

The psychological birth of a psychotherapist:
What are the parallels, if any, between becoming a mother and
becoming a psychotherapist?

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A dissertation submitted to
Auckland University of Technology
in partial fulfilment of the requirements for the degree of
Master of Health Science in Psychotherapy

2010

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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 when explicitly defined in the acknowledgments), 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.”

Signed:_____ Date:_____

Acknowledgements

There are a number of people who have influenced my journey in researching and writing this study. First, I would like to thank my supervisor, Carol Shinkfield, for her guidance, ongoing support, and encouragement in helping me maintain focus. Carol's expertise and example has significantly influenced my understanding and insight into becoming a psychotherapist. Thanks are extended also to the many tutors, supervisors, colleagues and peers who have supported me and guided my journey toward becoming a psychotherapist.

I would like to thank the many mothers who have influenced my development of becoming a mother: My birth mother, my adopted mother who raised and nurtured me, and the many other mothers who I have observed throughout my life.

Thank you to the mother and infant I observed as part of the mother-infant paper in the child psychotherapy programme. The two-year observations facilitated wonderings on the process of becoming a mother.

Finally, I would like to thank my personal therapist and family for the emotional support they have offered me during the process of researching and writing this study. Many thanks, to my loving husband, David, for supporting me through the process of this dissertation; and, for walking beside me in our journey of becoming and being parents to our children. Thank you to my children, Michael, Emma, James, Sarah, Harrison and Laura for your understanding and patience in my unavailability, at times, and for making the many meals over this period. Thank you for allowing me to be your mother and for the evolving relationship we share which has contributed to my mother identity.

Abstract

This study explores both the psychological process of becoming a mother and the psychological process of becoming a psychotherapist, and considers any parallels that may exist between the two processes. A modified systematic literature review was employed due to the appropriateness of qualitative research for the study. Findings revealed that becoming a mother and becoming a psychotherapist are both continuous, life-long developmental processes that occur for the mother, primarily within her evolving relationship with her child, and for the psychotherapist, primarily in his/her journey of self-awareness and relationship with clients. Identification, which is considered a key aspect in the acquisition of gaining an identity for the respective roles, is not always acquired immediately after the birth of a child for a mother, or after graduation for a psychotherapist, but may occur several years after these events. The study is relevant to psychotherapists and other professionals working with children, families and parent-child dyads, in understanding the mother's psychological experience in mothering her child and how this may be played out. Additionally, the study is relevant to the new mother who may question or doubt her developing identity.

Chapter 1 – Introduction

Background to research topic choice

The aim of this research is to identify whether there are parallels between becoming a mother and becoming a psychotherapist. My interest in this topic has been primarily influenced by four sources.

The first recognised influence developed during the course of my study to become a child psychotherapist. As part of the mother infant observation paper¹, which is integral to child psychotherapy learning, I observed the developing identification of a mother; while at the same time, I was developing my own identification as a child psychotherapist. It appeared that there may be some similarities in these experiences. Over the course of my observations, I wondered if a mother's identity was immediate, or whether it occurred over a period of time, as a mother nurtures and cares for her infant. Stern described a woman's identification as a mother occurring "when the woman realizes that she knows herself to be a mother in her own eyes" (Stern & Bruschweiler-Stern, 1998, p. 17). Reflecting on this, and my own process of becoming a psychotherapist, I wondered if there was a parallel between the two processes. As a child psychotherapy student I have found my identification as a child psychotherapist was not immediately acquired, but has occurred over the years of study, incorporating integration of knowledge and development of clinical skills.

¹ In the mother infant study a student directly observes and experiences infant development within the context of a care giving relationship. The observations of an infant and primary caregiver are for one hour every fortnight over two academic years.

The second recognised source of influence developed from studying developmental and objects relations theories within the child psychotherapy programme. Some of the ideas and concepts regarding mothering, as suggested by object relations theorists, are also clinical terms used by child psychotherapists working therapeutically with children. For example, Winnicott (1994) suggested that the concept of 'holding' is a function of a 'good enough mother,' which he explained is an ordinary mother keeping her child as a whole person in mind (Davis & Wallbridge, 1991). Bion suggested that 'containment' is a phenomenon that occurs when a baby feels sufficiently 'held psychically and emotionally' by his or her mother (Waddell, 1998). Recognising that 'holding' and 'containment' are also clinical terms and skills referred to, and used by, psychotherapists in relation to the psychotherapeutic process (Casement, 1985), contributed to my wonderings regarding the possible parallels between the process of becoming a mother and of becoming a psychotherapist.

The third source of recognised influence is my personal experience of being a mother, while at the same time as studying to become a child psychotherapist. I found my child psychotherapy knowledge enhanced and enriched my role as a mother. Along with the gained understanding of the importance of a mother providing a 'holding' and 'containing' environment for her child, I have also learned the importance of 'maternal attunement'; defined by Stern (1985) as the shared affect experienced by the mother and her baby as the mother responds to and imitates her baby's affect. Self psychology has highlighted for me the importance of a child gaining a healthy sense of self, developed through feeling loved, in control, and self worthy (Miller, 1996). In studying attachment theory I have come to understand the need for a parent to act as a secure base, to whom the child can turn in times of distress, before returning to an autonomous exploration of

the environment (Holmes, 1993). I also began to recognise the importance of the separation and individuation process for my children, especially during the first three years of life (Mahler, Pine & Bergman, 1975) and later during their teenage years as suggested by Blos (1979).

The fourth area of recognised influence has developed through the course of personal therapy which I undertook during my study. Through personal therapy I have come to understand my internal mother influences which have affected my role as a mother, along with my role as a child psychotherapist. Stern (1995) explained that in the process of becoming a mother, a mother enters into a ‘motherhood constellation’ which determines “a new set of action tendencies, sensibilities, fantasies, fears, and wishes” (p.171). According to Stern the motherhood constellation concerns “three different but related preoccupations and discourses which are carried out internally and externally” (p.172). One such discourse involves the mother’s discourse with her own mother. Through the process of personal therapy I have explored and become aware of my own internal discourse with my mother and how this relates to me as a mother, and at times as a child psychotherapist within my relationship with a client. Once again I was left wondering about the possible similarities in the process of becoming a mother and becoming a psychotherapist.

Initial literature review

In my initial search of the literature I was unable to source any material that focused primarily on the research question being addressed in this study. The literature, I have viewed, has centred on the process of becoming a psychotherapist or on a woman becoming a mother; but not the parallels between the two processes.

Some of the literature discusses similarities between a mother and a psychotherapist; however, this is usually in relation to the functions of a mother or a psychotherapist, rather than the comparison of the process of becoming a mother and the process of becoming a psychotherapist. For example, John (2009) explained that a psychotherapist needs to be in an emotionally alive relationship with his or her client in order to function psychologically on behalf of that client. He equated this experience to a mother, “who can only function as a mother in relation to her baby” (p. 85).

In considering the similarities between a mother and a psychotherapist, Winnicott (1994) posited a mother learns how to meet the needs of her infant according to her understanding of her infant’s signals, such as crying. He compared this to a psychotherapist who gathers and responds to the client’s cues in providing an interpretation for the client. Expanding this idea, Casement (1985) proposed that, similar to a mother, a psychotherapist needs the client’s cues in order to better understand the client. Winnicott (1994) further maintained that a mother feeding her baby can be an interpretation to her baby’s cry, which he likens to a psychotherapist’s verbal interpretations as a ‘feed’ in language for the client (Phillips, 1988).

Casement (1985) further explained that a mother draws upon maternal intuition as she senses the specific meaning of a particular cry by her infant. He associated this to the psychotherapist listening within him or herself and drawing upon his or her own experience of distress in order to understand the “unspoken cries” of the client (p. 73). Furthermore Casement postulated that a client needs the psychotherapist, like a baby needs the mother, “to be more able to manage being in touch” (p. 82) with their feelings than the client (or baby in the case of a mother) has been.

Although the literature provides insight into the similarities between a psychotherapist and a mother, this is in relation to the function of each role, rather than a comparison of the two processes. With these similarities in mind, this study will focus on researching and identifying any parallels between the process of becoming a mother and of becoming a psychotherapist.

Clarifications

In relation to the question and aim of this research, it is the psychological and emotional development of a mother and a psychotherapist that is the focus of this dissertation. Where appropriate literature is available, the dissertation question will be primarily researched and discussed from a psychodynamic perspective.

During the literature search some of the literature discussed the process of becoming a mother in relation to the 'role' of 'being a mother'. Literature has been selected within this research which primarily focuses on the process of becoming a mother or becoming a psychotherapist, rather than the role or tasks of being a mother or a psychotherapist.

In reviewing the literature, there was little written from the perspective of a child psychotherapist; hence the literature reviewed within this dissertation is primarily in relation to psychotherapists in general. However, where appropriate, the dissertation will be written from the perspective of a child psychotherapist, given that the author is a student child psychotherapist in the final year of a Masters degree in child psychotherapy.

Dissertation outline

This dissertation is divided into six chapters. The present chapter has discussed the reasons for choosing this topic, the initial literature search and clarifications. The following

chapter discusses the research methodology. Due to the lack of literature addressing the research question, chapters three and four discuss the literature in relation to becoming a mother and in relation to becoming a psychotherapist respectively. In chapter five the findings are synthesised, and parallels and differences in relation to the research question will be identified and discussed. The final chapter summarises the findings from this study, and discusses the limitations and potential future research. Personal reflections and thoughts about the relevance of this study are also considered.

Chapter 2 – Methodology

Introduction

This dissertation asks the research question: what are the parallels, if any, between becoming a mother and becoming a psychotherapist? In this chapter, concepts of qualitative research, evidence based practice and systematic literature reviews will be discussed, and where appropriate, related to the aim and purpose of this study. The reasons for modifying the standard systematic literature review will be explored and the systematic review process explained.

Qualitative research

According to Giacomini and Cook (2000) qualitative research is a process in which data is summarised and interpreted to gain theoretical insights that describe and explain social phenomena such as people's experiences and roles. Leininger (1985) suggested the goal of qualitative research is to document and interpret, as fully as possible, the totality of whatever is being studied in particular contexts from the people's viewpoint, or frame of reference, "in order to understand people's internal and external worlds" (p. 5). People's subjective and objective life experiences are described by Leininger as the sources of qualitative knowledge which "help reveal the totality of reality, patterns of living and experiencing" (p. 6).

