

Motherhood and Psychotherapy Training:
A Heuristic Self-Search Inquiry into a Trainee's Experience

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Abstract

The mother's experience of becoming a psychotherapist has received minimal attention and research. Yet, concepts drawn from the complex evolutionary process of motherhood are pivotal to the understanding of psychotherapy and the client's process. This heuristic self-search inquiry considers the theme of denial while excavating the researcher's experience of psychotherapy training as a mother. Internal dialogue, self-reflection, journalling, daydreams, nightmares, and poetry highlight moments of knowing and uncovering meaning with implications for both training programmes and future students. The research offers insight into the potential emotional and psychological experience and process of becoming a psychotherapist as a mother.

Table of Contents

Abstract.....	i
Table of Contents.....	ii
List of Figures	iii
List of Tables	iii
Attestation of Authorship.....	iv
Acknowledgements	v
Chapter 1: Conception – Initial Engagement.....	1
The Empty Chair.....	2
The Researcher	3
Chapter 2: Gestation – Immersion and Growing My Knowing	5
Methodology and Method	5
Use of Heuristic Phases	7
Initial Engagement.....	7
Immersion.....	8
Incubation.....	9
Illumination.....	9
Explication.....	10
Creative Synthesis.....	10
Ethical Considerations	11
Literature	11
Reflections	14
Chapter 3: Explication – A Labour of Illumination.....	18
Mother Bias	18
Practice with Clients	21
Chapter 4: The Birth of a Creative Synthesis	24
Research Limitations.....	24
Critical Commentary on the Research Process and Outcomes.....	25
Implications and Recommendations for Psychotherapy Training Programmes	26
References	29

List of Figures

Figure 1 What is the Light Bulb Moment?.....	10
Figure 2 Terms Arising in My Mind Upon Observing the Psychotherapy Literature	16

List of Tables

Table 1 Use of Concepts in Relation to Heuristic Stages.....	7
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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), 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.



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Chapter 1: Conception – Initial Engagement

I have sat in the sensory garden of the AUT North campus many times over the past 5 years of psychotherapy training. Sometimes to hide from my peers and get some space, sometimes to meet with a friend and share space, and sometimes to escape into the sensory experience of nature.

I sat once more in the sensory garden in an attempt to gather my thoughts and find a place to begin this self-search inquiry. I recalled an occasion in class where a peer expressed that he did not really ‘care’ about his clients; his words came as a troublesome shock for me, and I found it difficult to hold the experience that he would be in a caring position of power with clients but report not ‘caring’ for the vulnerable he served. This moment and the disturbance it caused has stayed with me from early in my training and has come to my mind many times. To ‘care’ has been a theme of my life. To ‘care’ relates to my identity throughout my life as represented in my identities as a mother and a training psychotherapist. I notice the importance of the sensory garden in its representation as both a space for and an escape from ‘caring’ for others.

As a child I cared for dolls and babies; later, I was the babysitter for many cousins. I became a mother at 21 years and then, by chance, I became a nanny. As a young person I felt an unconscious pull to care for the more vulnerable, and a terror of causing harm. I was drawn to psychotherapy when I witnessed the need and vulnerability of families while working in an agency that supports survivors of family harm. Thus began a new journey to become a psychotherapist.

The journey of psychotherapy training developed my understanding of this pull to care as an unconscious conflict. It has transformed over time to a conscious wish to care for others related to my philosophical beliefs and a capacity to choose when and how I do so. In recognising the importance of the therapist as a psychotherapeutic tool and the essential exploration of the therapist’s existing and emerging identity, I reflected on my own experiences. I recognise the parallels between my experience of motherhood, psychotherapy, and maternal transference. I felt curious about my experience of feeling drawn to clients with attachment trauma and how I related it to my maternal capacity. This lifelong theme of ‘caring’ is a fervent part of my identity. It has drawn me to bring attention to myself and come to explore the question: ‘What is the experience of a mother training as a psychotherapist?’

The Empty Chair

Beginning this research, I felt lost; after many years of structured academic research, beginning a heuristic inquiry felt unfamiliar and daunting. I found it difficult to look inwards, to experience first and write later. To break out of my repeated experience of 'being told', I utilised the gestalt therapy technique of the empty chair to reach inward (Sultan, 2019). Sultan (2019) believed this technique leads to "greater understanding of an experience not by thinking about it or by talking about it but by becoming it" (p. 82). Moustakas (1990) stated that this allows the researcher to reach inward for tacit awareness and knowledge permitting their intuition to run freely.

Sultan (2019) suggested that the empty chair technique allows the researcher to embody the phenomena and facilitate a deeper identification with the focus of inquiry as a process of attempting to 'live' the phenomena rather than just thinking about it. It took several attempts to find the psychological, physical, and emotional space to adequately attempt this exercise. Through this process, I visualised the concepts of motherhood and psychotherapy training sitting in the chairs opposite me. Motherhood was yellow and star-shaped, it felt warm and safe; yet, frightening and full of unknowns. Psychotherapy training was black and circular, it felt uncertain and full of possibilities. The words 'transitioning', 'becoming', 'self-actualisation', and 'identity shifting' came to mind, along with an embodied feeling of overwhelm swirling in my stomach. The unknown felt daunting. As a mother nearing the end of my psychotherapy training, I identify with the focus of this inquiry as I seek to make sense of experience.

This piece of research has been shaped by four of the heuristic phases (Moustakas, 1990); paralleling the conception, gestation, labour, and birth phases relevant to the transition to motherhood otherwise known as matrescence (Raphael, 1975) and the journey to psychotherapist (Clarke, 2010). The dissertation will be laid out in four phases: initial engagement (Chapter 1), immersion (Chapter 2), explication (Chapter 3), and creative synthesis (Chapter 4). Due to time constraints and the reality that I am immersed in both motherhood and psychotherapy training while writing this dissertation, the remaining two heuristic phases identified by Moustakas (1990)—incubation and illumination—will be reported throughout.

The topic was chosen based on my first-hand experience as a mother in psychotherapy training. I began psychotherapy training when my son was 3-years old. I have experienced an ever-changing and evolving identity as both a mother and as a training psychotherapist. My

capacity to be 'in' relationship with my son, the training programme, and my clients has changed and grown over the last 5-years. Both the experience of motherhood and psychotherapy have had unique and interrelated challenges which are explored throughout this research. There is little existing research documenting or exploring this unique experience of being a mother training as a psychotherapist, and I have often felt quite alone and misunderstood in both these experiential processes. The current inquiry, therefore, is also about being on my own with the process. Hence, the research question: "What is the experience of a mother training as a psychotherapist?" The hope is to shed light on some of the shadowed and unspoken experiences of mothers engaging in psychotherapy training.

