particular value. Traumatic learning experiences are another matter (by traumatic I mean an experience or experiences that overwhelm the person's internal resources). When does "painful" become traumatic? I draw from

Sarah in the next chapter, who describes a traumatic situation, and how that impacted on her ongoing learning in relation to her practice. In the next story, James speaks about his participation in a training context which felt life-threatening.

When Learning Stops

I was part of a post-qualifying training and towards the end of that training (it was the sixth year) was treated appallingly (as were a number of other trainees) by a senior member of the institute. I was essentially isolated from the group by this person, and he also prevented me from finishing the training and told various lies about me to others. I won't go into the details of this situation, as there are too many to recount and they just sound completely absurd, however at the time it felt as if something unbelievable was happening and I couldn't make any sense of it. I thought I was going crazy and the impact on me was severe. When I tried to reach out for help to the institute there was no help forthcoming; when I complained there was no response. It became clear that although this person had launched a sadistic attack against me for an unspecified reason, the prime motivation of the institute was to protect itself; the suffering of an individual was of no consequence.

I became depressed and anxious, developed panic attacks, which I had never previously had, lost weight, and had frequent insomnia. I had been an avid reader of psychoanalytic books and articles but just looking at them turned my stomach. I entered what I would call a "dead" period in terms of my learning. I was just not interested, which was of course an aspect of my depression, but it was frightening for me, as reading and learning had always been a large part of my life and a part of what gave life meaning. My clinical supervisor observed, amongst other things, that this person had tried to spoil something good (for example, my practice), and that an attempt had been made on my life. If that sounds dramatic, it wasn't; it was exactly how it felt.

James describes a learning situation which had calamitous consequences for him.

Perhaps what stands out in this situation is James's feeling of helplessness in the face of others who do not seem to care? Strangely, for a psychotherapy training institution peopled with psychotherapists, any knowledge about and empathy for individual pain and suffering did not seem to be being extended to James. Instead, the interests of the institute prevail. This story shows the serious and even life-threatening personal cost to one individual of individuals within a system using it to abuse their power by choosing to disregard another's distress. James describes an environment where simple human being contact and understanding is replaced with exclusion and persecution. As a result of this experience James says that he entered *a dead period* in

terms of his learning. He further surmises that this was due to the psychological impact on him, including his becoming depressed and anxious.

It is well known that trauma has an adverse effect on learning (McCreave, 2004). The individual closes down and defaults to a basic level of survival. The “openness of being” that has been discussed in this chapter cannot occur as the person’s main focus becomes to protect oneself, to keep danger out rather than letting knowledge, or indeed *anything* in (ibid.). I believe it is important to acknowledge that there are conditions under which it is possible to learn, and conversely others where it becomes impossible to learn. One cannot simply talk about learning, and what learning is, as if this is possible in any situation or for any person. McCreave (2004) suggests that “to learn, you have to be gentle” (p. 37), that anxiety causes tightness and that when anxiety goes up learning goes down. In the case of trauma, and where anxiety becomes unmanageable, learning stops, and nothing can be taken in. The question then arises as to which learning situations might promote learners becoming, or remaining, “gentle”? How can those who are responsible for those who are learning foster both robust learning as well as a gentleness of being, both in themselves and in others? And how is it possible to recover from trauma such as this? James described his gradual recovery, which was ongoing, when I spoke with him:

How did this situation begin to change? I had to begin another intensive therapy; at the time it was as if my life depended on it. Also, a number of others left the institute, both trainees and members, including the majority of the senior executive members. Of the 14 original trainees only four remain engaged in the institute today, and (nine years since my cohort’s intake) only two have become members. I began to understand that this was not just my problem and that I had got caught up in a long-standing dysfunction within this organisation. The people who left formed a group and we met fortnightly for a long period of time to process what had happened, and what had been happening for years.

Being with others and not feeling isolated was very helpful, as was my therapy. As well, around this time I finished writing an article that had been in the pipeline for a few years (the content of which was unrelated to all of these events) and it was accepted by a respected psychotherapy journal. I began to feel that I was a part of the psychotherapy world again and began to be interested in learning again. Gradually I even began to gather learnings from that experience, but it took a long time to be able to do that, and I still feel shaken when I think of the danger I was in and the impact it had on me. Something shattered in me at that time and the shattering still resonates within me. I do not take my current relative stability for granted; I still have to structure my day-to-

day life to protect myself in ways that I had never previously thought were necessary.

Fortunately for James, he was not left in his isolation. He was helped by a therapist and by individuals who had been members or trainees within the institute forming a group to talk about what had happened to him and to others. From these conversations, he was able to understand that he had been a part of an organisation that had been dysfunctional for many years; others told stories that connected to his own. He was also able to finish writing a journal article that was then published, and this helped him to feel that he was part of the psychotherapy community again. It was another way of experiencing connection. However, he is clear that something within him had forever changed; he describes a *shattering* that had taken place, and recognition that he must take care of himself in ways that had not previously been needed.

In James's story the counterpoint to being excluded and isolated is connection with others; even when he mentions that he must protect himself in different ways to previously, one imagines that this has to do with connection, that caring for self becomes letting others care and caring for others. As I was thinking about this story I went to hear Gloria Steinem⁵¹, who was in Auckland for the 2016 Writers Festival. The message that I took from her talk is, I think, quite different from the message I would have heard as the 20 year old feminist I once was. Perhaps her message is also in some ways slightly different. What I heard her saying is that we have for millennia sat around camp fires telling stories to each other, and in that sharing we become human and able to withstand and tolerate all manner of things. She was asked at the end: "how have you stayed motivated during the years?" Her answer was that it was only possible by being part of a group of people that has kept talking to one another and caring for one another. Connection becomes a way out of trauma. As James experienced connection he gradually began to heal. Life, including learning, started again to become possible. I do not mean to imply any tidy ending here; James expressly said that that was not the case, and that a shattering still resonated within him. However, it does seem that

⁵¹ Gloria Steinem [1934-] describes herself as a writer, lecturer, political activist, and feminist organiser. She is regarded as one of the 20th century's most influential feminists, being part of the second wave of American feminism.

pieces are being put back together, perhaps even in a slightly different configuration which may add to rather than diminish James's being- and learning-in-the-world.

Reflections and Summary

Many of the stories in this chapter tell of individuals finding a way of learning that resonates with them and, with this, a way of developing an openness of being and a caring for the soul. Most of these therapists have practised for very many years and have stories of experience that speak to the complexities and difficulties inherent in "learning to learn". One would hope that a person's living environment, including the political situation in their country, the place in which they live and work, and the relationships in which they are engaged (including with themselves), helps rather than hinders learning. However, this is not always the case. At the beginning of the chapter I wrote about Anthony Doerr's (2014) character, the orphan Werner Pfennig, his passion for learning, and how in the corrupt and brutal environment of Nazi Germany he was used up and treated as a commodity. His value was measured according to what he could offer to the régime. Werner's Professor Hauptmann mentioned that a scientist's work is determined by personal interests as well as the interests of his time, implying at least some sort of division; a balance that needs to be struck. For Werner, however, there was no such balance. His story is one of a spirit being systematically broken, and external expectations taking precedence every time over his own individual needs and desires. At the end of the story, the soldier Werner, aged only 18, with a body failing him, steps on a landmine that had been set by his own army and "disappears in a fountain of earth" (p. 483). It is a shocking yet believable end. One horror follows another until eventually there is nothing left; nothing of Werner's early promise and nothing that feels human. For Werner there was no possibility that he could follow his passion for learning; the initial illusion that this could be so was followed by a very different reality.

This raises the issue of the ways in which learning can be hindered. Werner's story tells of learning being hindered by a specific political landscape in which the individual counts for nothing. James's story tells of a rigid and unresponsive learning environment, together with bullying and a lack of care, which negates the individual, and causes trauma such that learning can no longer take place. Both of these stories are confronting in a way that we might wish to turn away from them ("this could not

happen to me”, might be the thought as we turn away). However, I would suggest that even if this were the case, there are other more subtle ways in which learning is hindered, even in Aotearoa New Zealand (and elsewhere), and even in institutions peopled with those who care and who are committed to the endeavour of learning. One of the ways I will briefly mention here, and explore further in the next two chapters, emerges from stories about the impact of living in our time. There seems to be increasing pressure on individuals to learn and to be in particular ways and there is a denigration of a gentle and meditative way of life in favour of a way of life that is becoming increasingly systematized and technologized. Together with this *external* pressure is the *internal* pressure experienced by individuals to live according to their time and their environment. How easy is it to follow that which resonates for us? And how can we move ourselves towards a freer way of being in life? How do we both acknowledge and negotiate our contributions to the society in which we live as well as care for our own souls?

Ella’s experience was that it took quite some time to find a way of learning that worked for her; she mentions that learning at university did not work for her, whereas group-based practice learning did. It also took time to stop forcing herself to go to presentations that she thought she *ought* to go to, and instead to heed her intuition and go to those that *made sense* for her. David described a process, over very many years, of endeavouring to fit into a profession that was respected but that did not suit him and indeed made him feel “desperate”. He also learnt to heed his intuition, to change his profession and to practice in a way that has come to feel right for him. Hannah spoke about having to leave the country for some of her learning experiences, in order to escape from others’ projections that became tiresome and expectations that she does not want to meet. In the previous chapter, Isabel described a situation in which she became almost paralysed as she attempted to negotiate the demands of her university programme on the one hand and what instinctively felt right for her in the moment on the other. Collectively, these experiences speak to external *and* internal difficulties in relation to learning and which place obstacles in the way of a person’s ability to cultivate an openness of being.

Werner’s and James’s stories show how the individual has a limited ability to learn in the face of major external obstacles to learning, for example, political and institutional systems which are corrupt in their abuse of power and lose their

humanity. This certainly occurs, and in the world of psychotherapy probably more than anyone prefers to dwell on (Kernberg, 1986; 1996; 2000; 2006b; 2007; 2012). In addition, there are the more subtle external obstacles created by the impact of living in our time. In *Discourse on Thinking* (1959/1966) Heidegger suggested one of these is our being “thoughtless” (p. 45) and that thoughtlessness takes place far too easily: “nowadays we take in everything in the quickest and cheapest way, only to forget it just as quickly, instantly” (ibid.). We are, he proposed, in “*flight from thinking*” (p. 45). By “thinking” Heidegger meant “meditative thinking” and he contrasted this with “calculative thinking”, which he described as a type of thinking which is necessary for planning, investigating, and computing: “Calculative thinking computes. It computes ever new, ever more promising and at the same time more economical possibilities. Calculative thinking races from one prospect to the next. Calculative thinking never stops, never collects itself” (ibid). Heidegger went on to state that this way of thinking is necessary but that he fears it may come to dominate and to become the *only* way of thinking: “will everything new fall into the clutches of planning and calculation, of organization and automation?” (p. 49). The real danger of this thinking, he maintained, is that it may have the impact of completely overshadowing “meditative thinking” or “pondering”. He described this latter as a natural phenomenon for the human being, who is a thinking and meditating being. It is enough, he proposed, if we “dwell on what lies close and meditate on what is closest; upon that which concerns us, each one of us, here and now” (p. 47).

In posing the question of how we might attain a groundedness, a down-to-earthedness and a solidity (*Bodenständigkeit*) in our day-to-day living, Heidegger (1959/1966) suggested meditative thinking, which demands of us “not to cling one-sidedly to a single idea, nor to run down a one-track course of ideas. Meditative thinking demands of us that we engage ourselves with what at first sight does not go together at all” (p. 53). Without meditative thinking, he suggested, we throw away our own special and essential nature, that of being a meditative being. He went on to say that our comportment toward technology would become “yes” and at the same time also “no”; how to use technical devices and also keep ourselves free of them, letting go of them at any time, and thus denying them the right to dominate us and so to “warp, confuse, and lay waste our nature” (p. 54). Heidegger advocated remaining dependent, not on technology but upon something higher, which he termed “*Die Gelassenheit zu*

den Dingen" (ibid.), translated as "releasement towards things". He suggested that this *Gelassenheit* involves the "disinterested reflection that technology threatens to eliminate" (Inwood, 1999, p. 118); an abandoning of willing but not a passivity, a thinking and a sort of waiting. *Gelassenheit* is described as "the thinker's attempt to keep the open open, letting a world world" (ibid).

Meditative thinking and releasement towards things seem to be notions inherent in the stories in this chapter wherein participants feel that learning takes place. Heidegger (1959/1966) noted that "the way to what is near is always the longest and thus the hardest for us humans. This way is the way of meditative thinking" (p. 53). Could it be that one of the main "internal" obstacles to learning is what Heidegger is describing here? That finding what is near to us is actually the most difficult thing to do? Ella's and David's stories certainly capture something of this difficulty, in relation to the effort involved, the time taken, the years that pass in gradually coming to what is near. And of course the boundaries between external and internal obstacles to learning become blurred when we acknowledge, as Thomson (2004) did, our having to struggle against "the inertial resistance of ubiquitous social norms which quietly enforce a kind of anonymous conformity (usually with our unnoticed complicity) if we are ever genuinely to repossess ourselves" (p. 447). Could it be that what helps us to find what is near to us, and actually to *notice* our situation rather than be immersed in the "unnoticed complicity" mentioned by Thomson, includes the ability to think meditatively, to keep the open open, in the sense that Heidegger described?

As well as meditative thinking and *Gelassenheit*, Heidegger (1959/1966) proposed that what keeps us human and interconnected is an "openness to the mystery" (p. 56). I will explore this concept in chapter 11; however, in the meantime I will explore the importance, for the therapist's ongoing learning, of the Other, in the sense of being-with the other (in the various forms in life and work this might take). The notions of intuition, love, caring concern (*Sorge*), openness of being, caring for the soul, meditative thinking and releasement towards things all continue, but the focus shifts from the individual person to the individual in connection with others.

Chapter 10: Being with the Other

“Since every stage of development involves facing emotional experience for which one feels unprepared, we are throughout our lives in need of other people with whom to think.”
(Ogden, 2008, p. 21)

In the previous chapter I discussed how therapists increasingly move towards responding to what is essential for their own learning; what *matters* to them begins to show itself more fully. I wrote about Anthony Doerr’s (2014) character Werner Pfennig, a promising young man, whose passion for learning was exploited by the Nazi régime that treated him as a commodity, rather than as an individual who could have been helped to find a way to live his own life. In this current chapter I focus on experiences of “being-with” the other. As a way of beginning to think about this notion, I open with Janet Frame⁵², who wrote movingly in her autobiography about how her own experiences of *being with* helped her to move towards living a life that she could meaningfully call her own.

In the second volume of the autobiography, *An Angel at my Table* (1984), Frame recounts her stay at Seacliffe Hospital⁵³ and her being presented with a medical certificate stating that the nature of her illness was schizophrenia: “I suffered from *shizzophreenier*. It seemed to spell my doom, as if I had emerged from a chrysalis, the natural human state, into another kind of creature...” (p. 76). In the third volume, *The Envoy from Mirror City* (1985), the reader finds Janet in London’s Maudsley Hospital⁵⁴ where she encounters a different kind of mental health care from that which she had experienced at Seacliffe, one where nurses *talked to her and got to know her* and where her “personal doctor” (p. 102), Alan Miller, talked to her several times a week and after some time informed her that she had never suffered from schizophrenia. Frame (1985) describes the shock that this announcement brought: “The loss was great.... How could I ask for help directly when there was ‘nothing wrong with me’?” (p. 103). After a winter “cocooned in the warmth of the Maudsley” (p. 104) Janet was

⁵² Janet Frame [1924-2004] is widely appreciated as New Zealand’s most distinguished writer.

⁵³ Seacliffe Hospital was a psychiatric hospital in Seacliffe (Dunedin area), New Zealand. It was closed in 1973.

⁵⁴ The Maudsley Hospital is a psychiatric hospital and mental health training institution in London, England.

eventually discharged and found somewhere to live, keeping up weekly appointments with Alan Miller. When he returned to America, however, Janet felt herself in a grey world, completely alone: "I felt as if all the griefs I had ever known surfaced within me" (p. 110). She was re-admitted to the Maudsley, with only "my ordinary self to use to try to explain my distress" (p. 112). Here she met Dr Robert Hugh Cawley, a young psychiatrist, who encouraged her to live her life as she saw fit rather than trying to fulfil the expectations of others: "The 'you should' days were over, he said" (p. 114).

The importance of Robert Cawley's presence in Janet's life comes through strongly in Frame's writing. When she left the hospital she moved to a flat nearby and continued to see him. The help he gave came not only from the therapy sessions they engaged in together but was also of a practical day-to-day nature. He would, for example, call the local library to explain that she was entitled to borrow books, recommend a dentist, allow her to borrow the hospital office's 'punch' to make holes in the pages of her manuscripts, and so on. She wrote that under his care she developed and grew, and saw *him* developing and growing into a man who, she felt, "would always respect the human spirit before the practice, the fashions and demands of psychiatry" (Frame, 1985, p. 115). In the course of her "being with" Dr Cawley, Janet learned to resist the lifelong demands of others to 'join in' (p. 114) and that "with myself as myself, I again began my writing career" (p. 115). This therapeutic relationship helped her to claim her own life and her time as her own, including that, for her, living alone and writing was the best life for her.

How does this phenomenon of "being-with" show itself in the context of this study? The participants spoke of how being with the other is central to the psychotherapist's experience of his/her ongoing learning. Further, that this occurs in very many different forms, which seem to evolve at least in part from the therapist learning how to be able to respond to that which is essential for him or her. This learning occurs in the experiences of day-to-day living, whether in clinical, personal, or collegial settings, and there are significant implications for the therapist's clinical work, including the ways in which therapists work, and the ways in which they are able to be with their patients. It is not a linear progression, that is, responding to oneself and then responding to the other; instead the "being with" may well, and often does, prompt a response to oneself, in an effort to understand what is happening for the

patient/client, for oneself, and in the encounter. The movement is circular rather than linear, as Isabel's story illustrates:

Only She Who Already Understands Can Listen

About four years into my therapy, I was still quite cut off. My therapist would say, "Where do you feel it in your body?" and I'd say "what do you mean"? And then something happened; I started to become aware of my therapist moving in her chair a lot and there was one session where I started to say this to her and she said "I always get very sore legs when I sit with you, I have for many years". And a memory arrived in me of being a child and having been born with twisted legs. I've read about infant experience and that very primitive experience where the infant doesn't feel things. Or they do, they have sensations. But because of what the mother or the parent does, it gets mirrored back to them and then they can start to have a thinking space about their experience. I don't think I had enough mirroring from my mum, she was very depressed. Because I didn't have enough mirroring, I deleted my experience. This is how I think about it now. If my therapist had said, "you're deleting your experience because your mother didn't mirror you", good luck with that doing anything! But what she's been doing with me is sitting and feeling me, tuning into me, and then when she said that she often has sore legs when she is sitting with me, I felt pain in my legs. Immediately. I was able to feel something. Because she felt it, I could. Her noticing me helps me feel myself. It wasn't long after that, that I started being able to do the same thing with patients.

For example, in one session a patient was telling me a story about himself and his mother, and an argument they were having. And then all of a sudden I started to get this pressure on my throat and I started to swallow and I thought "oh god, am I going to start coughing or something". And then it got worse and it felt like pressure and because my therapist had done this thing with me, and I had started to feel things, I had a model for talking about these things. So I said to him, "look, this is going to sound possibly really strange but, I'm feeling this thing in my throat, it's like I'm being strangled and I don't know what's going on and I'm wondering if it has anything to do with what you're saying". And he looked at me and burst into tears and said "Oh my god, I've never told anyone but that memory I was just telling you, my mother strangled me at the end of that argument and threw me against the wall". And he cried and cried. And nothing he had said, had said that. He gave it to me in some way, non-verbally, and I used it and gave it back to him, obviously in a way that he somehow could take it.

In this story, Isabel describes a process that happened for her in her therapy, namely that over a period of a number of years she became able to feel, and to name, feelings in her body. From reading about infant experience she has conjectured that her previous inability to access her feelings was due to her mother's depression, and her

mother's inability to attune to her. Because her feelings had not been acknowledged, or named, they were unknown to Isabel and could not be felt. It took many years of a therapist patiently sitting with her, "*feeling me, tuning into me*", before this could be spoken about and Isabel began to be able to feel what was happening in her body. The therapist had to be open to feeling with her own body what Isabel could not feel in hers, and then to wait until the time was right for this to be spoken about. Isabel says that her therapist noticing her (feeling her feelings) meant that she became able to notice her feelings herself. She then describes how this became an aspect of what she is aware of in her own practice as a therapist. The story with her client shows how she has become able to feel something that is unspoken but nevertheless present. The client tells a part of the story; meanwhile Isabel feels another part with her body that is too difficult to say. In the saying of it, Isabel then helps the client to feel feelings that perhaps previously had not been able to be felt, at least in the presence of another person.

Isabel shows how she has transformed her own learning about herself into a particular sensitivity towards what her clients bring her. She knows something (in her body) about feelings that cannot be felt, thoughts that cannot be thought. This knowledge came about within her therapy dyad and she has been able to pass it along in her own practice. In reflecting on this story I believe it says something about the ways in which therapists listen to their patients. But what sort of listening are we talking about here? Listening is perhaps the foremost activity for a therapist. As Akhtar (2013) wrote, in citing Leopold Nosek, "We can imagine a mute analyst but not a deaf one" (p. vi). Akhtar added that analytic listening is not restricted to spoken words but includes listening to silences and to non-verbal cues. Further, that although psychoanalysis has long been called the "talking cure" it is more properly a "talking and listening cure" (ibid., p. xiv), and that from the outset Freud had specific ideas about how a therapist should listen, including, most famously, that one should maintain "evenly suspended attention in the face of all that one hears" (ibid., p. 1) and should "turn over his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (ibid., p. 2).

"Evenly suspended attention" and "turning one's unconscious towards the unconscious of the patient" both seem to capture something of what Isabel is saying in describing her listening. She is listening not so much to the content of what her client

has to say; it is a “tuning in”, as she put it, an attuning, both to what can and what cannot be said, what is known and what is unknown. Freud’s recommendations carry with them a feeling of unhurriedness, of deliberation, devotion, and perhaps also of the analyst as “detached observer and an arbiter of ‘reality’” (ibid., p. 4). They do not quite carry the sense that we are left with from Isabel’s story that something unexpected, uncomfortable, and almost overwhelming may occur in the therapy dyad, for the therapist. Isabel recounts feeling as if she was being strangled; it was in learning through her own therapy that she was able to speak about this feeling, in the hope that it may have some meaning and be useful for the client.

It is also probable that Isabel would not have had the feeling of being strangled, had she not undertaken her own personal work, which means that she has become more familiar both with her own feelings and with those of others. Heidegger (1927/2008) is useful here when he suggests that “Listening to... is Dasein’s existential way of Being-open as Being-with for Others. Indeed, hearing constitutes the primary and authentic way in which Dasein is open for its ownmost potentiality-for-Being.... Dasein hears because it understands” (p. 206). The latter phrase: “Dasein hears because it understands” provides insight. In psychotherapy one often thinks of hearing/listening *in order to* understand, whereas Heidegger proposes that Dasein hears *because* it understands. Isabel listened to her client from a place of *already* understanding something from her own experience; the understanding could then be passed to her client in a very particular way.

Heidegger (1927/2008) also wrote about “hearkening” (*horchen*) and distinguishes it from “listening” or “hearing”. “Hearkening”, he said, is more primordial than “hearing”, in that it has the kind of Being of the hearing that understands:

Only where talking and hearing are existentially possible, can anyone hearken. The person who ‘cannot hear’ and ‘must feel’ may perhaps be one who is able to hearken very well, and precisely because of this.... And understanding arises neither through talking at length [vieles Reden] nor through busily hearing something “all around”. *Only he who already understands can listen* [emphasis added]”. (pp. 208-9)

Heidegger links the ability to “feel” with the ability to “hearken”, which for him is more connected to understanding than talking at length or “busily” hearing. It is primordial in the sense of being open to and being with the other in a way that understanding can occur, and again he said that this understanding comes before listening. Isabel seems

to have privileged feeling in her therapeutic encounters, and has thus privileged “hearkening” over “hearing”. This way of being has emerged from her own personal journey where once feelings were unknown to her, and has become a powerful way of being with and being open to her clients.

As I have mentioned, being with patients or clients takes different forms, which seem to be connected with the therapist’s own learning to respond to what is essential for him or her. In Isabel’s case, being aware of the body became an essential learning for her and then an essential part of her practice. Another participant, Simon, describes personal resonance with the concept of “intergenerational transmission of trauma” and how this gradually became integrated into his work:

An Unfolding/Manifestation of Personal History

This is a process that has happened over two or three years, and continues. For example, I was at a conference and heard someone talking about some aspects of intergenerational transmission of trauma. Then I was in a reading group where there was a paper that had some mention of this. There was a particular phrase about the “ghosts in the nursery”, and I got intrigued by that, and then put that together with another paper and then started reading some other stuff, and found a lot of it made mention of the holocaust and holocaust survivors, and ongoing intergenerational transmission of the impact of that.

In a parallel stream, for some time I’ve been very interested in the Second World War and the experiences of my grandfather who was a prisoner of war and then the impact that had on my mother, and our family. I’ve read a lot about that, and about the holocaust and the theory of intergenerational trauma, and that’s woken something up in me which has spilled over into the work. In a way I’ve been asking more questions, being more alive, more awake, to that aspect, more curious about it in my work. With one person in particular I think it’s been very significant, helping him think about his Jewish history, the way that he behaves now and the lack of security that he feels underneath, and his constant sense that something terrible is about to happen. Just my gentle questions about it and my curiosity, have rubbed off a little; he’s starting to think about the impact.

Simon describes situations over a two to three year period such as a conference, a reading group, his own searching for material, where he was drawn to the concept of “intergenerational transmission of trauma”. He mentions his “interest” and being “intrigued” and that this led to him wanting to learn more. At the same time it becomes clear that this is a *personal* interest, linked to his grandfather having been a prisoner of war in World War Two and his wonderings about the impact of this on his

family. His explorations “spill over” into his work and he recounts feeling more alive to, and more curious about this particular phenomenon; he gives an example of a Jewish client who, as a result of their work together, seems now more able to think about the impact of his personal history.

What seems significant here with regards to Simon’s learning is his being *drawn* to this phenomenon of intergenerational transmission of trauma (that is, he was not *required* to learn about it) and how it brings about an *aliveness* in him in relation to his work, which is then helpful for his client. We could say that in being drawn to understanding more about his own personal history, and the impact of that on him and his family, Simon brings more of *himself* into the work; he thus responds not as a detached professional but as someone who is willing to share something of himself with the other. I do not mean that he would share the concrete details of what he has learnt of his own history with his client, but that in bringing his aliveness and curiosity, his own embodied *knowledge* of the impact of intergenerational trauma, he shares something of his very beingness with his client.