The purpose of this study is to investigate whether there are any parallels between the psychological development of a mother and the psychological development of a psychotherapist. The focus of this study is from the perspective and view point of the mother, and of the psychotherapist, regarding their developing roles as a mother and

psychotherapist respectively. This is a function of qualitative research, to describe and explain roles from people's frame of reference (Leininger, 1985).

Evidence based practice

The roots of evidence-based practice began within the emergence of evidence-based medicine (Hamer, 2005; Rosenthal, 2004; Trinder, 2000). The original intention of evidence-based medicine was to redefine the practice of medicine so that information could be used more readily from unbiased recorded information, resulting in patient benefits from the research (Hamer, 2005). The principles of evidence-based medicine have been extended to other non-medical groups of practitioners as a model for improving professional practice (Hamer, 2005). Evidence-based practice is an amalgamation of science and professional practice and is defined as “finding, appraising and applying scientific evidence to the treatment and management of health care” (Hamer, 2005, p. 6). It is a process that attempts to integrate the best research evidence with clinical expertise and client values and circumstances (Straus, Richardson, Glasziou & Haynes, 2005). The main goal is to eliminate ineffective, inappropriate, overly expensive and potentially dangerous practices by supporting practitioners in their decision making process (Hamer, 2005).

Within evidence-based practice, there is a hierarchy of evidence with systematic reviews at the top followed by randomized controlled trials (RCTs); which within this framework, are considered to be the “gold standard” providing the most reliable evidence (Humphris, 2005; Milton, 2002). RCTs are believed to be the best way of evaluating an intervention, the comparison between interventions, and the examination of possible cause-effect relationships between variables (Humphris, 2005). This belief results in health care

professionals relying upon quantitative data, more so than qualitative research, to justify the best practices to implement.

Milton (2002) acknowledged that RCTs “enlighten psychotherapy with respect to epidemiology and a degree of response to ‘treatment’” (p. 163); however he questioned the predominance that this approach should have within psychotherapy, as he suggested it cannot account for the personal and unique psychotherapeutic journeys experienced by individuals and “the evolving and ongoing co-construction of meaning” (p. 162). Fonagy (1982) pointed out that a gap can occur between clinical practice and academic research and suggested that in order to achieve a more comprehensive evidence-based practice we need to look beyond quantitative appraisal and include practice-based evidence (Fonagy, Roth & Higgitt, 2005).

In relation to this study, qualitative research more aptly fits the question, where the focus is on describing and explaining roles from the developing mother and developing psychotherapist’s frame of reference (Leininger, 1985).

Systematic literature review and modified qualitative systematic review

Systematic reviews have been defined as a process of locating, appraising and synthesizing “evidence from scientific studies in order to provide informative, empirical answers to scientific research questions” (Dickson, 2005, p. 44). The primary purpose “is to obtain an unbiased and complete collection of data around a certain area of interest” (Lemmer, Grellier & Steven, 1999). Systematic reviews are considered to provide evidence with a higher degree of validity and reliability and, therefore, greater generalisation than traditional narrative-based literature reviews (McDermott & Graham, 2005); and although they do not provide all the required information necessary to make

clinical decisions; they are an excellent point to start in the search for evidence (Dickson, 2005).

The advantages of systematic reviews are that they produce more reliable evidence for decision-making, rather than relying on individual studies (Evans, 2007). A systematic review summarises large amounts of research for the practitioner and decision makers, contributing to answering questions about what does and does not work, and identifies where there is little or no relevant research (Pettigrew & Roberts, 2006). Another advantage of this method is in establishing whether research findings are consistent and generalisable across populations, treatment variations and settings (Glasziou, Irwig, Bain & Colditz, 2001; Mulrow & Cook, 1998).

Systematic reviews were first applied to reviews of quantitative data, particularly RCTs (McDermott & Graham, 2005; Webb & Roe, 2007), and are now applied to both qualitative and quantitative research where there is a growing interest in integrating and synthesizing research findings (Evans, 2007). Qualitative research within systematic reviews is the summarized results from primary studies, rather than statistically combined data characteristics of quantitative research (Cook, Mulrow & Haynes, 1998).

Geddes (2000) suggested that “the goal of evidence-based practice is to identify the study design best suited to providing the least biased answer possible to a question” (p. 83). Within this study, qualitative research is more aptly suited to the research question which is focused on the perspective and internal world of the mother, and of the psychotherapist, regarding their respective developing roles. Qualitative research offers descriptions of experiences (Evans, 2007), and explains roles from people’s perspectives (Leininger, 1985) which is relevant to this study. Hence the systematic review used within this study is a modified qualitative systematic review, where qualitative data is extracted and synthesized.

Systematic review process

This study follows the six key components of the systematic review process described by Dickson (2005). First, the research question is defined: namely, what are the parallels, if any, between becoming a mother and becoming a psychotherapist? The main focus of this systematic search of the literature has been around material related to the psychological and emotional development of a mother and of a psychotherapist. Where relevant literature is available, the dissertation question has primarily been researched from a psychodynamic perspective as this provides a more comprehensive view of the emotional and psychological processes within people.

Second, a comprehensive search of the literature was undertaken. This involved a rigorous search of the databases: PsychInfo, Proquest Dissertation and Theses, Psychoanalytic Electronic Publishing (PEP), Psych books, Eric, Expanded Academic ASAP, Googlescholar, Psychology & Behavioural Sciences and Academic Search Premier (EBSCO). These databases were searched until the relevant articles began to be repeated. A summary of findings are detailed in Table 1 on page 12. A detailed list of search words used is located in Appendix A.

In addition to the databases, the Auckland University of Technology (AUT) library catalogue, relevant journals and reference lists were also searched. Within the AUT library catalogue, 12 books were identified as relevant. A hand search of the journals, *Infant Observation* and *Zero to Three*, resulted in 10 relevant articles from *Infant Observation* and none from the journal *Zero to Three*.

Table 1: Summary of database, journal and website search

| Search Strategy | Number of relevant publications located |
|--|--|
| Database | |
| PsychInfo | 26 |
| Proquest Dissertation and Theses | 20 |
| Psychoanalytic Electronic Publishing (PEP) | 42 |
| Psych books | 0 |
| Eric | 0 |
| Expanded Academic ASAP | 11 |
| Googlescholar | 23 |
| Psychology & Behavioural Sciences (EBSCO) | 11 |
| Academic search premier (EBSCO) | 1 |
| Journals | |
| Infant Observation | 10 |
| Zero to Three | 0 |

The third step in the systematic review involved selecting studies on inclusion and exclusion criteria. Inclusion criteria included literature with a focus on the psychological and emotional development of a mother and of a psychotherapist, including literature considering this topic from a psychodynamic perspective. Literature excluded studies discussing ‘becoming a mother’ from the physical and functional elements of this role, or in respect to a woman giving birth as ‘becoming a mother,’ as these focused more on the function and role of ‘being a mother’ rather than the psychological and emotional process of becoming a mother. Along with this, studies related to working mothers, mothers of

children with disabilities, adolescent mothers, incarcerated mothers, IVF mothers, lesbian mothers and mothers with preterm babies were also excluded, as they went beyond the parameters of this study.

Within the topic of becoming a psychotherapist, studies related to counsellors, occupational therapists and group therapists were excluded as it was deemed that the vast amounts of literature related to these disciplines would extend this study beyond manageable limits. Additionally, studies related to becoming a psychoanalyst were excluded. Extensive amounts of information was found when the search words ‘becoming a psychoanalyst,’ was entered into databases. In reviewing the literature, common themes were found between literature on ‘becoming a psychoanalyst’ and ‘becoming a psychotherapist’. Thus due to the limited scope of this study, and the similarity in themes, literature related to developing psychoanalysts was excluded.

Additionally, publications not in English were excluded. It is therefore acknowledged that most of the information accessed is written from a Western perspective.

The fourth component of the systematic review process is the quality approval of included studies. Given the studies located within this modified systematic review for this study are qualitative, tools such as the Critical Appraisal Skills Programme (CASP) and Greenhalgh and Taylor’s (1997) questions for critiquing qualitative research were used to address rigour, credibility and relevance.

Extraction and synthesis of data are the fifth and sixth key components of the systematic review process. Within the literature researched, information was extracted according to the relevance to the research aim. Hence, in this study, the literature gathered has been divided into information on becoming a mother and information on becoming a psychotherapist. Synthesis of this information is presented in chapter three regarding

becoming a mother and chapter four with regards to becoming a psychotherapist. The information from these two chapters is further synthesized within chapter five to address the research question regarding parallels between the two processes.

Conclusion

This chapter has discussed the aim of the current study and the concepts of qualitative research, evidence-based practice and systematic reviews. The reasons for using a modified qualitative systematic review have been discussed and the systematic review process, as relates to this study, has been explained. The following chapter will discuss the process of becoming a mother.

Chapter 3 – Becoming a Mother

Introduction

The aim of this study is to compare the process of becoming a mother with the process of becoming a psychotherapist. In order to make a comparison, it is necessary to first explain the process of becoming a mother. The first part of this chapter provides a historical context, from a psychodynamic psychotherapy perspective, of becoming a mother as explained by developmental and object relation theorists. Following this discussion, the process of becoming a mother will be considered from the information gathered within the literature search.

Daniel Stern

Daniel Stern, a psychiatrist and object relation theorist, and his wife, Nadia Bruschweiler-Stern, describe the psychological process for a woman becoming a mother in their book entitled, *The birth of a mother* (Stern & Bruschweiler-Stern, 1998). Stern recognised that a woman's new identity as a mother may begin during pregnancy; however, he suggested that it may emerge more fully several months after caring for her new born, "when the woman realizes that she knows herself to be a mother in her own eyes" (Stern & Bruschweiler-Stern, p. 17). He explained that as a mother becomes a mother she develops a mindset which is fundamentally different from her previous one. It is a new organisation which moves her pre-existing mental life aside to "fill centre stage of her inner life" (Stern & Bruschweiler-Stern, p. 5). Stern described this mindset as lasting throughout a mother's life; however it recedes "as the practical realities of life demand more of her attention" (Stern & Bruschweiler-Stern, p. 6), and comes forward again when needed, such as when her child is sick or in danger or in trouble.

Stern and Bruschweiler-Stern (1998) maintained there are gains and losses as a woman becomes a mother. Stern suggested for example, that prior to having a baby, a woman's identity as a daughter is near to the centre of her identity. However after the birth of her baby, her identity shifts to primarily that of being a mother. Thus, there is a loss of central identity as a daughter and a gain in primarily identifying herself as a mother.