The Researcher

As this is a heuristic self-search inquiry and values the researcher's subjectivity, I begin by describing my world and worldview. I was born a New Zealand Pākehā female into a nuclear family with one brother. My mother began psychotherapy studies when I was 2-years of age. I was enrolled at the AUT childcare centre for 3-years while she attended classes. She has practiced as a psychotherapist throughout my life. My attachment history included both unsafe and safe attachment experiences. I felt very young when I became a mother at 21 and separated from my son's father when my son was aged 3-years. Becoming a single mother did not feel new as I had owned the totality of responsibility for my son's care and well-being since conception. When my son was born it felt like a different kind of gravity, the centre of my universe shifted; one part of my awareness always focused on him, even in my sleep. In the first years I lost a sense of self, and I found myself in an ever-changing role of mother, friend, play person, nurse, provider, and protector, driven by one force— 'attachment'.

I applied to train in psychotherapy at almost 25 years of age and began my psychotherapy studies in 2019. I completed the Graduate Diploma in Psychotherapy Studies before being accepted into the 2020 Master of Psychotherapy programme. I began my psychotherapy studies when my son was aged 3 years; it felt as if I had only just begun to recover from his birth after having my body damaged to save his life and mine. He was now at the age where separating and individuating was a developmental task, as I began my studies about attachment and developmental stages. He was also moving into the older children's space in his childcare. My awareness and insights into the human experience developed and as

I learnt about the importance of ‘the mother’ in the context of human psychology, I was actively being ‘the mother’ to a small child.

While it feels easy to write about the cognitive experience of motherhood and psychotherapy training, it is more challenging to find words that encapsulate the felt, embodied experience of the phenomenon. I want to be a mother and a psychotherapist, but I have felt overwhelmed by the experiences and expectations. Depending on others to approve of and pass my work to becoming a psychotherapist renders me feeling powerless, helpless, and stuck as if unable to move. How, as a student or as a mother, am I feeling held in these processes? (Winnicott, 1964). Mothering constantly offers new challenges and unknowns, while psychotherapy training is similar. When I feel empowered, I can flow. However, dependency leaves me feeling powerless, such is the process of becoming a psychotherapist; being accepted and passed by tutors and academic institutions. I seek to manage the regression this dependency evokes and hold myself in an empowered position by allowing a level of vulnerability that demonstrates my capacity as a beginning psychotherapist.

I am now a 29-year-old mother to an 8-year-old boy and am currently fulfilling the final requirements for my Master of Psychotherapy. I work as a crisis response worker for survivors of sexual harm as part of a specialist team working with children, adolescents, and their families. I am currently engaged to be married some days after I submit this dissertation. I live from an integrative worldview with a Humanistic philosophical stance, believing we have personal responsibility to make meaning and find happiness in our own unique lives. I prioritise ongoing reflection and meaning making of existential concerns—life, death, and self-actualisation.

The term ‘mother’ has been defined and redefined as social systems have changed. Collins Dictionary (n.d.) defines a mother as “the woman who gave birth to you” or as a word also used for the “woman who raised you”. For criticality and clarity, the former will be drawn on to define a mother as this research reflects on my unique, evolutionary, psychological and biological experiences, as the researcher.

Chapter 2: Gestation – Immersion and Growing My Knowing

The scope of this chapter is to outline my engagement with the material, including research about the methodology itself and the topic. In this phase, “virtually anything connected with the question becomes raw material for immersion” (Moustakas, 1990, p. 28).

As I began to engage in heuristic research, I felt overwhelmed by the unknown. It felt like I was looking into an abyss, with no limitations to where I could extend my experience. I have had the experience of being a mother, being told the many ways to parent that others have tried; and of being a training psychotherapist, following a specific modality that has worked for many others. I needed to break out of my repeated experience of ‘being told’ and ‘knowing’ what I am doing before I do it (i.e., this dissertation).

Methodology and Method

This dissertation is a heuristic self-search inquiry documenting a mother’s experience of becoming a psychotherapist; and, thereby, explores the relationship between being a mother and becoming a psychotherapist. As a part of my heuristic process, I read Moustakas’ (1990) work on heuristic methodology and research and reviewed Sela-Smith’s (2002) critique of this method and her adaptation of it as a self-search inquiry. I gathered existing heuristic research on the experience of motherhood and experiences of psychotherapy training, along with spontaneous reflective writings and my personal dreams for study and analysis.

Moustakas (1990) described the heuristic research method as a phenomenological, social constructivist, and qualitative inquiry. It is based on many existing theories and knowledge bases, including Maslow’s (1966) research on self-actualising, Polanyi’s (1983) tacit knowing and indwelling, Gendlin’s (1978) embodied insight, and Jourard’s (1971) investigations of self-disclosure among others (As cited in Moustakas, 1990). Sultan (2019) considered heuristic inquiry to be a humanistic qualitative research methodology underpinned by heuristic technique, a cognitive process involving relying on mental shortcuts that lead to quick decision-making based on previous experience or beliefs. Moustakas referred to an autobiographic heuristic process, and that the data lie within the researcher, highlighting the importance of the researcher’s own awareness and self-discoveries (1990). Thus, it is important to self-dialogue from the beginning of the study in order to include tacit knowledge (Moustakas 1990).

Sultan (2019) suggested that heuristic research is an explorative, serendipitous, content focused process; as well as intuitive, existential, and authentic. The recording of a

continuing experience rather than a completed experience (Sultan, 2019). This description is fitting as the transition to motherhood and being a psychotherapist are ongoing and lifelong experiences with interconnected and ongoing meaning. Thus, the chosen method is a heuristic self-search inquiry (Moustakas, 1990; Sela-Smith, 2002), which refers to a systematic method of self-reflection and exploration.

Moustakas (1990) developed the heuristic research process after experiencing loneliness. He suggested there are seven processes that can occur during any of the six phases of heuristic research. These processes are identifying with the focus of inquiry, self-dialogue, tacit knowing, intuition, indwelling, focusing, and the internal frame of reference (Moustakas 1990). Sela-Smith (2002) introduced added concepts of resistance and surrender; acknowledging a natural resistance to being close to experience which led to proposing the current self-search inquiry and focus on the researcher's experience of self. I will use heuristic concepts and processes to explore a mother's experience of becoming a psychotherapist.