Bonnett (2002) described the Heideggerian account of learning as being a “highly demanding and participatory affair which requires the full engagement of the learner” (p. 241), and further, that the learner listens for and *attends to what calls to be thought* from the learning situation in which he or she is involved. Simon’s interest in his own personal history called him to thinking in particular ways in situations in which he found himself; in addition he cared enough to bring this into his practice, where his learning has become a form of embodied “teaching” for his client. In the previous chapter I explored the notion of *Sorge* (care) and briefly mentioned *Fürsorge*, care of others, or “solicitude” as it is translated in *Being and Time*. I have noted that Heidegger (1927/2008) suggested that everyday Being-with-one-another maintains itself between two extremes of positive solicitude – “that which leaps in and dominates, and that which leaps forth and liberates [vorspringend-befreienden]” (p. 159). The way in which Simon talks about his “gentle questions” and his “curiosity” in relation to his patient seems congruent with the second form of solicitude, which Heidegger proposed “helps the Other to become transparent to himself *in* his care and to become *free for it*” (p. 159). This makes me wonder whether Simon’s patient can feel that Simon knows something about this in an embodied rather than a theoretical way; and is this perhaps what Heidegger means when he says that this care is

liberating. The shared experience (connection and understanding) and the being-with are revealed to the patient as “care”, which in turn may be able to be awakened and developed within the patient⁵⁵.

Simon’s ability to be curious and open with people has another dimension, which is also personal. He talked about the influence of his grandmother in the following way:

Right from being a child, I’ve had a curious wonder about the world. I think I’ve inherited a curiosity about people and people’s stories and people’s lives from my grandmother, who was hugely influential in my life. She was very good at listening and good at telling stories, crafting them, and always curious about people and engaging. I was lucky to have a lot of time with her, so I think she comes through, that curiosity about who people are and where they come from, how they think and feel, how they see the world.

Not only is there the intergenerational transmission of trauma which was an aspect of Simon’s experience with his grandfather, but also there is an intergenerational transmission of an ability to be curious, to be engaged with others, to be willing to enter into their world: “*how they think and feel*”. Simon’s experience of having a grandmother who was interested, who was able to share *her* own beingness with Simon and to care for him in this way, seems to have had a lasting impact on his own ability to learn to be with others and to care for them. That this also includes a being-with himself (for example, by way of being interested in his personal history) would seem to deepen the engagement, as Heidegger (1927/2008) noted when he wrote about the experience of being with others (the Dasein-with of Others, and Everyday Being-with):

By ‘Others’ we do not mean everyone else but me – those over against whom the “I” stands out. They are rather those from whom, for the most part, one does *not* distinguish oneself – those among whom one is too. This Being-there-too [Auch-da-sein] with them does not have the ontological character of a Being-present-at-hand-along-‘with’ them within a world. This ‘with’ is something of the character of Dasein; the ‘too’ means a sameness of Being as circumspectively concerned Being-in-the-world... The world of Dasein is a *with-world* [Mitwelt]. Being-in is *Being-with* Others. (pp. 154-155)

⁵⁵ I say “may” here because I do not believe that the act of caring always engenders an awakening of caring in the other, although it might often do so. Casement’s (2006) story of the limitations of “corrective emotional experience” is pertinent here (see chapter three).

Simon speaks about being-with as an aspect of his traumatic history when he speaks about being drawn to being-with his grandfather's experience and what this experience might have meant for his family. He also speaks about the experience of being-with his grandmother and how that experience helped him to be with himself and with others. He brings the experience of being-with his grandfather, being-with his grandmother, and being-with himself, to the experience of being-with his patient. That these are all interconnected seems to illustrate what Heidegger was saying when he proposed that the world of Dasein is a "with-world" and that "Being-in is Being-with Others", including importantly that "Others" does not exclude oneself. One area of the therapist's learning in which the latter seems particularly pertinent is that of the therapist undertaking his or her own personal therapy. In the next section Philip describes his experience of this.

It's Difficult to Take the Moral High Ground

Philip, an experienced psychotherapist, spoke about how his personal therapy helped him to be with uncomfortable aspects of himself and how this then had profound implications for his practice. Philip works in a public mental health setting and often with patients with chronic histories of psychosis. Over the years he has worked with patients with whom, he says, some other clinicians would not work. He describes why he does not object to working with these patients:

In my own therapy I got in touch with my anger around my father, and also how similar I was to him in some respects. Although I was, and am, much more politically left leaning, I came to realise that I would always see the right wing as quite outside from me, but when that shadow in me emerged as being quite dark and equally fascist I think it allowed me to access people in a different way – in their darkness and their anger and their rage – and also to work with people where I might not hold their views, be it a male chauvinist, or sexual abusers, to right wing thinkers and so on. I have worked with people that other therapists wouldn't work with and perhaps find frightening, but I am not sure that I am much better than any of them really in my darkest corners. We all hold shadows, and that shadow work, that real dark work, has helped me profoundly to be with people and to sit with people with their own darkness, and to push people to look into it, but to do that very gently. So in that way therapeutic work has been very helpful to me. It makes it harder to judge others – as much as I'd like to sometimes – as I hold that within me.

So it has been most important to go into places that would be difficult to go into if one holds strong views of what is right and wrong, and in that

way it softened that, it makes it more problematic. It makes it harder to feel so clear; sometimes it would be nice, I can see the relief in that and the ease of that, "I have strong views and that's it, these people are bad", and they are in some ways, absolutely, and if they are and if they exist then maybe that is a part of me. So how do I work with that, and what are their shadows? It might be surprising, because their shadows are often their vulnerable parts, so the tough ones have the fear and the vulnerable parts as their shadow. When that is accessed, then these people really shift, and that is quite beautiful to observe, but it takes time.

Here Philip recounts how his own therapy enabled him to see parts of himself that he had formerly preferred not to see. He *had* been able to see those parts in his father, for example, his father as the "fascist", but in his own therapy he came to recognise how in some ways he was equally fascist. This then helped him to work as a therapist, both in understanding the complexities, including what he refers to as the "shadows" which people hold within themselves, and also to work with people with whom other therapists may not want to work. He mentions that some people might be experienced as frightening and that his own therapy had helped him to come to terms with the frightening aspects of himself. This awareness made it more difficult to judge others and, in turn, made it possible not only to sit with them but also to engage in a potentially transformative experience.

The psychoanalyst Winnicott (1949) wrote that "If we are to become able to be the analysts of psychotic patients we must have reached down to very primitive things in ourselves" (p. 70). Another analyst, Bion (1990), describes the generally frightening prospect for any therapist of seeing *any* patient, and how this phenomenon of being frightened is simply *necessarily* present:

When approaching the unconscious – that is, what we do *not* know, not what we *do* know – we, patient and analyst alike, are certain to be disturbed. Anyone who is going to see a patient tomorrow should, at some point, experience fear. In the consulting room there ought to be two rather frightened people: the patient and the psychoanalyst. If they are not, one wonders why they are bothering to find out what everyone knows. (pp. 4-5)

It would seem that Philip's ability to be open to and receptive to a part of himself that he calls "frightening" is an aspect of what Dreyfus (1991) referred to as the "transformation that comes from Dasein's accepting its own powerlessness" (p. 319). Philip's "fascism" is simply there; no amount of looking away will make it disappear and, as Philip states, it is only by looking at it fully and understanding it that the

judgment of it lessens. Paradoxically it then becomes a force for the good, not only for himself, but also for the patients he sees, because their being “frightening” means something to him. He is therefore more likely to trust that a therapeutic encounter may be transformative, because he has already experienced this for himself, as well as with others.

Feeling Deeply and Living Through (*Erlebnis*)

Many, in fact nearly all, participants mentioned the value of their own therapy in helping them to better understand and to be with themselves and therefore their patients. Philip’s story also shows how, in developing himself personally through his therapy, he has been better able to help others, and in his case, help some who may not otherwise have much hope of being helped. In this section Simon talks about his personal therapy and tells something of how his own embodied *experience* of his therapy means that he can confidently offer therapy to others and believe that it helps:

I see personal therapy as a whole, external exoskeleton, holding me steady and helping me to hold steady in the work. Therapy is not just about the holding for me emotionally and the place to go and reflect. It’s also the experience of being a patient, of being on the couch, of being in a long relationship. I’m in my second therapy now, and in my 18th year of being in therapy. More than 10 years of that has been twice a week, on the couch, very deep processes.

I couldn’t trust that psychotherapy really made a difference until I experienced that it had really made a difference to me, and that took some time after I’d already qualified. So even though I was already doing the work, and eager and keen and sort of believed in it, that deeper sense of trust didn’t come until I’d experienced some of the benefits from my own therapy over many years. So now, if someone says, “why do you do this?” I honestly can say, “I do it because I believe it can make a difference and I’m not just hanging on by a thin prayer or something”. I do believe that; it comes from deep in my own experience. I think especially the really early deeper parts of the work, by early I mean the parts where you are more regressed, where we still feel like babies, children, I think that and the transference experiences and so on that go with that territory, are very different once you have felt them yourself, and it’s so very different from theory. That learning is crucial to me, to know that you wanted to be held and fed like a baby, that you can feel that in yourself. It has been life-changing for me.

It is important for Simon to experience being a patient. His own therapy continues to support and contain him in his work and connects him, in a visceral way,

to the experiences of his patients. He has come to know and to learn through his own transference experiences with his therapist what psychotherapy can offer. He describes this as life-changing and significant because it can, in turn, be life-changing for his own patients. This conviction does not come through theory but through learning from his own experience. It would seem that Simon's approach is not one that seeks to learn in a technical and distant way but rather one that seeks to *be*, in a real sense, with his patients. Perhaps it is important for him to know in a felt sense something about his patients' experiences? Or is it that he does not feel that he can help if this is not present? He understands that the therapy is both for himself and for his work as a therapist. Both he and Philip point to a well-known phenomenon in psychotherapy theory and practice, that of the therapist using oneself as a "tool" in the service of the other, and that this occurs in the realm of lived experience. I described lived experience in chapter eight with the example of the apprentice who learns to respond and to relate to his wood. What might be the connections between this phenomenon of "lived experience" and the therapist's ongoing learning?

In *Being and Time*, Heidegger explained Wilhelm Dilthey's writings as being stimulated by the perennial question of "life", and that starting from "life" itself as a whole he tried to understand its "Experiences" (1927/2008, p. 72). At this point the translators noted in a footnote that the word "Experiences" in the original German is "die Erlebnisse dieses Lebens" (p. 72), and that the connection between "Leben" ("life") and "Erlebnisse" ("Experiences") is lost in translation. They added that an "Erlebnis" is not just any "experience" but one which we feel deeply and "live through". From there they distinguished between "Erlebnis" (which carries the word "leben" or "life" within it) which they wrote with a capital "E" (ie. "Experience") and "Erfahrung" (also meaning experience) with a lower case "e". I think it is pertinent that Heidegger is emphasising "life" in relation to experience. One of the German words for "experience" that contains the word "life" seems to capture something of what Simon is saying. His experience of his therapy is felt deeply and is lived through; he is engaged in it with his very life. This would seem to be a different learning than, for example, learning through reading. It is often taken for granted by therapists that their learning largely happens through experience (experience of the work with the patient, for example). Focusing on how that actually occurs in one's mind and body, one's life

itself, provides insight into the phenomenon of learning by feeling deeply and living through something.

An important part of that learning in relation to learning that takes place in an apprentice (who is learning to respond) is that the teacher is able to point out that which is thought-provoking, “that which calls on them to think, that which has relevance for their essential being-in-the-world with others” (Kleiman, 2009, pp. 35-36). A therapist, who is able to point out to his/her patient that which is thought-provoking, will promote the being-with and the lived experience that Simon describes. In pondering what Simon is saying, I found myself thinking about Canavesio and Ruspoli’s (2011) film *Being in the World*, in which Ruspoli met with Hubert Dreyfus and other philosophers, and other individuals who were masters of their respective crafts dedicated to these in a particularly embodied way. Ryan Cross is a bass player and cellist, Hiroshi Sakaguchi a carpenter, and Manuel Molena a poet and Flamenco master. Ryan Cross spoke, in the film, about his relationship to his instruments in the following way: “Being connected to my instrument, connected to myself, I have to be connected here [*points to instrument*]. I have to be in touch with myself. ‘Myself’ meaning the instrument *becomes you*”.

Hiroshi Sakaguchi described his relationship to the wood he had chosen. As he stroked the wood and showed how he worked with it he said “You work with it all the time. Colour difference. Grain. Tight grain, loose grain. Big grain. Heavy wood. Big beautiful yellow colour. If I come across very good, nice wood I feel good. If you can’t find good wood for a couple of days, it’s not fun”. Later in the film he movingly adds: “God connects the wood and God connects me, and so I try to honour that with the best possible technique”. Manuel Molena said this about his musicianship: “The guitar, like any instrument, is a dialogue between the guitar player and the guitar”. Watching him, again it is difficult to see where he ends and the guitar begins; he holds the guitar close to him, as if it really is a part of him. Sakaguchi, Cross, and Molena all have a similar, almost reverent, attitude that transmits itself in their handling and use of their wood/instrument.

These three individuals spoke about their relationships with their “tools of the trade” as being symbiotic. It is difficult to see where the person begins and the “tool” ends. In some way the two become one, much as Simon is alluding to in discussing his own therapy, his own processes and then his use of himself when he is working as a

therapist. His process is ongoing and cannot be differentiated from his work, and from his developing mastery of his craft or “trade”. Mark Wrathall, a philosopher interviewed in this film, made the observation: “You can only see what the hammer is when you have the skills to hammer well; without those the hammer will never really show itself... as you learn skills you begin to inhabit the world differently”⁵⁶. While Ryan Cross connects to his cello, Hiroshi Sakaguchi to the wood he uses, and Manuel Molena to his guitar, Simon’s ability to be a therapist was only possible as he came to know for himself, at an embodied level, what therapeutic processes actually are and what they are capable of delivering. He did not, of course, do this in isolation; his therapist was with him and was a part of his experience.

McWilliams (2013) evocatively described her own experiences as a psychotherapy patient and the impact of these on her work as a therapist, including (like Simon) that it gave her faith in the process: “I know in my bones that psychotherapy heals. I assume I convey that conviction to my clients, not only verbally, but also with countless nonverbal cues” (p. 623). Amongst the many things she described learning from her own therapy about herself (including learning about herself as a therapist), she noted that her own therapy helped her, and continues to help her, to identify with, and have empathy for, the complex feelings that go with being in the role of client. She became familiar with her blind spots, with her own psychotic, borderline and neurotic-level dynamics, and to thus appreciate that others might be quite different from her internally. McWilliams also learnt about the power of unconscious resistance, the patience it takes to change longstanding patterns, the power of affect and the freedom of feeling and naming it, as well as the painfulness of learning things about herself that she had not previously known or seen. She described gradually giving up omnipotent fantasies that she had not realised that she had: “So much of what I thought was insight about myself turned out to be rationalization. The evidence accumulated that I was not in charge of my own mind and that I had warped ideas about my own power” (McWilliams, p. 624). She concluded that much of what her therapist gave her was much more in the nature of a sensibility than a set of

⁵⁶ It was Heidegger (1927/2008) who initially brought the example of the hammer, when he made the point that it is only in hammering that one discovers what a hammer is for (merely describing the tool will not clarify its use). As well, that when a person hammers they become one with the hammer, and hammering becomes a part of who the person is.

techniques and that this experience laid a deep and solid foundation for her own work as a therapist.

Knowing from Experience about Ethics

Staying with this theme of learning from situations with others that we experience as lived through (*Erlebnis*) and how these then impact on the therapeutic encounter, Sarah is a psychotherapist who recounted a very difficult situation for her, in which her therapist behaved in an unethical way:

I have an example of something that has influenced my learning as a psychotherapist which I would say has been absolutely central to me. It has to do with ethics and boundaries; I have learnt that whereas you can teach the code of ethics you cannot teach someone to be ethical. This has come from an experience I have had myself as a client of a therapist who was very unethical, with very poor boundaries. Being on the receiving end of that has meant learning something at a very deep level about multiple relationships and about using clients for your own ends. Whereas the code of ethics clearly states that anything to be done should be in the client's best interests, I think it was only when I experienced things not being done in my best interests that I really got something around ethics that I may never have got by writing a dozen essays.

To learn something at a visceral level is so different to being told what is required of you as a practitioner, you understand why, which is very different to doing something because you think you should. In that particular case, where essentially something went very wrong, I ended up by laying a complaint, which was quite a traumatic experience for me, and I can only imagine what it was like for her.

Although Sarah does not give any details about the unethical behaviour of her therapist she is clear that the experience of a therapist behaving towards her in an unethical way was “absolutely central”. She says that “I really got something around ethics that I may never have got by writing a dozen essays”, that the learning around this was “visceral” and “at a very deep level”. She seems to be saying that it was the learning by experience that enabled her to really take something in. At the same time, it is clear that this was a traumatic experience, in that it culminated in her feeling hurt to the degree that she laid a complaint against her therapist. It is almost as if this has become indelibly inscribed within her, ultimately providing her with a knowing about what is acceptable and what is not in relation to the poor boundaries she is describing. This experience had taken place over an extended period of time; Sarah emerged from

it saying that she has learnt to do something different from her former therapist. She illustrates this by describing a recent experience with a client of hers:

I was at my practice the other day and I was doing some gardening before a client came. This client often comes early and so I'm sitting there working as quickly as I can, and at the same time wondering what it will be like for him to meet me in the garden. I was very aware that it would be very different for him, and I wondered what he would do with that. I think that awareness came from my own experience of having very poor boundaries with that former therapist, and when I started with my next therapist I actually could not bear seeing him out of the room, it was far too anxiety-provoking for me because of the abuse that had occurred.

It's not like that for me anymore but it's given me an awareness of negotiating these things with clients. So when this client came and saw me in the garden, he went in and had a cup of tea and waited for me because he was half an hour early. In the session I brought what had happened into the room and asked him what it was like to see me in the garden and we had a brief conversation about it. It's such a multi-faceted thing, not something you particularly learn in a book.

As Sarah gardens and, at the same time, knows that her client will soon be arriving she wonders what it would be like for her client to see her outside of the therapy room. She knows that at one point this would have been impossible for her to tolerate – “*far too anxiety provoking*” – because of her former therapist’s lack of boundaries and inability to keep the therapy space safe. Sarah has these thoughts as she gardens; she is anxious about her client arriving “*I’m sitting there working as quickly as I can*” and seeing her in the wrong place. This anxiety prompts her to think about her client’s experience. We do not know whether it would actually be difficult for her client to see her in the garden because Sarah does not tell us anything about the client, but it seems clear that the experience is difficult for Sarah to have this experience and that she makes some decisions about it, particularly talking with the client about it when the session begins.

She says that these experiences have helped her to be aware of negotiating ethical boundaries. As a result, she takes the time to reflect on possible boundary issues in the therapeutic relationship, and, further, that they have “*sensitized*” her to what it is like to be a client. Sarah’s story points to the difference between a therapist who has read about or who has been taught about appropriate therapeutic boundaries and what it is like to learn from experience. Although it is likely that Sarah has also

read about and been taught such boundaries, it would seem that Sarah's very being has become infused with this learning. Her painful experience was felt deeply and was lived through (*Erlebnis*); she was engaged in it with her very life. As she mentions, this would seem to be a different sort of learning than, for example, learning through reading. It becomes embodied as part of one's own life story, rather than a cognitive theory.

What is the Experience of Being-With?

Thus far, I have explored ways in which therapists increasingly learn to respond to what is essential for them, and that this learning often occurs through Being-with the other or others (*Mitsein*) in various day-to-day lived experiences. Sarah's story suggests that the nature of this lived experience with another facilitates a learning that is more powerful and more visceral than, for example, the solitary pursuit of reading. At this point it might be tempting to suggest that learning from reading and learning from an experience of being with an other, are two very different things, and that the latter provides a greater depth and impact. However, in interviewing another participant this tempting thought seemed to require closer examination. When I talked with Rahel, she spoke about the importance of reading:

*Learning can absolutely happen from our experience. There is that learning from experience and practice and all of that. But it's not only that. There are books, for example. I can lie on the couch and I can also associate to books. For me it's not separate in the way that I am painfully aware that it is for many other people. I experience something and I describe what I experience and I might have an image association and then I think of something and then I start thinking about it and then I might say, "well you know it's like Winnicott's holding isn't it?" or something like that. I actually **see** books.*

When I just said that I had an image of Winnicott in my mind. Of course I have never met these writers, but when I read I actually hear the author aloud in my mind, somebody is talking to me. Or I might see the word "holding" or "Winnicott" in the way I imagine him. Or a thought. So my thinking as I was reading comes back to me as I think. I know it's not a conversation but it is very similar to when you remember a conversation you have had with someone. It's a bit like seeing a tree and you remembered what the tree looked like, smelled like, how you enjoyed it, but you also wondered whether it was an elm. And then it's remembering that wondering. And then there is a range of practitioners who have written.

What I enjoy in psychoanalytic writing is that you have really solid theorising and you have the clinical material, I don't find it is separate. Hardly any of the writers I'm thinking of write without trying to convey something of their experience - although not necessarily always of their internal experience - so that's one thing I enjoy a lot. And that relationship with writers - I can dream of Ogden sometimes. This is alive in me.

Rahel describes a particular relationship she has with books and their authors, whereby she might experience something in her life and then an image will come to her. If she stays with that, then a book or concept she has read will come to her mind. But she does see the book and/or the writer of the book. She likens her thinking, as she is reading, to a conversation with a person, where she can then later remember thoughts that she had while having the conversation. The words in the book are spoken aloud to her as she reads, as if the author is reading to her. She stresses the importance of the authors conveying something about their experience in their writing, and that she values that. Authors she enjoys can even become a part of her dreams; they are alive in her. Rahel seems to have a very experience-near and embodied approach to her reading. She is willing literally to be in partnership with her books; even the way that she describes “lying on the couch and associating to books” has an intimate feel, as if the books and authors are part of her internal landscape. The reading becomes a conversation that can be recalled later by words and/or images. Although this could be thought of as a relatively abstract and intellectual endeavour, the learning by reading that Rahel describes seems to be more of an embodied experience.

I noted that Sarah spoke about a traumatic experience from which she had learned, and that she had connected her learning with having an embodied life experience akin to Heidegger's use of the word “*Erlebnis*”, to describe an “experience” as something we feel deeply and “live through”. In pondering Sarah's words, I asked the question: “what, then, is this phenomenon of learning by feeling deeply and living through something”? In thinking about Sarah, I contrasted learning from reading a book with learning from experience, and then the next person I interview (Rahel) is someone who very much seems to be in a full *life* experience with her reading. It then becomes difficult to differentiate in a meaningful way between *reading* about something on the one hand and *experiencing* something on the other. Rahel's way of reading is to be in relationship with the book and with the writer. She is experiencing

when she reads, such that what speaks to her when she reads becomes integrated within her; reading and life are not distinguished one from the other. Does this reveal something about an individual's stance to learning, to life itself? Does Rahel have a particular ability to learn from what she reads, as she engages in a particular way with her reading? And does this particular way of engaging with her reading ensure it is remembered rather than passed over and/or forgotten? For Sarah, reading about ethics was very different from experiencing the impact of *unethical* behaviour. Implied in this is that reading is a poor substitute for actual experience. Rahel's account of the way in which she reads would seem to be saying something very different; both Rahel and Sarah are speaking about learning in a visceral, embodied way, Heidegger's "*Erlebnis*". Further, that both experiences are "Being-with" experiences; in Sarah's case, learning from the experience of being with the unethical therapist, and in Rahel's case, learning from the experience of being with the book or article she is reading, including being-with the author of the book or article.

Continuing with the experience of reading and its being-with nature, David speaks about the way in which reading has become more important for him as time has gone by. As he has become a more experienced therapist, books have assumed a greater role in helping him to learn, albeit in a quite specific way:

In my earlier years inspiring teachers were hugely instrumental and affected my work in a central way, but then the next thing, perhaps after about five or 10 years, was books. They have been so inspiring, and altering. I would say that I am very affected by a medium like books or a film, and books in particular have been potent sources of learning and discovery. Books have really shaped my practice, books like 'Learning from the Patient', authors like Eigen, and then Epstein's 'Thoughts without a Thinker'. I guess these books have really supported a view that I have been forming in myself. Yes, I'm sort of embarrassed to say that these books confirm my prejudices. I read a book and I think "oh my god, that is exactly how I experience it". It affirms a direction.

In this excerpt, David describes books as being, on the one hand "*potent sources of learning and discovery*", and on the other hand almost as if they are like-minded companions, thinking the same and sharing the same "prejudices". We can imagine him, reading and nodding in agreement, "yes, that is how it is!" What can we make of this? For me it brings to mind Vygotsky's (1978) "zone of proximal development" which I referred to in chapter two. Perhaps as David perhaps becomes interested in a particular subject or area of learning he chooses texts that will take him that one step

further. He can nod in agreement with the author, not necessarily because he has always thought exactly what the author is writing, but because the author brings David with him in the writing in such a way that he feels supported and affirmed. It also brings to mind Ogden's (2008) thought that "Since every stage of development involves facing emotional experience for which one feels unprepared, we are throughout our lives in need of other people with whom to think" (p. 21). In David's example, these authors seem to have become *other people with whom to think*. David distinguishes between his experience with reading and the experiences he has had with clients in the following way:

Books are overtly stimulating and interesting and have helped me move in certain directions, but those very powerful experiences with clients, including the encouraging and uplifting ones, but also those very powerful difficult scenes, they feel as if they alter the chemistry, and shift something of who you are, your practice, your life... it's very visceral and what was actually learnt is much harder to pin down, as if in some weird way the learning freed me.

David acknowledges reading as having been "inspiring" and "altering", even that books have "shaped his practice" and helped him to move in particular directions. However, the degree of intimate and visceral experience of reading, as described by Rahel is missing here. Although David speaks about the increasing importance of books for him, it is his description of his learning from his patients that fits more closely with the phenomenon of learning by feeling deeply and living through something. His description of his work with his patients feels as if it belongs in a different and even sacred, life-changing sphere: "*they alter the chemistry*", and "*as if in some weird way the learning freed me*". What strikes me here is that Rahel's description of her relationship with books has a tone that is similar to David's speaking about his patients. Again, it seems that it is not the *medium* of learning that is the crucial aspect here but rather what *meaning* each individual gives to the different ways of learning, and the nature of their "being-with" experience with that medium.

David's description of his learning from the experiences with his patients leaves us in little doubt of their profoundly transformative nature. Similarly, Rahel's description of her alive relationship with books, for example, her conversations with and dreaming of the authors, carries a similar potency; which did not emerge in quite the same way with other participants, although Grace's speaking included a sense of

her being in relationship with the authors she mentioned, albeit a relationship that differed to that which Rahel described. Grace said this about reading:

Learning comes from so many different places. One is authors. Every so often I feel a fresh sense of gratitude for people who are motivated to write, especially those who write evocatively. There are authors who convey a sense of being interested in their own limitations and mistakes and confusion. Some who come to mind are Nina Coltart, Sandra Buechler, Philip Bromberg, Stephen Mitchell. If people who are so respected and experienced can feel this way, and value feeling this way, and talk about it humbly and joyfully, then it's OK.