According to Stern and Bruschweiler-Stern (1998) becoming a mother is a three part process. The first part begins during the nine months of pregnancy, where a woman prepares her mind for her new identity as a mother. Part two occurs during the months after the baby's birth where the mother is engaged in nurturing, feeding and caring for the baby. The third part develops as the mother integrates her new identity into the rest of her life. Stern explained that the "psychological birth of a mother takes longer and has many more phases than just labour and delivery" (Stern & Bruschweiler-Stern, p. 46).

Stern (1995) maintained that with the birth of a baby, the mother passes into what he defined as the motherhood constellation, which determines "a new set of action tendencies, sensibilities, fantasies, fears, and wishes" (p. 171). The motherhood constellation concerns three discourses and four themes. The three discourses consist of: the mother's discourse with her own mother, particularly her own mother-as-mother-to-her-as-a-child; her discourse with herself as a mother; and her discourse with her baby. In relation to the four themes of the motherhood constellation, three of the themes are around the mother's physical and emotional care of the baby, along with the social support she needs to fulfil this. The fourth theme involves the transformation and reorganisation of the mother's new self-identity as a mother. Stern explained that the mother will revive her identifications with her own mother and other maternal/paternal figures as needed models during this identification process.

Stern has made an important contribution to psychoanalytic theory in understanding the psychological development of a mother (Hoffman, 2004). However, Balsam (2000) has questioned Stern's (1995) description of the motherhood constellation as being a "new" and "unique" state of being for a woman (p. 172), where her mindset is fundamentally different from her previous one and she "enters into a world of experience not known to non-mothers" (Stern & Bruschweiler-Stern, 1998, p. 5). Balsam (2000) has pointed out that older sisters sometimes care for younger siblings, and that these 'mothering experiences' may not be 'new' as a woman becomes a mother. Winnicott (1964, 1994) also considered that a woman draws upon her own experience of being a baby, and her childhood experiences of caring for younger siblings as she becomes a mother, which will now be discussed.

Donald Winnicott

Donald Winnicott (1994), a paediatrician and an object relations psychoanalyst, referred to primary maternal preoccupation when describing the psychological changes that occur for expectant mothers. Maternal preoccupation is a mother's preoccupation regarding the care of her baby which she experiences in the weeks prior to, and after, the birth of her baby. Winnicott explained that a mother identifies with her baby during this period and gains a powerful sense of what he/she needs and what her baby is feeling like. Winnicott suggested a mother intuitively uses her own experiences, as a baby, as she empathically puts herself in her baby's place. Thus she comes to know the needs and capabilities of her infant as she knows her own (Monte & Sollod, 2003). This capacity of a mother to identify with her baby allows her to fulfil, in Winnicott's terms, the function of 'holding' her baby both physically and psychologically. Holding involves "keeping her

baby safe from unpredictable and traumatic events that interrupt going-on-being” (Davis & Wallbridge, 1991, p. 35), and empathically caring for her baby’s physiological needs. According to Balsam (2000) primary maternal preoccupation as defined by Winnicott has not been surpassed.

In relation to becoming a mother, Winnicott (1987) contended that the main things a mother does cannot be found in words or books, but comes from a deeper level of her mind. Winnicott (1964, 1987) further suggested that a girl begins to learn to become a mother as a young child through her doll play of mothers and fathers, as she has watched parents with babies, and as she cared for younger siblings. From Winnicott’s perspective, a mother draws upon her own experience as a baby, her childhood observations, her play of being a mother, and her care of others, as she becomes a mother. Similarly, these thoughts have been echoed by Erikson (1980) who proposed that becoming a mother begins in early childhood. Erikson’s thoughts will now be added to this discussion.

Erik Erikson

Erik Erikson (1980), a child psychoanalyst and developmental theorist, known for his work related to the development of identity over the life span, introduced the concept of girls having ‘inner space’ reflected in their play in comparison to boys. Erikson later reiterated that the creation of ‘inner space’ within a woman, influenced her wish for a child and her psychological preparation for motherhood (Lester, 1986), where “anatomy is destiny” (Torsti, 1998, p. 54).

In relation to the initial disorganisation a new mother may feel, Erikson suggested that this leads to identity reorganisation where “crisis in identity” presents a turning point in a person’s life (Blackburn, 2006). Erikson proposed that identity plays a role in the

development of personality during adult years, particularly within parental and professional roles (Moss, 1985).

Within the seventh phase of Erikson's (1994) psychosocial identity developmental theory, it is suggested that an adult encounters either acquiring a sense of generativity or a sense of stagnation. Erikson explained that generativity "encompasses procreativity, productivity and creativity" (p. 67), and involves the ability to extend and give oneself to the future, by caring for the next generation so that they can also find hope, wisdom and virtue (Maier, 1988). Relating this to the developing mother, a mother's active involvement in guiding and assisting her children contributes to her sense of identity during her adult years.

Having considered the process of becoming a mother, as explained by three well renowned developmental and object relation theorists, the next section of this chapter discusses the dominant themes in the literature pertaining to the process of becoming a mother.

Themes of literature

Historically, literature related to the maternal experience has been written from the perspective of child development, rather than how a mother unconsciously views herself as a mother (Steinberg, 2005) or from the mother's subjective experience of being a mother (Abram, 2008; Balsam, 2000; Blackburn, 2006; Cudmore, 1997; Dunbar, 2008).

Therefore, the literature referred to within the present study has been written primarily from the mother's psychological perspective of motherhood. The review of literature revealed four themes: identity, motherhood as a developmental process, transformation and resolving mother issues. Each of these themes will now be discussed.

Identity

The birth of a baby turns a woman into a biological mother; however her psychological identity as a mother is a longer process which occurs over time, particularly as she cares for her child (Bailey, 1999; Ethier, 1995; Hocking, 2007; Juhasz, 2003; Mercer, 2004; Oakley, 1986; Stadlen, 2004). Part of this process of gaining an identity as a mother, involves the validation and recognition by others (Ethier, 1995; Juhasz, 2003; McDermott & Graham, 2005), where motherhood is a symbol of adult status (Bailey, 1999; McDermontt & Graham, 2005). A mother's identity involves "a process of negotiation of social roles and expectations with personal beliefs" (Johnston & Swanson, 2007, p. 448). Identity theorists suggest that people have multiple identities according to the role they occupy within society and that these identities are hierarchical, (Ellestad & Stets, 1998; Mandigo-Stoba, 1997). For a woman, multiple identities may include, mother, wife, daughter and professional worker.

Writing from a nursing perspective, Mercer (2004) synthesised her own research, along with other research, and concluded that maternal identity developed within a woman as she became a mother and through her commitment and involvement in defining her new self. According to Mercer "maternal identity continues to evolve as the mother acquires new skills to regain her confidence in self as new challenges arise," (p. 226). Mercer's research focused on Rubin's maternal role attainment theory (Rubin, 1984) with the recommendation that the term maternal role attainment be replaced with the term 'becoming a mother'.

Rubin's (1984) theory describes progressive stages of process that begin during pregnancy and continue after the baby's birth, until the mother attains identity. These stages involve a mother gaining information, observing other mothers and expert models,

especially her own mother, replication of observed mothering skills, fantasizing about being a mother and de-differentiation as she shifts from expert mothering models to herself in relation to her child.

Rubin (1984) suggested a mother's maternal identity is established when her image of her child stabilises, and she is able to anticipate the child's behaviour knowing "how, what, when, and why she does something for or with him as his mother, as her child" (p. 50). This description is similar to Winnicott's and Stern's concept of attunement, where the mother intricately attunes and attends to her child's needs, thus enabling her child to experience him or herself as 'master of his or her world', giving her child confidence which enhances a healthy sense of self in her child (Karen, 1994). Rubin's concept of a mother being influenced by her own mother is similar to Stern's description within the motherhood constellation, whereby a mother may revive her identifications with her own mother as a needed model during the mother identification process, and where a mother may hold a discourse internally and externally with her own mother.

Mercer (2004) suggested that maternal identity is characterised by the mother's sense of confidence, harmony, satisfaction in the maternal role and attachment to her infant. In addition, as others accept her performance, the mother feels a congruence of self and motherhood. Mercer found that mothers recognised a maternal identity earlier when their perceptions of their infants were more positive. Ethier's (1995) longitudinal study of pregnant mothers acquisition of identity found planning, information seeking and social acknowledgment, influenced mother identity, with infant temperament to be the strongest predictor of mother identity after childbirth. This in turn influenced the level of confidence and self-rated feelings from mothers about motherhood, along with their rated importance

regarding their mother identity. Women felt better about their abilities as a mother when they had babies with an easier temperament.

Motherhood as a developmental process

Becoming a mother is described by some theorists as a developmental process. For example, Rustin (2002) posited that “becoming a mother is a developmental process which starts with the baby’s experience of being mothered,” (p. 19). Rubin (1984) further defined maternal identity and behaviour as evolving according to the developmental stage, physical condition, sex and behaviour of the child. Similarly Bernstein (2006) suggested becoming a mother is a developmental process which is lifelong and interactive in relation to her developing child. Benedek (1970, cited in Blos, 2003, p. 3) adds the perspective that parenthood is a developmental phase where each parent is linked in the “chain of generations.”

Mendell and Turrini’s (2003) book entitled, *The inner world of mother* provides a psychodynamic perspective of motherhood. Most of the 15 contributing writers, within this book, consider the process of becoming a mother as a developmental phase (Balsam, 2000; Blos, 2003; Diamond & Kotov, 2003; Hollman, 2003; Parens, 2003; Turrini & Mendell, 2003).

Turrini and Mendell (2003), for example, suggest that the “mothering principle” begins around four months of age, during the symbiotic phase as described by Mahler, Pine and Bergman (1975); where an infant experiences pleasurable anticipation prior to his or her mother feeding them. As explained by Buxbaum (1983, cited in Turrini & Mendell, 2003, p. 20) these pleasurable memories remain in the body and are unconsciously revived within a mother as she feeds her own infant. Turrini and Mendell further suggested that

during rapprochement, when a toddler becomes aware of his or her separateness, until the consolidation of individuality around three years of age (Mahler et al., 1975), a young girl, through doll play, will imitate and identify with her mother in an attempt to resolve the threatened loss of the symbiotic unity. As described by Turrini and Mendell the young girl's fear of loss of her mother as she individuates, and her yearning for oneness with her mother, "can be satisfied in part by the internalization and elaboration of motherhood" (p. 33).