My subjective internal frame of reference is valued to consider the relationship between motherhood and psychotherapy training. This will mean that my ongoing experience and reflections will remain visible throughout the research (Tudor, 2022). My felt and thought experience is valued, observed, and documented. I then draw conclusions on my experience to develop a creative synthesis and present conclusions and potential implications for psychotherapy training. In critiquing this method of inquiry, it is important to consider the researcher's potential resistance to 'knowing' or 'feeling' the authentic feelings and responses relevant to the research inquiry (Sela-Smith, 2002). I am aware of a resistance, and I attempted to overcome it by including raw and unedited excerpts from my recordings as vignettes.

I have chosen heuristic self-inquiry as it engages self-searching and reflexive self-dialogue within a flexible but systematic research framework (Sultan, 2019). This approach aligns with my ever-changing and growing understanding of experiential phenomena. It values the subjective experience of the researcher and how such experiences produce and influence a research project. It acknowledges and emphasises the importance of individual experience and perspectives. As the research question concerns the experience of a mother in psychotherapy training, the topic is not suitable for a positivist paradigm which assumes that knowledge is a quantifiable and measurable observation of activity, and would be more suited to an Interpretivism paradigm (Grant & Giddings, 2002).

Psychotherapy is interested in history, experience, and meaning; and subjectivity is valued. Therefore, I bring my own subjectivity and interpretations to understand and present the findings. I did not choose hermeneutics as it is more interested in understanding or exploring what already exists in literature; further, in reviewing literature, hermeneutics is concerned with the meaning and significance of the text itself. Heuristics, however, is more interested in exploration and discovery. Hermeneutic inquiry allows for consideration of the hermeneut's own lenses whilst reviewing existing literature and heuristic research requires the use of literature to make sense of the researcher's experience.

Use of Heuristic Phases

This self-search inquiry involved engaging heuristic concepts and processes in order to surrender to the heuristic phases. It required my own reflection, wondering, and pondering. I interfaced multiple strategies of data collection, including reviewing of the literature, self-reflection, reverie, and dreams, with the intent to invite authenticity and expand my potential sources of information and meaning. Table 1 outlines the use of concepts in relation to heuristic stages.

Table 1 *Use of Concepts in Relation to Heuristic Stages*

	Identification with the focus of inquiry	Self-dialogue	Accessing Tacit knowledge	Intuition	Indwelling	Focusing	Internal frame of reference
Initial engagement	●	●	●	●			
Immersion		●	●	●			
Incubation			●	●			
Illumination	●	●	●	●	●	●	●
Explication					●	●	●
Creative Synthesis			●	●			

Initial Engagement

During this phase, I attempted to engage with the topic and document my experiential awareness. I noticed an avoidance to begin, and a difficulty in recording my experience. I struggled to find time without distraction. I attempted to access the tacit dimension through

self-dialogue. I often self-dialogue; however, I find it difficult to recall. I began recording in the notes application on my phone random thoughts when they felt moving or new. During this dissertation process, I struggled to submit myself to the phases and concepts of heurism. I put pressure on myself to 'discover' something and then, inevitably, felt I was not good enough. As a mother, it is a double jeopardy—the good enough mother and the good enough therapist. I threw myself unconsciously into attending to these phenomena but missed that I exist in these phenomena and that attention to myself is fundamental. I can simplify it to say that when I submitted myself fully to the process by letting go of the 'not good enough' and a rigid timeline of expectations, I was able to allow the process to happen in a natural and authentic way.

Immersion

The immersion phase had begun experientially before I began the research. The difference was in actively researching and observing my immersion in the topic in the here-and-now. I began the research with recording and making sense of what I thought already I knew about the topic. I then formulated a literature review and reflected on the literature. It infiltrated my mind and the minds of those around me; and I found conversations with coworkers, friends, and family became implicitly and explicitly related to the topic. The process of accessing tacit knowledge was a challenge as I struggled to find time to indwell without distraction.

The incubation and immersion phases felt like I was doing nothing or like I was not doing well enough. My dissertation was like the new baby with needs that I could not yet attune to, and I ended up feeling like I was doing it wrong. I used my personal psychoanalytic psychotherapy as a space to ponder and wonder and realised a resistance to submitting to the process of not knowing in order to come to know something (Sela-Smith, 2002). I realised that the way into my intuitive clues and hunches required me to pay attention in a different way. I attempted to find dedicated time to sit in reverie; again, this felt impossible to schedule. I set aside a day each fortnight to read and journal with reverie. I recorded my dreams, hoping there might be a clue to my unconscious. Moustakas (1990) suggested recording and then recounting stories. I recorded stories, dreams and self-dialogue, art and poetry, and then recounted them to deepen my understanding and insights. Throughout the process, as I recognised avoidance, I had to develop creative ways to stretch time which included taking voice recordings while commuting, recording random scribbles and notes, and taking notes in the notes application of my phone.

Incubation

Traditionally, this phase would involve the researcher separating themselves from the research topic and trying not to think about it. Critically considering this process, I could not be unbiased or objective to my experience of motherhood or psychotherapy training. I have these experiences which are subjective and influenced by who I am and how I am. I am a mother; I am a training psychotherapist. I could not objectively separate myself from the subjective experience of the research when they are aspects of my identity. How do I 'go away' from this experience when it is the ongoing living experience of the researcher? There was an impossibility in the task of an 'incubation phase' as a working mother undertaking psychotherapy studies. The intensity of motherhood and psychotherapy training, and the time required for both these parts of my life, meant that incubation was happening in an ongoing way. I experienced incubation as an ongoing parallel process, where I unintentionally moved in and out of relating consciously to the topic.

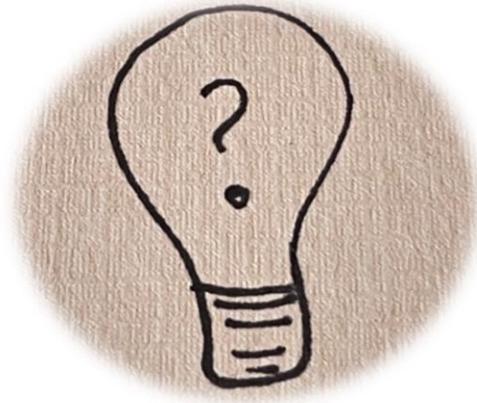
Nevertheless, I was able to 'incubate' for occasional periods while working out at the gym. I realised it required me to physically and psychologically separate myself from both my home life and university life, and intentionally concentrate on something else. I tried intentional mind wandering (Bar, 2022). Baird et al. (2012) suggested that conditions that favour mind wandering also enhance creativity during an incubation period. I experienced spontaneous self-dialogue and self-searching. Actively relaxing into meditative time, I left my phone and distractions in the next room and took time to focus to avoid fragmentation into multiple directions.