Grace names some authors and expresses gratitude toward them for writing evocatively and helping her to feel that what she is feeling is “ok”. There is some similarity with David’s saying that he feels supported and affirmed by authors when he reads; however, in Grace’s case there is also the sense that she is relieved that these authors have some of the difficult feelings she experiences at times in her practice. Such writing helps her to feel less alone in her ongoing learning, and that what she is going through is shared by others. It may or may not be relevant that Grace is a relatively newly qualified psychotherapist, for whom some of these feelings will be unfamiliar, whereas David has been practising for many years.

These examples would seem to underline that the being-with (*Mitsein*) experience, so crucial to the therapist’s ongoing learning, takes different forms for different therapists. In relation to this, I offer some brief vignettes from the interviews and then discuss these in relation to Heidegger’s (1927/2008) understanding of *Mitsein*, Ogden’s (2008) notion that it requires two minds to think (a person’s most disturbing thoughts), and Arendt’s (1990) thoughts on the plurality of the meditative thinker.

Being Called to Be-With

Ella spoke about struggling with a problem and turning to art for inspiration and help:

When I’m trying to nut something out I’ll go to the art gallery and find which painting is speaking to me today and work from there.

Rather than saying that she is *looking* at a painting, Ella says that she finds out which one is *speaking* to her, implying a dialogue with the painting. In a slightly different way, Simon mentioned the importance for him of theatre, art and reading:

Film and theatre and art and reading are all ways we learn about other people's internal worlds and how we learn about our own. These are important for me.

He particularly mentions that he learns about his, and others', internal worlds from these media. Given that perhaps the main activity of psychotherapy is engaging with one's own and the patient's internal worlds, then Simon would seem to be pointing to his interacting with these media as being a fundamental part of his ongoing learning. He also mentions the importance of making his own art:

I have my own artistic practice. I make my own art as well and so that creativity and learning about that has also shaped how I work, especially about trusting what might unfold. Trusting the creative process is like trusting the therapeutic process, which is different from trying to make something happen in a linear way, which may have been more the style of my previous profession. I think I've learned to be more artistic, more playful and creative and allow that to be in the emerging work between us, and allow my patients' unconscious creativity to have its space as well.

In his interview, Simon acknowledges that his previous profession had been more aligned to the physical sciences, and that he thinks that psychotherapy is more aligned to the arts. Making his own art has helped him to learn how to think in a less linear and more playful and creative way. This says something important about learning how to think, that there are different ways of thinking, and that in psychotherapy practice an orientation toward, as he says, trusting what might unfold (which he continues to learn in his own artistic practice as well as in his therapy practice) will be more helpful than more "linear" ways of thinking. This also brings to mind Heidegger's (1959/1966) thoughts on meditative and calculative thinking that I have previously discussed. In addition to meditative thinking becoming increasingly rare in our technologized culture, it also seems true, as Simon is pointing out here, that psychotherapy is a profession that calls for meditative thinking. Simon's transition from a profession that called for a more calculative style of thinking has meant that he has had to learn a more reflective, meditative way of thinking, and learning from his artistic practice seems to have been an important way of developing this in him.

Isabel also spoke about a development in her thinking and learning, but in the context of her reading:

I think books and case studies and those kinds of tools are important in the beginning. They were for me. I think I'm somewhere else now. I read differently. That's what I think has changed. As a beginner I read

because I wanted to know the answer to something like, 'what is going on for my patient'. But now I'm not so concerned about what the answer is anymore. I'm more interested in finding more ways to think about things. I like to think rather than looking for the answer. What I read might add something to how I'm thinking, and I might even reject it if it doesn't fit for me. And that's a different process.

Isabel describes how her experience of reading has changed with time. In the beginning stages of her practice she tended to read to *find things out*; now she says that she reads to *find more ways to think about things*. No other participant expressed this in quite the same way and this is another reminder of individuals' very different experiences of learning. At the same time, it may be that Isabel was simply able to express this aspect of the phenomenon more vividly than others, because it certainly resonates with my own experience. Reading in a field in which we are actively working and learning becomes more about debating or having a conversation about new ideas rather than "hoovering up" or acquiring knowledge. The learning is in the conversation.

Simon's comments about his learning through making his own art, Isabel's comments about her learning from reading, and Ella's conversing with a painting all express something about the relationship between learning and thinking. They are all describing ways of helping them to think that are beneficial for their practice. Also pertinent here is Heidegger's (1954/1976) discussion of what *calls* us to think:

What calls us wants to be thought about according to its nature. What calls on us to think, demands for itself that it be tended, cared for, husbanded in its own essential nature, by thought. What calls on us to think gives us food for thought. (p. 121)

Ella, Isabel and Simon are showing how the nature of psychotherapy practice calls for a way of thinking which is gradually developed, not through particular activities of learning per se (for example, reading, looking at art, or making art), but rather how the practitioner is called to engage in these. The therapist is called to experiences of being-with that develop their thinking and being as psychotherapists. Further, he or she does not consciously need to make this happen (for example, to plot a "development path" for his/herself, or to have one plotted for him/her), rather, as Heidegger proposes, that which calls us demands that it be cared for, *and* it gives us food for thought. The implication is that if we do not heed the call, if we are not open to experiences that develop our thinking and promote our ongoing learning, or if we are hindered by

external or internal forces in being able to be open to our learning (as I explored in the previous chapter), then we will experience difficulties in learning that will impact on our practice.

There are many more examples from the interviews of participants talking about their engagement with art and literature⁵⁷. Some also mentioned the significance of mythology and fairy tales in helping to gain fluency in learning to think symbolically, an intrinsic part of psychotherapy practice. Philip spoke of the importance for him of films, *“Because movies have a way of presenting atmosphere and emotions visually, not only just with interactions or discourse but in fact also in terms of imagery”*. Again, there is the sense of the therapist engaging with, or being called to, a medium that provides sustenance for both emotional and intellectual development. In the previous chapter I showed how engaging with aspects of history, sociology, and politics is central for Philip and his practice in a Māori mental health agency. He spoke about this both in relation to his ongoing learning as a psychotherapist, and as something that has always been of interest to him personally, which highlights a certain circularity in the learning process and raises interesting questions around the interface between who we are and the professions we choose, and then the resulting to-and-fro-ness of the engagement and learning.

To return to therapists’ experiences of *being-with*; it is interesting to note that use of the internet was rare. One participant, Mia, spoke about being involved in an international online psychotherapy colloquium where an article was being discussed:

Over the last days I have been following an international online colloquium. Of course when I do that there’s too much, I can’t actually read everything, there are too many postings; however it does challenge me to think differently. Maybe challenge is not even the right word, it’s more that I get involved and excited and then I notice myself being different with my clients as a result of that. So that’s another way that I learn.

With reading Donnel Stern’s article I began to muse in my own time, maybe driving along, maybe hearing the words “unbidden experience” and I play in my mind with the concept, and maybe screening what had happened during the day with my clients and noticing or not noticing or searching for experiences that I had that would fit that way of thinking about it.

⁵⁷ This simple statement obscures the immensely difficult experience of having to leave out, for reasons of space, many participants’ stories that I would have preferred to include.

Mia notes that a part of this online experience is that there can be simply too many contributions, depending on the membership numbers, and so she cannot read everything. Nevertheless, it seems clear that she benefits from her participation, saying that gets *involved and excited*, and that it impacts on how she is with her clients. Her description of how she *muses in her own time* and *plays in her mind with concepts*, again echoes how other participants describe their learning and particularly the being-with nature of meditative thinking. In the next section I will particularly explore the *being-with* experience.

Mitsein, Sein-bei, Selbstsein

For Heidegger, *Mitsein* (being with) means being with other *people*. Inwood (1999) stated that Heidegger discriminated between our relations to people and to things by using different prepositions. Thus, he used the expression *Sein-bei* for being alongside *things*, and *Selbstsein* for being alongside *oneself*, or 'being-ones-self'. These three, *Mitsein*, *Sein-bei* and *Selbstsein* are the "three constituents of being-in-the-WORLD" (Inwood, p. 31); Heidegger suggested that they are also equiprimordial and inseparable. Inwood gave the example of an individual not having to carefully inspect another's physical characteristics before they can communicate, that is to say, an individual is with others even when they are not physically present: "Being missing and 'being away' are modes of Dasein-with and possible only because Dasein as being-with lets the Dasein of others come to meet it [begegnen] in its world" (p. 32).

Might this say something about Rahel's and Grace's experience of their learning from books, given that they mostly refer to the *authors* of the books? The authors speak to them with their writing and they are with them and with their speaking, not with the book itself, as it were. Rahel and Grace do not learn from the *book* they are reading but rather from an internal conversation they are having with the authors and what the authors are trying to say. It seems that David engages more with the *idea* in the book rather than having a conversation with the author about the idea, although he does name specific authors (Eigen, Epstein), thus the author is in his mind. In Isabel's case, it seems clear that her reading "*to find more ways to think about things*" is of a conversational and thus being-with nature, rather than the use of books to "find things out" as she puts it. Ella describes being with a painting and how it takes the form of a conversation; Philip describes how being with the imagery within a film helps

him to think in ways that are intrinsic to psychotherapy practice. For Mia, being with the online colloquium is being with the other psychotherapists who take part in it, including their thinking and her thinking, and how this learning then translates into her practice.

All of these examples illustrate a learning through being-with an other, whether a person (*Mitsein*) or a thing (*Sein-bei*), which raises the question of who is doing the being-with, including the nature of one's own relationship to oneself (Heidegger's *Selbstsein*) and how that impacts on the ability to be-with. As noted above, Heidegger considered these three modes of *being-with* equiprimordial and inseparable, that is, they do not exist in isolation from each other. Arendt (1990)⁵⁸ explained this further. She began by outlining Socrates' belief that everyone has his own *doxa* (opinion), his own "opening to the world" (p. 81) and that just as nobody can know the other's *doxa*, so nobody can know *by himself* the truth of his own opinion. Socrates was concerned to help others to give birth to what they thought (he called this *maieutic*, the art of midwifery); his method was to begin with asking questions and to then talk something through. Plato later called this *dialegethai* (talking something through and thus to reveal *doxa* in its own truthfulness). It does not follow that a general truth is arrived at; rather, that the person's own opinion becomes clear. Arendt noted that for this reason Plato's early dialogues, in the Socratic tradition, "frequently concluded inconclusively, without a result" (pp. 81-82).

Arendt (1990) went on to suggest that the political element in truthful dialogue is about understanding the truth inherent in the other's opinion. Thus, she argued that an outstanding virtue of a statesman is to understand the greatest possible number and variety of realities. Further, that absolute truth cannot exist for mortals:

For mortals the important thing is to make *doxa* truthful, to see in every *doxa* truth and to speak in such a way that the truth of one's opinion reveals itself to oneself and to others. On this level, the Socratic "I know that I do not know" means no more than: I know that I do not have the truth for everybody, I cannot know the other fellow's truth except by asking him and thereby learning his *doxa*, which reveals itself to him in distinction from all others. (Arendt, p. 85)

Arendt is speaking here about a way of being with others, in which a person adopts a stance of genuinely being interested in the other's reality – the way in which the other

⁵⁸ An edited version of the third and final part of a lecture series given by Arendt for Notre Dame University, 1954.

opens into the world, their *doxa*. She was interested in *how an individual relates to him or herself* and proposed that we are only capable of having a friend (of acquiring *another self*, as she puts it, in citing Aristotle) and of living together with others if we have had the experience of talking with our self and are able to live together with our self. She further suggested that “each one of us, “being one”, can at the same time talk with himself (*eme emautô*) as though he were two” (p. 85), and that we are a “two-in-one”, at least when we try to think:

The faculty of speech and the fact of human plurality correspond to each other, not only in the sense that I use words for communication with those with whom I am together in the world, but in the even more relevant sense that speaking with myself I live together with myself. (Arendt, pp. 85-86)

Even were we to live entirely on our own, she proposed, we would live in the condition of plurality, and that this shows itself most clearly in “pure thought, always a dialogue between the two who I am” (Arendt, p. 86). She went on to give the evocative example of why we should not kill another person, for then we should have to live together with a murderer for the rest of our days.

As Arendt (1990) suggested, our learning takes place not only in the context of *Mitsein*, of being with an other person, but in the context of being with one’s self in whichever setting this might be (in communion with a painting, a book, a piece of our personal or social history, a concept in which we are interested). The dialogue takes place within our self, within the “two-in-one” (p. 88) or “together with oneself” (Arendt, p. 86). Arendt argued that we cannot be with another if we cannot be with our own self, and cited Socrates in saying “only he who knows how to live with himself is fit to live with others” (Arendt, pp. 86-87). She also wrote that it is better to be in disagreement with the whole world than to be in disagreement with oneself, illustrating this with what would happen should we become a murderer. However, what happens when a person cannot be with him or herself, when the plurality becomes a warring with oneself rather than a dialogue?

It is in the nature of the psychotherapeutic endeavour that psychotherapists encounter this situation more often than not, and to varying degrees. People often arrive in therapy with internal conflicts such that they have lost or are losing their ability to live well with themselves and therefore, with others. In addition, psychotherapists are not immune from this occurring in themselves. Being able to be

in dialogue with oneself and with others might be an ideal; however as with all ideals it does not uniformly take place, and suggestions as to how to ameliorate this situation are not always helpful. For that we would need to be solely rational beings, and Arendt (1990) supported Socrates' belief that while man is a thinking being he is not yet a rational animal. This does not appear to have changed. There are times when help is needed; Arendt also closed her article with the statement "God did not create Man, but "male and female created He them" (p. 103), suggesting that if philosophers were ever able to arrive at a true political philosophy they would need something more than an acceptance of human weakness, namely that "it is not good for man to be alone" (ibid.).

Summary

The interpretation in this chapter points to the centrality of the experience of *being-with* for therapists' ongoing learning. Being-with may take the form of being with another person, or group of people, or it may be a book (author), film, piece of art, online colloquium, and so on. Participants often spoke about their engagement with the other, in whichever form that took, as being connected to their own learning to respond to that which is essential for them and that this learning then also became an essential part of their own therapeutic practice. Being called to particular being-with experiences became part of personal development which then became part of development as a therapist. Thus, Isabel, Simon, Sarah and Philip all spoke of experiences with their own therapists which, when understood and integrated (physically, emotionally, intellectually, and spiritually), became an intrinsic aspect of their own ways of practising. In this way, there is a learning by feeling deeply and living through something (*Erlebnis*), in this case with one's therapist. In addition, the learning is ongoing in therapy practice.

Similar processes were described in other stories, although not necessarily illustrated by the therapeutic relationship; for example, Simon was drawn to the *phenomenon* of intergenerational transmission of trauma which had personal interest for him (an aspect of his own personal history). He found various ways of exploring this phenomenon (a conference, a reading group, his own searching for material), and then discussed how this learning ultimately impacted on his practice, in particular an increased curiosity and sensitivity within himself to related issues his patients might

bring. I suggest that this manifests as a willingness to share something of himself (which may be felt by the patient) and to care more. Rahel described her experience-near and embodied approach to reading, her being with books and with their authors; others also mentioned books, as well as films, paintings, making art, and so on. What became apparent was that the participants engaged in learning experiences that were meaningful for them both as individuals with their own personal life histories and as practitioners responding to the call to think about how to practice; and that these seem to become more connected with each other over time.

These stories revealed the very many forms of being-with, and of course there are many more. As Arendt (1990) noted, we are also ourselves a “two-in-one”, we are with ourselves, and particularly when we think, although she does not advocate for too much being alone. I have also acknowledged that there are times in our lives when we are unable to dialogue with our own self, and we need the other. In this vein, Ogden (2008) suggested that when emotional experiences are overwhelming we need another mind to help us to think and to transform these into feelings that we can make sense of and think about, and eventually restore the ability to be in dialogue with oneself and the other once again:

When the thinking capacity of the parts of the personality in conversation with one another proves inadequate to the task of thinking one's troubling experience, the minds of two separate people are required for thinking one's previously unthinkable thoughts. (Ogden, 2008, p. 21)

Janet Frame (1985) evocatively described her overwhelming emotional experiences and how it was through meeting with, talking with and being with the psychiatrist Dr Robert Cawley that she was able to begin to create a life that was her own. With this in mind, it is timely to turn to the therapist's learning about being-with *for* others. What is the learning for a psychotherapist in this role of being with a person whose emotional experience is overwhelming, and who needs another person with whom to think? This question potentially opens up the whole field of what is psychotherapy and what a psychotherapist does, which is obviously well beyond the scope of this study. Thus, I propose, once again, to stay close to the participants' stories, and to move in the next chapter to an exploration of the therapist's learning about being-with *for* others.

Chapter 11: The Unknown/The Mystery

“Each individual will try his understanding against the other person’s, and in this way, dialogue can lead to the participants expanding beyond themselves. Only then can they meet the unknown.”
(Varkø, 2010, p. 94)

In the previous chapter I highlighted the ways in which therapists spoke about the importance for their ongoing learning of *being with the other*. The *other* was often another person but could also be a book, film, piece of art and so on. These *being-with* experiences included being with the other in the clinical psychotherapy setting, and I drew mainly from the participants’ experiences of the learnings that come from being a patient or client themselves in that setting. In this chapter I stay with the experiences of being with the other in the psychotherapy setting and include discussion of a number of stories where the participants focused on some of the learning experiences that pertained to their being in the role of therapist. Before beginning with this it seems important to highlight that the therapy session is always confidential, and particularly the identity of the patient or client. Thus, writing about what transpires in the consulting/therapy room, especially the therapist’s reporting of it, requires much care (Aron, 2000; Gabbard, 2000; Thomas-Anttila, 2015). Although most participants in this study spoke about their patients and clients, they tended to do so in a guarded fashion familiar to psychotherapists who are conscious of protecting patient privacy and confidentiality. If the participants were more open and transparent in telling me about their clinical experiences they then sought assurance from me that in my writing I would appropriately disguise any details pertaining to their patient. Therefore, although my writing here is obviously one step removed (that is, the patients are not mine) I have carefully considered issues of privacy and confidentiality, and have accordingly altered or removed some potentially identifying details.

The Birth of a New Way of Working

In this first story David describes how his work with a difficult client was the beginning of his learning to work in a different way:

This client was almost certainly at a borderline level of functioning and I was at that time really naïve about my ability to respond to her level of chaos. She became very intrusive, ringing me at night and in the afternoon, also possibly following me around a bit, as I would bump into her at various places. She had an intensity that I got incredibly drawn towards and it became very difficult to hold the frame. When I look back I can see how much I learnt as a therapist during this time, how difficult it was to have such an intensity of feeling in the interpersonal field and still hold some measure of an overview.

This experience was often very painful and very worrying over a period of a number of years, when I was bringing this client constantly to supervision. And at the same time it signalled the opening - which took years and years to come to fruition – of a much more relational way of working with people, where I increasingly focussed less and less on an outcome or an achievement in the session and more and more on what was happening between us and how that was affecting the other person, and what was the meaning for them. So using myself much more, rather than an instrumental use of an approach. I think this client was probably, and incredibly painfully, the beginning of that. It was a very difficult birth in that sense.

Strangely enough, no-one was difficult after this client. I would say that she took me as far into my own chaos and feelings of guilt, confusion, powerlessness and intense discomfort, so that it was almost a benchmark of how difficult it can get. It felt like a trial by fire and this strangely gave me confidence, particularly confidence about my capacity to be in relationship and to bring in the feeling content of an encounter with a client.

David describes an experience he had with this client that was very difficult and where, for a period of time, he became overwhelmed. He realises now that she was more fragile than he had thought and that he had been naïve about his ability to help her in her chaos. Much has been written about the difficulty of working with “borderline” patients and a lot could be surmised here about why it was so difficult for David to work with this patient. However, he does stress that he *learnt a lot* during this time, mentioning the very *significant impact* that she had on him, and that this was in part due to the difficulty of the intense feelings that were created in him while being in the role of therapist (“how to hold some measure of an overview”). Gradually he experienced the *difficult birth of a new way of working*. He became able to work in a more intimate way, that is, *person to person*, rather than *technique to person*, using what was happening in the room to help his patients make sense of their ways of relating and ways of being. Perhaps something about his experience helped him to

become more familiar with chaotic states, emotional intensity, and with being drawn in and surviving. Perhaps he was then more able to risk emotional engagement, to be more able to think about it and to remain more easily in the therapist role. Something about this experience meant that David was not simply burnt and overwhelmed by the experience; instead he seems to have been strengthened by it, and it led to a more creative and effective way of working. Something in him rose to the challenge, and perhaps he was also supported by his supervision, therapy, talking to colleagues and so on.

His description of the transition as “*incredibly painful*” suggests that it was important for him to change how he worked but that learning this was not straightforward. He recognises that the emotional process was very demanding and it would seem that it was not at the level of thinking that the change was instigated. The therapy with this client affected David and forced a change in the way that he worked; when something does not go well there is a challenge to learn from and develop from this situation. An excerpt in chapter nine, when he was aware of wanting to be less “busy” (as he put it), revealed that David was *open* to this change, and although he says it was incredibly painful, he had been moving in this direction for quite some time. The experience with his client may simply have highlighted the direction in which he needed to go. Perhaps this is some of the best learning; when a situation arises that helps the individual to move towards that which resonates for him or her. The soul’s movement to re-orient itself towards care seems to be at the heart of this (Larivée, 2014). David’s story illustrates how this endeavour is far from straightforward.

His experience also has a resonance with the concept of *Bildung*, which Varkøy (2010) described as a process or movement, similar to the Greek word *paideia*, which contains and includes the meaning of the education that a person has, and calling attention to the “process that a person goes through” (p. 87). Varkøy added that *Bildung* has no direct counterpart in the English language, but he suggested that it has relevance to modern pedagogical thinking, particularly in resisting instrumentalism or instrumental thinking, whereby knowledge becomes primarily a “means towards some further end” (p. 86). *Bildung* is about “venturing away from oneself into the unknown, stretching one’s own limits in order to properly find one’s true self. In this way, “the journey” becomes a central metaphor for *Bildung*” (Varkøy, p. 88).

Bildung is not a recent concept, rather its German roots date back to medieval mysticism (Pikkarainen, 2012), and to both the *cultura animi* tradition (spiritual cultivation, refining of the soul) and the Christian doctrine of *Imago Dei*, literally meaning “in God’s image”. “Bild” means “image”, and “bilden” means “to form or create” (Siljander & Sutinen, 2012, p. 3). Siljander and Sutinen (2012) described *Bildung* as a creative process whereby a person shapes and develops himself or herself towards improvement, the seeking of “a more advanced form of life” (p. 4). They drew on Kant’s formulation of *Bildung* as the process of “a human becoming a human” (Siljander & Sutinen, p. 4), including the reservation that it does not occur by itself, rather it also requires education (*Erziehung*). Siljander and Sutinen cited Oelkers’ (1994) recognition of the relationship between “the ‘paradigm’ of the self-development of a rational subject (*Bildung*) and the paradigm of external pedagogical influence (*Erziehung*)” (p. 4).

This interpretation of *Bildung* elucidates something about David’s experience of reaching for a new way of working. It focuses on process rather than instrumentalism and illuminates its meanings as spiritual cultivation and care for the soul. As I have mentioned, it seems that David’s reaching for a new way of working, while being prompted by an experience with a client that demanded he learn something new, had as much to do with a direction he wanted to follow himself, and which was a part of his personal history and thus a way of caring for himself (for his soul). However, Oelkers’ (1994) thoughts on *Bildung* as the self-development of a *rational* subject misses something in David’s process of ongoing learning. David seems to be describing himself not merely as a rational subject but as one who was moved as much by feelings as by thoughts, and who responded and was open and willing to engage with the *unknown* of this experience and to let it bring the changes he had been long desiring. Varkø (2010) described it thus: “*Bildung* is about moving outside oneself into the unknown, stretching oneself to the limit and beyond in order to find one’s “true self” (p. 91).

Although Varkø’s (2010) description contains reference to the unknown, there is still a tinge of the overly rational and overly intentional, as if this can be made or forced to happen. The concept of *Bildung* certainly adds something to the interpretation of David’s experience, and to the topic of therapists’ experience of their ongoing learning in general (particularly in its capturing of a process which goes

beyond education as a *means to an end*). However, I find myself reaching for Heidegger's poetic and evocative way of pointing towards that which cannot be languaged. Heidegger's ability to include the more primordial aspects of being a human, and of learning as a human, moves us more towards the direction of the unknown and the mystery. We glimpse but cannot fully know. There are more intuitive, spontaneous ways of dwelling in our environment, where we respond to, and surrender to, that which calls us. Here again we return to the notion of "openness" or "open space"; Sheehan (2014) reminds us that Heidegger's "single-minded task remained that of explicating existence so as to find its ground, which turns out to be no ground at all but a radical thrown-openness that he urges us to embrace and live out of" (p. 273).

I am She

In the next story Sarah tells of her work many years ago with a Christian client and the impact this had on her:

I worked with a client for many years who had very little sense of her self and had a very well-adapted false self, with huge religious introjects that had never really been consciously chosen, reflected on and digested. At that time I was working as a counsellor and it was working with her that made me realise I had to undertake a psychotherapy training. It helped me to learn how to just 'be' with her so that she could just 'be', without feeling that she needed to control everything around her.

Something that made this therapy very meaningful for me, in terms of my own learning as a psychotherapist was that this client was grappling with issues that were so familiar to me, particularly the issue of "whose responsibility is it, is it mine or is it God's, do I just ask God and if I just pray will he help me?" I was grappling with that myself, as I had come from a background where everything was up to God. Fortunately I was bit further along with that and was able to sit with her on the edge of her development without trying to steer her in any particular direction. I made big changes in myself during her therapy, in terms of my orientation and my way of being with her; I made the transition from counsellor to therapist, perhaps partly because the work with her demanded that I make that transition.

For me there is something about working with Christian clients; I just love working with them because I understand the culture, the pressures, and the systems. Of course that sense of identifying with one's client can be two-edged, but on the whole there was something remarkably satisfying about watching this client gradually and over such a long period of time, grow a sense of her own self, and become a robust

person. It really was huge change that she undertook. She got to the place of being able to live her life, to manage and enjoy it, and to have a spirituality that felt real to her. So for me there was also the satisfaction of knowing that I had made a real impact in someone's life.

In this story Sarah identifies herself as a Christian therapist who underwent a personal and professional transformation while working over a number of years with a client who is also Christian. She states that the work with this client demanded that she learn a different way of being a therapist, and that at least part of this way was to learn to just “be”. She adds that she loves working with Christian clients because she understands the *culture, the pressures, the systems*, that helping this client eventually to become more robust and more real to herself and to have a life she could enjoy, was enormously satisfying.