Transformation

Motherhood has been described as a profound change from career to motherhood, whereby part of this change is accepting the new identity (Cudmore, 1997; Stadlen, 2004; Woograsingh, 2007). This psychological transformation has been described as beginning in pregnancy (Ethier, 1995; Hocking, 2007; Millward, 2006; Smith, 1999), where a becoming mother's "focus shifts from the public world of work to the intimate world of family" (Smith, 1999, p. 294). Benedek (1970, cited in Trad, 1991, p. 354) considered pregnancy to be a "critical phase" for a woman, "during which psychological adaptations lead to a new level of integration". Urwin (2007) in describing the psychoanalytic mother infant observations of six new mothers found that all the mothers went through a period of 'existential loneliness' as they dealt with internal change and a disruption to their existing life prior to giving birth. After the birth and adjustment of a baby, a mother's attention may eventually return to her own life projects; however there may be a shift in her perception and priorities according to the transformation she may have experienced as she becomes a mother (Smith, 1999). Stern and Bruschweiler-Stern (1998) considered that the

motherhood mindset is predominant as a mother cares for her newborn and will last throughout the mother's life, but will recede as the demands of life increase.

Mercer (2004) found that in becoming a mother, a woman experiences a transformation of self where her 'self' incorporates this new identity as she assumes responsibility for her infant. Maternal identity has been defined as "the sense of self one develops as a mother" (Ladge, 2008, p. 5). Ladge (2008) further defined maternal identity as "the content and meaning a woman ascribes to being a mother expressed through her thoughts, feelings and images about the past, present and future enacting a maternal role" (p. 5). In Bailey's (1999) study, pregnant woman described becoming a mother as "a sense of having entered into, or being on the edge of a 'whole new world' which brought out different facets of their personalities" (p. 347). Motherhood is also viewed by de Marneffe (2006) as providing a means for expressing her interests, desires and individuality.

Brazelton and Cramer (1990) described the early period after the birth as a "major psychological upheaval" (p. 30) where the mother may change her attachments, her image of herself and her previously held positions. Along with this, the mother may hold unconscious fantasies, developed during pregnancy (Blackburn, 2006), which may include wishes for her child that are not yet realised or met within her own life (Brazelton & Cramer, 1990; Kohut & Wolf, 1978).

After the birth of her baby, a mother may experience an "ending to the sense of fusion with the foetus" and mourn for the imaginary baby as she adapts to the characteristics of her new infant (Brazelton & Cramer, 1990, p. 30). This transformative experience may present as a loss as well as a gain. While a mother may find joy in her new baby, she may also mourn the loss of part of her earlier self (Baraister, 2006). Flakowicz

(2007) suggested that a mother may experience “multiple losses in her sense of who she is” as she becomes a mother (p. 296).

Rustin (2002) considered the achievement of a new sense of self after the birth of a first baby, is a major task for mothers. Trad (1991) described this process as a blurring between her “self” and “other” as boundaries are merged between mother and infant. With the eventual awareness of the infant’s separate identity, a transformation occurs that accompanies development (Trad, 1991), and by the end of the separation and individuation process for both mother and infant, “a new and stable aspect of the woman’s personality is formed – the mother” (Bernstein, 2006, p. 328).

Resolving mother issues

As a transformative experience, a new mother may find she is working through psychological conflicts from previous developmental phases (Baraister, 2006; Mendell, 2003; Moulton, 1991; Pluckrose, 2007), which may involve reworking her relationship with her own mother (Balsam, 2000; Diamond & Kotov, 2003; Hart, 1981; Layton, 2007). Freud suggested that pregnancy causes women to confront their own mothers (Holmes, 2000). Pregnancy may also provide an opportunity for mothers to further separate and individuate from their own mothers (Diamond & Kotov, 2003; Thorpe, 2007), especially where becoming a mother may revive past individuation issues (Blos, 1985).

In reviewing psychoanalytically orientated researchers, Raphael-Leff (1997, cited in Thorpe, 2007, p. 320) suggested that during pregnancy mothers may experience conflicts related to maternal identity, along with unresolved conflicts relating to early relationships. For example, Counter (1981), in her study of daughters becoming mothers, found that “a woman’s sense of self is explained by identification with her own mother” (p. 85).

Similarly, Stern (1995) suggested a mother may have internal and external preoccupations with their own mother. Counter further explained that over the course of pregnancy, as a woman reconciled her ambivalence in her identifications with her own mother, her own sense of self as a mother becomes less extreme.

Mothers may also experience reparation and reworking of their relationship with their own mother (Steinberg, 2005). Furthermore, motherhood sometimes provides an opportunity to “heal old wounds left by being inadequately or even traumatically mothered” as they choose not to “pass on the legacy of trauma” as they mother their own children (Abram, 2008, p. 192).

Conclusion

This chapter contained two sections. The first section explored the process of becoming a mother from the perspective of Stern, Winnicott and Erikson. Motherhood is described by these theorists as a psychological transformation where a mother’s perspective and mindset may change as she becomes a mother. The second section considered four themes that emerged from the literature and related to the process of becoming a mother. These four themes are: identity, motherhood as a developmental process, transformation, and resolving mother issues. Within these themes motherhood is described as a life-long developmental process which begins in childhood and develops within the evolving relationship between a mother and her child. It is also described as a transformative experience, whereby a mother may work through earlier developmental conflicts. The following chapter discusses the process of becoming a psychotherapist.

Chapter 4 – Becoming a Psychotherapist

Introduction

In this chapter, becoming a psychotherapist will be discussed. The literature revealed three themes pertaining to the process of becoming a psychotherapist: psychotherapists' personal experiences in becoming a psychotherapist, the development of a psychotherapist, and developing and obtaining a psychotherapist identity. With an understanding of the process of becoming a psychotherapist, comparisons between this process and the process of becoming a mother can be made.

Psychotherapists' personal experiences in becoming a psychotherapist

Dryden and Spurling (1989) interviewed 10 experienced psychotherapists regarding their personal process of becoming a psychotherapist. The questions asked were how, why and when did they become a psychotherapist; and what sustains them as a psychotherapist. The 10 psychotherapists have each written a chapter describing this process, within Dryden and Spurling's (1989) book entitled, *On becoming a psychotherapist*.

In reviewing the descriptions, from the 10 psychotherapists, several themes were found. One of the themes perceived by the psychotherapists is that psychotherapy is not like an ordinary occupation; rather, that it is a privilege to work as a psychotherapist. Psychotherapy is considered less as something chosen and more as a "profession to which one is called" (Dryden and Spurling, 1989, p. 192). Another theme is that the desire to become a psychotherapist was "born out of an insistent drive to understand other people and the world in which we live" (Dryden and Spurling, 1989, p. 193); and to repair what went wrong, or was lacking, within their own lives by attempting to heal others.

Dryden and Spurling (1989) found a persistent theme of having been psychologically wounded or hurt, and that this suffering is considered a source of strength and empathy in understanding others' suffering. For example, some of the 10 psychotherapists identified growing up during World War II as influential in their development as a psychotherapist (Bloomfield, 1989; Heppen, 1989; Rowan, 1989; Strupp, 1989; Thorne, 1989). Two Jewish psychotherapists expressed how they felt a sense of isolation and separation from their previously non Jewish friends after the rise of Nazi power in Germany (Bloomfield, 1989; Strupp, 1989). Similarly, Barnett (2007) interviewed nine psychotherapists and found two common themes related to their development as psychotherapists. These two themes were early childhood loss, rejection or loneliness, and unmet narcissistic needs in early life. Dryden and Spurling explained that the psychotherapists who are psychologically wounded are either not crippled by their wounding or they have healed from it. Farber, Manevich, Metzger and Saypol (2005) pointed out that not everyone who is wounded in childhood becomes a healer and every healer has not necessarily been profoundly wounded.

In relation to the wounding a psychotherapist may experience, Dryden and Spurling (1989) suggested that this experience may create, within the psychotherapist, a sense of isolation or division from others. They explained that the sense of isolation may cause the developing therapist to become an observer of other people and have a "powerful need to understand the nature of relationships" (Dryden & Spurling, 1989, p. 197). They further maintained that this sense of isolation may translate itself as a need to be close to others, and to care for and interpret others. Further, Dryden and Spurling describe this process as cultivating within the psychotherapist an interest and ability to gauge other's feelings, and

to be able to enter their world or to feel empathy towards others. Empathy is considered a necessary personal quality required of a therapist (Symington, 1996).

Another theme identified by Dryden and Spurling (1989) is that becoming a psychotherapist is viewed as a journey towards wholeness, where the various parts of self are integrated. The authors believed that it is the early life experiences of the developing therapist that leads them to a preoccupation with their inner world and with “inner life” struggles (p. 200). In addition, the concept of their sense of self, particularly the importance of seeking and receiving recognition and confirmation from others, emerged as a running theme throughout the psychotherapists’ essays. Dryden and Spurling further suggested that the developing therapist cultivates a form of self-consciousness where they have “an intense curiosity about the self and an awareness of its manifestations and vicissitudes” (p. 203), as well as some apprehension about the self in relation to how powerful, intact, or real it is. They point out the need for therapists to have continued self-reflection and understanding of how they are treated and experienced by others to increase their sensitivity and responsiveness to their client.

Within Dryden and Spurling’s (1989) study, contributors found early childhood experiences and/or a significant person had an impact on their decision to become a psychotherapist (Bloomfield, 1989; Chaplin, 1989; Fransella, 1989; Heppner, 1989; Karp, 1989; Mahoney, 1989; Rowan, 1989; Street, 1989; Strupp, 1989; Throne, 1989). Similar themes have been written about by other psychotherapists in relation to becoming a psychotherapist, where they have identified childhood experiences and/or a significant person as influential in their journey to becoming a psychotherapist (Botwin, 2001; Brown, 2005; Comaz-Diaz, 2005; Ellis, 2005; Farber, et al., 2005; Hoyt, 2005; Kaslow, 2005; Mahrer, 2005; McCullough, 2005; Morgan, 2007; Orlinsky, 2005; Pointon, 2004). Basescu

(2000), in reviewing Reppen's book *Why I became a psychotherapist*, identified childhood experiences, professional and adult life experiences, along with personality factors on choice of profession, contributed to a person's decision to become a psychotherapist.