Illumination

I struggled to understand how an illumination would arise, or how I would recognise it when it did. I asked myself, what is a lightbulb moment? (see Figure 1). Surrendering to the idea that this research would be purposeful through illuminations that arose without spending specific energy felt almost impossible. Illumination is the idea that a light bulb moment will happen where something is discovered. Tudor (2022) argued that it is not a set 'phase' as illumination may happen throughout rather than at a particular stage. Although all the phases were not completed in the order as outlined by Moustakas (1990), I did experience them. Illumination came about when I began to spend time reflecting on what I had previously written. I began to mine into my experience and deepen my understanding of the phenomena.

Figure 1

What is the Light Bulb Moment?



Explication

Moustakas (1990) described this phase as intending to altogether explore and examine illuminations that have arisen to consciousness. This phase required reflective self-searching and self-disclosure. It also required recognition and valuing of my unique experience and appreciation of my internal frame of reference. Explication required attendance to and observation of my existing frame of reference in preparation of analyses and development of concise and clear findings (Moustakas, 1990). A broad-minded depiction of the dominant themes was illuminated, bringing together and making sense of the experience as both a mother and training psychotherapist.

Creative Synthesis

The sources for this research are a combination of my own subjective experiences and references to existing literature. My primary question about this phenomenon is an attempt to encapsulate something of the experience of a mother training as a psychotherapist. Developing the creative synthesis was difficult; there was a resistance in me to 'sum up' my experience due to fear that it would be 'not good enough' or 'not illuminative' enough. I tried to find space for meditation to focus and allow my inhibitions and restrictions to drop while self-searching in an attempt to access my tacit dimension and intuition and allow something to emerge (Moustakas, 1990). I spent time ruminating about what I had written and found meaning in my writing.

Ethical Considerations

As there is some personal disclosure of my experiences, both within the training course and as a mother, I thought deeply about ethical considerations. Where possible personal details have been excluded, and I have been mindful of both my own privacy and my child's privacy. I have consulted with my supervisor and family members about any personal implications shared in my dissertation. I have taken time each week to reflect on my emotional response and experience and used personal psychotherapy and supervision for support and processing. Before submitting the dissertation there was a thorough review of any personal details; and, where possible, removal of anything that I did not want to be shared in the public sphere. As the chosen methodology required writing from my own experience and perspective, the key ethical issues to be considered were researcher well-being and confidentiality and privacy. After consultation with the Auckland University of Technology Ethics Committee (AUTEC), and as this research is a reflexive piece, an exception for AUTEC approval applies; that is: "6.4. Research and teaching in which a single investigator is the subject of his/her own research and where no physically or psychologically hazardous procedure is involved" (AUT, n.d.). Thus, ethical approval was not required.

Literature

The general goal of a literature review is to summarise and synthesise existing knowledge in order to critically analyse and identify gaps or controversy in the field and establish the need for or support further research. There is minimal literature and research relating to the experience of a mother training in psychotherapy studies; therefore, the following is a 'literature view' (Tudor, 2022). This is to better fit the heuristic methodology by critically recognising that the viewed literature is chosen and limited due to my tacit knowing, intuitive, and conscious and unconscious choice of literature. Literature is interwoven with my own experiences related to the texts and involved holding an understanding that my subjective view and interpretation of the current literature has implications for what is included and what is excluded from the view (Tudor, 2022). The knowledge that exists on this topic is non-specific and gathered by both qualitative and quantitative methods. Relevant research will include experiences of motherhood and psychotherapy training, as well as wider literature on related concepts such as attachment. Some existing research considers the psychotherapeutic dyad as representative of childhood relationships; and includes reference to Winnicott's (1971) concept

of the 'good-enough' mother and the therapist's ability to offer a corrective experience as the 'good enough' attachment (Alexander, 1948).

Winnicott (1971) advocated for the natural tendencies in the mother which become conflicted due to external societal beliefs, and the denial of the mother's importance due to what he believed was an innate unresolved fear of dependency remaining from infancy. This understanding may speak to the lack of existing research in this area. Bion (1962) theorised about the Container–Contained dynamic of mother and child in terms of 'alpha function', 'beta function', and the mother's ability to use her alpha function to digest and transform the 'unthinkable' for the baby and then project it back in a way that is now tolerable. Bion called this a thinking couple. The baby begins to be able to think about their experience and they co-create meaning. This relationship allows the child to develop an introjected ability for alpha function and develop their own capacity to think.

Stern (1995) introduced the 'motherhood constellation' which focuses on the dynamic interactions between a mother and her child during the early stages of life and highlights the impacts on the mother's identity and psychological priorities. It recognises that a mother's responsiveness and attunement to her baby's cues create a unique emotional landscape that profoundly sculpts their psychological development. Stern referred to the internal and external discourses of the mother, with herself, herself as mother, her baby and her discourse with her own mother especially in her own childhood (p. 172). These relate to shifting preoccupations and themes. The themes that appear are 'life growth', which relates to a mother's capacity to keep her baby alive; 'primary relatedness', which relates to Winnicott's (1984) primary maternal preoccupation identity reorganisation, concerning the need for a mother to restructure her identity; and the 'supporting matrix', which relates to the ability to construct and maintain a support system.

The motherhood constellation recognises that motherhood is not just an individual experience, but one intricately woven into the fabric of society. The idea of a motherhood constellation may also inadvertently reinforce societal pressures and expectations, which can fuel feelings of inadequacy for women who do not conform to this narrative and can fall short in capturing the intricate tapestry of a woman's identity. Stern (1995) described the motherhood constellation as an evolutionary and transient experience. However, it may become relevant at various times throughout a mother's life depending on outside factors. Mercer (2004) explored the nuances of 'becoming' a mother as different from attaining a

maternal role. Mercer preferred the term becoming, as opposed to achieving, as it embodies dynamic explorations rather than being close ended.

Robinson (2012) completed a phenomenological study exploring the reciprocity of parenting and psychotherapy practice which involved interviewing nine female psychoanalytic psychotherapists. Findings revealed that “psychoanalytic therapist-mothers are influenced in their maternal roles by their roles as therapists and are influenced in their roles as therapists by their maternal roles” (Robinson, 2012, p. 1).