Sarah describes a mutual learning that occurred in the course of the therapy with this client and that the work in fact *demanded* that she learn. This is not unusual; in any clinical account of a therapy therapists will write about having to confront aspects of themselves that require reflection and learning (Coltart, 1993; Lemma, 2016; McWilliams, 1994, 2004; Searles, 1979). This also resonates with the phenomenon described by Heidegger of what *calls* on us to think, and in this context of the therapist being called to develop thinking in relation to practice. Sarah undertakes psychotherapy training, and thus moves into areas previously unknown to her, because she knows that the client needs something more than she can provide as a counsellor. Yet, paradoxically, Sarah says that the client was grappling with *issues that were so familiar to me*, and that she *loves* working with Christian clients. This client's issues *mattered* to Sarah on a very personal level; her being a Christian seemed to mean that she engaged with this Christian client in a close and committed way, and in a way that transformed her at the same time.

Therapists often speak about holding a mirror up to their clients, to help them to understand who they are and to help them to change aspects of themselves they would like to change. In this situation the client is also holding up a mirror to Sarah; she can see herself there as she was/still is. Sarah becomes not only the therapist but can see herself as the participant, just as the client is. Both Sarah and her client appear to grow together and become more robust. Is this to say that Sarah would be less engaged with a client who is not Christian? Should therapists only work with those who have similar beliefs and life trajectories? I believe this would diminish the role

that empathy plays in the therapeutic endeavour. Sharing a faith may be a very obvious point of similarity between therapist and client, and hence lend significant meaning to the therapy and have particular implications for the therapist's ongoing learning; however there are very many ways in which therapists respond on a personal level to their patients, as the following story shows.

Doing Without the Handsheet: Learning to be With the Unknown

In this story, Philip talks about working with people with psychosis and with his work with one woman in particular:

Psychosis has also taught me about the limitations of psychotherapy. There are people here who have been psychotic since they were 13 or 14 years old. I don't mind this work because it's much more about holding and being present and supporting them; however it takes so much longer and usually needs a much greater wrap-around approach. This is not the London practice of a Kleinian analyst who has very sophisticated and rich people who can afford four or five times a week therapy. These people benefit from therapeutic input but it's simply not enough, and you have to think about what else it is that they need.

This is another way of looking at our limits, and of learning. Who do we want to work with, who are we actually able to work with? I think that in the case of psychosis even if we can work in a limited capacity it is very valuable.

I saw someone who had been immersed in a profound psychosis for over 20 years, and who had very fixed belief systems. She would come to me and ask me to channel the gods; she told me that I was one of the few who could channel the gods. So, ok, we channel the gods. The curious thing was that after a year of our working together her belief systems didn't shift one iota; I don't think I made the slightest difference in this area. But we met and we would talk. The interesting thing was that her parents told me that she became much easier to be with in social situations. That taught me that being with someone like her in a therapeutic way can make a difference in unconscious ways. In her case it meant that she was better able to interact in social situations. However, she remained exceptionally focussed on her belief systems. She would phone various governments, for example, and they got very upset. So we were not effective in that area.

I really don't know what I was doing with this woman but I do think it is something about the holding, and something about not being overwhelmed and terrified, about being able to sit with the not knowing, the unknown. That is something that I think is best done learning from your own personal therapy. I think it is the ability to be able to sit with terror or the unknown because you have looked into yourself and have not known or not been able to be clear, and you have not fallen apart

and you have survived it. This helps us to survive with our clients where you don't know and don't understand, but you can still be with them without feeling that you have to do something absolutely now, you know "where's my handsheet, my five-part model, my triangular this or that."

Philip describes the limitations of therapy and that more than therapy is needed with, for example, clients who are enmeshed in psychotic processes. He gives the example of a woman he worked with who was profoundly psychotic, and who had been that way for a very long time. He suggests that work of this nature is about holding and being present and supporting, and draws a comparison with the more exploratory process of analytic therapy. In describing the therapy Philip notices that his patient did not change her rather delusional belief systems in any way, however there were some changes in the ways in which she was able to interact in social situations. Philip goes on to say that he does not know what he did in the therapy that enabled the change to take place. He thinks it was about "holding", not being overwhelmed and terrified, but being able to sit with the unknown. He remembers his own therapy, wherein he had learned to "sit with terror or the unknown", also knowing that in doing so he had not fallen apart and he had survived. He contrasts this with the urge to "do something now" ("where's my handsheet, my five-part model, my triangular this or that?"), and intimates that the being-with was more helpful for the patient, rather than the doing of something.

There are a number of aspects of this story that present themselves. One is the care that Philip was taking in seeing this patient, and the nature of that care, and another is the difference between *being-with* and *doing* something. There is also the connection he makes between the learning he received in his own therapy and his ability to be with a patient who perhaps many therapists would not be happy (or able) to see. He describes a type of Being-with that seems to have had, as a consequence, a strengthening of his client's ability to be with others and he adds that it is difficult to pin down the nature of this phenomenon. It is as if he is asking: "how does this happen?" He talks about it as the client "responding unconsciously to the therapy" and, given that the client's belief systems did not change at all, perhaps Philip is saying that change could not be brought about on a rational/behavioural level. Philip's client was responding to something different and it is this phenomenon that, although common to therapists, is precisely what becomes difficult to explain, understand, and

believe. Of course this has implications for the perceived necessity or otherwise of therapy, including the funding of therapy. There is often an expectation that therapy practice ought to demonstrate its evidence base; this story shows how this can be less than straightforward.

Heidegger (1927/2008) described the development of Being-with as follows: “Being-with develops in listening to one another (*Aufeinander-hören*), which can be done in several possible ways: following, going along with, and the privative modes of not hearing, resisting, defying, and turning away” (pp. 206-7). This resonates with the experience that Philip is describing with his client. His client was not looking for ways to improve her ability to be with others; she did not sit down with Philip and list ways in which she might address her social difficulties, neither did she consciously practise her social skills. In contrast to this, it is possible that Philip’s client was more orientated towards *not* changing anything; certainly Philip mentions that her belief systems remained intact. However, over time she became more able to function in social settings. Was this because she had met with Philip often and regularly, and that from those meetings she was able to develop her abilities to be with others? What might happen in this process?

Akhtar (2007, 2013) suggested that psychotherapy is not so much of a “talking cure”, as it is commonly referred to, as a “listening cure”. Heidegger (1927/2008) spoke of listening as being Dasein’s “existential way of Being-open as Being-with for Others” (p. 206). Further, that “hearing constitutes the primary and authentic way in which Dasein is open for its ownmost potentiality-for-Being – as in hearing the voice of a friend whom every Dasein carries with it. Dasein hears, because it understands” (p. 206). In listening to his client, was Philip’s readiness to be open and to be with his client a pre-condition for something potentially to happen? His listening to this particular client is not necessarily a simple and easy process; it was not just about being there and listening to the words. Heidegger suggested that “Dasein hears because it understands” (p. 206), and Philip’s story provides insight into how these elements, that is, Dasein, hearing and understanding are able to occur together. He talks about how the experience of terror in his own therapy helps him to be with clients without feeling that he has to “do something absolutely now”. He infers that being with a psychotic client evokes feelings of terror, and that unless the therapist has developed an ability to sit with terror he or she is unlikely to be able to bring listening

and understanding together in a way which is helpful for the client. The therapist's experience of being-there with the client is not simply about attending to what the client brings and who the client is; it also includes the therapist's whole experience of who he/she is and how he/she has come to understand him/herself. Without that, it is unlikely that there could be a bringing together of hearing and understanding and being-there; a combination which Philip is suggesting enabled important change in his client.

Philip also uses the word "holding", both at the beginning when he mentions that working with psychotic clients is much more about holding and being present and supporting, and then later when he says – "I really don't know what I was doing with this woman but I do think it is something about the holding". In writing about listening during the psychotherapy session, Akhtar (2007) spoke about "a maternal sort of holding" (p. 4) and that for more unwell patients it is important to establish this "maternal homeostatic attunement" (p. 5). Has Philip learnt from his work with these patients that it is this type of "holding" that makes change possible, particularly where change is not being sought, but rather that the Being-there, the Being-open, the hearing and the understanding, is what is transformative?

I have mentioned Philip saying that with this client he had to sit with the terror of the unknown, that he had survived these feelings in his own therapy, and that now when these feelings are present in the room with a client he is able to tolerate the state of not knowing. Rather than hurriedly reaching for a piece of theory or a model, he is simply able to be with his client. So what is Philip's experience of his ongoing learning in this situation? What can we say about the helpfulness or otherwise of being with the unknown rather than, for example, taking on the role of "expert" and offering an interpretation that conveys certainty? Most would agree that there are clinical situations where it is helpful and indeed necessary to assume the role of "expert", and one can imagine that Philip knows the difference between these two, that is, when it is necessary to take action and to be "knowledgeable", and when it is appropriate to sit with what is unknown. Furthermore, that these co-exist and inform each other, at times colliding in the smallest of time-frames. Philip speaks about the importance of sitting with the unknown. What is this "unknown"? And if it is unknown, are there words to describe it? How do we describe or obtain a sense of the unknown, given that it is unknown?

The psychoanalyst who has probably engaged most often with this question is Wilfred Bion, who believed in the primacy of the “unknown” in the clinical setting. I mentioned in the previous chapter Bion’s (1990) thoughts on the therapist’s experience of anticipating seeing a patient. Bion recognised that both therapist and patient, in the clinical session, are engaged in an encounter in which much is unknown. Approaching this encounter, he said, necessarily entails feelings of apprehension, even fear, for both participants, and that this is inherent in the nature of the experience. In addition, the only difference between therapist and patient is that one, the therapist, is somewhat more familiar with the experience of being with the unknown.

In his story, Philip describes his learnings of being with the unknown, rather than saying that he has learnt to know *something* (although he undoubtedly has). That seems an important difference, and also a particular type of learning, a learning that is not about, for example, learning a concept or a technique, but rather learning about an aspect of *being*, including being in the world, being with the other, and being with one’s self. Philip’s reference to the “*handsheet, my five-part model, my triangular this or that*” addresses, I believe, the aspect of fear that Bion (1990) suggested is part of the clinical encounter. The handsheet, the model, the triangular this or that, can be seen as devices that are created to lessen the fear of being with ourselves and the other, that make us feel more competent, and that we know something more than the other person. What is lost in the doing of this is the ability to let be: “to let beings be as the beings that they are” (Heidegger, 1930/1998, p. 144). Heidegger described this as engaging oneself with the “open region”, with the disclosedness of beings, and suggests that doing so is not to lose oneself in them: “rather, such engagement withdraws in the face of beings in order that they might reveal themselves with respect to what and how they are” (ibid.).

This seems an appropriate and respectful description of the psychotherapeutic encounter, wherein the therapist might withdraw, as it were, in the face of the other, in order that the other might reveal him or herself. The use of the word “withdraw” could be taken to mean a disengagement, however I do not think that this is what is meant here; rather that we are talking about an intentionally respectful and engaged openness to the being of the other. Heidegger’s term “*Lichtung*”, or “clearing” supports this interpretation. In *engaged* withdrawal, the being with the other while not losing oneself in the other, creates an open clearing, where there is space for

whatever might be revealed. We do not fill the clearing up, or cover it over, with a handsheet, model, the feeling that we know something, and the other does not. We wait for, attend to, and become part of, the revealing.

Learning as Thinking about Thinking

Isabel spoke about her experiences of waiting, attending and tolerating uncertainty:

Maybe it's like allowing something, or tuning in to something. Like with playing music and those music tuning keys. It feels like that. For example, a professional singer or musician can know that it's middle C. And you tune in. You become a tuning key and the client is using you in some way. And you as the musician are trying to hear the music.

This has been developing in me over the years and I'm less distracted by everything else that is going on, for example, the content of what the person is saying. I think sometimes therapists make their clients fit in with what they are doing rather than them going with what the client is doing, and trying to add something or trying to resonate with it.

I sometimes think that acting on the pressure to do something is more about therapist anxiety because I notice with some supervisees that they can't tolerate any uncertainty. They have to know what's happening and what to do and they talk about evidence-based in quite a specific kind of way. For example, they might say, "we can't take a move, we can't say a thing unless it's evidence-based". That's a blindness to something; you have to be able to hold something about actually not knowing.

You don't know what's going on for somebody. Ever.

In trying to explain something about being with the unknown, Isabel begins to talk about music. This may be partly because she plays a musical instrument (this was referenced a number of times in the interview) but it also seems to express something about the nature of the experience itself, which she can then relate to the making of music because she is familiar with this⁵⁹. Rather than a thinking experience, which might take her to the *content* of what the client is saying, it is rather a lived, resonating experience, which is more to do with the beingness of the experience. Isabel goes on to compare this with what she sees some other therapists doing at times, that is, trying to impose themselves onto their client rather than "going with their client", as she puts it, and then resonating with them. She also points out the inability of some therapists to tolerate uncertainty and how the term "evidence-based" can be used

⁵⁹ Another question naturally arises here: to what extent does Isabel's playing a musical instrument increase her ability to be with the mystery/the unknown?

unhelpfully as meaning that everything must be known and proven before action can be taken. She then re-iterates the impossibility and undesirability of this, and instead highlights the importance of being able *not* to know, which then puts us in a respectful position in relation to the other, that is, that we do not (ever) know who the other is.

Bion (1962/2004) pointed out that our capacity to think is rudimentary and limited to phenomena that have the characteristics of the inanimate: “It appears that our rudimentary equipment for ‘thinking’ thoughts is adequate when the problems are associated with the inanimate, but not when the object for investigation is the phenomenon of life itself” (p. 14). He added that the language itself produces a distortion because “it is the language of a scientific method designed for the study of the inanimate” (Bion, p. 24). Thus, like Heidegger, Bion invented his own terminology in order to attempt to better express what he was trying to say. It is not my intention here to go into any detail in relation to Bion’s terminology, or even his understanding of learning from experience; rather, to highlight that faced with the psychotherapeutic clinical setting and its demands, which are after all of a human rather than scientific and “inanimate” nature, he was grappling with very similar concerns to those of Heidegger and his questions of Being. Bion pointed out the difficulties inherent in grappling with human concerns, suggesting that even the most advanced of us are inadequate to the task of investigating the “stuff of life itself” (p. 14). When considering questions of “being” Heidegger (1927/2008) wrote about the “forgotten mystery of Dasein” (p. 132) and how we have taken flight from the mystery and instead have taken solace in what is “readily available” (p. 133): “Man’s flight from the mystery toward what is readily available, onward from one current thing to the next, passing the mystery by – this is *erring*” (p. 133).

Here we have echoes of Isabel’s noticing that her supervisees at times think that what they say to their clients must be based on “proof”, whatever that might mean, and that what is then passed by is that which arises in being with the mystery of being with the other. Isabel turned to her experience of the making of music to try to think about the experience of being with her clients; this produces a different way of thinking – one that steps away from the linear and instead towards the open clearing. As Heidegger turned increasingly to poetry and to poetic language in his prose, he argued that poets are responsible for recovering the ground of Being that has been

lost (1981/2000).⁶⁰ Isabel's recounting of her supervisees' fear of their saying anything to their clients that is not "evidence-based" is a chilling example of how badly things have gone wrong, of how technology, rather than being used judiciously in its proper context, has come (at least in the minds of these therapists) to take primacy even in a situation where two human beings come together in a therapeutic endeavour. This can be contrasted with Bion's (1990, 1962/2004) thinking about the importance of engaging with what we do *not* know in the clinical setting. Something appears to have become clouded in our present day thinking; as Heidegger would put it, a wrong turning has been made, and one that endangers our humanity. But can poetic thinking really help?

In his introduction to Heidegger's *Poetry, Language, Thought* (1971/2001), Hofstadter suggested that the speech of genuine thinking is by nature poetic, although it may not take the form of poetry. Heidegger's view was that poetry, or whatever form poetic thinking might take, is the revealing of truth, the "saying of the unconcealedness of beings" (p. 72). Further, that poetic thinking responds and recalls; the poet has stepped back from a type of thinking that merely represents or explains. Instead, he or she lets happen the "advent of the truth of what is" (ibid. p. xii); there is an opening into the possibility of authentic human existence. Hofstadter went on to explore the connection between poetic thinking and human dwelling and suggested that, for Heidegger, poetry has an indispensable function for human life:

It is the creative source of the humanness of the dwelling life of man. Without the poetic element in our own being, and without our poets and their great poetry, we would be brutes, or what is worse and what we are most like today: vicious automata of self-will. (p. xv)

Poetry, Language, Thought (1971/2001) is comprised of various works, collected together with Heidegger's consent because they all deal with the theme of poetry, art, thought, and language, and how these relate to Being and to our existing as mortals. One of these works, "The Thinker as Poet", written in 1947, is a collection of poetic verses written by Heidegger. One verse, in particular, seems pertinent. Heidegger is thinking about what threatens thinking:

⁶⁰ Zawacki (2004) echoed Heidegger when he said: "The poet's role is to heal the ontological rift that has occurred since mortals took leave of Being and the gods fled the world" (p. 163).

The evil and thus keenest danger is
 thinking itself. It must think
 against itself, which it can only
 seldom do. (p. 8)

New Zealand author and poet, C.K. Stead⁶¹ (2008), said something similar: “I think of writing a poem as putting oneself in the moment, *at* the moment – an action more comprehensive, intuitive and mysterious than mere thinking” (p. xv). He concluded one of his poems⁶² with the following words:

Thinking is what creeps up on me
 when I’m not thinking.
 It’s the living that matters. (2008, p. 286)

Both Heidegger and Stead point to the problem we have with a way of thinking that we have become accustomed to, but which does not speak to our essential and primordial humanness and our experience as beings in this world. In Heidegger’s verse it seems that he was speaking about *poetic* thinking when he says that it must think against *itself* (that is, the poetic thinking needing to think against the calculative thinking that he sometimes describes in contrast to meditative thinking). That this is seldom achieved says something about the difficulty of doing so. Similarly, Stead’s (2008) statement and then verse about thinking seems to be pointing to his writing of poetry as eclipsing “mere thinking”, as having much more to do with intuition and mystery. Real thinking (poetic thinking) creeps up on him when he is not thinking. It seems no coincidence that this is then followed by the line “it’s the living that matters”. In this context, the line refers to the experience of living, and of being, as inclusive of more than thinking.

Reflections

This chapter seems to have evolved into a small signpost pointing to what is often missed in a discussion about the experience of learning, namely that learning is not merely about learning *things* that we can then put into use (the instrumentalism of much modern educational politics and thinking, as mentioned earlier in the chapter), but rather that it includes a willingness to engage with the mystery of life, with what is unknown, or hidden from us. Heidegger believed that we have lost much of our ability

⁶¹ C.K. Stead [1932-] is currently New Zealand’s poet laureate (2015-2017).

⁶² “A Discursive Poem about Poetry and Thought” (first published in 1997).

to be thus engaged, and that we became preoccupied with a need to know, and in particular, to define the *correctness* of things. He discussed this in many of his writings, including that of Plato's allegory of the cave (Heidegger, 1931/1998), where he argued that Plato's treatment of *alētheia* (truth) as meaning "correctness", rather than its previous meaning "unconcealment", represented a turning point:

Taking the essence of truth as the correctness of representation, one thinks of all beings according to "ideas" and evaluates all reality according to "values". That which alone and first of all is decisive is not which ideas and which values are posited, but rather the fact that the real is interpreted according to "ideas" at all, that the "world" is weighed according to "values" at all. (Heidegger, 1931/1998, p. 182)

Rather than engaging with this notion of "correctness", Heidegger suggested a return to the pre-Socratic meaning of "truth", as "unconcealment" or "unhiddenness". He argues that whereas correctness becomes a characteristic of human comportment *towards* beings, "as unhiddenness, truth is still a fundamental trait of beings themselves" (Heidegger, 1931/1998, p. 177). Heidegger was thus interested in returning to the notion of "*uncovering*" the truth rather than attempting to *assert* it (Rogers, 2006).

What does this mean for this exploration of psychotherapists' experience of their ongoing learning? I have shown in previous chapters that psychotherapists in clinical practice are immersed in the experience of being with the other, which includes being with oneself, and that their ongoing learning becomes oriented to being open to and to understanding these experiences of being and being with. An aspect of being with an other is facing into the mystery that is another person, all that we do not know. This is in spite of our best efforts to accumulate "knowledge" in the form of theories and models of working, in the hope that these will help us to understand something about the complexity of human beings. I do not mean to say that these are not necessary and helpful, and I agree with Varkøy (2010) who, in citing Peters (1966), pointed out the danger of encouraging "critical thinking in empty space" (p. 94) and recognising that "in order to be able to be critical of anything one has to have a fundamental knowledge of it" (p. 94). However, I would suggest that, once theories and models have been created and learned (and are continually being created and learned), that the mysterious and the unknown in the human encounter, including, crucially, our openness to these, are indeed essential for ongoing learning. Further, it is

interesting to note that when reflecting on their ongoing learning (that is, once there is a fundamental knowledge of a discipline), the participants in this study did not tend to reference theories or models, but rather the varying aspects of their experiential learning, including what they experienced as a gradually increasing tolerance for the state of not knowing. Of course I have to acknowledge my own resonance with these experiences.

Summary

In this chapter, I have endeavoured to communicate the experience of being-with *for* the other, and particularly in the clinical psychotherapy setting where the participants spoke about themselves in the role of therapist. An experience that is often passed by, but which shows itself in the participants' thinking about their clinical work, is that of the unknown and the mystery in psychotherapists' experience of their ongoing learning. Thinking about this reveals a fundamental difficulty, that is, that there is a dearth of language for communicating such experience, and that the experience itself opposes what is often taken to be true. The more cognitive and linear approach has increasingly become our way of being in the world. Both Philip and Isabel spoke about their experiences as therapists and allude to what might often take precedence in the clinical setting, that is, the use of props and theories, rather than a being with the other, including all that cannot be known. Isabel, in particular, speaks about the fear that some therapists have come to experience in relation to feeling free to have their own thoughts. Similarly, David and Sarah's experiences of their ongoing learning are marked by a move away from the more cognitive and active frames of working, instead approaching unknown directions and engaging in the clinical setting with what cannot be known.

Bion and Heidegger both grappled with the unknown and the mystery, and both note the difficulties as well the crucial importance of doing so. Heidegger suggested that poetic thinking rescues us from a de-humanised world; C.K. Stead calls our predominant way of thinking "mere thinking". In the therapeutic context we might imagine that people would rather encounter more than "mere thinking" when seeking therapy. After all, that is what they encounter everywhere else in life. People usually seek therapy because their lives are unsatisfactory in some way and they are looking for something else. I have argued that the something else is likely to include a real

encounter with another human being who is willing to engage with them in all of their complexity. This would include approaching the engagement with an openness of being, and a willingness to know less and to engage with the mystery that is another person.

Chapter 12: Discussion

*“All things show themselves to us
and address us – again and again – and
they are always more than their sense or
meaning”*

(Capobianco, 2014, p. 42)

This thesis has explored the lived experience of psychotherapists’ ongoing learning and has thus focussed on the therapist’s *phenomenological* experience of learning.

Heidegger (1971/2001) suggested that we “never come to thoughts, rather they come to us” (p. 6); likewise Capobianco (2014) emphasized the *happening* of our lived experience, where things emerge, and where things present themselves to us. Both suggest a waiting and a receptivity; a notion that we perhaps have less control over how things occur than we might like to think, including the processes of writing and learning. Certainly, the immersive process of writing about the participants’ data facilitated this experience of thoughts arriving and emerging, as I have mentioned in chapter six. The process involves an *uncovering*, rather than an asserting, of the phenomenon (Rogers, 2006). It is a different process from trying to *make something happen*, which I suggest is a more familiar way of being in present day western society. Participants’ stories of their learning in this study suggest that the experience of things showing themselves to us, and addressing us, regardless of whether or not we can make meaning of them at the time, is inextricably linked to the process of our ongoing learning. In writing this chapter I stay with the experience of thoughts arriving and emerging, and begin with a poem that captures some of the thoughts that have come to me whilst immersing myself in the topic of psychotherapists’ ongoing learning. Perhaps it is in poetry that the phenomenon of thoughts coming to us is most evident. The discussion that follows the poem explores the insights within:

On Learning

There is no such thing as a baby
said Winnicott
Perhaps, all grown up, we are not so different from babies
Perhaps there is no “I”
An “I” only exists in the with-others-world.
Leaning, giving, taking, loving, hating, learning.

And yet
 only I
 can walk my own path
 Is it walking or is it more
 hopping, tripping, sometimes running
 Sometimes waiting or falling altogether
 over expectations, discriminations
 Barriers, internal and external
 Our own private miseries
 Who we are
 Who we have been.

Again here we are
 and here we were
 with others.

And yet,
 "Ein jeder lernt nur was er lernen kann"
 Goethe knew it:
 We can only learn what we can.
 We take what is offered
 We make of it what we can
 Leaning towards what matters
 Perhaps we are more interested
 in growing than we know
 And perhaps we also hate growing
 much more than we can know.
 We find ourselves being drawn to what matters
 and we go with that
 or not yet.

Surrender, letting-go-into
 These do not come easily.
 The world is fast and becoming faster.
 Others help and at the same time
 we are hostage to our own often
 unhelpful collective force.
 Clearing a space to be open to
 care for ourselves
 for others
 That is an endeavour.

Even if we know what we want to learn
 Learning may not happen.
 “The way to what is near is always the longest and thus the
 hardest for us humans”⁶³
 said Heidegger.
 We have forgotten how to ponder
 how to entertain the unknown
 And, as for the mystery – show me the evidence!
 Listening to what calls us might be the last thing we want to do.

Perhaps, when all other roads have been traversed
 there is nothing for it.
 Finally
 our own path might be
 the only one left to take
 and even then we might not take it.

Being a Psychotherapist

The majority of the practitioners I interviewed had many years of experience as psychotherapists, and their experiences of ongoing learning are to be viewed within this context. Practising psychotherapists spend their working days in close connection with patients/clients who need help to try to understand why their lives may not be working as well as they would like. In doing so, they immerse themselves in the “beingness” of human life and experience and naturally develop a preference for the ontological rather than the ontic. They are less interested *that* things exist and more interested in the nature or properties of the things that exist. Psychotherapy privileges explorations of individual’s inner lives, including how past events have shaped patterns of relating and being in the world. The therapists I spoke with often referred to their work as a vocation; there was a curiosity about – and an openness to – life, and this had found its expression in the activity of being a psychotherapist.

Therapists demonstrate a huge generosity of spirit towards their patients/clients. This is probably not surprising, given that the desire to become a psychotherapist tends to have its beginnings in a desire to help others. This generosity seems to take many forms in relation to psychotherapists’ learning. The participants

⁶³ “Denn der Weg zum Nahen ist für uns Menschen jederzeit der weiteste and darum schwerste” (Heidegger, 1959, p. 23)

often noted that their particular life experiences (for example, the role they held in their family of origin) may have predisposed them to their interest in psychotherapy and then in becoming a psychotherapist. In addition, the stories of their learning experiences showed how they experimented with different ways of learning and that they seemed to favour those which contributed to an understanding of being with the other. For example, they spoke about engaging in activities which would help them to think symbolically, to be more reflective, more spontaneous, and more empathic and understanding of others. Sometimes these ways of learning, for example, through personal therapy and clinical supervision, necessitated an enormous amount of commitment and resources, and yet they were viewed as essential, both for strengthening their abilities to work with their patients, and for their own ongoing development.