In a special issue in the 2005 Journal of Clinical Psychology, eight psychotherapists wrote autobiographical essays answering the question, "Why I (really) became a psychotherapist?" Farber et al. (2005) identified 12 themes in reviewing the accounts of these eight psychotherapists. These themes are: experiencing cultural or social marginalisation, enduring painful childhood experiences, developing a high degree of psychological mindedness, serving as a confidant to others, acquiring a mentor who acts as a role model, engaging in personal therapy, a need to help others, a need to understand others, a need for autonomy, a need for safe intimacy, a need for intellectual stimulation and a need for self-growth and healing. They consider the most essential of these to be the development of psychological mindedness, which they believe may be "somewhat inborn but is almost certainly amplified by experiences of cultural or familial or individual distress, as well as by personal therapy" (Farber, et al., 2005, p. 1029). Cozolino (2004) explained early childhood experiences sculpture developing therapists into caretakers, and a re-sculpturing occurs again during later professional education to become a psychotherapist.

The development of a psychotherapist

The main themes gathered within this study in relation to the development of a psychotherapist are: the influence of supervision, the learning a psychotherapist gains from working with clients, psychotherapists' personal experience, and psychotherapists' personal

therapy. This section will begin with a discussion on the models of therapist development, after which the above mentioned themes will be explored.

Models of therapist development

Various models have been proposed regarding the development of a psychotherapist; most of which have focused on the early stages of professional growth (Orlinsky et al., 1999) or on applying psychotherapy supervision to developmental stages of the trainee psychotherapist (Pratt, 1998). One limitation of the latter models is that their focus in relation to psychotherapist development is primarily within the context of the supervisory relationship rather than identifying and understanding the processes and psychological changes involved in becoming a psychotherapist (Holloway, 1987; Pratt, 1998). Holloway (1987) acknowledged the significance and power of supervision, however she pointed out it is only one component of the graduate's professional program.

Skovholt and Ronnestad have undertaken extensive research within the area of psychotherapist development (Toddun, 1996). They have proposed a therapist development model which integrates previous therapist development theories (Hill, Sullivan, Knox & Schlosser, 2007). Their model goes beyond the early stages of professional growth and covers the life span of a therapist (Orlinsky et al., 1999). In 1992 the authors interviewed 100 psychotherapists and counsellors ranging from first year graduate students to psychotherapists with 25 years postdoctoral experience (Skovholt & Ronnestad, 1992). From this qualitative study they found eight stages and 20 themes related to the development of a therapist. More than 10 years later, Ronnestad and Skovholt (2003) re-interviewed 60 of the original 100 informants and refined their "phase

model” to six stages and 14 themes of therapist development. Ronnestad and Skovholt’s (2003) six phases are:

1. The lay helper stage where developing therapists experience helping others prior to formal professional education
2. The beginning student phase
3. The advanced student phase towards the end of their degree
4. The novice professional phase involving the first few years after graduating
5. The experienced professional phase where a therapist has practiced for a number of years
6. The senior professional phase where the therapist is a well-established professional who is regarded by others as a senior

The 14 themes proposed by Ronnestad and Skovholt (2003) are:

1. Professional development involves an increasing higher order integration of the professional self and the personal self
2. The focus of functioning shifts dramatically over time – from internal (conventional mode) to external (and rigid mode while undertaking professional studies) to internal (and flexible mode)
3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience
4. An intense commitment to learn propels the developmental process
5. The cognitive map changes: beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise
6. Professional development is a long, slow, continuous process that can also be erratic

7. Professional development is a life-long process
8. Many beginning practitioners experience much anxiety in their professional work.
Over time anxiety is mastered by most
9. Clients serve as major source of influence and serve as primary teachers
10. Personal life influences professional functioning and development throughout the
professional life span
11. Interpersonal sources of influence propel professional development more than
'impersonal' sources of influence
12. New members of the field view professional elders and graduate training with
strong affective reactions
13. Extensive experience with suffering contributes to heightened recognition,
acceptance and appreciation of human variability
14. For the practitioner there is a realignment from self as hero to client as hero

Rønnestad and Skovholt's (2003) study highlighted the development of a therapist as a continuous, slow, life-long process where the therapist integrates his or her personal and professional self as he or she uses reflection and moves from external resources to his or her own internal expertise. Sources of influence within this development are personal experiences, external expertise, and clients where there is "realignment from self as hero to client as hero" (Rønnestad and Skovholt, 2003, p. 38). Propelling this developmental process is a commitment to learning, along with interpersonal sources of influence.

Rønnestad and Skovholt (2003) have pointed out that one of the limitations of their study is the limited diversity of the participants, along with the participants being selected from one location, namely the University of Minnesota. The literature searched in the

present study found similar themes to Ronnestad and Skovholt's work even though the focus of the present study is on the development of psychotherapists and does not include counsellors and other therapists, as Ronnestad and Skovholt's study does.

Supervision

In the development of a therapist, Balsam and Balsam (1984) believed that supervision is especially important for beginning psychotherapists. Hogan (1964) proposed a model of therapist development where supervision is appropriately applied to the developmental level of the student psychotherapist. This model appears to be a foundation model in the development of other psychotherapy supervisory models (Holloway, 1987).

Within Hogan's (1964) model of therapist development, a beginning therapist moves through four stages of professional development from insecurity-dependency, to dependency-autonomy, to self-confidence, then finally to independence and creativity within their therapeutic work. For each trainee level, Hogan recommends differential supervisory behaviours (Foster, 2002; Heidel, 1998; Reising & Daniels, 1983). His model has been compared to the separation-individuation process defined by Mahler et al. (1975), as from "dependency, dependency-independency conflict, and resulting autonomy", (Driscoll, 1998, p. 44). Kottler (2003) considered the supervisor or mentor is idealized by the beginning therapist, and "continues through stages of worship, subservience, dependent love, work ... mutual respect, and briefly equality before the final loss and return to self direction" (p. 28). Thus the psychotherapist moves from external supervision to internal self direction and creativity.

Learning from clients

In relation to the influence of the client on therapist development, Kottler (2003) suggested that psychotherapists learn from their client, as clients learn from their psychotherapist. Added to this, Casement (1985) proposed that when a psychotherapist follows his or her client's cues, the psychotherapist better understands the client. He explained that when the client plays a part in helping the psychotherapist to help them, the psychotherapist discovers what is needed in the client's therapy. Furthermore, the therapy moves at the client's pace and not the pace of the psychotherapist. Similarly, Cozolino (2004) considered therapy to be a process that a therapist does with a client, rather than something a therapist does to a client. Along with this, John (2009) has observed a greater confidence and strength from student psychotherapists as they begin and continue to work with clients.

Psychotherapist's personal experience

Zeddies (1999) believed that the personal experiences of psychotherapy students influence the kind of therapist they will be. He explained that students' theoretical viewpoints and personal biases may affect their perceptions of their clients and their belief about what their client needs to heal and grow. Kottler (2003) suggested the therapist's personal experiences, such as conversations, readings, learning, travel and "intimate dealings with life's joys and sorrows, provide the foundation for everything" (p. 43) therapists do within their therapy sessions with clients. In order for a therapist to remain psychologically and emotionally available for their client, Zeddies recommended therapists have a deep understanding of themselves and they work through personal emotional issues.

Personal therapy

Psychotherapy is described as a journey of self awareness where personal therapy influences the therapist's development (Morgan, 2007). Norcross (2000) advised seeking personal therapy as one of 10 self care strategies for the psychotherapist. Norcross' studies consistently found that practicing psychotherapists considered periodic personal therapy as valuable for their self care. Orlinsky and Ronnestad (2005), in their study of over 4000 psychotherapists, found that personal therapy ranked as one of the top three sources of positive development, followed by direct patient contact and formal case supervision. Ranked ahead of academic resources, the next influence for psychotherapist development was personal life experiences.

Similar to the four highest ranked themes within Orlinsky and Ronnestad's (2005) study, the present study found personal therapy, learning from the client, supervision and the psychotherapist's personal life experiences as common themes in relation to the development of a psychotherapist.

Developing and obtaining a psychotherapist identity

Hart (1985) suggested becoming a psychotherapist involves a change in the way the psychotherapist student sees him or herself. He points out the importance of developing psychotherapists' bringing together their role as psychotherapist with their personal identity. Hart further suggested that there are six aspects of identity that need to be considered in the development of the psychotherapist's identity. These are:

- 1 The unique interaction between the psychotherapist's personal identity and the professional role
- 2 The feeling of being a psychotherapist as opposed to the feeling of playing the role of psychotherapist

- 3 Being or feeling like a therapist in one's day-to-day life
- 4 Identification with a particular psychotherapeutic figure, theoretical model, or institution
- 5 The level of integration of personal identity and the professional role
- 6 The expectations that the psychotherapist has of his work

Hart (1985) posited that a developing psychotherapist becomes a psychotherapist by bringing his or her 'self' into the therapeutic work rather than simply acting as a psychotherapist. He described this identity process as a transformation of self from "what I do" to being perceived within ourselves and by others we respect within the profession, as "who I am" (Hart, 1985, p. 2).

The development of a professional identity is described by Haber (2009) as "a process that involves the examination of the self" (p. 21). Aponte (1995, cited in Haber, 2009, p. 1) further suggested that developing psychotherapists explore themselves as a person first, and then as a therapist. In consideration of this, as psychotherapists develop their professional identity, they may become qualitatively different over time, and self-examination and personal therapy is recognised as important within this process (Symington, 1996; Walker, 1997). Symington (1996) emphasised the importance of self-examination in the development of the therapist so they can fully understand themselves and thus be able to provide strength and support to their client. He further recommended personal therapy for developing therapists to assist them emotionally and in attaining acknowledgment of their true self. Symington considers psychotherapists' interpretations are only effective if they are from the true self of the psychotherapist.

According to Skovholt and Ronnestad (1992) identity formation continues over a period of time and may extend up to five years after the psychotherapist has completed his

or her formal professional studies. Deaux (1991, cited in Ethier, 1995, p. 10) contended that considerable “identity work” occurs between the point of a person first imagining themselves within a profession, such as a psychotherapist, making a commitment to attaining that identity and then acquiring the identity. Toddun (1996) believed therapists would be comfortable with their professional identity once they developed congruity between their own life-views and what they perceived their role as a therapist to be.

Moss (1985) explained identification as a process “by which an aspect of one person becomes like that of another person to who he or she is related in a meaningful way” (p. 2). For example, a developing psychotherapist may identify with a psychotherapeutic figure, such as their supervisor (Hart, 1985; Kottler, 2003). Gabbard (1995) considered identification as crucial to the development of a psychotherapist’s professional identity and that it is a key role in his or her functioning as a psychotherapist.