Benedict-Montgomery (2016) observed her experience of identity shifts, gender bias, and discrimination. She noted that there can be great benefits to therapeutic change with clients by use of the mothering identity, capacity for holding and attunement, and utilisation of primitive affect and intuition (Benedict-Montgomery, 2016). Benedict-Montgomery reported that sharing her experience and story with others allowed for an integration of the identities of mother and therapist, and development of a sense of security in the dual roles. Hermann and Neale-McFall (2018) completed a phenomenological study to consider the impacts of cultural expectations connected to motherhood. They interviewed 10 female counselling professors. Most of the participants had experienced “overt and/or covert discrimination” (p. 272). This study revealed that participants had developed strategies to support themselves, including “creating boundaries, prioritizing, asking for help, finding support, and maintaining perspective” (Hermann & Neale-McFall, 2018, p. 275). Benedict-Montgomery explained that explorations such as Hermann and Neale-McFall’s study, open us up to observe and make sense of the impacts of gender and identity on our personal reflections and in our work.

Hermann et al. (2018) completed a phenomenological study to explore the experiences of school counsellor mothers. It was found that school counsellor mothers experienced enhanced well-being, increased self-esteem, and higher general life satisfaction. The research found that “effective communication skills learned during counselling training and refined in counselling practice are helpful in parenting” (Hermann et al., 2018, p. 8); and that the mothering experience brings new perspective and increased empathy to their work with parents (Hermann et al., 2018). However, the study also noted the specific impacts of compassion fatigue on mothers working in a counselling role as they are in a perpetual caregiving role (Hermann et al., 2018). Participants reported experiences of stress, guilt, and exhaustion when trying to emulate unrealistic gender role expectations and societal expectations of mothering (Hermann et al., 2018).

Sheridan and Bain (2020) interviewed nine psychotherapist mothers to investigate “how the identities of psychotherapist and mother enrich, shape and conflict with one another” (p. 29). It was reported that a main challenge for the students was developing the ability to “reflect on their relationships to theory, in order to acknowledge and explore those aspects that feel punitive and those that feel helpful” (Sheridan & Bain 2020, p. 29). Winnicott (1971) named the third trimester, where the mother becomes totally focused on the child and there is a surrendering of the self.

The psychotherapeutic dyad and the mother child dyad both require empathy and understanding of needs, experiences and emotions, patience and perseverance, to create a safe and supportive environment which fosters growth. The transition to motherhood is marked by a sense of disequilibrium and requires ongoing adaptation. It is an opportunity for the development of self-awareness, relational capacity, and psychological growth. The term matrescence, coined by the anthropologist Dana Raphael (1975), refers to the developmental stage of “pre-conception, pregnancy and birth, surrogacy, or adoption to the postnatal period and beyond” (Orchard et al., 2023, p. 1). This concept frames the transition to motherhood as a significant neuro-cognitive developmental and biosocial life stage during which there are cognitive adaptations which may remain lifelong. It is acknowledged that the complexity of the mother’s new environment can never return to pre child normalcy (Orchard et al., 2023).

Orchard et al. (2023) suggested that matrescence is an optional developmental phase only available to some of the population. My experience of matrescence began at the age of 20 years, when I became pregnant. The ever-changing opportunity for growth and adaptation has been ongoing as my child continues to grow and change, and I develop a deeper understanding of the human psyche. Orchard et al. highlighted the increased practical responsibilities and mental load of motherhood, and that this “is increased across the lifespan and dynamically adjusted as the needs of the child grow and change” (p. 1). Orchard et al. suggested that this “long-term exposure to a more complex environment” is helpful to the mother as it may “increase cognitive reserve in late life” (p. 1).

Reflections

My immersion in this topic began as a toddler as my mother trained in psychotherapy. My journey to motherhood or to ‘psychotherapist’ may have begun at my own conception with ‘phantasies’—unconscious imaginings of motherhood and developed into fantasies in

childhood (Klein, 1997). It is a unique experience, no two 'journeys' are the same and this type of study is as much about theory and practice as it is about self-development and understanding. In my experiences as a mother, there are experiences of being told the many ways to parent that others have tried and eventually having to find my own way. As a therapist, the same is true, psychotherapy training is not just studying and passing tests, exams, and assignments; it is the development of myself as a therapeutic tool. This development has been reflexive, gruelling, and painful. As I near the end of my training, I recognise the development of my identity as a therapist has been challenging as a mother; managing the vulnerability and rawness of my process as I also navigated the complexities of motherhood. It was painful to recognise a harsh reality that these are both learning by practice processes which meant I was going to get things wrong. A mother who truly opens to the attachment with her child is the ultimate in vulnerability. This feeling is furthered in becoming a psychotherapist in that one must learn to face their vulnerabilities and open to negative impulses both towards clients and existing relationships.

I considered vulnerability in relation to my experience of parenting and at AUT. There is powerlessness and entrapment as one surrenders oneself to parenting. One cannot un-become a mother. One cannot un-know what is learned in psychotherapy training. External relationships change and grow as one become aware of defenses and unconscious processes. In a sense, as a parent, a person comes to recognise who their friends are in those first months when their baby is screaming and crying, and they need a village to support them. A mother learns who their village is as she challenges unconscious processes and unhealthy relational patterns in the relationships she experiences while training in psychotherapy studies. It is a painful and vulnerable process to recognise what could not be seen. It is a vulnerable experience for a parent to acknowledge their stuck-ness in being a parent.

Authoring this dissertation, I felt avoidant and not good enough, nervous to talk about where I was at as I felt like it was not moving forward. It was uncomfortable to wait and let the illumination spring. It was hard to look at motherhood and psychotherapy; vulnerable, messy, and confusing. It required an openness to my core experience and sense of identity. Considering my experience of stuck-ness. I was drawn to the thought of birthing and attachment, the way a child clings and suckles from the mother and protests her separateness. The biological longing to attend to and protect the distressed baby resonated in my development as a mother and as a psychotherapist. It was hard to open to the pain that I could

do harm through attachment and the extreme anxiety that what I do matters to the development of my child's emotional world.

While considering the pressure on mothers in psychotherapy literature, I sat in quiet reverie to observe what came to mind. I felt overwhelmed by the myriad of terms that floated into my mind. I noted them down as in Figure 2.

Figure 2 *Terms Arising in My Mind Upon Observing the Psychotherapy Literature*



I recognised that many of these terms were unbeknown to me before I began psychotherapy training. I found myself reflecting on years of being a mother not in the psychotherapy programme and how my conscious beliefs changed throughout my training. I was always fiercely protective and attuned to my son without the words to describe it. I can identify that we developed a secure attachment. When I did start to access the existing knowledge, I became highly anxious of the potential unconscious impacts on him, due to my separation from his father and potential intergenerational trauma, which created great anxiety.