The Personal Nature of Learning and the Role of the Unconscious

Notwithstanding individuals' altruistic motivations for becoming therapists, enquiring into this topic has revealed the very *personal* nature of ongoing learning (by personal, I mean having particular relevance to the individual him or herself). This differs from the concept of learning as a conscious acquisition of knowledge and, although at first glance this might appear to be in conflict with altruistic motivations, is closely interwoven with these. When participants spoke about their learning experiences they spoke about how these had meaning for them in their own lives, leading to a sense of interconnectedness between their personal and their working lives. Participants seemed actively to seek out learning experiences and situations which helped them to:

- Understand themselves better
- Live their lives in more authentic and meaningful ways
- Understand others better, including helping others to live their lives in more authentic and meaningful ways

I say "actively", however many of the stories showed that the participants only realised in retrospect (and at times during the research interview itself) how their learning had occurred in ways that were largely unconscious to them. Although, and perhaps because, they were unconscious, their impact was often significant. I believe that the role of the individual's unconscious is greatly underestimated in the field of

learning⁶⁴. There is the predominant tendency to suggest that we are at all times consciously active seekers of knowledge and learning, and that learning experiences can thus be identified, plotted and tracked. Fenwick (2003) noted that many learning theorists (Boud & Walker, 1991; Boud, Keogh, & Walker, 1996; Freire, 1970; Kolb, 1984; Knowles, 1970; Mezirow, 1990, 1991, 1996) assume that learners must be *consciously* engaged for learning to occur, and that our construction of learning from experience is an intentional act, facilitated mainly by means of critical reflection. My research findings suggest otherwise⁶⁵. An exploration of learning experiences in this study has revealed that the participants had been moving towards responding to what was essential for their own learning. What *mattered* to them had gradually begun to emerge and to show itself more fully. This was regardless of whether or not they were consciously aware of this happening.

Thus, one participant described a process over many years wherein something had felt painful to him growing up; everyone around him was very busy and there was little tolerance for *not* being busy. His own desire to ponder and reflect had been mocked. He gradually realised the impact on him of this idealising of busy-ness, including the impact it had on his ability to be with his patients. Over time he had registered his growing discomfort (for many years unconscious to him, as naturally busy-ness was a behaviour which was also felt to be familiar and normal) and had taken notice of this. He had found a supervisor whom he felt could offer a different experience from which he could learn, and his practice and life had begun to change. What is significant here is that this personal development/ongoing learning was for many years unconscious to him. It announced itself as feelings of *angst* or “not feeling at home”, that all is not well. He increasingly moved towards responding to these feelings; they demanded a response, thus demonstrating the interconnectedness between an individual’s life history and his or her ongoing learning in practice. It also reveals the dedication involved in undergoing a fundamental personal change, which is likely to happen over years, even decades, rather than short periods of time. In chapter seven I mentioned Heidegger’s (1931/1998) alluding to the process of learning being a journey back to oneself: “real education lays hold of the soul itself and transforms it in

⁶⁴ In chapter four I discussed the concept of the unconscious, including my thoughts on the relationship between hermeneutic phenomenology and the unconscious.

⁶⁵ Fenwick (2003) also acknowledged the contribution of psychoanalytic theory to an understanding of the limits of conscious reflection on lived experience.

its entirety by first of all leading us to the place of our essential being and accustoming us to it" (p. 167). Again and again, the stories shared by the participants in this study showed how ongoing learning in practice is intimately connected to one's own life, past and present, including our conscious and unconscious attempts to make sense of it.

That such learning is often invisible and generally not held in high esteem contributes to what some participants described as living and working from the margins. I will explore this notion further shortly, however it is important to highlight that it is unlikely that the phenomenon of responding to what is essential to one's own learning is restricted to psychotherapists only. Searles (1979) noted that, although psychotherapists give explicit expression to therapeutic devotion, one of the most powerful strivings of human beings is a psychotherapeutic one. I would agree that, although psychotherapists privilege internal, psychical, and emotional processes, and dedicate much time and energy to becoming conversant with these, that this is a universally human phenomenon, albeit largely invisible and unacknowledged. This has implications for understanding how adults learn in whatever work they are engaged, including how individuals often feel alienated by externally imposed learning requirements that seem to have little relevance to their own learning needs and processes. Particularly painful and common, are situations wherein individuals learn continuously to override what is essential for them in favour of the social and organisational expectations within their environment. We might wonder about the impact of this widespread phenomenon which could be described as a type of destruction of, or learning against, learning⁶⁶.

Authenticity

Rather than this destruction of learning, the findings reveal a responsiveness towards that which is essential for therapists in their particular situation; a moving towards oneself rather than away from oneself. One of Heidegger's favourite words was "authenticity" (Carman, 2007) and it seems relevant to discuss this, both from the perspective of what Heidegger meant and how it relates to the participants' experience of their ongoing learning. The word "authenticity" has taken on so many

⁶⁶ As a psychotherapist, what comes to mind is the very high number of people who present in therapy with a pervasive feeling of emptiness and meaninglessness in relation to their lives and work, resulting often in symptoms of depression and anxiety, or depressive and anxiety disorders.

and diverse meanings over time, as to have become almost meaningless, certainly confusing, and, at worst, a cliché of our times, wherein “anything goes” is synonymous with “being authentic”. Thus, Thompson (2012) wrote that the popular notion of authenticity in contemporary America and Europe “reduces it to whatever one happens to be feeling at any moment in time” (p. 52). Carman (2007) pointed out that Heidegger used the word “*Eigentlichkeit*”, which has been translated as “authentic”, but which literally means “ownedness” (p. 285). He gave the following example:

Chapman’s *Iliad* and Milton’s *Eikonoklastes* have Nestor and Justice wielding and putting their “authentic” – that is, *their own* – swords here and there, to various purposes. The point was not that the swords were not forgeries, or unreal, but that they were not someone else’s. (p. 285)

Carman concluded that “what is *eigentlich*, then, is what is most Dasein’s own, what is most proper or peculiar to it” (ibid.).

Barnhart and Steinmetz (1988) noted that “authentic” comes from the Medieval and Late Latin *authenticus*, and from the Greek *authentikós*, meaning “one acting on one’s own authority, master, perpetrator” (p. 65). Thus, the archaic meaning of “authentic” did carry this meaning of “one’s own”, although that has largely been lost in contemporary use, where it often carries meanings of “genuine”, “real”, or “having integrity”. This, as Carman (2007) described, largely emanates from the Romantic discourse of expressive self-realisation, as espoused by expressivist thinkers such as Rousseau, Herder and Goethe: “These ‘expressivist’ thinkers... understand selfhood as an accomplishment standing in contrast to various deficient conditions, such as alienation, fragmentation, and incoherence. True selfhood, for them, is the achievement of a kind of wholeness or integrity” (p. 287). The being of Heidegger’s Dasein, in contrast, is a continual “thrown projection (*geworfene Entwurf*)” (ibid.), and cannot aspire to a complete or total understanding of itself in its being.

In discussing authenticity, Dreyfus (1991) focused on the notion of “resoluteness” (*Entschlossenheit*), Heidegger’s use of which he described as “an illuminating but potentially misleading pun” (p. 318). On the face of it “resoluteness” means determination, however Dreyfus argued that Heidegger’s use of the word (with a hyphen, that is, *Ent-schlossenheit*) means “unclosedness” or “openness”; the opening of human Dasein into the clearing of being. Dreyfus concluded that resoluteness is not the deliberate action of a subject, but rather “the opening up of [Dasein], out of its captivity in that which is, to the openness of being” (p. 318). He emphasised that this is

not a matter of choice, rather that authenticity lets “its ownmost self take action in itself of its own accord” (p. 317). There is a surrender, a receptivity, and even, as Dreyfus noted, a “transformation that comes from Dasein’s accepting its own powerlessness” (p. 319). He added that rather than making choices, Dasein “presses forward into possibilities” (ibid.). Dasein’s only choice, he said, is “whether to keep silent so as to hear the call or to try to drown it out by plunging into the noise of the everyday rat-race. This choice, as Dasein’s letting itself be called, is receptive rather than wilful” (p. 318). Authentic Dasein, Dreyfus contended, “foreruns its own death” – “Forerunning discloses to existence that its uttermost possibility lies in giving itself up, and thus it shatters all one’s tenaciousness to whatever existence one has reached” (p. 327).

Carman (2007) also agreed that resoluteness and forerunning are central aspects of Heidegger’s notion of authenticity; he described these as being two seemingly distinct elements of this notion, as follows:

- Resoluteness – *Entschlossenheit*. Meaning unclosing, or disclosing; remaining open. Carman described this as “a kind of focussed engagement with things, and with others” (p. 291), and facing up to the situation in which one finds oneself;
- Forerunning – *Vorlaufen*, and specifically “forerunning into death”⁶⁷ (p. 291).

Carman suggested this is roughly akin to the famous leap of faith:

wherein I take up my personal commitments as irreducibly my own, even though they may be irreconcilable or incommensurable with ethical norms applying to everyone, including me.... Forerunning into death, then, means being ready, willing, and able to embrace a particular and essentially fragile set of possibilities, even as they tend to dissolve by their own inertia. (p. 291)

Authenticity, then, becomes a curious and paradoxical mixture of letting oneself be open to and attending to (in both a receptive as well as a focused manner) that which is one’s own, rather than what might be “right” for anyone in my situation.

What resonates for me (in relation to the participants’ experiences of their ongoing learning) in Heidegger’s formulation of authenticity, is the emphasis on the individual taking cognisance of his or her own particular situation, remaining open and

⁶⁷ Carman (2007) clarified that Heidegger refers to “death” here in the existential sense, that is, the “inherent instability of my world and my identity” (p. 291).

receptive, and staying with his or her own struggle and/or path. This is not to obscure the difficulties of, as Dreyfus (1991) put it, keeping silent so as to hear the call, rather than plunging into the noise of the everyday rat-race. The everyday simply exists, and we are all a part of it. The challenge that Heidegger seems to offer is whether, in being a part of it, we can also stay with our own experience and follow that which calls and resonates within us. A number of the participants described this phenomenon, for example, David⁶⁸, when he mentioned his surrendering to a process that he does not feel he is directing, except that the direction has come to feel the right one for him to take. There is a sense of his initially becoming aware of a particular life-long conflict, of his following his own struggle in relation to this, of pressing forward into possibilities and accepting his own powerlessness in this matter. In a slightly different way, Ella⁶⁹ spoke of how, over time, she has been able to attune to the learning experiences that are right for her, rather than forcing herself to attend events that others might think are important. As with David, there is a letting herself be open to that which resonates within. Many of the other participants described similar experiences, whereby over time they have become more able to be open to, to identify and, to follow what is right for them in their particular situation. The emphasis on authenticity in life and work thus seems central to psychotherapists' experience of their ongoing learning.

Learning from the Margins

Before moving to the next section I would like briefly to touch on the notion of "learning from the margins". A number of therapists mentioned this, or a similar phrase, in relation to their perceived place of living and working as therapists in our society. They mentioned often feeling as if they do not quite fit, as well as feeling wary of fitting⁷⁰. The overt emphasis in psychotherapy on emotional processes is not widely shared by other occupational groups, although there is evidence that it is beginning to be acknowledged and included by theorists and practitioners in areas such as education, and in some health professions (for example, Dirx, 2008; Illeris, 2014; Neumann, 2009; Quinlan, 2016; Taylor & Jarecke, 2009). As discussed in chapters one and four, psychotherapy has a long tradition of *not* fitting, and of practitioners attempting to make it fit in the interests of public acceptance. This dates back to

⁶⁸ Discussed in chapter nine.

⁶⁹ Also discussed in chapter nine.

⁷⁰ The question then arises here as to whether it is precisely the therapist's place *not* to fit.

Freud, who on the one hand wished for psychoanalysis to be grounded in the respectable and acceptable scientific (Cartesian) paradigm of the time, and who, on the other hand, lamented that his case histories read like stories, thus lacking the serious stamp of science (1893/1955d, p. 160)⁷¹. These philosophical confusions and conflicts have endured, and continue to be debated, particularly (but not exclusively) with regards to the relationship between the theory and practice of psychotherapy and “evidence-based practice” (for example, Blatt, Corveleyn, & Luyten, 2006; Dattilo, Edwards, & Fischman, 2010; Eagle & Wolitsky, 2011; Fonagy, 1996, 2000, 2002, 2003, 2009, 2010; Hinshelwood, 2010, 2013; Hirsch, 2015; Hoffman, 2009, 2012; Kernberg, 1986, 2006a, 2011; Leuzinger-Bohleber, Dreher, & Canestri, 2003; Leuzinger-Bohleber & Fischmann, 2006; Shedler, 2010; Thomä, 2010; Wallerstein, 1988, 1990, 2002, 2005, 2009a, 2009b; Zeldow, 2009). There can be little doubt that the practice of psychotherapy sits on the margins of many contemporary societal discourses⁷². Thus, many of the learning experiences of its practitioners also take place on the margins.

As I reflect on this, I think about my own learning experiences related to undertaking this research. Writing a PhD thesis cannot by any means be viewed as learning from the margins. I am carrying this out within the structure of a university system. I have supervisors who have guided me and administrators who have helped me by freeing up some of my time. And yet, writing a PhD in Auckland, Aotearoa New Zealand, as a psychotherapist, and about psychotherapists, has been a somewhat isolating experience. There are few in this country who have bothered to attempt it, many who wonder why anyone would, and even more who are of the opinion that academic work such as writing a PhD is in direct contradiction to the practice of being a psychotherapist. This is not my view, and I know for myself how much the process of undertaking this research has contributed to my learning about being a therapist⁷³, yet I do understand this view. Most full-time practising psychotherapists are fully immersed in the experience of being with their patients, and for many that is enough,

⁷¹ Freud (1933/1964) became somewhat reconciled with the scientific establishment of the time rejecting his new discipline, as in the following statement: “But you must not expect to hear the glad tidings that the struggle about analysis is over and has ended in its recognition as a science and its admission as a subject for instruction at universities. There is no question of that. The struggle continues...” (p. 138).

⁷² I believe this is due mainly to the ongoing unpopularity of the notion of the unconscious, and the prevailing belief that we are solely rational and intentional beings.

⁷³ In chapter two I described learning from reading and undertaking research, including my own reflections on this.

and their heart's desire. Some have escaped from corporate or other institutional worlds, or from families, wherein they did not feel free to express themselves as they wished, and where the psychological and emotional landscapes were devastatingly barren. Learning from the margins then becomes an attractive proposition, and private practice a place of astonishing freedom. To circle back to the notion of authenticity as being that which is Dasein's own, my hope is that it is still possible for individuals to strive for that which is right in their particular situation, and to learn according to that which calls. It was a revelation to me, in speaking with the participants in this study, that what came through loud and clear was a desire (both unconscious and conscious) to live one's own life, and to orient one's ongoing learning towards this aim. Individual psychotherapists do not develop to become a universally recognisable clinician; who we are as individuals impacts on who we are as therapists.

In discussing learning in practice landscapes, Wenger-Trayner and Wenger-Trayner (2015) acknowledged the importance of the individual's personal identity and his or her own journey. They noted that ongoing learning is not merely a matter of acquiring knowledge, but rather the "becoming of a person" (p. 19)⁷⁴. Although an individual's identity is emphasised here in a way that is often omitted or minimised by other learning theories and models, much emphasis is also placed on the practice landscape shaping who we become. Thus, Wenger-Trayner and Wenger-Trayner mention that when newcomers, for example, enter a practice community, the "regime of competence" (p. 14) pulls and transforms their experience until their experience mirrors that of the community. They add that experience also naturally pulls, challenges and transforms the regime of competence, wherein members of the community can convince other practitioners of improved ways of practising. Thus, there is a to-and-fro movement, wherein what we do acts upon us, and as individuals we also have the potential to influence our environment.

While agreeing with the importance of the practice community for the individual's ongoing learning (and perhaps particularly for the newer practitioner), I

⁷⁴ Similarly, Dall'Alba and Sandberg (2014) pointed out that learning incorporates not only what we *know* (the epistemological dimension) but also how we are learning *to be* (the ontological dimension). Skovholt's (2012) research on becoming a therapist found that therapist development mainly involves developing *as a person*. In their article *On becoming a psychoanalyst*, Gabbard and Ogden (2009) concluded that "Becoming an analyst necessarily involves creating a highly personal identity that is unlike that of any other analyst" (p. 325). They added that this process has much in common with psychic development in general.

would add here that the findings of this study reveal the ways in which a person's individuality influences their interpretation of the practice landscape, including how they are able to make use of learning opportunities. As I have mentioned, there is no universally recognisable psychotherapist, although there are certainly fundamental principles of practice which become part of the individual's way of being a practitioner. I am arguing that it is the movement that resides within us (whether or not we are consciously aware of it) that influences our approach to, and our interpretation of, our practice. Before moving to considering learning as an internal movement, I would like to acknowledge that another important insight from this study was that, far from being merely individuals in our practice environments, we are relational beings and that we need others if we are to continue to learn.

Needing Others

This research has shown that although the therapists I interviewed became increasingly aware and able to attune over time to that which resonated within them, that this was far from being a solitary journey. Winnicott (1947/1991) famously said that, "There is no such thing as a baby... if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially part of a relationship" (p. 88). Without meaning to suggest that psychotherapists are babies, I do suggest that humans are relational beings and that we retain this need for the other, in whichever form, throughout our lives. Perhaps this is particularly so for those who are immersed in the fragilities of being in this world, often so close to the infant's experiences of dependency and vulnerability. When discussing the learning experiences of the beginning psychotherapist this seemed especially relevant.

One aspect of this relates to the emotional experience of learning something new. Salzberger-Wittenberg, Williams, and Osborne (1999) captured this when they described a class of adult learners (who were senior teaching staff in various institutions), who arrived at the Tavistock Clinic⁷⁵ to learn something about counselling processes. When asked to talk about their feelings of being in the class, they described feeling at times frightened, anxious, helpless and confused. Salzberger-Wittenberg et al. suggested that such anxieties can be traced to childhood and infancy, that there is a

⁷⁵ The Tavistock Clinic (London, England), founded by Dr Hugh Crichton-Miller in 1920, is now the Tavistock and Portman National Health Service Trust. It is a centre for psychoanalytic education, research and practice.

“memory in feeling” (p. 7). As adults we often consider that we should have outgrown such “baby” feelings, however we do not so much outgrow them as override them. We are able to override them because, unless the situation is extremely stressful, and/or traumatic, as adults we do not usually experience the sense of overwhelm that a baby or small child easily can. However, the feelings are still present and they impact in various ways on the experience of learning.

The participants I spoke with often mentioned such feelings when they described their experiences of being, or having been, beginning therapists, and the role that others played in their ongoing learning. In relation to the emotional experience of learning, the vulnerability of the beginning therapist became apparent. Some of the participants described being sensitively and ably helped by supervisors, colleagues and their own therapists. Isabel, for example, recounted a story of an assessment interview, in which she became captured by the institution’s expectations and lost sight of being able to follow her own intuition. Her supervisor helped her to notice that she had known all along what she needed to do in the interview and that she had got caught up in another’s expectations. Isabel noted that this was a foundational experience for her. The feelings of distress she had had about the interview going wrong were replaced with what she described as the beginning of realising, with her supervisor’s help, her own particular strengths and then in becoming determined to pursue these.

There were also, inevitably, stories of experiences that did not go well. People do not always help. James recounted being a trainee in a training institute which placed its own interests above helping distressed members of its training group. I have noted that Kernberg (2000, 2007, 2012) has written extensively about the often problematic and destructive dynamics within private psychoanalytic training institutions, and has made recommendations for improvements⁷⁶. Such issues are not limited to psychoanalytic institutions, but can be found in any educational or training institutions, and particularly those which are closed to external scrutiny and where there is therefore a lack of accountability beyond their own confines. James recounted that when his institute did not respond to his requests for help with an ethical matter, he then sought help from the parent organisation which also failed to provide help,

⁷⁶ Casement (2005) and Goretti (2006) have also written on this topic.

referring him back to his own institute and effectively casting him into isolation. James described the emotional damage incurred by this process and explained that it was connection with others, including further personal analytic therapy, that gradually led to his recovery.

Another aspect of the learning experience for the beginning therapist is the experience of learning to *respond*, which Heidegger (1954/1976) described so evocatively in his example of the cabinetmaker's apprentice⁷⁷. The apprentice learns not only to make furniture, but also how to respond to, and relate to, the wood. Heidegger suggested that this process can only take place in the presence of a teacher who can help the apprentice comprehend; it is a lived experience which is transmitted by being in the presence of a more experienced other, and by living in and through the particular experience. This is familiar, I suggest, to therapists who are aware that learning about psychotherapy theory and techniques is a small part of the journey to becoming a therapist. The immersion in the experience of being a therapist is that which hones the knowledge and the skill of the therapist over time, including becoming increasingly comfortable with *not* knowing and with the mystery that is the other person. A number of participants spoke to this part of the phenomenon, and in doing so, emphasised the value of their own personal therapy and supervision in helping them with living the experience of being a therapist. I suggest that in psychotherapy learning situations, the teacher is not so much teaching content but a way of being which includes responsiveness. This also takes place in the therapist's own personal therapy, wherein empathic responsiveness is transmitted and learned through lived experience. Again, there is a two-way process here; the learner's openness, watching and waiting, releasement towards things, facilitates the development of responsiveness.

Participants in this study also described being-with experiences which did not necessarily include being with another *person*, but rather with something else that is *other*, for example, reading, watching films, being in nature, being with artworks, and so on. These experiences revealed the variety and different possibilities of connecting in the service of learning. What was important was the nature of the connection. Thus, Rahel⁷⁸ described her experience of reading books or articles by her favourite authors

⁷⁷ Discussed in chapter eight.

⁷⁸ Discussed in chapter ten.

as being in dialogue with these authors. The being-with (the book, the author) experience seemed less an abstract and intellectual one, rather one which was embodied and experience-near. Similarly, Ella spoke about visiting an art gallery to find a piece of art that would *speak* to her. Isabel mentioned that whereas she once read to find things out, she now reads to find more ways of thinking about things, thus (as with Rahel) dialoguing with the book, rather than ingesting its contents. Simon spoke about the importance for him of his own artistic practice, as helping him to be more creative as a therapist, including helping him to trust what might unfold. Here again is the notion of ongoing learning as being very personal in nature. Yes, others are essential for our learning, but the participants in this study illuminated the many different ways in which others help, including that the other may not necessarily directly be a person. The experiences that were recounted clearly say something about each person's own individuality and how their own life trajectories have influenced, and continue to influence, what they are willing and able to make use of in the service of their learning. This also resonates with Rønnestad and Skovholt's (2003a, 2003b) research findings, as noted in chapter three, that as practitioners get older they turn increasingly to other sources of knowledge about human nature (literature, cinema, and so on). There are many different possibilities of being with the other and I would suggest that it behoves us, when we are tempted to be prescriptive, to enquire of ourselves whether this is simply a way of being with which we are familiar, and whether we can be open to differences in the other.

Caution in the Face of Prescribed Learning

To continue with this theme of the personal nature of learning, participants in this study often expressed caution in relation to learning experiences or requirements that were prescribed by others. Institutions, including, for example, professional regulatory bodies, educational or training bodies, or employers, were often viewed as being inflexible in relation to learning requirements. Emphasis tended to be placed on specific activities to be carried out in order to demonstrate competence. This tendency was often viewed with suspicion, and complied with (or not), but at times felt to be irrelevant to meaningful ongoing learning. The expectations that particular *activities* will be carried out in order to demonstrate competence is in contrast to the findings of this study, which show that it is not so much the *activities* that are important for

ongoing learning but the learner's *engagement with activities* that are *meaningful* to them. I have presented many examples demonstrating the different ways in which people learn, noting that these are deeply connected with who the individual is as a person. If learning is a personal endeavour, then prescribed learning at the level of activities to be carried out is likely to be felt as frustrating and to fail to achieve its intention as a learning opportunity.

This points to the inevitable tensions and difficulties experienced by those who are responsible for ensuring safe practice and protection of the public, on one hand, and facilitating learning that is meaningful to individual practitioners on the other. I am reminded of speaking with the Chief Medical Officer of a major Auckland public hospital in the mid-1980s. He espoused the view that medical staff should not be held to public accountability, in part due to their (as he saw it) high personal standards of ethical behaviour. Yet several years later, in 1987, a government inquiry was launched to investigate unethical gynaecological and obstetrics practices at National Women's Hospital in Auckland (Committee of Inquiry into Allegations Concerning the Treatment of Cervical Cancer at National Women's Hospital and into other Related Matters, 1988; Coney & Bunkle, 1987). This inquiry had significant and wide-ranging implications, but pertinent here is the tension between public accountability for professions that treat vulnerable people, and valuing individual practitioners.

This study has focused on the experiences of individual practitioners but the responsibility for their patients/clients is central to the therapeutic endeavour. As I have already stated, the findings suggest that patients are foremost in the therapists' minds, and ethical responsibilities are taken seriously. Yet, it seems foolhardy to suggest that practitioners be entirely self-regulating. Regulatory frameworks tasked with protecting the well-being and ethical treatment of patients are essential. At the same time, I would argue, however, that it behoves all institutions to engage with and to value those whom they serve (in the case of psychotherapy, both the client/patient and the psychotherapist). In relation to therapists' ongoing learning, the findings of this research clearly point to moving away from quantifying and recording that particular activities have been or are being carried out, and moving instead towards practitioners demonstrating engagement with their own particular needs for learning. In addition, I argue that a central question in relation to this issue is: How can those

responsible for learners foster robust learning as well as a gentleness of being, both in themselves and others?

Learning as an Internal Movement: *Sorge* (Care)

There were some very evocative descriptions from participants of being “new”, or as I have termed it, a “newcomer” to psychotherapy practice. These were both from newcomers themselves and from more experienced clinicians remembering earlier, often formative, events that had contributed to their learning. There was, however, little focus placed on the differentiation between years of experience. It has been pointed out that much of the research about therapist experience has tended to focus on the therapist at the beginning stages of their career (Orlinsky et al., 1999). Since then, Skovholt and Rønnestad (2012) identified themes in the professional development of therapists from the pre-training to the professional phase, and Skovholt, Vaughan, and Jennings (2012) described stages of expertise and explored the differences between novices and experts. However, they acknowledged that the topic of expertise is complicated due to conflicting ideas about whether practice improves practice or not. They also note that the range of experience is often very narrow and thus that the true impact of experience is difficult to assess.