Conclusion

In this chapter the process of becoming a psychotherapist was discussed within three commonly found themes. These themes were: psychotherapists’ personal experiences in becoming a psychotherapist, the development of a psychotherapist, and developing and obtaining a psychotherapist identity. Within the theme of the development of a psychotherapist, five aspects of therapist development were also discussed. These five aspects were models of therapist development, supervision, learning from clients, the influence of psychotherapist’s personal experiences and personal therapy. This chapter has provided an understanding on the process of becoming a psychotherapist. Together with the discussion of the process of becoming a mother, in chapter three, the following chapter

will discuss parallels and differences between the process of becoming a psychotherapist and the process of becoming a mother.

Chapter 5 – Parallels and Differences

Introduction

Calling upon the findings of the previous two chapters, this chapter will identify and discuss the parallels and differences between the process of becoming a mother and the process of becoming a psychotherapist. This discussion is centred around three themes: early childhood experiences, the gaining of an identity for each respective role, and the developmental process related to becoming a mother or becoming a psychotherapist.

Early childhood experiences

A parallel can be drawn between the process of becoming a mother and of becoming a psychotherapist in relation to early childhood experiences, as both processes identify early childhood experiences as influential in the development of some mothers and some psychotherapists. A review of the literature reveals the type of influential early childhood experiences are different for each process. However, with further inspection there appears to be an overlap in the different type of early childhood experiences which each process commonly identifies.

For instance, motherhood is considered by some theorists to be formed in early childhood through dolls play, direct modelling of a mother's behaviour, or in practice with siblings (Brazelton & Cramer, 1990; Erikson, 1980; Lax, 2003; Mendell & Turrini, 2003; Stadlen, 2004; Winnicott, 1964; Wolf, 2001). According to Stadlen (2004) girls learn motherhood through watching mothers with babies. Mendell and Turrini (2003) believed that the mother's evolving self is complex, beginning early in life; and Raphael-Leff (1998) suggested the schemas of maternal self-representation began within a mother's own infancy as she is mothered by her own mother.

Similar to a developing mother, early childhood experiences have been identified as influential in the journey of a psychotherapist. Traumatic early childhood experiences, especially, have been identified in the literature as influential in the development of a psychotherapist, particularly where the psychotherapist feels psychologically wounded (Barnett, 2007; Basescu, 2000; Dryden & Spurling, 1989; Farber et al., 2005). These traumatic experiences may create a feeling of isolation and division from others (Dryden & Spurling, 1989). With a sense of isolation from others, developing psychotherapists may feel a yearning to become close to others, which in turn causes an observation and need to care for and interpret others (Dryden & Spurling, 1989).

Developing psychotherapists do not necessarily have the same exposure for observing experienced psychotherapists during early childhood as developing mothers have in observing experienced mothers. However it is claimed that the developing psychotherapist's observations of other people, and their relationships with others, influences their interest in becoming a psychotherapist (Dryden & Spurling, 1989). Furthermore, during professional studies it is likely that the student psychotherapist will have exposure to observing experienced psychotherapists.

Hence, observation of others during early childhood seems to be a parallel between becoming a mother and becoming a psychotherapist. However what is observed is different, that is, where mothers observe other mothers in learning how to be a mother, psychotherapists may observe other people to understand and interpret other people.

A sense of 'existential loneliness' may also be experienced by mothers after the birth of their child, as they adjust to the disruption in their life, and as they experience internal change (Urwin, 2007). This may be regarded as another parallel between the two processes, where some mothers may experience loneliness in their journey of motherhood,

similar to the developing psychotherapist who may experience loneliness and isolation through traumatic early childhood experiences.

Dryden and Spurling (1989) also claimed that the developing psychotherapist's interest and ability to gauge other's feelings, as developed from his or her sense of isolation, develops within the psychotherapist's ability to enter other people's worlds and to feel empathy towards others. In relation to primary maternal preoccupation, Winnicott (1994) suggested a mother intuitively uses her own experiences as a baby, as she empathically puts herself in her baby's place. Empathy seems to be an important attribute for both mothers and psychotherapists.

Further to this, there does not seem to be a clear cut division between the type of early childhood experiences of a developing mother and of a developing psychotherapist. For example, Abram (2008) unexpectedly discovered, that eight of the 11 mothers interviewed in her study, had experienced some form of childhood trauma in their life. These mothers viewed motherhood as an opportunity to "heal old wounds left by being inadequately or even traumatically mothered" as they choose not to "pass on the legacy of trauma" as they mother their own children (Abram, 2008, p. 192). Therefore, similar to a psychotherapist, early childhood trauma may also influence the development of a mother.

Identity

In attaining an identity, there also appears to be parallels between the two processes. These parallels seem to be related to the transformation which occurs as the identity is developed, and the influence this has on the sense of self as the identity within the respective roles is formed.

Transformation

Motherhood, for some, has been described as a profound change from career to motherhood, where part of this change is accepting the new identity (Cudmore, 1997; Stadlen, 2004; Woograsingh, 2007). Pregnant women described becoming a mother as “a sense of having entered into, or being on the edge of a ‘whole new world’ which brought out different facets of their personalities” (Bailey, 1999, p. 347). Mercer (2004) suggested that in becoming a mother, a woman experiences a transformation of self where her existing self incorporates this new identity as she assumes responsibility for her infant.

In describing the identity process of a psychotherapist, Hart (1985) explained there is a transformation of self within the psychotherapist from “what I do” to being perceived within themselves and by others they respect within the profession, as “who I am” (Hart, 1985, p. 2). This appears to be echoed by Toddun (1996) who suggested a psychotherapist who has achieved a therapeutic identity will experience a sense of cohesion and unity in who they are and what they do. As student psychotherapists develop their professional identity, and as they begin and continue to work with clients, their confidence increases (Aguilera, 2009; John, 2009).

Mercer (2004) posited that maternal identity is characterised by the mother’s sense of confidence, harmony, satisfaction in the maternal role and attachment to her infant. That as others accept a mother’s performance, she feels a congruence of self and motherhood (Mercer, 2004). Part of this process, of gaining an identity as a mother, involves validation and recognition by others (Ethier, 1995; Juhasz, 2003; McDermott & Graham, 2005).

Within the two processes it appears a transformation of self occurs as the new identity is incorporated within each role. In relation to the developing identity of a mother, this occurs as the mother nurtures and cares for her child; similarly for the psychotherapist,

as he or she begins to work with clients. A further aspect in the transformation of self is validation and recognition by others, along with, in the case of the mother the continuing care for her child, or in the case of the psychotherapist via their work with clients, which leads to increased confidence within this role. As their respective performances are accepted by others, congruence between self and the role develops until a mother or psychotherapist can respectively claim ‘this is who I am’ rather than ‘this is what I do’ (Hart, 1985).

Identification

From the literature sourced, identification emerged as a common theme between the process of becoming a mother and the process of becoming a psychotherapist. Gabbard (1995) for example considered that identification is crucial to the development of a psychotherapist’s professional identity and that it is a key aspect in their functioning as a psychotherapist. Moss (1985) explained identification as a process “by which an aspect of one person becomes like that of another person to who he or she is related in a meaningful way” (p. 2). Some researchers suggest this identification process may occur within supervision as the novice feels a sense of inadequacy in comparison to their supervisor (Kottler, 2003; Moss, 1985). Furthermore Kottler (2003) maintained that the supervisor, or mentor, is idealized by the beginning therapist, and “continues through stages of worship, subservience, dependent love, work ... mutual respect, and briefly equality before the final loss and return to self direction” (p. 28). The assumed successful outcome of this process is a stronger sense of professional identity and confidence.

Part of the process of gaining a mother identity, involves a mother gaining information and observing other mothers and expert models, especially her own mother

(Rubin, 1984). According to Rubin (1984) a mother replicates the observed mothering skills, fantasises about being a mother and de-differentiates as she shifts from expert mothering models to herself in relation to her child. Stern (1995) explained that a mother will revive her identifications with her own mother and other maternal and paternal figures as needed models during the process of identification.

In terms of identification there seems to be some parallels in becoming a mother and in becoming a psychotherapist where both the mother and psychotherapist appear to identify and become like an aspect of another significant person. For a mother this may be her own mother or other expert models. For a psychotherapist it may be their supervisor or a theorist who has influenced their process in becoming a psychotherapist. Thus the models in each role seem to provide the advice and expert modelling relevant to the respective roles as a mother or a psychotherapist.

Self Awareness

Psychotherapy is described as a journey of self awareness where personal therapy influences the therapist's development (Morgan, 2007). The development of a professional identity is described by Haber (2009) as "a process that involves the examination of the self," (p. 21), which is frequently in the form of personal therapy.

A developing mother, on the other hand, does not necessarily undergo personal therapy; however she may find herself working through psychological conflicts from previous developmental phases (Baraister, 2006; Mendell, 2003; Moulton, 1991; Thorpe, 2007). This may involve re-evaluating her relationship with her own mother (Balsam, 2000; Diamond & Kotov, 2003; Hart, 1981; Holmes, 2000; Layton, 2007). As explained by Stern (1995) a mother may externally and internally have a preoccupation and discourse

with her own mother, especially with her own mother-as-mother-to-her-as-a-child. Along with this, pregnancy may provide an opportunity for mothers to further separate and individuate from their own mothers, where becoming a mother may revive past individuation issues (Blos, 1985; Diamond & Kotov, 2003; Thorpe, 2007).

Thus, an awareness of past conflicts is a further parallel between becoming a mother and becoming a psychotherapist. However there seems to be a difference in how this process occurs. For the psychotherapist, the process in becoming a psychotherapist is a journey of self awareness facilitated by personal therapy. For the mother this may covertly occur in her relationship with her mother and as she works through psychological conflicts from previous developmental phases within herself.

In relation to self awareness, Zeddies (1999) believed that the personal experiences of psychotherapy students influence the kind of therapist they will be. He recommended that in order for a therapist to remain psychologically and emotionally available for their client, each therapist has to have a deep understanding of his or herself, and work through personal emotional issues. Similarly the personal experiences of a mother may affect her relationship with her child, and her child's security of attachment (Fonagy, Steele, Moran, Steele & Higgitt, 1993). When a mother is emotionally available to her child, her child can approach her for emotional refuelling as defined by Mahler et al. (1975) and for comfort as explained within attachment theory (Holmes, 1993). Hence a parallel seems to exist between a mother and a psychotherapist in being emotionally available, in the case of the mother with her child, and in the case of the psychotherapist with their client. Self awareness and the working through of personal emotional issues facilitate this emotional availability.