Bion (1962) observed that the mother-child process of 'containment' initiates psychic growth and development in the infant. If I get it wrong as a mother, the impacts can be lifelong; as has been my experience in suffering the inadequacies of my attachment figures. Similar is the craft of psychotherapy. If I get it wrong, there will be impacts for my clients. How does one open to such vulnerability and face such risks in human relating? Power dynamics are fraught in both being a mother and being a psychotherapist; we must be conscious and use our power

mindfully. It seems impossible to live in such an anxious state constantly and recognise defenses that support me manage these states. A good reminder that both clients and children need their defenses to manage the human condition. Vulnerability is something I needed to access to be available as a mother and a psychotherapist, and to support my child and my clients to cope with vulnerability.

Chapter 3: Explication – A Labour of Illumination

This chapter imagines the findings and discussion of illuminations as the contractions of the labour phase, as I prepare this dissertation for its birth.

Mother Bias

There were moments where my motherhood impacted what people perceived me to be capable of. When I spoke to people, the message was always, ‘Wow, you carry so much... And with a child?’; often accompanied by shock and amazement. I felt shame for my motherhood, as if it should be draining me somehow. While people get stuck in these mother biases and their own unconscious/conscious projections onto mothers, it limits their ability to see beyond to the human experience and wonder what might be needed by the mother carrying so much.

It is an important consideration that I have been completing my studies during an unprecedented outbreak that resulted in lockdowns. I began my psychotherapy studies in the Graduate Diploma in 2019. Early 2020, I was accepted into the Master of Psychotherapy. In March 2020, the first COVID-19 lockdown began. Classes and practice with clients began online. It was a challenge to my development as a psychotherapist due to the lack of usual holding by peers and tutors, and the increased demands as schools were closed and I was expected to homeschool my son while managing online client sessions, classes, and assignments. As an essential crisis response worker for sexual harm survivors and a psychotherapy student, my work commitments and studies continued as I juggled motherhood; all of which encompassed caretaking roles. My usual family support was inaccessible as due to legislation limiting travel, my usual support people could not return to Auckland for months at a time and it was agreed that our shared custody arrangement was paused during lockdowns. Practicing psychotherapy online may have limited my ability to develop and articulate experiential attunement with clients. Proximity allows for affect regulation—a bidirectional process—and, in the context of online classes and online therapy, we lost the visceral experience of the other (Soma et al., 2019). During this time, I felt disconnected from the course and more concerned with caring for my son.

I had a dream one night:

My son is running across the road through busy traffic, I call to him and run across the road to him, and he runs down the road and across again. I chase him, shouting to stop and he keeps running and laughing. I run across again

and he runs across and falls in the middle of the road over the centre line. I can see a truck coming that is too high to see him. I shout for him to get up, but he is on his knees crying. I cannot get to him, and the oncoming truck runs over his feet and ankles flattening them. I run to him and carry him to the side of the road.

I awoke suddenly, with a racing heart. I looked over and my son was there, lying beside me. I reached over to hold him and touched his feet with great relief. This dream happened when I had just got my son back after spending 10 days with his father. I had also just recently made the decision to continue my psychotherapy studies after failing a paper. The threat was real, I fell on my knees without the means to hold myself up. My son has grown up while I have been focused on my studies. It has been difficult to be away from him; I feel guilty for what I cannot protect him from—my absence. Early in the course, my son was in between daycare and the transition to school, I felt ashamed to bring him to class and have him sit outside as there was no other option. Class times have often been scheduled for 8am and 2pm in the day, and this feels without thought for the parents who need to navigate childcare outside of school hours.

A few months later, I had another dream:

My family were together at a party; everyone was dancing, my brother wanted us to stay and continue but we were tired. My son left and my mother and I were in a taxi trying to find him. I could see on my phone he was trying to catch an Uber with my account, and I got a notification with his request to allow him to catch the Uber but we were almost to where he was around the corner. I was not sure whether to let him catch the Uber which was dangerous or say no and risk him rebelling and not being able to find him. I was terrified for his safety, very anxious and scared.

I awoke – worried and anxious. I quickly wondered about my parenting and how my way of being with my son may be guiding him away/towards wanting freedom/agency and that he may rebel and put himself in danger. In the dream I was fraught with the tension of my son's separation and individuation, and my wish to both protect him and encourage his autonomy and agency. I felt strong boundaries around my autonomy for several years of seeing clients. While writing this dissertation, a close friend gave birth to a child, and she asked me to be with her while they performed the scheduled caesarean-section. I felt terrified and privileged. I held the baby moments after its birth and my body responded as I naturally rocked and soothed the

child. I felt a pull to attend to the baby. The maternal instinct is very much alive in me. I recognised moments where I felt overwhelmed and exhausted after a day full of clients, I did not want to speak to anyone, I needed silence, I escaped to the gym instead of going home. I felt psychologically touched out. It felt like a vibrating in my body, and irritation with the need from others and wish to escape and hide in a deep dark hole. It felt like the concept of being touched out from my life as a parent where the child clings to me, touches me, suckles from me, cries to me, and demands attention and care.

I began to think about mother's anxiety as underpinned by guilt and shame. I asked myself; how does my experience of mother's guilt cross over into my experience of psychotherapy training? As a working, studying mother, I experience a constant guilt of my unavailability to my son. I fear that he misses my presence as I engage with the physical, emotional, and timely demands of my studies and my need to provide financially, as well as emotionally and physically for him. I sacrificed self-care, sleep, and rest to provide for his needs. The mother needs to contain her own murderous impulses to be a container for the baby, and it is in the containing that will keep the child safe. Remaining a container was a challenge, as I felt overcommitted and exhausted.

At times I have felt like I am not good enough, the training requires of its trainees a level of pulling apart that can leave one feeling disempowered, frustrated, disappointed, and raw. I am not only learning and attempting to be a better parent, but also trying to be a psychotherapist. Hearing about the experiences of clients and their relationships with their mothers, understanding how mothers cause pain to their children, touches my own fears of unknowingly harming my child. Throughout psychotherapy training I was always exceptionally overcommitted and under-resourced. This did not feel unusual or undoable; I could not see the impact on my capacity to fully engage in the course. After several years of mothering a young child, chaos felt comfortable. To feel drained and depleted was usual and had been depicted as 'normal' in my social settings. When a supervisor said, 'you are doing too much', I was blind to the idea of doing less.