Although interesting, these studies attempted to measure something that is not the focus of my research. I have not focussed on clinical judgment, increasing clinical effectiveness or the possible connection between these and years of clinical experience. That there is no consensus in the empirical research about whether or not experience leads to greater clinical effectiveness perhaps partially explains why the participants in this study did not mention years of experience (apart from the transition from newcomer to somewhat experienced). The main finding emerging from the stories in relation to experience was that the therapists seemed to become more proficient in recognising their particular learning needs over time, and became able to find opportunities or places wherein that learning could occur. They were less inclined to prioritise learning requirements dictated by others and more inclined to listen to that which was important to them personally. Hannah⁷⁹, for example, described an aspect of her practice that she had once felt passionate about, but that over time it had become less of a passion and more of an expectation. She became increasingly

⁷⁹ Discussed in chapter nine.

aware of this and took steps to move towards developing in ways that were more meaningful for her. She described this as leading to a sense of freedom.

I have interpreted this attitude towards learning as having an underpinning of care (*Sorge*). Heidegger (1927/2008) suggested that *Sorge* is the very Being of Dasein and that therefore care is central to Dasein's being-in-the-world, including an intrinsic connection between care and a move towards oneself, an intuitive letting go into possibilities, and wanting to have a conscience: "in the call of conscience care summons Dasein towards its ownmost potentiality-for-being" (Heidegger, p. 365). Larivée (2014) proposed that *Sorge* is at the heart of *Being and Time*, that the human being is "rather simply care" (p. 124). She added that *Sorge* is "something like a movement, a drive beyond the self towards something that concerns it" (p. 124)⁸⁰, and suggested that the care for one's own soul is an alternative to becoming lost in the activities of the day-to-day. This entails each person facing up to his or her particular situation and awakening a feeling of responsibility for his or her self. As well, and importantly, Larivée suggested that care is a foundation for a self; the soul can take care of itself because it *is* care. Caring becomes a movement within us rather than a thing we do. Clearing a space from the day-to-day, and cultivating an openness to that which is essential, facilitates care becoming manifest.

When attending to how psychotherapists describe their own experiences of, and attitudes towards, ongoing learning, it would seem that mere years of experience are but one aspect of the therapist's learning journey. Without the ability to care for oneself, to notice what is essential for one's own development, to be open and receptive, to press forward into possibilities, perhaps a sense of stuckness or stagnation occurs rather than an ongoing learning. Again, we circle back to this notion that it is not the activities of learning that are important but rather the learner's own engagement with those activities. Questions therefore arise about the conditions necessary for enabling the soul as movement to care for itself, including whether there are conditions which prevent it from being able to do so.

⁸⁰ Larivée (2014) noted that this is an ancient concept and cites Plato's contention that the human soul is a movement; and that Heidegger followed Socrates recommendation to care for the soul.

***Gelassenheit*, Meditative Thinking, and Dreaming**

As I write this it is the beginning of 2017. Even in the last few years, I have noticed a difference in the ways we acquire and digest information. News happens in “soundbites” as if we are incapable of focussing on anything for very long. People are transfixed by the influx of information that arrives through our smartphones, televisions and computers. They are usually brief snapshots of information/knowledge. We appear to be in a perpetual state of stimulation that occurs mainly on the surface of our being and that flickers from one point to the next in an instant. It seems almost quaint to consider one’s soul and how it might be impacted by all of this. And yet, if, as Heidegger (1959/1966) suggested, we are in “flight from thinking” (p. 45) and quickly take in everything, what might that say about our ability to attune to the movement of our soul? Many of the participants spoke about long processes of being with experiences that had impacted upon them and which they then considered and pondered deeply, without rushing to find a solution or answer. For example, Isabel described being with a patient and not understanding what was happening, but instead being open to the experience and letting feelings wash over her at the same time. She mentioned that it was as if she was then able to hear what the patient was *not* saying.

Heidegger (1927/2008) wrote about the differences between “hearing” and “hearkening” (“*hören*” and “*hören*”). Harkening, he suggested, is a more primordial experience than listening or hearing, in that it includes being open to and being with the other in a way that understanding can occur. He also linked the ability to *hearken* with the ability to *feel*. This is a different experience from solely applying one’s intellectual mind to a situation and also brings to mind the notion of *Gelassenheit*, which Heidegger (1959/1966) wrote about as a remedy for the impact of technology. Inwood (1959) noted that the term *Gelassenheit* was used by mystics such as Meister Eckhart in the sense of “devout, devoted to God, pious.... for the peace one finds in God by taking one’s distance from wordly things” (p. 117). Although the more modern meaning of *Gelassenheit* is “calmness, composure, detachment, releasement” (ibid.), the translator of *Discourse on Thinking* clarified that the older and more complex meanings are implicit here. Thus, Heidegger recommended a comportment towards

technology which he described as an *old* word, “*releasement towards things*” (p. 54)⁸¹. He went on to say that releasement towards things and openness to the mystery belong together and give us the possibility of dwelling in the world in a different way, one that incorporates waiting, not expecting, and a state of openness, where we can “endure in the world of technology without being imperilled by it” (p. 55).

There are similarities between this notion of *Gelassenheit* and many of the participants’ experiences of ongoing learning. For Isabel, learning as a psychotherapist included gradually developing her abilities to feel, to be open, to ponder and to wait. This also brings to mind Gabbard and Ogden’s (2009) discussion of Bion’s idea that “thinking/dreaming one’s lived experience” (p. 312) is perhaps the principal means by which one learns from experience. Gabbard and Ogden also suggest that the therapist dreams himself or herself “more fully into existence, in progressively more complex and inclusive ways” (p. 313). Dreaming, and being with our dreaming, carry a sense of openness, surrender, being with what cannot be known, and engaging with a way of thinking that is, as Heidegger (1959/1966) described it, “meditative” rather than “calculative”⁸². Inwood (1999) described *Gelassenheit* as “the thinker’s attempt to keep the open open, letting a world world” (p. 118). Gabbard and Ogden’s “thinking/dreaming one’s lived experience” suggests a very similar process, albeit with the emphasis on unconscious processes, which mention of dreaming always emphasises. However, they also use the term “dreaming” as referring to the most *profound* form of thinking, and that dreaming occurs continuously, both during sleep and during waking life: “It is a type of thinking in which the individual is able to transcend the limits of secondary process logic without loss of access to that form of logic” (p. 313). They make reference to the analyst’s “waking dreaming” in the therapy setting, which they refer to as the analyst’s “reverie experience” (p. 313). Ogden (1997a) also emphasised the *intersubjective* nature of reverie. Thus, he stated that the reverie does not belong to the therapist alone, rather that it is jointly created by analyst and analysand: “a jointly (but asymmetrically) created unconscious

⁸¹ The translator noted the original German expression used by Heidegger here: “*Die Gelassenheit zu den Dingen*” (p. 54).

⁸² I described in chapter nine Heidegger’s (1959/1966) distinction between “meditative” and “calculative” thinking, and his fear that, while calculative thinking is necessary, it may come to dominate and be the *only* way of thinking.

intersubjective construction that I have termed ‘the intersubjective analytic third’⁸³ (p. 569).

To detour slightly and consider the method of this study, I suggest that a process similar to that described by Ogden (1997a) takes place in the researcher who interprets data using hermeneutic phenomenology. As the therapist finds himself or herself in the analytic or therapeutic field, and makes use of the state of reverie to help understand the patient in the room, and him or herself in relation to the patient in the room, so does the researcher’s dwelling with the data engage the researcher in a way that is beyond the cognitive realm. The researcher’s dwelling with the data includes an openness to what might be revealed, and to meanings both consciously and unconsciously expressed. The process of interpretation seems very akin to the state of reverie, in that it requires an unhurried tolerance of the experience of being adrift (Ogden, 1997a). Further, it recognises that the researcher is in an intersubjective field with the data/participant. The researcher is not alone and the interpretation is not the researcher’s alone; rather, it arises from allowing oneself to be in a meditative/reverie state that is conducive to new insights. In discussing the unconscious and hermeneutic phenomenology (chapter four) I pointed out that I found it difficult to see how the unconscious could be excluded from hermeneutic phenomenology *in action*. I am also mindful of Gadamer’s (1975/2013) assertion that there is no method in hermeneutics, that my being a psychotherapist naturally influences how I view the process of interpreting participants’ stories, and that this is in itself a crucial element of hermeneutic research. Thus, Gadamer stated that “the most basic of all hermeneutic preconditions remains one’s own fore-understanding, which comes from being concerned with the same subject.... Hermeneutic work is based on a polarity of familiarity and strangeness” (p. 306).

Returning to *Gelassenheit*, meditative thinking, and dreaming, Heidegger (1959/1966) suggested that we are naturally meditative beings, and that our being meditative is part of our essential nature. However, he also proposed that being meditative is not easy: “the way to what is near is always the longest and hardest for us humans. This is the way of meditative thinking” (p. 53). David’s story⁸⁴ in particular describes the tensions between an intuitive leaning towards meditative thinking,

⁸³ I have discussed this concept more fully in chapter one.

⁸⁴ Discussed in chapter nine.

which he found to be an essential part of his learning to deepen his practice, and the internal and external struggles in becoming aware of, and then in maintaining, this stance. Likewise, Bion (1962/2004) pointed out the difficulties we have in learning from experience and that we have an unconscious resistance to learning. This is often ignored in theories and models of learning, again seemingly in favour of the belief that we are simply rational beings. Indeed, many of the participants' stories highlighted the limitations of rational thought in relation to their ongoing learning. It was not that rational thinking did not occur, but that it assumed a lesser importance than is often imagined. Learning took place in more primordial and instinctual ways. Participants' learning took place in their very beings; being with themselves (*Selbstsein*), being with others (*Mitsein*), being alongside *things* (*Sein-bei*). Further, as Heidegger suggested, these states of being are equiprimordial and inseparable; they are the three constituents of "being-in-the-world" (Inwood, 1999, p. 31).

In the remainder of this chapter I briefly outline the implications and recommendations of this study for further research, education and practice. I include also its limitations and where I have positioned myself alongside related research.

Recommendations for Further Research

- This research did not focus on chronological "stages" of learning, beyond an exploration of issues pertaining to the beginning therapist. Stages of learning did not emerge as being particularly relevant. There were, however, some tentative findings that would benefit from further investigation, for example: Is the beginning therapist more in need of belonging to a learning group in a community of practice than the experienced therapist? To what extent does this relate to a chronological stage of therapist development or rather to the individual personality/situation of the therapist, or both? Similarly, do some of the traditional activities of therapist learning (for example, personal therapy, supervision, seminars) present more value to the therapist in the beginning years of practice than to those who are more experienced and who seem to make use of many different forms of ongoing learning? Or is something of both at play here, depending on the individual and his/her context?
- The participants in this study (including the participant who identified as Māori) emphasised the importance of their own life histories and current living

situations on their experiences of ongoing learning. The participants were called to learning experiences that addressed their own emotional, spiritual and intellectual needs for development. Further research could explore different cultural groupings and their experiences of ongoing learning. For example: Do individuals in a more collective culture resonate more with collective rather than individual learning needs? Would group learning processes be favoured over individual ones in a more collective culture?

- Further research could be undertaken in relation to experiences of learning in other occupational groups, particularly those in the educational and caring professions.
- I have briefly noted some similarities between Heidegger's and Bion's thinking about thinking, and thinking about learning. A fuller exploration of these would possibly uncover further similarities that would be of benefit for both fields of study.
- Similarly, in chapter four, I explored the relationship between hermeneutic phenomenology and psychoanalysis. Psychoanalytic concepts such as the unconscious, intersubjectivity, and "reverie" seem closely linked to the experiences of the hermeneutic phenomenological researcher in dialoguing with participants and the interview data, for example, Saevi's (2013) concept of "pathic dwelling" (p. 3). These connections merit more investigation, including how terminology in different disciplines can lead to confusion and misunderstandings and where common ground can become obscured.

Implications and Recommendations for Education

This study explored the experience of learning from the perspective of already practising psychotherapists. However, participants also described earlier learning situations as part of the context of their beliefs and feelings about ongoing learning. Thus, as well as ongoing learning for the practising therapist, there are also implications for the formative (qualifying) educational/training process, to be briefly included here:

Qualifying education/training.

- Participants demonstrated an aversion to learning which they felt overrode that which resonated for them. Earlier experiences (including in childhood) of

fact-based or knowledge-based “rote” learning with little time/space for their own emotional processing were often felt to be unhelpful and as hindering experiences of authentic learning. Experiences of being “stuffed full” and of learning as being dictated by particular activities of learning that did not hold meaning for the individual in some cases led to an aversion to ongoing learning, or at least a confusion as to what constitutes such learning. Some participants noted that it had taken them many years to re-learn how to learn and to focus more helpfully on that which resonated for them.

- In the educational setting, it therefore seems important to be cognisant of the individual’s own process, including their emotional process, and to include time and space for this, rather than an emphasis on filling the student up with information that is unlikely to take hold. This may be particularly relevant in studying psychotherapy, due to students privileging learning about attunement and emotional processes, however I would argue that this has wider implications for any learning situation.
- Educators/teachers need to be cognisant of unconscious processes at play in the educational setting, including normal resistances to learning and internal and external barriers to learning.
- To avoid the misuse of power in learning situations, and the trauma that can subsequently arise, the question of how best to foster a robustness of learning as well as a gentleness of being must be kept to the fore. Further, it is strongly recommended that psychotherapy programmes/trainings are accountable beyond their own confines. This is to safe-guard students/trainees from closed systems wherein appeals for assistance may be ignored.

Post-qualifying education/training.

The above points are also relevant in this context. In addition, it is tempting to suggest specific “activities” of learning that were valued by individual participants and to recommend these here. However, what emerged most significantly from this research was the over-riding principle that different people valued different activities. For example, some participants highly valued groups; others did not find them overly useful for their learning; still others found them to hinder their learning. This could, and did, change over the course of a psychotherapist’s working life, but not in any

uniform way. Participants' learning needs and desires were overwhelmingly informed by their own personal life histories and trajectories. Thus, prescriptive activities of learning seem to be contra-indicated. What resonates for the individual practitioner is what will be helpful for their ongoing learning. Thus, psychotherapists will benefit most from having on offer (for example, via their professional organisations) a range of learning activities, together with less emphasis on the hierarchical value of these. Any assessment of ongoing learning (for example, by a registering body) would optimally emphasise the practitioner's ability to demonstrate what meaning the activity has for their learning, rather than an emphasis on numbers of activities, or particular types of activity. A possible exception to this was the participants' emphasis on reflection on their own psychotherapy experiences. Practically every participant recognised their own therapy as having been (and/or continuing to be) highly valuable in terms of their ongoing learning as a therapist and as an individual. This may not be surprising, given the finding that psychotherapists' learning is intimately connected to their own lives; it is through therapy that individuals are perhaps most able to ponder their own lives.

Recommendations for Practice

This research has found that lasting learning takes place in, through, and from experience that resonates. Prescriptive approaches to specific activities of learning are not indicated, rather ways of being that facilitate ongoing learning:

1. An openness of being (and therefore an openness to learning) (Heidegger, 1959/1966; Inwood, 1999).
2. Meditative thinking – a recognition of our inherently meditative nature and the impact on us of overly departing from this (Heidegger, 1959/1966).
3. Dreaming and reverie (Bion, 1962/2004; Gabbard & Ogden, 2009; Ogden, 1997a).
4. Care (*Sorge*), including care for one's own soul and paying attention to the movement within oneself (Heidegger, 1927/2008; Larivée, 2014). Palmer (2000) writes about the importance of "choosing each day things that enliven one's selfhood and resisting things that do not" (p. 60).
5. Learning to *respond* (Heidegger, 1927/2008, 1954/76).

6. Resisting the allure of overly engaging with our rational minds; rather, staying open to mystery and the unknown (Bion, 1990; Heidegger, 1927/2008, 1971/2001; Sheehan, 2014; Varkø, 2010).
7. An awareness of our being in the world as an interplay between the inseparable states of being with oneself (*Selbstsein*), being with others (*Mitsein*), and being alongside things (*Sein-bei*) (Heidegger, 1927/2008).

Limitations of this Research

There are a number of limitations in this research. These relate mainly to the hermeneutic phenomenological methodology and the range and demographics of the participants:

- Any research methodology, whether qualitative or quantitative, contains within itself its own limitations. A particular philosophical stance is taken. In the case of hermeneutic phenomenology, this stance is interpretive and is thus concerned with dwelling with the data, being open to the uniqueness of the experience and of the language that emerges to describe the experience (Saevi, 2013). This study has revealed participants' experiences of ongoing learning and it has done so within this interpretive stance. Other research approaches may have revealed different experiences, for example, discourse analysis, feminist theory, or critical social theory may have addressed more fully the power issues inherent in situations of ongoing learning. It is not that these have not been reflected on in this study (where they were a salient aspect of a participant's experience⁸⁵), however it is not the predominant lens through which the data has been viewed.
- At the outset of this study I was advised to contact potential participants who were likely to provide full and rich data. This led to my selecting participants who were very experienced (the majority of the participants each have more than 25 years of experience), and/or who I knew to be capable of articulating their stories of learning. Different stories and insights may have emerged with a greater number of newer therapists (two of the participants fall into this category), and those in the early-middle range of experience, for example, between 5-10 years.

⁸⁵ For example, James's story in chapter nine.

- This research specifically explores the learning experiences of therapists who practise with a psychodynamic/psychoanalytic orientation. Some differences may have emerged from practitioners from other psychotherapy modalities.
- Culturally, I situate myself as a fifth generation Pākehā, with a predominantly British/European heritage, and I am married to a European man from Finland. I bring my cultural heritage and present day situatedness to this study. I have also made use of predominantly European and British literature in discussing my topic. In addition, psychotherapy itself, and particularly psychoanalysis, has a European history and perspective. My own cultural situatedness, and that of psychotherapy, carry limitations with regards to the inclusion of perspectives from other cultures on this topic. Although one of the participants of this study identifies as Māori, and there is some discussion in relation to learning within a Māori mental health setting, this study does not purport to consider Māori psychotherapists' experience of ongoing learning in any comprehensive manner. I did not feel that I was best placed to carry out such a study, or even to include it significantly in this study. However, the findings of this study would be further enhanced by such an exploration.

Links to Other Research

Theories of learning.

In chapter two, I reviewed theories of learning that have particular relevance to my topic. I have resonated with theories that include:

- learning from experience (Fenwick, 2003; Kolb, 1984, 2015; Todd, 2013);
- learning through social interaction (Vygotsky, 1978);
- reflective enquiry (Dewey, 1933; Rorty, 1982);
- the artistic and intuitive features of reflection in action (Schön, 1983);
- critical reflection (Mezirow, 1963; van Manen, 1977; Tennant & Pogson, 1995);
- the tacit nature of much professional knowledge (Polanyi, 1967);
- the social and situated nature of learning (Lave & Wenger, 1991; Dall'Alba and Sandberg, 2014);
- the importance of emotions in learning (Belenky, Clinchy, Goldberger, & Tarule, 1986; Damasio, 1994);

- learning as a journey through the landscape of practice (Wenger-Trayner & Wenger-Trayner, 2015);
- phronesis, or practical wisdom (Smythe, MacCulloch, & Charmley, 2009);
- work-related learning research critical of assumptions underlying organisational learning (Webster-Wright, 2010).

I have found that many theories overlook the role of the unconscious in learning, rather inferring that we have full conscious control of our thoughts and actions. Instead I have suggested that feelings are evoked from past experiences and they have an impact on our readiness and ability to learn, and on our experiences of learning. This has implications for Knowles's (1980) consideration of andragogy as being substantially different from pedagogy, and resonates with Hanson's (1996) critique of andragogy.

Because of my interest in the phenomenological experience of learning I have found myself predominantly drawn to the thinking of Heidegger and Gadamer, and also to psychoanalytic thinking, with its emphasis on learning from experience and the unconscious⁸⁶.

Heidegger, Gadamer, and Arendt.

Much of what Heidegger and Gadamer have written about *thinking* is very relevant to phenomenological experiences of learning and I have used many of Heidegger's and Gadamer's (and also, but less so, Arendt's) thoughts on thinking to illuminate the interpretations of the participants' stories. Heidegger's (1954/1976) "apprentice" model of learning as being embedded in everyday practice (chapter eight), with an emphasis on responding, is particularly relevant to the ways in which therapists learn. I have resonated with Bonnett's (2002) and Magrini's (2014) views that Heidegger's thinking about thinking and thinking about learning add much to the learning sciences, which often take a more instrumental, structured and systematic approach.

Psychotherapy/Psychoanalytic research and writing.

The research considering psychotherapists' ongoing learning generally focuses on the different strands of learning represented by:

⁸⁶ I have also noted that there is much common ground between hermeneutic phenomenology and psychoanalysis.

- The therapist's own therapy/analysis
- Clinical supervision (whether supervisor or supervisee)
- Clinical work with patients/clients
- Attendance at conferences, seminars/workshops, lectures, process groups, or other learning fora.

Also included, but less so, is learning from one's own writing and/or research, and learning from life/impact of life experiences. Interpretation of the participants' stories revealed a congruence with much of this research; participants mentioned and valued all of these, and particularly the learning that their own therapy, supervision, and working with their patients/clients had brought. This study also reveals that places/forms of learning become increasingly divergent and specific to the individual and their own lives. I found that much psychoanalytic writing about, for example, learning from clinical work and learning about becoming a psychotherapist/psychoanalyst resonated with these findings. The exploration of phenomenological experiences, including unconscious processes and being with what cannot be known in the learning process, were an intrinsic part of this writing (for example, Bion, 1962/2004; Casement, 2006; Gabbard, 2005; Ogden, 2004, 2005a, 2005b, 2006, 2009; Symington, 1996, 2016; Wheelis, 1999; Williams, 2010, 2013).

Final Reflections

At the beginning of this study I drew attention to Gadamer's (1996) comment that hermeneutics attempts to grasp the unpredictable nature of the spiritual and mental life of human beings, that there are always new questions, and that with every answer a new question is raised. I began with the question of how psychotherapists experience their own learning, and interpretation of the participants' stories did raise both answers and further questions. I have discussed these in the data analysis chapters particularly. The thread that ran through the interpretations has been the personal nature of our learning and yet the question I am left with is whether or not, given the society in which we live, the institutions in which we work, and our own personal histories and circumstances (including our ability to make sense of these), we can find a way to care for our souls, and those of others, by listening to what calls us, to dream ourselves more fully into existence, to remain open to the mystery and to experience our lives as being our own, yet always in relation to others. This study

suggests that in these states of being we are likely also to be experiencing ourselves as continuing to learn. Winnicott knew that we cannot do this alone, that we need others; Goethe knew that we can only learn what we can. Similarly, Bion and Heidegger knew that even if we know what works, it does not necessarily follow that this is what we do; rather, listening to our intuition and to that which calls us might be the *last* thing we want to do, or at least there may be only a very gradual coming to this. There is so often a gap between how things *should* be and how things *are*. We catch glimpses of what might be possible; moments where what is essential to us becomes manifest, and other moments where we are more present to the struggle and even work against ourselves.

In gathering together and pondering the findings of this study, the thesis of my thesis would be to heed and to honour each learner's own way, however circuitous, and, at times, however unfathomable. It is to resist the urge towards uniformity and prioritising prescribed forms of knowledge that do not resonate, while at the same time recognising that we need each other to learn. Being open to learning places us over and over in the position of not knowing. Not knowing is difficult and yet this is the learner's home.

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Appendix A: Letter Confirming Ethics Approval for Study



26 June 2013

Stephen Appel
Faculty of Health and Environmental Sciences

Dear Stephen

Re Ethics Application: **13/123 Understanding psychotherapists' experience of on-going learning.**

Thank you for providing evidence as requested, which satisfies the points raised by the AUT University Ethics Committee (AUTC).

Your ethics application has been approved for three years until 25 June 2016.

As part of the ethics approval process, you are required to submit the following to AUTC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 25 June 2016;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 25 June 2016 or on completion of the project.

It is a condition of approval that AUTC is notified of any adverse events or if the research does not commence. AUTC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

A handwritten signature in black ink, appearing to read 'M Banda', with a stylized flourish at the end.

Madeline Banda
Acting Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Kerry Thomas-Anttila kerry.thomasanttila@aut.ac.nz

Appendix B: Information Sheet for Participants

Participant Information Sheet



Date Information Sheet Produced:

7 May 2013

Project Title

Understanding Psychotherapists' Experience of Ongoing Learning

An Invitation

My name is Kerry Thomas-Anttila, Psychotherapist and Lecturer in the Psychotherapy Department at Auckland University of Technology. I invite you to participate in this research, which I am carrying out as a way of understanding how psychotherapists experience their ongoing learning. This research is a part of the requirements for a PhD. The information below will hopefully answer any questions you may have in considering your participation in this research, however, please feel free to call me (contact details below) should you need any clarification at all.

Participation in this research is voluntary, and should you decide to accept this invitation to participate, please be aware that your participation is voluntary, and you may withdraw at any time prior to the completion of data collection.

What is the purpose of this research?

This research aims to create a practitioner-informed piece of research; it is anticipated that an investigation into this topic will shed some light on the tension that exists between the emphasis that psychotherapy places on theory arising from clinical practice (practice-based evidence) and our current evidence-based practice environment. This research focuses on finding out from *practitioners themselves* how new knowledge is added, how psychotherapists evolve in their understandings of their clients and, ultimately, are engaged in their own formulation of theory and practice, which eventually contributes to the common and ongoing knowledge base.

I intend to disseminate the findings of this research within the psychotherapy community, by way of verbal presentations and also written work. This includes the writing up of this in thesis form for a PhD.

How was I identified and why am I being invited to participate in this research?

You have been identified as a post-qualification psychotherapy practitioner, who has been practicing for between 1-10 or more years, and who carries out a minimum of ten clinical hours per week. Psychotherapists who do not fulfil these criteria, or who have a therapeutic or supervisory relationship with me are excluded from this research.

Your contact details have either been forwarded to me by my supervisor or by another participant in this study, or are known to me, or have been obtained from the NZAP website.

What will happen in this research?

Your participation in this research will require us to meet for a 60-90 minute interview, during which I will ask you about your experience of your ongoing learning as a psychotherapist. There may be a follow-up interview of around 30 minutes in order to clarify any issues that were not attended to in the first interview, or which may have been unclear to one or both of us. Following the interview I will send you a transcript of it, which you may respond to with any alterations or deletions.

What are the discomforts and risks?

I do not anticipate any significant discomforts and risks.

How will these discomforts and risks be alleviated?

Should there be discomforts and/or risks identified during the process of interviewing or afterwards, you are free to withdraw from the process at any time prior to the completion of the data collection.

What are the benefits?

There are benefits to both psychotherapists and their clients/patients in carrying out this research. It is anticipated that this research will contribute to making more explicit the ways in which psychotherapists continuously learn to practice psychotherapy. Understanding this will be helpful for psychotherapists, as well as for those who are teaching, training or supervising psychotherapists, to clarify and demystify learning processes and educational needs. Benefits will then importantly be passed on to the end-users, that is, those people who receive psychotherapy.

How will my privacy be protected?

While every effort will be made to keep your identity confidential (by the use of a pseudonym and any material which could be identifying being either disguised or excluded from the research report), given the relatively small number of psychotherapists in New Zealand complete confidentiality cannot be guaranteed.

What are the costs of participating in this research?