From within

Cozolino (2004) believed the “key to being a successful therapist is self-awareness” (p. 205). He pointed out that the primary challenge for a psychotherapy student is not necessarily the mastery of academic material, but having the “emotional courage to move through the inner space that leads to knowing oneself” (p. xvi). He considered the private world of the therapist to be one of the most important tools he or she uses within the therapy room with his or her clients, and cautions that what a therapist does not know about his or herself, will negatively affect the therapeutic relationship. Similarly, Toddun (1996) considered self introspection and the therapist’s developing sense of self play an essential part in his or her developing professional identity. Leitner (2007) claimed that becoming a psychotherapist comes from who the therapist is in the therapy room, not from matching techniques with problems.

Again there are similarities in relation to becoming a mother. Winnicott (1987) pointed out that the main things a mother does is drawn from a deeper level of her mind and not from words or books. He suggested this understanding on being a mother begins in early childhood through her doll play, observations of parents, and caring of younger siblings.

With Winnicott’s perspective in mind, it appears there may be a parallel between becoming a mother and becoming a psychotherapist in relation to their inner world. The respective role for both goes beyond books and academic material, and ultimately is drawn from within, either from the psychotherapist’s self awareness or the mother’s deeper level of her mind.

Achieving identity

The achievement of an identity is another common theme identified in the literature related to becoming a mother and of becoming a psychotherapist. Deaux (1991, cited in Ethier, 1996) explains that in the process of gaining an identity, considerable ‘identity work’ occurs between the point of a person first imagining him or herself within the desired role, and then making a commitment to attaining that identity, before he or she actually acquires that identity (Ethier, 1995). This applies to both the process of becoming a mother and the process of becoming a psychotherapist where it seems the identity for each role occurs during the following years of respectively caring for a child or working as a psychotherapist.

Stern recognised that a woman’s new identity as a mother may begin during pregnancy; however, he suggests that it may emerge more fully several months after caring for the new born, when she realizes and knows she is a mother (Stern and Bruschweiler-Stern, 1998). Bernstein (2006) posited that at the end of the separation and individuation process at around three years of a child’s age as defined by Mahler et al. (1975), “a new and stable aspect of the woman’s personality is formed – the mother” (Bernstein, 2006, p. 328).

According to Ronnestad and Skovholt (2003) a psychotherapist’s identity formation continues over a long period of time and may extend up to five years after the psychotherapist’s graduation. Thus there appears to be a parallel in gaining an identity for both a mother and a psychotherapist in relation to the timeframe this occurs. In the case of the mother, this does not necessarily occur at the birth of a baby. Similarly in the case of the psychotherapist, gaining an identity does not necessarily occur with the completion of professional psychotherapy graduate studies. Instead it appears to occur for a mother within her relationship with her child as her child at around three years of age separates and

individuates from her. With respect to a psychotherapist, the formation of an identity as a psychotherapist may not occur until up to five years after graduation, as he or she gains further experience and confidence working with clients.

Developmental process

Both the process of becoming a mother and the process of becoming a psychotherapist have been described as a developmental process. There appears to be a parallel between these two processes where each are described as a continuous, lifelong developmental process. This parallel will be considered in the following discussion.

Life-long process

According to Stern the psychological birth of a mother does not occur with the birth of her baby, but is a longer process with many phases (Stern & Bruschweiler-Stern, 1998). Motherhood has been described as a developmental process that begins at pregnancy and continues after the baby's birth until the mother attains a mother identity (Stern & Bruschweiler-Stern, 1998; Rubin, 1984). Some suggest this development begins in early childhood, well before a woman becomes pregnant (Balsam, 2000; Blos, 2003; Diamond & Kotov, 2003; Hollman, 2003; Parens, 2003; Turrini & Mendell, 2003). Rustin (2002) believed that "becoming a mother is a developmental process which starts with the baby's experience of being mothered," (p. 19). Rubin (1984) explained the process of becoming a mother as evolving according to the developmental stage, physical condition, sex and behaviour of the child. Similarly Bernstein (2006) suggested becoming a mother is a developmental process which is lifelong and interactive in relation to her developing child.

Rønnestad and Skovholt (2003) described the development of a therapist as a continuous, slow, life-long developmental process during which the therapist integrates his or her personal and professional self as he or she uses reflection and moves from reliance on external resources to own internal expertise.

Both processes of becoming a mother and becoming a psychotherapist are described as continuous and life-long. For mothers this development evolves according to the developmental stage of the child (Mercer, 2004). For psychotherapists this process evolves as the therapist integrates his or her personal and professional self (Rønnestad & Skovholt, 2003). Hence there appears to be a parallel between both processes being a lifelong developmental process; however, the way these developmental stages occur differs.

Good enough

A parallel may also exist between the development of a mother and a psychotherapist in relation to being ‘good enough,’ as suggested by Cozolino (2004). He likened the ‘good enough mother,’ as defined by Winnicott (1994), to the ‘good enough psychotherapist’ where both need not be perfect to be a good mother or a good psychotherapist. Cozolino believed psychotherapists share with parents, the “failed struggle for perfection” (p.73) and encourages psychotherapists to turn mistakes into the client’s advantage, thereby becoming part of the process and development of the therapeutic relationship.

Conclusion

In this chapter parallels between the process of becoming a mother and of becoming a psychotherapist were identified and discussed with respect to early childhood experiences, the development of an identity and a lifelong developmental process.

Differences between the two processes were identified and discussed in relation to the type of journey a mother or psychotherapist experiences in his or her development. For a mother, early childhood observation and modelling, along with her evolving relationship with her child, significantly influences her identity and development as a mother. For a psychotherapist, early childhood trauma and the development of self awareness, significantly influences the journey of the psychotherapist. The concluding chapter will provide a summary of the study findings. Limitations related to this study, future research and recommendations will be considered.

Chapter 6 – Summary and Conclusion

Introduction

The research question for this study is: “what are the parallels, if any, between becoming a mother and becoming a psychotherapist?” Drawing from the analysis of information identified within chapters three and four, the parallels and differences in relation to the research question were explored in chapter five. This chapter summarises the findings of this study within the themes of childhood experiences, gaining identity, identification, inner world, and timeframes. In addition, limitations and potential future research will be discussed. Finally personal reflections and thoughts about the relevance of this study for mothers and psychotherapists are considered.

Summary of findings

Within this study parallels were found between the two processes of becoming a mother and of becoming a psychotherapist in relation to: early childhood experiences; the gaining of an identity; and the developmental process related to the journey of a mother or a psychotherapist. However, within these parallels, some differences were found in relation to what type of experience influenced each journey.

Childhood experiences

The study identified that early childhood experiences were found to influence both the process of becoming a mother and the process of becoming a psychotherapist. However, there is a difference in the type of early childhood experiences that are likely to affect each process.

In respect to the development of a mother, modelling and the observation of other mothers, is commonly identified as influential for young girls during their early childhood years, as they learn and understand what it means to be a mother (Mendell & Turrini, 2003; Stadlen, 2004). Unlike mothers, psychotherapists do not have the same exposure in their early years for observing experienced psychotherapists. Nevertheless, the developing psychotherapist's observations of other people and his or her relationships is claimed to influence his or her interest in becoming a psychotherapist (Dryden & Spurling, 1989).

This study found that traumatic early childhood experiences are more likely to influence some psychotherapists in their journey in becoming a psychotherapist. Further to this, these traumatic experiences are described as potentially creating a sense of division or isolation from others, which in turn causes the developing psychotherapist to be an observer of others, driven by a need to understand the nature of relationships. During the process of observing others, the developing psychotherapist begins to develop an interest and ability to gauge others feelings along with the ability to understand other people's inner selves. This in turn develops within the psychotherapist the ability to feel empathy towards others, which is an essential quality necessary to be a psychotherapist (Symington, 1996). It has been suggested, however, that for some mothers early traumatic experiences may also influence their development in becoming a mother (Abram, 2008).

Gaining identity

In relation to gaining an identity, this study found a parallel between the process of becoming a mother and the process of becoming a psychotherapist with respect to the transformation which occurs as each respective identity is developed. Along with this, the evolving transformation also influences the mother's and the psychotherapist's sense of self

as the respective identity is formed. As the mother nurtures her child, and as the psychotherapist begins to work with clients, the new identity is incorporated in his or her daily life and a transformation of self occurs. Increased confidence occurs within each role as the mother or the psychotherapist receives validation and recognition by others, and as, in the case of a mother she continues to care for her child, or in the case of the psychotherapist, he or she continues to work with clients. As their respective performances are accepted by others, congruence between self and the role develops until a mother or psychotherapist can respectively claim ‘this is who I am’ rather than ‘this is what I do’ (Hart, 1985).

Identification

Identification is another parallel process found in this study where both the mother and psychotherapist may identify and become like an aspect of another significant person. These significant people provide expert modelling and advice relevant to either mothers or psychotherapists. Such models for a mother may be her own mother, mother figure or other expert models. For a psychotherapist it may be a supervisor or a theorist who has influenced the journey of becoming a psychotherapist. Identification is considered crucial to a psychotherapist’s professional identity development and is a key aspect in his or her functioning as a psychotherapist. Similarly for a mother, it is considered a critical aspect of her development as a mother, where expert models assist her in her own development of what it means for her to be a mother to her own child.

Inner world

The influence of the inner world, of both the mother and of the psychotherapist, on their development is another parallel found within this study. For both the mother and the

psychotherapist their developing roles go beyond books and academic material, and is ultimately drawn from within; either from the psychotherapist's self awareness or the mother's deeper level of her mind. Self awareness is essential to the development of a psychotherapist's professional identity and personal therapy helps to develop this. In contrast, a mother does not necessarily undergo personal therapy in her journey of motherhood. However, she may find herself working through earlier psychological conflicts which may involve a re-evaluation of her relationship with her own mother (Balsam, 2000; Mendell, 2003; Thorpe, 2007). Similarly psychotherapists may find themselves re-addressing past conflicts, particularly during the course of personal therapy, which may have a bearing on their therapeutic relationship with their client.