Hochschild (as cited in Hermann et al., 2018) coined the term 'the second shift' in which the mother completes a day of work and then returns home to family responsibilities, reflecting inequality in societal expectations and gender roles. Motherhood is isolating in that it feels like nobody knows what you are going through and how tired you are, there are hormones at play and the baby has such primitive needs, it can feel impossible to attend to

your own needs. Psychotherapy training is isolating in a similar way, yet as a student you are the one growing and changing. In psychotherapy training it took failing and then a supportive figure who believed in my innate worth and goodness; someone who could bear and tolerate and contain to confront what had been denied.

When I spend time focused on self-care, I notice the space opens to not being engaged with or aware of the research topic. During self-care time, at the gym or getting a massage or resting, hiding in bed on Netflix, I notice my identity as a mother and training psychotherapist shifts for a period as I unapologetically attend to my needs. I then feel guilty for my wish to escape and recognise myself as a person separate from these identities. While at the gym, I found myself in a thought train about self-care. I realised I had only really begun to go to the gym and prioritise myself and bringing awareness to myself and my experience in the last year of my studies and since beginning this dissertation. Since beginning the course, I have struggled to find time for myself. I realised that I have had difficulty with this across the course. In our training we talk about self-care and well-being, but what does that mean for a mother? We care-take in our work, in our classes, and at home. Caretakers are drawn to train as therapists. The explicit message has been to prioritise self-care due to the risk of burnout. The implicit message is hold yourself in service of the other. There is little support for the self and caring for the therapeutic tool that is the psychotherapist.

Practice with Clients

With clients I experience a natural organic capacity to digest and transform what the client brings. I can organically move into and get a sense of what the client is trying to work through. As I moved into the training, I was still in the motherhood constellation (Stern, 1995).

There is a capacity to see past the age, stage, and presentation of the client and into the inner experience of the child inside, the attachment needs; a capacity to hold a client with unconditional positive regard (Rogers, 1957). My experience as a mother of having my body ravaged has been allowing my baby to vomit all over me and seeing the baby and its needs, that no baby is born harmful. I allow my clients to vomit all over me while I hold them in positive regard, holding space for their experience. Our clients feel us, they feel our care, our gaze, and our attitude towards them; it is my experience that I am drawn to and draw in clients with complex attachment histories. I hold space for them and hold them in mind. There are similarities in mother child attachment, but it is not the same as therapist client attachments.

While I can feel for my clients in regressed states, I know, in reality, they are adults. The maternal pull is a gift in that I can sit with a client that draws out the most negative impulses in me and not allow myself to be pulled into enactment of rejection or repelling. My capacity to sit with the vomiting baby allows me to sit with the repulsive enactments of my clients.

Bion (1962) believed that the mother's developed ability for alpha function was what calmed the child. I hold an awareness that this is not the experience of all mothers or all psychotherapists. I was fortunate to be transitioning through motherhood and psychotherapy training with family support, psychotherapy support, and support to have a safe and secure attachment with both my own mother and my child. I was able to use both experiences in a way that complemented and intersected with each other to improve my therapeutic capacity and my mothering experience. I work as a crisis support worker for survivors of sexual harm, I am part of a specialist team that attends child and adolescent cases. I contribute in my work to the reduction of childhood sexual harm. As we move towards a more aware society and protect the vulnerable, we make a ripple effect of change that may protect those close to us. The themes of stuck-ness, powerlessness, and protective maternal instinct were present throughout this research. This belief unconsciously drove me to use that protective instinct to psychically impact the field.

Before I moved out of the primary maternal preoccupation phase (Winnicott, 1971) and away from the motherhood constellation (Stern, 1995), I moved into a training programme where I continued to develop this ability. I submitted myself to an essential process of extending the degree to which one can find flexibility in oneself rather than rigidity to be present with the client's subjective experience. An inevitability of emotional pain as traumatic histories arise in the process as a result. As mothers, how do we manage this process and still be present with our clients and our children? When a mother becomes pregnant, she submits herself to an evolutionary process, something she surrenders to if she chooses, similar to the surrender required in this process of doing a heuristic study (Sela-smith, 2002). It is a gendered process as it is exclusive to those with a womb. As she opens and engages with her capacity and unique abilities as a good enough mother, she becomes empowered to care for and adapt to the child. As the child grows, the mother moves out of symbiotic experience and allows the child to separate and individuate. There is something that must be denied in mothering. The terror of a child's existence and death; the forced confrontation of existentialism that occurs when a baby is born and the unfathomable pressure to protect this child.

When I began psychotherapy training, I was still in the motherhood constellation as I shifted focus to the transformational process of becoming a psychotherapist which also required surrender. In psychotherapy the terror is very present. As I wrote this dissertation, I felt a resistance and denial to write what I truly felt. Motherhood is often portrayed as warm and loving and caring and gentle. I feel a perception that I should be these things and deny my irritation, frustration, exhaustion. The social pressure is coming from inside and outside; messages that I received throughout my life explicitly suggesting mothers are all doing it wrong and implicitly suggesting there is a right way to do it. Motherhood is both the experience of care and thought and frustration when the child does not want the vegetables and the feeling of 'please don't throw your plate'. It is both the understanding and thoughtfulness about that experience; however, it is also the feeling of resistance and frustration 'please don't throw your plate' and the feelings of exhaustion and frustration. Psychotherapy training has been a challenge to acknowledge and not deny all my feeling states. To acknowledge and feel angry, feel frustrated, to disagree, to want my child not to throw his plate. A process of learning not to deny that the feeling state exists but to use it to deepen experience.

Chapter 4: The Birth of a Creative Synthesis

There are countless shelves of books on how to and how not to parent, often depicting diverse types of parenting. Similarly, there are many modalities of psychotherapy. This stage of coming to know what this dissertation is really about feels like the stage of birthing. My birth as a 'baby psychotherapist' is imminent as I come to the end of my training. I wonder if it will be a natural birth or a C-section; if it is going to be forcibly cut out of me in a perfectly clean slice of the scalpel or occur naturally by my own volition.

The significance of this research is to be mindful of the potential impacts of psychotherapy training on motherhood and of motherhood on psychotherapy training. It has involved recognising that the experience of psychotherapy training can impact the way a mother experiences her relationship with herself and her child as she moves through identity shifts, expanding knowledge of the human experience and relational experiences and meaning making processes. It also means recognising the potential benefits and limitations of being a mother while undertaking psychotherapy studies.

Research Limitations

There is a limitation in that the reviewed literature comes from a particularly western understanding and as the researcher, I am of European descent. My COVID-19 experience highlighted the social expectations and difficulties for a mother engaging in psychotherapy training. The themes are relevant to the topic; however, it is a different and more extreme and unprecedented circumstance that may not be practically applicable to all.