I do not anticipate any costs to you of participating in this research beyond the cost of your time that is taken to carry out the research interview/s and to review the interview transcript. Should the interview require you to travel there will be a reimbursement of your travel costs.

What opportunity do I have to consider this invitation?

The time-frame for considering this invitation is three weeks from your receipt of it. Should you require more time than this please contact me to let me know (contact details below).

If I have not heard from you after the three week period I will assume that you do not wish to take part in this research and I will not contact you further regarding the research. To reiterate - your participation in the research is entirely voluntary.

How do I agree to participate in this research?

You will need to complete a Consent Form, which I have enclosed. This can be signed and returned to me at the time of the interview.

Will I receive feedback on the results of this research?

If you would like feedback on the results of this research you can e-mail me and I will forward a summary.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Liz Smythe.

E-mail: lsmythe@aut.ac.nz

Phone: 64 9 9219999

Concerns regarding the conduct of the research should be notified to the Acting Executive Secretary of AUTECH, Madeline Banda, ethics@aut.ac.nz , 921 9999 ext 8316.

Whom do I contact for further information about this research?***Researcher Contact Details:***

Kerry Thomas-Anttila

E-mail: kthomasa@aut.ac.nz

Phone: 921-9999, ext. 7211 (AUT) or Phone 021 450101 (Practice)

Project Supervisor Contact Details:

Professor Liz Smythe

E-mail: lsmythe@aut.ac.nz

Phone: 921-9999

Approved by the Auckland University of Technology Ethics Committee on 26 June 2103

AUTECH Reference number 13/123

Appendix C: Consent Form

Consent Form



Project title: ***Understanding Psychotherapists' Experience of Ongoing Learning***

Project Supervisor: ***Professor Liz Smythe***

Researcher: ***Kerry Thomas-Anttila***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 7 May 2013.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one): Yes ☐ No ☐

Participant's Signature:

.....

Participant's Name:

.....

Participant's Contact Details (if appropriate):

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 26 June 2013

AUTEC Reference number 13/123

Note: The Participant should retain a copy of this form.

Appendix D: Safety Protocol

Researcher Safety Protocol

I have mentioned in my application that interviews will be carried out either in my home office, or possibly in the homes of the research participants, and that in any case the participants will have the choice of interview location.

As the participants are psychotherapists, and therefore not a vulnerable population, I do not anticipate any concerns for my safety. Notwithstanding, I intend to protect my safety in the following ways:

- I will inform my supervisor before I attend an interview where that interview will be located, and the duration of the meeting.
- I will have my cellphone with me during each interview.

Appendix E: Indicative Questions for Interviews

In accordance with hermeneutic phenomenology questions will initially be grounded in stories of events, designed to encourage the participant to tell their “story”. I will also include questions designed to explore the participants’ *understandings* of their “story”. In order to gain insight into what has been influential, questions would be asked that assisted in tracking understandings back to specific or key experiences.

Participants will initially be asked an opening question directed at the primary aim of the research. An example of this would be “Please describe in detail an event or process which has influenced your experience of ongoing learning as a psychotherapist”.

Examples of interview questions or encouraging statements would be:

- Can you describe a situation where you felt you learnt something as a psychotherapist?
- Tell me about the latest insight you have had about the way you practice.
- Tell me about a time when you went looking for “help” on what to do with a particular client.
- Tell me about gaining an insight that changed how you practice.
- Can you think of a particular patient or patients who have significantly helped you to become the therapist you are, and what it was about the work with that patient that was so important?
- Can you think of a time recently when discussing your clinical work with a supervisor or peer has changed or affirmed the way you think about your practice?
- Can you tell me about a recent film you have seen or book you have read that has had an impact on the way that you think about your practice?
- Can you think of a recent conference presentation that initiated a change for you in how you think about your practice?
- What would you say has been the role of your own personal therapy and supervision in developing as a psychotherapist? Can you give me an example?

The questions above are guides only; in line with the methodology each interview will be unique and conducted in an open and exploratory manner.

Appendix F: Transcriber Confidentiality Agreement

Confidentiality Agreement



Project title: *Understanding Psychotherapists' Experience of Ongoing Learning*

Project Supervisor: **Professor Liz Smythe**

Researcher: **Kerry Thomas-Anttila**

- ☐ I understand that all the material I will be asked to transcribe is confidential.
- ☐ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ☐ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's Signature:

Transcriber's Name:

Transcriber's Contact Details (if appropriate):

.....

Date:

Project Supervisor's Contact Details (if appropriate):

.....

Approved by the Auckland University of Technology Ethics Committee on

AUTEC Reference number

Note: The Transcriber should retain a copy of this form.

Appendix G: Example of Transcript to Crafted Story to Analysis

In this section I give an example of how I worked with the verbatim transcript of an interview. Amongst other things it shows that when a participant is talking about a particular topic (in this case their ongoing learning) threads of their thinking and talking are woven throughout the entire interview. To bring some coherence to the crafting of the stories and the analysis it was therefore necessary to pick threads out from various places in the interview and place them together (without changing the original intended meaning), thus the finished stories often do not follow the linear format of the verbatim. In the case of the following example, threads were often pulled out from places in the verbatim which were quite far apart, therefore (for reasons of space) I have not included the whole verbatim here, but rather an edited version, showing those places from where the stories emanated, and noting where pieces of verbatim have been left out. However, the pieces of verbatim reproduced here have not been changed from the original.

Note that in the analysis section I have included another participant's story; I would do this at times when participants seemed to be speaking about a similar phenomenon.

Verbatim Transcript:

Kerry: So how have you learnt how to do that? The ability to connect in a way that people feel understood?

David: *It is very specific for me how that happened, quite early on, about 15 years ago, I started to feel I could do so much more than I am doing, there is so much more inside me that is not happening in the sessions and it's not happening because I'm too busy, I sort of knew that it was my conscious cleverness or knowing that basically prevented something, it was sort of intuition, a sense of, there's more here and I know I'm not getting to it in myself, as a respondent, and I started quite naively, without really, I started practising suspending thinking, I started practising being dumb, for as long as I could tolerate it, I'd stare out the window, I'd look at the floor, I'd breathe for as long as I could before I spoke, it was nerve-racking, you know 20 minutes had gone by, 25 minutes had gone by, nothing effective was happening, I'm barely able to understand what is going on, I would practise and practise tolerating, somehow knowing, this is going to work better, and reasonably soon, getting confirmation, maybe through the experience of a feeling, connection with the other person, maybe through somehow their experience, I started to get enough feedback that I'd think, right yes, I'm on to it, and I just kept practising that for years, and so I guess in the first instance it was a sense of intuitive knowing, I just know there's more here than I'm not getting to, and how do I get to that, and then practising, it was a sense of you know I know I can be clever and that is not going to be so helpful, somehow I knew that, this surface conscious capacity was limiting the other.*

Kerry: So how did you know that it was that that you had to go for and not something else?

David: *I think because I already had a sense of this over-busyness in my work, with this instrumental technical approach, it felt unsatisfying and I knew that people, they and I were caught in the performance, we were caught on the surface, and my wondering....*

[Note: I skip a piece of verbatim here which I have used elsewhere and so have not included here].

David: *When I was young, a very small boy, there was a sort of family joke that I would be staring with my mouth wide open, the joke was you know a fly will fly in David, close your mouth sort of thing, and I think about perhaps this dreamy looking around at things, and both my parents were very busy people, I was joking with a friend, at least his father never did anything, he was very lazy, his mother was super sort of onto it, but I had both parents who were always onto it, and that has remained a challenge for me that I am over busy, so it's been a great balm to do work where increasingly I've seen it as, here's a place to create space and also here's a place where a creation of space allows something new to emerge.*

Kerry: It's not just your personal journey, but a personal healing journey as well...

David: *Very much.*

[Note: Here we skip a few pages of the verbatim to another section where he talks about this topic].

Kerry: So you're saying that the getting out of your own way has been a gradual learning about how do I do this?

David: *Yes, it's been a discipline I would say, it's been one area where there has been a great deal of agency, chiefly trying to practise that, or practising that, that's where there is considerable agency, in fact almost all the agency that goes into my work is about that I would say, pretty much. Constantly trying and monitoring and as if I am constantly meditating, every day is just a long series of meditations, and that's got a little less effortful, but not entirely. And sometimes I'm disappointed, sometimes it all seems to fall flat, and I think that was a waste of time, or I got busy, I had a coffee and started talking, so I'm not pretending it's all...*

[Note: Now we go back to an earlier piece of verbatim which relates to this topic].

David: *It's really a re-affirming or re-affirmation of staying open, that if I can bear it, if I can hold my anxiety, that's all I have to do, it's sort of getting out of my own way, and it's happened so many times, I can so trust it, it's interesting to reflect on, you know people talk about a stage of mastery and I definitely feel I've achieved some level off mastery over this particular approach, now and what I find interesting about that is that there are no guarantees, I can't make something happen, I sort of like that, even as I sort of struggle, and when there's a sense of something going well is happening, and how often it doesn't feel like it's me, it just feels that I've got out of the way enough to let that part of me that does meet with the person who can also do that. I'm really struck by that, how this subjective absence of agency, except that I let myself get out of the way is my job, if I get out of the way, if I can keep that chatter to a minimum, being that clever fellow, then the other guy will do the job.*

Crafted Stories and Analysis

Note: The crafted stories are in italics and then there is the initial interpretation of the stories (first level analysis) and then, following these, the discussion of the emerging of possible meanings (second level analysis). Then the third, deeper, level of analysis is achieved through the use of selected philosophical notions:

When I was young, a very small boy, there was a family joke that I would be staring with my mouth wide open; the joke was: "a fly will fly in David, close your mouth". I think about myself dreamily looking around at things. Both my parents were very busy people; I was joking with a friend that at least his father never did anything, he was very lazy, his mother was super sort of onto it, but I had both parents who were always onto it, and that has remained a challenge for me that I am over busy, so it's been a great balm to do work where increasingly I've seen the work as a place to create space and also where the creation of space allows something new to emerge.

In telling this story David lets me know how "busy-ness" has particular and long-standing meaning for him. As a child he was expected to be busy, his parents were busy, and it was not alright not to be busy (you cannot just sit there with your mouth open). As an adult, however, after initially having chosen a very busy profession, he realised that this was not what he wanted. In the interview he said, "I got more and more burnt by that sort of way of working and felt so desperate by the end of the day, desperate not to do that. It took me a couple of years before I could leave". A desperation to resist not being busy prompted him to change to psychotherapy, a profession which he equated with spaciousness and as allowing room for reflective contemplation. He recognises that when he began practising psychotherapy he did it in a busy way, and that he had to unlearn the busy-ness. The work itself did not guarantee a less busy lifestyle; it was his own determination to learn how to be less busy that set him on this path.

Here he describes his transition from being a "busy" psychotherapist to one who is able to allow space and let something different occur in the meeting with the client:

It is very specific for me how that happened. About 15 years ago I started to have a sense of this over-busyness in my work, with this instrumental technical approach; it felt unsatisfying and I knew that people, they and I, were caught in the performance, we were caught on the surface. There was so much more inside me that was not happening in the sessions and I sort of knew that it was my busy-ness, my conscious cleverness or knowing that prevented something more from happening. My intuition was that "there's more here and I know I'm not getting to it in myself".

And so I started quite naively, practising suspending thinking, I started practising being dumb, for as long as I could tolerate it, I'd stare out the window, I'd look at the floor, I'd breathe for as long as I could before I spoke. It was nerve-racking, 20 minutes had gone by, 25 minutes had gone by, nothing effective was happening and I was barely able to understand what was going on. I would practise and practise tolerating, somehow knowing, that this is going to work better, and reasonably soon I was getting confirmation, maybe

through the experience of a feeling, a connection with the other person, I started to get enough feedback that I'd think, right yes, I'm on to it, and I just kept practising that.

It's as if I am constantly meditating, that every day is just a long series of meditations, and that's got a little less effortful, but not entirely. I think it's really a re-affirmation of staying open, that if I can bear it, if I can hold my anxiety, that's all I have to do. It's sort of getting out of my own way, and it's happened so many times that I can absolutely trust it. Of course sometimes I'm disappointed, as sometimes it all seems to fall flat, and I think that was a waste of time, or I got busy, I had a coffee and started talking, so I'm not pretending it's all straightforward.

David describes his growing sense that the more technical and active approach to psychotherapy he had been taking seemed to prevent a deeper experience in his therapy sessions and he started to think about how to address that. He says that he intuitively knew that his “busy-ness” and “cleverness” were inhibiting something more from happening, and that he knew this because he was not getting to something more within himself that he knew was there. He then describes how he practised not being busy, which meant practising being silent more often and creating more space, which then paradoxically led to a feeling of more connection with his clients. He links this with staying open, with holding his anxiety, and with getting out of his own “busy” way.

David was able to follow a hunch he had, while finding this at the same time very uncomfortable. It seems that as he was becoming more experienced he became more able to let go of his need to be the clever one, the one who provides the answers and to trust that his different approach would yield deeper and more satisfying results. An aspect of this experience is the importance of *intuition* in the clinical setting. David was able to heed his intuition and began to make use of it. Intuition showed the way, but following the way was not easy; it was hard work. He emphasises the amount of practice that it took to follow his intuition; there is a sense here that he was devoted to exploring a new way of being with his clients, fuelled by his own inner sense that something was not right and had to change. There is an integrity inherent in what David was prepared to take on, that is, to learn a new way of practising that fitted better for him (or at least the evolving him), and that simultaneously challenged a way of being that had been a part of his personal life and professional identity for many years. In being open to his intuition and finding a way to put it into practice, David was essentially redefining both his professional and his personal self. What can we make of this phenomenon of “intuition”, and perhaps more importantly, how it is, or is not, heeded?

The Connection between Intuition, Angst and Conscience

David's reflections led me to ponder Heidegger's notion of “Angst”. Heidegger (1927/2008) suggested that Angst (anxiety) is a basic state of mind, and that it belongs to Dasein's essential state

of Being-in-the-World (p. 234). Further that in Angst one feels “uncanny” (p. 233). In German the word he used is “unheimlich”, which means “not-being-at-home”, something that he proceeded to point out. Heidegger further suggested that uncanniness

reveals itself authentically in the basic state-of-mind of anxiety... Dasein is anxious with anxiety about its ownmost potentiality-for-Being. What if this Dasein, which finds itself in the very depths of its uncanniness, should be the caller of the call of conscience? (p. 321)

Uncanniness, Heidegger suggested:

Is the basic kind of Being-in-the-world, even though in an everyday way it has been covered up. Out of the depths of this kind of Being, Dasein itself, as conscience calls... The call whose mood has been attuned by anxiety is what makes it possible first and foremost for Dasein to project itself upon its ownmost potentiality-for-Being... uncanniness pursues Dasein and is a threat to the lostness in which it has forgotten itself. (p. 322)

David describes this uncanniness, or “not-being-at-home” when he says that he has to “hold my anxiety”¹. In order to hold one’s anxiety, one must first be aware of it, and I would suggest that David’s becoming aware of it over time, being aware of the uncanniness, or the “unheimlich”, the feelings of “not-being-at-home” meant that he was able to begin to learn something essential, *for him*, in the clinical setting. Busy-ness, which had been a familiar way of being for David, began to be experienced as “unheimlich”. It seems that David’s conscience was calling out to him in order that he might move from his own lostness to himself (where he felt “caught on the surface”) to a place where he was able to move more towards himself and his own potentiality for being with his patients in a way that increased the possibilities for a good therapeutic outcome. In doing so, he was able to heed his own intuition that his busy-ness was preventing this from occurring. The meaning of intuition seems synonymous with Heidegger’s “uncanny” or “not-being-at-home” states. Dasein is concerned for its potentiality-for-Being and responding intuitively becomes that which prompts a move towards oneself rather than a move away from oneself. David describes this further:

Letting Go Into/Falling Towards

People talk about a stage of mastery and I definitely feel I’ve achieved some level of mastery over this particular approach now; however what I find interesting about that is that there are no guarantees, I can’t make something happen, I sort of like that, even as I struggle, and when there’s a sense of something going well, and how often it doesn’t feel like it’s me, it just feels that I’ve got out of the way enough to let that part of me that does meet with the person who can also do that. I’m really struck by that subjective absence of agency, that if I

¹ Pertinent here also are Heidegger’s thoughts about the difference between Angst, or anxiety, and fear: “Anxiety springs from Dasein itself... anxiety springs from the *future* of resoluteness, while fear springs from the lost Present” (1927/2008, p. 395). About fear Heidegger said: “Fear is occasioned by entities with which we concern ourselves environmentally...when fear assails us, it does so from what is within-the-world” (p. 344). So he seemed to be saying that fear arises from within-the-world and angst arises from Being-in-the-world.

get out of the way, and if I can keep that chatter to a minimum - being that clever fellow - then the other guy will do the job.

In this part of the story there is a real sense of David's surrendering to a process that he does not feel he is directing, except that the direction has come to feel the right one for him to take. When he says that he has to "get out of his own way", I think of Heidegger's resoluteness and "forerunning into death", whereby there is both an openness and receptivity, as well as a focussed engagement. Dreyfus (1991) described Heidegger's use of "resoluteness" (*Entschlossenheit*) as meaning "unclosedness" or "openness" (p. 318), where one's ownmost self takes action of its own accord, and there is even, as Dreyfus noted, a "transformation that comes from Dasein's accepting its own powerlessness" (p. 319). Rather than making choices, Dasein "presses forward into possibilities" (ibid.). Dasein's only choice is "whether to keep silent so as to hear the call or to try to drown it out by plunging into the noise of the everyday rat-race. This choice, as Dasein's letting itself be called, is receptive rather than wilful" (p. 318). Authentic Dasein, Dreyfus contended, "foreruns its own death": "Forerunning discloses to existence that its uttermost possibility lies in giving itself up, and thus it shatters all one's tenaciousness to whatever existence one has reached" (p. 327).

As David's story demonstrates, following his intuition and staying close to himself has meant questioning longstanding ways of being. It was, and is, a struggle; however, it is *his own* struggle, and therefore a struggle that has personal meaning for him. That it is not neat and tidy like a "formula" underscores once again the messy and unpredictable nature of human being living I have previously mentioned. There is no arrival place, no moving towards something finished or completable, but rather a pressing forward into possibilities, with an openness of being and an always becoming.

Going With "What Makes Sense"

Ella also talks about intuition when she describes how she chooses which presentations to attend at conferences:

With regards to deciding which presentations I am going to go to, it's usually whatever's preoccupying me at the time. Unless I've specifically gone there because I like someone's work and I like a particular presenter. For example, if I like their writing or their work or I've heard them before and I feel that there is something on offer there. Some people just don't make sense to me and there's no point me going there. I've tried to force myself to do that in the past, and now I go with what makes sense for me.

Ella notes that in the past she tried to force herself to go to presentations that she thinks might offer something important, that she *should* perhaps go to. As time has gone on she has instead become more able to attune to what is right for her, including which learning opportunities will serve her the best. As with David, there is a heeding of intuition, a letting herself be open to what resonates with

her. Forcing herself to do otherwise, as a way of being, fades into the background. At the same time, Ella emphasises that what she is describing is a dynamic ever-evolving position: “You’re always moving towards where you might be. I welcome my ignorance”. As well as the heeding of intuition there is this sense of letting go into something from a place of not knowing the outcome. There is a “falling towards” or a “letting go into” possibilities. Being open to and heeding intuition, rather than forcing oneself to go against one’s intuition, is the direction, yet this does not mean that the direction is clear or straightforward.

Both David and Ella tell stories of personal transformation and how this transformation is at least partly aided by their work and learning as psychotherapists. To what extent this transformation could have taken place had they chosen different vocations is unclear. Heidegger (1982) suggested that we are what we pursue and care for, that we “understand ourselves and our existence by way of the activities we pursue and the things we take care of” (p. 159). Ella, for example, talked in the interview about loving the work and feeling privileged to do it. She linked her personal growth to the work of psychotherapy itself when she said that it has such scope for exploring, that as a therapist you never get to the end of learning, and there is continually the feeling that you do not know very much. David expressly moved into the field of psychotherapy because he thought the work would be less busy than his previous vocation. On the other hand, as he described, becoming less busy was more difficult than he thought. “Being busy” can be transposed into any situation, and to heed his intuition that he needed to be less busy became a work in progress. In this context I would suggest that Heidegger’s formulation of essentially “we are what we do” seems only partially to capture what occurs. David’s story shows that who we are influences the ways in which we carry out our activities at least as much as our activities influence who we are.

Appendix H: Published Article

An area of interest and investigation during the course of this study became psychotherapists' ongoing learning by writing about their clinical work, and specifically the barriers they encounter when they endeavour to do so. In 2015 I wrote an article on this topic, "Confidentiality and Consent Issues in Psychotherapy Case Reports: The Wolfman, Gloria and Jeremy", which was published in the *British Journal of Psychotherapy*. It follows here:

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CONFIDENTIALITY AND CONSENT ISSUES IN PSYCHOTHERAPY CASE REPORTS: THE WOLF MAN, GLORIA AND JEREMY

KERRY THOMAS-ANTTILA

In this article I explore the issues surrounding confidentiality and consent in the writing of psychotherapy case reports. An important theme is the challenge of protecting a patient's privacy while furthering knowledge in the field through publication. I discuss some of the complexities as well as the relevance of present day requirements for informed consent, including a consideration of the provisions within the Declaration of Helsinki (1964, last revised 2013). To illustrate the difficulties inherent in writing about our work I give examples of three cases: Freud's patient Sergei Pankejeff (the 'Wolf Man'), Gloria (the patient in the 'Gloria Films'), and a contemporary patient, 'Jeremy', whose therapist published an account of her work with him. The writing of case material is complex and resists easy solutions; there can be no 'one-size-fits-all' approach but instead the therapist writer's careful consideration on a case by case basis of his or her motivations for writing, what the patient is really consenting to, whether patient consent can ever be truly informed, and how writing and publishing a case might impact on the safety and well-being of the patient (including others connected to the patient), as well as on the therapeutic relationship itself.

KEY WORDS: WRITING CASE REPORTS, CONFIDENTIALITY, INFORMED CONSENT, ETHICS, ANALYST–PATIENT RELATIONSHIP, PSYCHOANALYTIC PSYCHOTHERAPY

INTRODUCTION

One of many difficulties presenting itself to the psychotherapist who considers writing up a case for publication is how to protect the patient's privacy. Related to this is the issue of whether or not to inform the person that we would like to write about them, and whether to ask for their consent to do so, or even to turn the writing into a collaborative effort. This issue can also manifest itself before any writing takes place, as it did for me when a patient expressed to me her fear that I would write about her and her family. Specifically, she feared that I would write a book about her and that her friends and acquaintances would read the book and recognize her, resulting in her life

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being laid out for all to see. We talked about her fear and what this meant for her and for our relationship. At the same time, I had been grappling with this issue of writing about clinical material, something that I had not mentioned to my patient, but which nevertheless seemed to be uncannily alive in our interactions. Another patient fantasizes from time to time that I will write about him and encourages me to make a start; the fact that he is seemingly consenting, however, does not reassure me that it would be in his best interests for me to do so.

In thinking about issues of privacy, confidentiality and consent in the context of writing psychotherapy case reports I have consulted literature that is mainly but not solely of a psychoanalytic nature. I have also consulted the literature on ethics in healthcare and have summarized three cases to illustrate the difficulties inherent in clinical writing. A focus of this article is the question of how we manage the conflict between protecting a patient's privacy while at the same time furthering knowledge through publication. Many authors argue for the possibility of doing both, for example Goldberg (1997), who states that 'there is a need both to safeguard the privileged communications of patients and to allow psychoanalytic science to progress by way of a free exchange of information' (p. 435).

FREUD'S CASE HISTORIES

Freud held a similar view to that of Goldberg, at least until 1920 when he became reluctant to write extensively about his patients because he thought that future patients might arm themselves against him with his own ideas about the analytic process (Pizer, 2000). Freud's case histories began to appear in 1893 with Frau Emmy von N., Miss Lucy R., Katharina, and Fräulein Elisabeth von R. The famous case of Fräulein Anna O. was also written in 1893, but by Freud's colleague Josef Breuer. All these cases aimed to investigate hysterical phenomena (Breuer, 1893; Freud, 1893a, 1893b, 1893c, 1893d).

In his preface to the later Dora case (1905), Freud addresses the issue of confidentiality. He points out that it is 'awkward' (p. 7) that he is publishing results of his enquiries without there being any possibility of other specialists testing and checking them due to the clinical process being confidential. He also feared reproach because he was divulging information that was confidential to the patient. Freud notes that in writing up a case in any detail 'intimacies' are going to be revealed and he suggests that had his patients known in advance that their admissions would be put to 'scientific uses', they would never have spoken (p. 2). Weighing against this, Freud thinks that the physician has duties not only to his patients but also to science, and that, as long as no harm is caused to the patient, it is a 'disgraceful piece of cowardice' not to publish (p. 2). He then goes on to describe ways to mitigate harm. In the case of Dora, he describes keeping her treatment a complete secret from anyone apart from one other physician; waiting for four years until after the treatment ended to write about it; postponing publication until hearing that her life circumstances had changed; disguising all names, and publishing in a purely scientific periodical to guard against 'unauthorized readers' (p. 8).

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From Freud's perspective confidentiality appears to be relatively straightforward. He seems carefully to consider various factors relating to Dora's situation before writing about her, and is concerned to protect her identity from curious others; however, he dismisses any notion of discussing publication of the case with her. In fact, he writes 'to ask them themselves for leave to publish their case would be quite unavailing' (Freud, 1905, p. 8). He assumes that patients would refuse to give consent and would not even begin to speak about their problems if they knew that they would be made public. Thus, while he acknowledges the difficulties associated with confidentiality he does not consider the issue of consent to be problematic.

THE BEGINNINGS OF INFORMED CONSENT

Freud's stance accords with the ethical principles governing medical practice at that time. Prior to the mid-twentieth century there were no requirements for informed consent for research or clinical care (Hamvas *et al.*, 2004). However, following experiments by German physicians during World War II and the subsequent Nuremberg Trials, the *Nuremberg Code* (1947) was drafted (cf. Shuster, 1997). The *Code's* 10 points stress voluntary consent and an absence of coercion of human subjects involved in scientific experimentation. It was reaffirmed in the *Declaration of Helsinki* which was developed by the World Medical Association (WMA) in 1964 to outline the ethical principles for medical research involving human subjects, including research on identifiable human material and data (Article 1).

The current *Declaration*, last reviewed in 2013, contains some aspects which are pertinent to psychotherapists. In fact, the WMA makes the point that, while the *Declaration* is addressed primarily to physicians, other participants in medical research involving human subjects should adopt these principles (Article 2). Many, maybe most, psychotherapists would argue that as the majority of psychotherapists do not carry out medical research involving people, the *Declaration's* ethical principles do not apply. However, when we write about our work it does become public research which is very much to do with 'human subjects'. It also strikes me that since Freud's time we have increasingly moved towards complying with the *Declaration*, or at least with the articles that address issues of privacy, confidentiality and patient consent. The only relevant article that most psychotherapist writers would probably not comply with is number 26, *viz*:

In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods . . . [and] the anticipated benefits and potential risks of the study . . . [and] should be given the option of being informed about the general outcome and results of the study.