Due to time and word limit constraints, imposed by the university for a dissertation, there were limits to the fuller exploration of 'tacit knowing' and a fullness of exploration (Tudor, 2022). Traditionally, heuristic research can be spread over multiple years as the researcher moves through the phases. In this research project it has been essential to schedule specific time each week in order to meet the university requirements. There were also benefits of the time limit whereby there was a pressure to recognise my resistance (Sela-Smith, 2002) and avoidance early on. I then utilised the elicitation of these as themes in the research which supported my capacity not to be unconsciously pulled in by these avoidances and resistances and potentially miss the deadline and fail the requirements.

There is a limitation in the ethical dilemma of self-disclosure as this research paper will be published and available for access by potential clients and others. I found throughout the

research a difficulty to truly, authentically engage with my experience while I held the knowledge that it would become public knowledge. It was essential to consider the privacy of my son and limit the degree to which anything implicating or relating to him was explored.

Critical Commentary on the Research Process and Outcomes

My critique of this heuristic self-search inquiry involved observing the challenge of completing the heuristic phases authentically against resistance and the challenge of a time-limited heuristic study. The research process felt frustrating at times as I attempted to lean into the heuristic phases. As it was very personal and involved honest and open self-perception and reflection, it was challenging to do in an ethical way when considering that future clients and others may read this work. Considering that self-disclosure is highly critiqued, it has been said that self-disclosure must be well thought out and for it to be ethical it must be useful for the client. The potential of self-disclosure and that this will be published for public access has felt challenging.

In the process of writing about my own experience, I have discovered a resistance to analysing my motherhood experience, a fear of isolation, separation, or shame from the university programme if I were to acknowledge the challenge of training in psychotherapy as a mother. Considering Stern's (1995) motherhood constellation, to attend to the support matrix theme, I have relied on external support and hidden the challenges of motherhood, not recognising the value of my capacity as a mother to the training experience.

This research sought to explore the relationship between motherhood and psychotherapy practice, and potential impacts of theoretical knowledge gained in psychotherapy training on the mother's experience of attachment and parenting. Specifically, the impact of the mother's experience of attachment and parenting on the psychotherapy training practice, as well as the impacts and interwoven experiences of psychotherapy training and motherhood on the trainee/mother's identity. This self-exploration of the experience of undertaking psychotherapy training as a mother has offered insight into the impacts of psychotherapy training and motherhood on a trainee's identity and how the two phenomena interact with one another.

My experience of the psychotherapy training programme confirms existing societal themes and difficulties referenced in the literature review. The findings hold implications for research programmes and future students and involve addressing the shame associated with

being a woman and choices around child rearing. The ability for a mother to access her shame but not be overcome by it, to allow herself to engage with feelings and fantasies of the 'bad mother' is necessary to develop a deeper understanding of herself and ability to attune authentically with clients. The mother's ability to engage fully with a psychotherapy programme can be inhibited or impacted by societal beliefs that a mother cannot manage a career and be adequate or good enough child rearing. This research has highlighted the importance of personal psychotherapy while training to be a psychotherapist due to the transformational and identity shifting nature of the training.

Implications and Recommendations for Psychotherapy Training Programmes

In critically evaluating the impacts of this research for the discipline of psychotherapy, the inquiry offers some insight into the potential emotional and psychological experience and process of becoming a psychotherapist as a mother. Whilst specific to the experience of a mother undertaking psychotherapy training, the transformative and identity shifting themes may be relevant to all. As such the findings may have implications for how psychotherapy training is adapted to better support the specific difficulties and challenges that mothers face while engaging in psychotherapy training. Given the existing research on Stern's (1995) concept of the motherhood constellation, and the experiences laid out throughout this dissertation of mothers training in psychotherapy studies, it is recommended that psychotherapy training programmes consider improving and extending flexibility and accessibility for mothers engaging in psychotherapy programmes. For instance, offering class attendance online or adjusting class timings to accommodate school and preschool hours.

There is potential for the current research to pave a path for further qualitative studies. The research may be supportive to mothers entering psychotherapy training and offer insight that advocates for the specific challenges they face. It may also normalise, validate, and rationalise their experiences. In the future, I intend to publish another article in support of mothers training to be psychotherapists. If this new knowledge is ignored there will be a missed opportunity to utilise the tacit knowing and maternal capacity of 'good enough' mothers in psychotherapy training. Something is denied in not recognising and embracing the value. It is important to consider the complexity of a psychotherapy student who is a mother, their own attachment experiences, and potential implications for their training and practice as a psychotherapist.

Further consideration could be given to how potential psychotherapy students who are mothers could prepare for or consider what they will need to support them throughout the process of becoming psychotherapists. Psychotherapy training programmes may need to be adapted to better support the specific difficulties and challenges that mothers face while engaging in studying. Personal psychotherapy has recently been removed as a compulsory element of the graduate diploma in psychotherapy studies at AUT, which removes a possible aspect of support for all students on course. This dissertation has highlighted the essential nature of a trainee's own psychotherapy during training.

Throughout the process of writing this dissertation, engaging with the phases was an essential element that I brought attention to and reflected on my experience of psychotherapy training as a mother. I discovered my reflection on my own experience became the thing itself. A woman's identity is significantly shaped by her role as a mother, influencing her relationships, self-perception, and societal interactions. This means that to spend an extended period reflecting on and teasing apart this experience is both deeply meaningful and extremely rare. When others heard my dissertation topic, they said, 'this is going to be so great' and 'what a wonderful thing to write about'; 'man it's going to make such a difference'; 'oh that's going to be amazing'. I felt an overwhelming expectation that parallels the experience of becoming a parent. Society denies the terror and congratulates, telling people how wonderful it is going to be and denying the awful parts. I feel great pressure to say something about the phenomenon of being a mother and training in psychotherapy and to do some groundbreaking dissertation that would change the way we think about mother's training in psychotherapy. The illumination is in recognising that the moment a mother can feel her full experience and no longer deny or alter it in favour of the baby's survival, but in a way that she can fully experience the baby's life and her own and the co-created relationship—to know this moment is the gift of psychotherapy. As I near the end of my training and my rebirth as a psychotherapist, I prepare myself for the new life that will begin and who I will be as I open to the full experience as a mother and as a psychotherapist.

I wrote a list of words that related to my experiences of psychotherapy training and then formed a poem which seemed to encapsulate the experience.

Who am I now?
Existential dread
Desperate tears,

Wailing breast,
Adoration
and terror,
Attend,
Contain
Breathe
Who am I now?

- Alana Humphris

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