To what extent is this requirement relevant for psychotherapists writing about their work? Could psychotherapists comply with it and could it be helpful for their patients if they did? Before exploring these questions I will return to whether it is possible to

ensure our patients' privacy is protected and their casework remains confidential after publication.

CONFIDENTIALITY OF WRITTEN CASE MATERIAL: THE WOLF MAN

Of course we know now that Freud's efforts to protect his patients' privacy were successful for a limited time only. Due to Freud's iconic status many people have devoted their time to unearthing the identity of his patients. Thomstad's (1986) justification for this is that the patients deserve to be commemorated because of their contribution to psychoanalysis (p. 172). He cites Jones (1953) who had a similar opinion in relation to Anna O., arguing that since she had discovered the cathartic method, her real name, Bertha Pappenheim, deserved to be commemorated. Thomstad (1986) also notes that Freud's famous patient, the 'Wolf Man', felt himself to be Freud's collaborator. The analyst Muriel Gardiner was in contact with the Wolf Man, Dr Sergei Pankejeff, for more than 50 years and edited his memoirs in 1971. He was also interviewed by many analysts during his lifetime, all of whom kept his identity a secret as he himself was concerned to ensure that his anonymity would be preserved. However, after reading his memoirs, the journalist Karin Obholzer became determined to discover his identity. She eventually did so, met with him, and wrote a book about him based on 40 hours of interviews with him. The book was originally published in German in 1980, and was then translated into English in 1982.

Gardiner (1983), in writing about Pankejeff's ongoing relationship with the analytic world until his death in 1979 at the age of 92, is clearly dismayed by Obholzer's book when she writes '... the appearance of this book, revealing so many matters I had regarded as strictly confidential, gives me the unwished-for opportunity to add to some of them, and occasionally to put the record straight' (p. 879). Her concerns are not primarily related to Pankejeff's identity being made public as he had died a year before Obholzer's book appeared, but rather that so many details about his life, which she had considered to be private, and which had not been written about by her or other analysts, had been introduced into the public sphere. As an interesting footnote, a letter from Pankejeff was published in 1957 with his consent in *The Psychoanalytic Quarterly*. It was translated into English and his name and signature withheld, but his original handwritten letter in German was also included, complete with his very legible signature. Thus, it could be argued that his identity was known as early as 1957.

The literature contains many conflicting opinions about Pankejeff. These are not the subject of this article, however one is left wondering whether the intense interest in him and possible desire to 'commemorate' him was really in his best interests. Of course it is impossible to know, and there are certainly many indications that he both promoted his special position and benefited from it financially and emotionally. In speaking and writing so freely about his analysis he belies Freud's assertion that a patient would never consent to being written about (and that there is therefore no need to ask for consent). Some patients are very happy to give their consent but it is worth considering the conditions under which they give it, what they are really consenting to,

whether consent can ever be truly informed, and the implications for both therapist and patient of publishing clinical work.

THE IMPOSSIBILITY OF INFORMED CONSENT

Some 120 years after Freud began publishing cases, views on asking patients for consent have shifted. As noted above, the impetus for this is likely to have come from wider social change, articulated in documents such as the *Declaration of Helsinki*. In considering this shift, Tuckett (2003) draws a distinction between the position of the International Committee of Medical Journal Editors (ICMJE) and that taken by, for example, the editors of the *International Journal of Psychoanalysis* (IIPA). He notes that after reviewing and debating the issue of disclosing data from patients in publications, the ICMJE decided that informed consent in relation to writing about patients requires that the patient be shown the manuscript to be published and that 'identifying details should be omitted if they are not essential, but patient data should never be altered or falsified in an attempt to attain anonymity' (cited in Tuckett, 2003, p. 177).

Tuckett goes on to say that the editors of the IIPA considered themselves unable to follow the ICMJE guidelines and published an alternative approach 'in which seeking consent had to be considered but could be rejected as not suiting the best interests of the situation' (p. 178). Thus, a differentiation between psychoanalysis/psychotherapy and medical disciplines is noted: 'the nature of psychoanalysis demands rules about privacy and informed consent that others consider inappropriate and possibly unethical' (p. 178). Tuckett adds that increasingly rigorous requirements regarding informed consent have prevented many psychotherapists from writing or speaking about their work, and that this is a major reason for a lack of detailed clinical writing in the literature. He also briefly considers whether the promise to maintain confidentiality may appear to be a belief in secrecy, suggesting a lack of accountability by the clinician.

In a review of the international scientific literature on informed consent, Quiroga de Pereira, Messina and Sansalone (2012) conclude by stating their own belief that, in line with the present-day emphasis on human rights, informed consent is the patient's right, and an obligation incumbent on researchers and analysts. They call for 'a new institutional culture in which the seeking of consent and the production of scientific knowledge are standard practice' (p. 977). This is certainly the stance taken by the American Psychological Association (APA), which requires that psychologists writing about their patients must not only disguise confidential patient information but also that patients must consent in writing, unless there is legal authorization to do otherwise (paragraph 4.07, APA Ethics Code, revised in 2010).

As noted, Tuckett's main concern is that the increasingly rigorous requirements regarding informed consent have led to psychotherapists writing and speaking less about their work, resulting in a dearth of detailed clinical writing in the literature. There are, however, some who make a strong case for gaining consent before writing about patients. Stoller's (1988) view is that not only should we seek consent from the patient but also that the patient should have input into the final written account. 'We

should not write about our patients without their permission to do so and without their view of the matters about which we write' (p. 391). He echoes Tuckett's concern about perceived accountability in challenging psychoanalysts to 'show your patients your descriptions of them. The failure to do so contributes to the defensively authoritarian tone sensed by people – not all enemies – outside analysis' (p. 385). Stoller gives several examples where consent was not sought and the patient (or supervisee) read about themselves and felt hurt, angry and betrayed. He also acknowledges that the ethical problems related to seeking consent are full of contradictions and 'may be insoluble' (p. 389).

In the literature I reviewed, the main objection to seeking consent to write about a patient relates to concerns about how doing so might impact on the therapy. Wharton's (1998) comment is fairly representative:

I want to emphasize that the mere fact of seeking consent is a powerful interference in the analysis, and it is one introduced by the analyst . . . The process of interrupting the analysis to request permission for publication puts considerable strain on the transference relationship and underscores the fact that the analyst has to exercise a fine judgment about whether a patient can sustain it . . . The patient is wrenched out of his natural transference and is called upon to relate on more equal terms . . . While there may be a considerable gain to the patient in this, it can also be experienced as a profound loss, akin to the loss of infantile dependence or the loss of innocence. (p. 210)

Aron (2000) adds that given the possible power of the analyst's influence, it may be impossible for the patient to refuse consent. That is why, he says, we do not have sex with patients, even if it seems to be consensual, and why other areas such as entering into a business transaction or bartering arrangements need to be approached with care. He believes that most writers do not, in fact, obtain consent before writing about their patients, as there is a paucity of discussion in the literature about patients' responses to reading the case write-ups and how their responses impact on their analysis. Aron does not make any recommendations beyond agreeing with Lipton's (1991) suggestions that if the material we write is brief and could apply to many patients, consent may be unnecessary. However, if we plan to use extensive material then permission should be sought. Polden (1998) draws a similar distinction when she quotes from Bollas and Sundelson (1995), who state that consent should be sought for writing that might be easily accessed by a patient in order to guard against publication being experienced as a 'potential psychic violation' (p. 343).

In our current digital age this issue of access is highly pertinent; the patient's ability to easily access his or her therapist's writing can now be taken for granted, as is widely acknowledged. While it was highly unlikely that Freud's patients would have had access to the scientific periodicals in which he wrote, it is now almost routine for patients to google their therapists' names (past or present) and then to search through any related links, including publications containing clinical material. In addition, we really are in the dark about where the digital revolution is likely to take us. What does seem clear is that there is an increasing expectation that information, including patient

information, be easily and widely accessible, especially in public health and managed care contexts. How do we offer a confidential clinical setting for our patients in the face of this? And what are the implications for clinical writing, particularly if in doing so we fear litigation? While a detailed exploration of this phenomenon is beyond the scope of this article, it is an increasing part of the context in which we work and must be carefully taken into account.

In a paper exploring issues of disguise or consent when publishing clinical material, Gabbard (2000) suggests various mechanisms for protecting the patient's privacy, including thick disguise, patient consent, the use of composites, the use of a colleague as author (following the principle that patients are more easily able to be identified if they can be connected to the author, their therapist), and lastly, adopting a process approach, whereby few historical or other personal data about the patient are given but where the emphasis is placed on verbatim data and the clinical process. He introduces an interesting note in relation to asking for consent by highlighting the potential for guilt arising in the analyst if consent is given. 'While they attempt to convince themselves that they are being ethical by obtaining patient consent, they are secretly ashamed of exploiting their patient's trust in them by their writing' (p. 1077). He sums up by arguing for considering each case on its merits. This resonates with Stoller's and Aron's views that the ethical problems surrounding confidentiality and informed consent may be insoluble and that it therefore behoves any practitioner who is contemplating publishing clinical material to consider the factors applying to their particular case.

GLORIA

In order to illustrate how difficult issues of consent can become and the importance of considering each case on its own merits, I would like briefly to discuss the case of 'Gloria'. This case relates to a patient being filmed rather than written about but there are obvious parallels, as both media are for public consumption, or at least professional consumption. In 1965 Gloria was a young, recently divorced woman aged 30, and was in therapy with Dr Everett Shostrom. She had been in therapy with him for four years when he decided to make a training film for psychotherapy students and asked Gloria if she was willing to take part in it. She was told that the film was for educational purposes and that she should just be herself (Dolliver, Williams & Gold, 1980). She agreed to take part and Shostrom produced and directed a film called *Three Approaches to Psychotherapy*, more commonly referred to as 'The Gloria Films'. In the film, Carl Rogers, Fritz Perls and Albert Ellis demonstrate their different approaches to therapy with Gloria by way of individual half hour sessions with her. According to Rosenthal (2005), Rogers and Ellis were at the time unaware that Gloria was Shostrom's patient.

In watching these sessions it is poignant how openly and freely Gloria speaks about her life and about what is troubling her. For example, Gloria begins the session with Rogers by asking whether and how much she should discuss her sex life with her 9-year-old daughter, who had been asking questions about male visitors to the house.

Forty-three years later, in 2008, Gloria's daughter, Pamela Burry, wrote a book called *Living with the Gloria Films: A Daughter's Memory*. In reviewing this book, Moon (2009) notes how it highlights the serious issue of client consent in relation to confidentiality, as Burry details the film's effects on Gloria and her children, and how the recording was subsequently misused with consequent suffering to the family. It was broadcast on television and on cinema screens, thereby going well beyond its original stated 'training' purposes. In addition, no-one could have predicted how recordings could become so prolifically widespread. It is now even possible to see these films on YouTube.

Gloria did give her consent for these films to be made, but we could ask whether it was explained to her, or even *could* be explained to her, how the films might be used in the ensuing years. More importantly is the issue of whether she had any free choice in consenting, given that Shostrom was her therapist. One possible opinion is that Gloria was an emancipated woman of the 1960s, well able to make her own decisions (discussed in West, 2002). However, this seems naive on several fronts, in particular with regards to the asymmetrical nature of the therapy relationship and the transference dynamics operating within it. It is reasonable to propose that these dynamics would have prevented her thoroughly considering the potential impact of the film on herself and her family.

Rogers became a trusted figure for Gloria over the years. At a conference after the films had been made, she had lunch with Rogers and his wife and asked if they would 'object if, in her thinking, she regarded us as her parents in spirit' (to which they agreed) (Rogers, 1984, p. 424). She corresponded with him up until her death 15 years after the filming and wrote this to him a month before her death:

As you may well be aware the Gloria films are no longer being shown on TV or in movie theatres [about] which of course I am pleased. I truly value those films and feel they have a special place in the trend of psychology yet I was offended by some of the ways they were being used. (Quoted in Burry, 2008, p. 127)

Moon (2009) alludes briefly to the impact on Gloria's daughter of these films being in the public arena. That Pamela Burry wrote her book is likely to be at least in part due to the impact of these films on her life. This alerts us to the importance of considering not just the patient's privacy but also the privacy of anyone connected to the patient.

This is a particularly confronting example of how complicated issues relating to patient consent can become and how things can go very wrong. The Gloria films were made in 1965, only a year after the *Declaration of Helsinki*, so these matters may have only just become the subject of discussion. It is striking that the three therapists were all male experts in their field, middle-aged or older, and that the woman is young, troubled and visibly seeking reassurance and help from them. A feminist analysis or, in fact, almost any present-day analysis of this film would have to state the obvious: that under these conditions consent was very problematic. While Shostrom's original intent may have been laudable, the balance between patient privacy, on the one hand, and furthering psychotherapy knowledge, on the other, was not struck. This begs the question of how we arrive at this balance, and whether any criteria might help us to

achieve it. Before considering this further I turn to a more recent illustration of how things can go wrong in publishing clinical material.

JEREMY

While writing on this topic a colleague told me about a therapist he knew (who I shall call Jeremy) who had had a very painful experience as a result of being written about by *his* therapist. My colleague offered to put me in contact with Jeremy to ascertain whether he would be willing to tell me about his experience.

As Jeremy lives in another country, I wrote to him and he replied, telling me about what had happened. It seems important, given the subject of this article, to describe our process of communication before elaborating on Jeremy's experience. It was as follows:

1. My colleague made the initial contact with Jeremy to explain my research and ask whether he would be willing for me to contact him.
2. Jeremy consented to my contacting him and my colleague gave me his email address.
3. I sent an initial email, introducing myself as a therapist and teacher who was researching confidentiality and consent issues in clinical case material, and asking Jeremy whether he would be willing to tell me about his experience of being written about by his therapist.
4. He replied that he would be happy to do so and then sent me a very full email detailing his experience.
5. I was struck by how generous Jeremy had been in sending me this very full material. I wrote and thanked him.
6. Some months later I sent Jeremy a draft of this article, including my interpretation of the material he had sent to me. I asked him to let me know if this accurately reflected what he had written to me and whether he wanted me to change, add or delete anything. I also asked him if he was still willing for the material to be published.
7. Jeremy responded with a few small alterations and confirmed his willingness for the article to be published. He added this comment: 'for the part that is about my story, am dealing with the rich and peculiar meta-experience of seeing you writing about my writing on what it was like to be written about!'

And now to Jeremy's story. Jeremy was in individual and group psychotherapy with the therapist 'Sophie' during the late 1980s through to the mid-1990s. During his final sessions with Sophie she told him that she was finishing her latest book and had written a case study based on his therapy with her – 'she offered to let me read it and I did so during my final therapy session with her'. He said that at the time of reading it, he felt very moved as she had accurately captured their work together, and that he was 'thrilled'. A month after this final session Sophie asked him to come to her office to sign some paperwork allowing her to publish the case study in her book. When the book was published he said that he read it eagerly and that his wife did as well. His wife then became angry and upset at how the therapist had described her and their marriage, and was also angry that neither Sophie nor Jeremy had considered how the

book might impact on her. At this point Jeremy was shocked to realize the far-reaching implications of a client case study and that he had not considered how his wife might respond. As he had moved to another part of the country he made no effort to contact his former therapist or to register a complaint. In the meantime, she had fallen from grace professionally and when he heard others talking about her he felt 'shame and anger'.

His next shock came when he received a phone call from a former neighbour who had decided to train as a therapist and had been given his former therapist's book as the basis for her training course. She had recognized Jeremy in reading the case study, and he reports again feeling anger and shame that Sophie had exposed his marriage in print and that he had not considered his wife's feelings about the case study. Also, he still felt: 'a bit special, a leftover from that idealization, but hurt too. For a time it was like the hurt was the price I had had to pay to feel special'. In writing about this, Jeremy acknowledges that much of the strength of his feelings at that time was related to his 'childhood story' and that he got the opportunity to work through these feelings in the years that followed. He now sees his former therapist in a different light, as being brilliant *and* flawed, and that she created enormous opportunities for his healing and learning, particularly in the time after he ended therapy. Also, that despite her errors he did feel her care and empathy was congruent, and that he has been able to model some of his own practice as a psychotherapist from his internalization of Sophie.

In hindsight, Jeremy feels that his former therapist failed ethically in bringing her writing into the therapy relationship:

How could I have read it during my session with any critical distance? I sometimes wonder what was in her mind that she did it this way. I certainly think that a client needs to be written about after the therapy has ended. If others are mentioned in the case study then they need consideration as well. (Personal communication, 15 July 2010)

The impact on Jeremy of Sophie's carelessness, or whatever else we might call it, was considerable and long lasting, and could easily have been worse. It is striking, but not unsurprising, that Jeremy 'forgot' about his wife while reading the case study in his therapist's presence. It is, however, surprising that his therapist did not discuss this with him. Jeremy has wondered if, during his six years of therapy, Sophie took sufficient account of splitting and being the 'other woman', getting in the way of his marriage.

What has struck me in Jeremy's account is the extent to which he attributes his strong feelings of anger and shame to his own earlier experiences, and that he would like to continue to see his former therapist in a positive light. In addition, he emphasizes that the experience has provided him with an opportunity for more self-development. This is a moving comment on the extent to which psychotherapists are trained, necessarily so, to view the world from the inside out, and in so doing to take more responsibility than is sometimes warranted. What can we make of the fact that Jeremy did not make a formal or informal complaint against his therapist, or that

he continued to see her as a benevolent figure in his life? Did Sophie ever apologize, or make amends? Was there a process of forgiveness that would make sense of Jeremy's present day stance towards her? These unanswered questions highlight something about the therapy relationship – the strong bonds that are formed, the trust that develops, and the propensity of the client to hold the relationship dear in order to honour a mutual creation. This latter is, I think, almost inescapable on the part of the client where a good enough therapy has taken place, and this is where the asymmetrical nature of the therapy relationship comes clearly into focus. The therapist's integrity and ability to consider his or her position of influence would seem paramount in successfully negotiating this difficult territory.

If we consider this from Sophie's perspective we can imagine a busy therapist trying to juggle dual relationships (Jeremy was also in group therapy with Sophie) and publish a book, not permitting herself the time to attend to the countertransferential dynamics. On the face of it, it seems shocking and negligent that Sophie initiated a consent to publish process during their final therapy sessions together, that she had already written the study, and that the process was so rushed, giving Jeremy no real opportunity to consider what he was reading and the potential implications. Sophie may have believed that asking for consent earlier in treatment would have negatively impacted on the therapy (Aron, 2000; Wharton, 1998, 2005) but the process in the final therapy session suggests that at this point she was primarily serving her own interests as an author, and had lost sight of her role of therapist. In addition, and what eventually caused much pain for the client, was that she had gone to insufficient lengths to disguise him and his wife in her writing.

I would like to add a footnote to the outline above of my communications with Jeremy. As it was initially Jeremy's wife who objected to what had been written, I found myself wondering what she might think if she knew about this latest writing. I pondered whether to raise this with Jeremy, wondering if that would be too intrusive or, on the other hand, if something traumatic might be repeated due to my oversight. I also wondered whether I had sufficiently disguised Jeremy's experience. Overall it seemed to me that writing about the initial writing was quite a step removed from Jeremy's therapist writing about him, and of course the relationship is very different. Jeremy knows me only through email communication, therefore I am more of a neutral researcher for him in contrast to the intimate therapist/patient relationship. As well, however, I am mindful that in taking part in my writing, Jeremy has had to revisit a painful experience, and I can only hope that there were more benefits to him than otherwise.

My own ruminations on this reflect, I think, some of the difficulties inherent in writing about clinical material. How will the person respond when reading it? Will they recognize themselves, and if so how could that affect them, our relationship with them, and their relationship with others? Given that we would wish for it to be possible for therapists to write about their cases in order to progress knowledge and learning in the field, it needs to be acknowledged that balancing the roles of therapist and writer is a precarious but necessary endeavour. Ideally, writing about a patient would be helpful to the patient as well as to the profession.

A POSSIBILITY OF INTEGRATING THERAPY AND WRITING

As noted above, the *Declaration of Helsinki* requires that patients involved in research should be informed about the outcome of the research and share any benefits resulting from it. The relatively recent phenomenon of analysts writing about their patients with their permission as a vehicle for facilitating the analytic work (Kantrowitz, 2005) could be seen to relate to this requirement. Kantrowitz gives examples provided by nine relational analysts who published papers in *Psychoanalytic Dialogues* from 1995 to 2003. She interviewed these analysts to ascertain their attitudes and practices in relation to their writing and the impact on patients of reading about themselves. Ways in which patients were seen to make use of reading about themselves were as follows:

1. For validation. For example, some patients felt validated by what the therapist wrote, and in particular how it conveyed the therapist's trust in the patient's process, enabling the patient to feel more trust in themselves.
2. To clarify misunderstandings in both directions. For example, where the patient reads something and is then able to discuss it with the therapist, or to see something in a new way.
3. To heighten awareness of transference–countertransference interactions and to make past experience more emotionally alive in the present.
4. To detect and examine the analyst's thoughts and feelings about the patient.
5. To facilitate a process of de-idealization (p. 371).

Kantrowitz (2005) writes that the analysts she interviewed felt relatively free to ask their patients for permission to write because they believed that their patients benefited from reading the material and, in particular, that it helped them (the analysts) to focus on central transferential issues. She notes that this approach is part of a relational analyst's philosophical orientation and that relational theory underlines the analyst as contributor to the analytic process and is a 'two-person process' (p. 366). As well, there is a belief that engagements during the therapy promote psychological change and that interactions, conscious and unconscious, are co-constructed by patient and analyst (p. 385). Kantrowitz points to the possibilities this creates, and also the difficulties. She concludes that while some patients may benefit from this approach, it needs to be employed 'reflectively and judiciously' (p. 393) and that the long-term ramifications need to be studied. When considering methods for preserving confidentiality, she too argues for considering each case on its own merits.

In thinking about how this approach might differ from the case of Jeremy and Sophie, it seems that similar difficulties could be encountered, specifically to do with patient vulnerability related to transferences, and therapist awareness – or lack of awareness – of countertransferences (which I think accounts for Kantrowitz's reservations). For this reason it is unclear to me, and I think also to Kantrowitz, why a relational analyst would, in the context of writing about a patient, have significantly different concerns from an analyst with a more traditional approach. Gabbard (1994) describes the converging consensus of both relational and classical analysts that the detached, 'objective' analyst is in our times a very rare phenomenon, and that

'countertransference enactments are ubiquitous, probably unavoidable, and potentially useful' (p. 1084).

Nevertheless, these examples of clinical writing are thought-provoking. In contrast to the way in which Sophie wrote about Jeremy, the analysts interviewed by Kantrowitz were writing during the course of the therapy, with the patient's consent, and the writing was being continually discussed between therapist and patient as a way of increasing understanding of the therapeutic process. Taking into consideration the reservations about this approach, it does come close to complying, at least partially, with one element of the *Declaration of Helsinki*; that the patient is being informed about the 'outcome' of the 'study' and the benefits of the 'study' are being shared with the patient.

CONCLUSION

As this exploration has shown, publication of case material is complex and without hope of easy solutions. The examples described above indicate the potentially harmful consequences of not giving adequate attention to issues of consent and confidentiality. Yet such clinical material is essential to the training and ongoing professional development of psychotherapists. When considering publishing their clinical work, psychotherapists need to be mindful of the myriad of difficulties they might encounter, that these need to be carefully thought about, and that there is no 'one-size-fits-all' solution to these difficulties. There is an increasing number of psychotherapist writers who advocate for asking the patient for consent to write, including some who suggest a collaborative writing process with the patient. This is certainly in line with current societal attitudes to informed consent, and may include benefits for the patient and for the therapy process. However none agree that this is *always* the right course of action to take. The therapist must decide whether to write with or without consent, and whether to write during or after the treatment. To aid in the decision-making process, a number of questions can usefully be asked:

1. Can the patient be adequately disguised? Is the patient (or the patient's relative, colleague, friend or acquaintance) likely to recognize himself/herself if they read the therapist's account of the work?
2. Can a composite case serve the same purpose?
3. Would anonymity be better preserved if a colleague was presented as the author of the work?
4. How little personal information can be included while still retaining the critical elements of the case?
5. How might publication affect the patient and other people in the patient's life?
6. Could publication be helpful for the patient?
7. Could the preparation and publication of the material be a collaborative effort between the patient and the therapist?
8. At what point in therapy should consent be requested?
9. What might be the effect on the therapeutic relationship of asking for consent?
10. Can the patient actually give informed consent?

Psychotherapists who wish to publish clinical material also need to be able to bear the tension between their desire to further the practice of psychotherapy through sharing their work and the need to protect their patient and people associated with their patient. Most importantly, however, is a searching examination of one's own motivations for writing, and of the nature of the therapeutic relationship. I would suggest that this is the case whether the patient is still in treatment or the treatment has long since finished. Given that it is highly doubtful that true informed consent can ever be given by a psychotherapy patient, it befalls the psychotherapist writer to ascertain whether it is likely that the patient has/had enough confidence in the therapist and in their particular therapeutic process to tolerate being written about. A guiding question for considering this might be 'what is the patient really consenting to?' The answer to this question is likely to be as complex as each person's individual history and relationship with their therapist.

We have seen that Sergei Pankejeff came to see himself as Freud's collaborator and spoke freely and at length about his analysis, including with the analyst, Muriel Gardiner, who after 50 years of contact with Pankejeff then edited his memoirs. In the case of Jeremy, he acknowledged initially feeling thrilled, moved and rather special in response to feeling that Sophie had accurately captured their work together. Although the experience of being written about was ultimately a painful one, Jeremy continued to view his therapist in an essentially benevolent light, and took care to focus on the benefits he had received from the therapy. Despite the difficulties endured by Gloria when the films were shown on television and at film theatres, she held Rogers in a special position and continued to correspond with him until her death.

Taking into account transference dynamics, issues of coercion, and the probable impossibility of informed consent, I would suggest that alongside this, in consenting, the patient is essentially saying that their experience of the therapist is such that they trust him or her enough to write about them. This calls for much integrity on the therapist's part to approach the consent and writing process in a respectful and sensitive manner, including being aware that it may have a lasting impact on the therapy and the therapy relationship.

When reflecting on the two patients who have mentioned my writing about them I notice a feeling of protectiveness towards them and trepidation about writing. Perhaps that is a good place to start.

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KERRY THOMAS-ANTTILA is a psychoanalytic psychotherapist in private practice and lecturer and programme leader in the Department of Psychotherapy and Counselling, Auckland University of Technology, New Zealand. She is also currently engaged in writing her PhD thesis. Address for correspondence: Department of Psychotherapy and Counselling, Faculty of Health and Environmental Sciences, Auckland University of Technology, Private Bag 92006, Auckland 1142, New Zealand [kthomasa@aut.ac.nz]