Timeframes

Findings within this study also highlight a parallel in gaining an identity for both a mother and a psychotherapist in relation to the length of time this process takes. A mother does not necessarily acquire her mother identity at the birth of her baby rather she is more like to acquire the identity within her evolving relationship with her child as her child at around three years of age separates and individuates (Mahler et al., 1975). Similarly, for the psychotherapist, the formation of the identity does not necessarily occur upon graduation, and instead may occur up to five years later as experience and confidence working with clients is gained. Thus for both processes, achieving an identity does not appear to occur immediately, but in the case of a mother, after several years of a mother nurturing her child, or in the case of a psychotherapist after several years of working as a graduate psychotherapist.

In relation to the developmental process of becoming a mother and of becoming a psychotherapist, this study found a parallel within both processes which are described as a continuous, lifelong developmental process. However, the way in which these developmental stages progress differ, where a mother's development primarily evolves according to the developmental stage of the child, and a psychotherapist's development progresses primarily as the therapist integrates their personal and professional self.

Relevance of research

This study has relevance for developing and experienced psychotherapists in understanding the process of becoming a psychotherapist and the parallels and differences between this process and the process of becoming a mother. It is particularly insightful to child psychotherapists who are parents, in understanding the impact each identity they hold has on their sense of self, and how this impacts them within the therapeutic relationship.

Hill (1996) pointed out that in the transference, the psychotherapist may find him or herself becoming a mother to the child. For a psychotherapist there could be a potential complication of the blurring of boundaries between a psychotherapist's identities as a psychotherapist and as a mother, particularly when a child client begins to request tasks that are more in line with a mother's role. Supervision can facilitate clarity on the boundaries between the two roles.

An interesting aspect of this study, for student psychotherapists, is the developmental process of becoming a psychotherapist. For example, Ronnestad and Skovholt (2003) highlighted in their study that the identity of a psychotherapist is not necessarily acquired by the time the student graduates, but may take up to five years after graduating. Their study clarifies the anxiety that beginning psychotherapists can

experience, with the reassurance that this anxiety is mastered over time. Furthermore, the authors explain that professional learning continues through all levels of experience for a psychotherapist, with an increasing integration between the professional self and the personal self. A student psychotherapist may find this information enlightening and encouraging, to realise their professional development continues beyond graduation and that they are not expected to see themselves as experts on gaining their formal qualification.

Mothers may also find this study of interest and value in understanding the changes and process they undergo in becoming a mother. The findings from the study illustrate that motherhood is a developmental process that evolves within the mother's relationship with her child, as her child progresses through the developmental stages of life. Her identity as a mother may be acquired when her child separates and individuates from her; however her development as a mother continues, and as her child continues through each developmental stage, a mother may encounter new experiences as a mother. Furthermore, this study highlights the importance of mothers and the significant change which occurs in a woman's life as she becomes a mother. Mothers, in particular, who feel at a loss when they have their first baby, may feel re-assured as they realise and understand that becoming a mother is a life-long developmental process (Stadlen, 2004).

Along with this, understanding the process of becoming a mother can be insightful and informative for psychotherapists and other professionals working with mothers and parent-child dyads. Historically psychoanalytic literature has focused primarily on the influence of the mother on her child rather than the mother's experience of being a mother (Mendell & Turrini, 2003). Professionals working with mothers and parent-child dyads may find this study of interest as the focus is on the psychological development of a mother according to her experience of becoming a mother. The study also highlights the

importance of a mother's evolving relationship with her child as she develops as a mother, which again may provide further insight for professionals who work with parent-child dyads. For example, part of the process of Parent and Child Therapy (PACT), an attachment based intervention, is for the mother to share with her child her emotional experience from conception of her child to present day and to gain a sense of the child's emotional experience (Chambers, Amos, Allison & Roeger, 2006). The anticipated outcome of this intervention is that as the mother understands her experience in mothering her child, and her child's experience of being mothered, she will be able to make changes to enhance the parent-child relationship.

As psychotherapists come to understand the parallels identified within this study, their understanding of the process of becoming a mother increases the possibility of enhancing empathic understanding for clients who are mothers. For psychotherapists who are not mothers, they may gain a greater understanding and be able to empathically attune to their clients who are mothers, through the understanding of the similarities between the process of a mother becoming a mother, and the psychotherapist's own experience and process of becoming a psychotherapist.

Limitations

Qualitative research has primarily been used within this study and this represents one limitation of the study. The qualitative research used included personal accounts of becoming a psychotherapist, along with qualitative research which used questions within their studies in relation to a person's perception of why they became a psychotherapist, or in relation to a mother's or psychotherapist's experience of becoming a mother or psychotherapist, respectively. Thus subjective experiences of psychotherapists and mothers, along with author's interpretations on these, have been the primary source of

literature analysed within this study. However qualitative research has limitations in the author's subjectivity and in the generalisability of findings (Milton, 2002).

Given the nature of the qualitative research, the writer has endeavoured to write this study through an objective lens. However it is acknowledged that her interest in the topic, which is developed from her own personal experience and history, may carry a subjective bias in the way the sourced literature is selected and interpreted. Along with this, most of the sourced literature is from a Western perspective on becoming a mother or becoming a psychotherapist, which may impact the findings of this study.

In relation to becoming a mother, literature related to working mothers, mothers with disabilities, mother of children with disabilities, adolescent mothers, incarcerated mothers, IVF mothers, lesbian mothers and mothers with preterm babies has been excluded from this study. While these topics can be regarded as significantly relevant to the development of a mother, and for psychotherapists working with children and families within these groups, unfortunately it is beyond the scope of this study to explore them further. This presents a limitation of the study, where the process of becoming a mother is discussed in a general sense and does not address the specific groups of mothers who may encounter other aspects of mothering in their process of becoming a mother. For instance, the study found a mother's identity may take up to several years in relation to her child's process of separation and individuation before it is fully acquired. A mother who returns to work during this period of time may encounter a completely different experience of continuing to acquire her identity as a mother, while strengthening her identity as a professional worker (Ladge, 2009). Similarly, a mother of a child with disabilities may experience feelings of inadequacy, hopelessness and despair (Johnson, 2000). This may have a bearing on the process such mothers experience in becoming a mother.

A further limitation of the study in relation to becoming a psychotherapist is the exclusion of literature that relates to psychotherapists from minority cultures, particularly those living in a society where another culture is predominant, or psychotherapists who are lesbian, gay or bisexual. Brauner (2000) pointed out that these groups may have different life experiences than their counterparts. Considering that this study found early childhood experiences to be influential in the journey of a psychotherapist, the life experiences of psychotherapists who are lesbian, gay or bisexual or from minority cultures would further expand understandings on the process of becoming a psychotherapist.

Suggestions for future research

This study has focused on the parallels between the two processes of becoming a mother and of becoming a psychotherapist. One of the reasons for this was the ‘felt’ experience and wonderings of the writer, as well as the similarity between the two roles, in particular that both the mother and the psychotherapist need to be in a relationship with another person to function within the respective roles, as explained by John (2009):

In most psychological therapies, a therapist is someone who functions psychologically on behalf of someone else. This functioning, if effective, can maximize the conditions for an aspect of psychological growth to take place in the inner world of the patient. This is similar to a mother who can only function as a mother in relation to a baby: one can only function as a therapist when one is working in an emotionally alive relation to a patient. (p. 85)

Future research could explore the parallels between the process of becoming a psychotherapist in relation to the process of becoming a father, given that fathers also function in relation to their child.

Similar to motherhood, fatherhood can be experienced as a major psychological transformation (Skezifi, 2004). Separation and individuation issues may resurface for fathers, along with their own childhood disruptions as they parent their own child

(Diamond, 1986). A common theme among male psychotherapists is the experience of 'father loss' or an 'unattuned father' during their childhood and adolescent years (Gerson, 1997). Gerson (1997) pointed out this may have a bearing on the transference dynamics within the therapeutic relationship. In consideration of this, future research exploring the experience of a psychotherapist becoming a father in relation to transference dynamics could be valuable to male psychotherapists.

As identified, many different groups of mothers have been excluded in this study, for example working mothers and mothers of children with disabilities. Exploring the processes for these groups of mothers could be extremely valuable in relation to the process of becoming a mother.

A further area for future research could be to explore the experience and process of 'being a psychotherapist' and then 'becoming a mother'. Clients' reactions towards their therapist becoming pregnant during the course of adult psychotherapeutic treatment is a commonly discussed theme within the literature related. Typically clients express feelings of loss and abandonment (Gotlieb, 1989; Mowday, 1981; Napoli, 1988; Shokek, 2005). Clients may also experience regression, identification and more personal interaction with the therapist, as well as viewing the therapist as a real person with a life outside the therapy setting (Napoli, 1988). Of further interest could be to examine the intrapersonal and interpersonal dynamics that get revived for the psychotherapist within the therapeutic relationship. Gotlieb (1989) pointed out a pregnant psychotherapist may experience a countertransference of primary maternal preoccupation during this stage where the therapist may feel an attenuated protective state towards her client.

Along with this, in the case of the child psychotherapist, it could be useful to look at the effects on both the child and the child psychotherapist during pregnancy and the return

to clinical practice after the birth of her own child. This could provide valuable information as to what may be evoked within the therapeutic process that could impede the process, along with what the child psychotherapist needs to be aware of to ensure this potential is monitored.

Personal reflections

As a mother and a developing child psychotherapist, the researching and writing of this study has been informative and insightful. The study has highlighted for me how my own early childhood experiences, which created a sense of loss and isolation within me, have contributed to my development as a child psychotherapist. Along with this, I connect to Dryden and Spurling's (1989) explanation about how a developing psychotherapist's sense of isolation or division causes them to become an observer of other people in their desire to understand the nature of relationships. They further explain that this creates a need within the developing psychotherapist to care for and interpret others, and develops within the psychotherapist an interest and ability to gauge other's feelings and to feel empathy towards others. This has been my experience, where my isolation has developed within me an interest in understanding people and their relationships with others, along with developing empathy in understanding others' perspectives.

Within my studies as a child psychotherapist I have had the opportunity to observe an experienced child psychotherapist working therapeutically with a child. This has provided me with the practical understanding of what I have learned theoretically. From this experience I realise the benefits for a student in being able to observe experienced clinicians working therapeutically with children. Furthermore, like the mother who finds a way to be a mother in her own right, over time, as the child psychotherapist observes

‘expert’ model psychotherapists he or she may de-differentiate from these expert models, and find his or her own ‘self’ as a psychotherapist.

Conclusion

The aim of this study is to answer the question: What are the parallels, if any, between becoming a mother and becoming a psychotherapist? This study has found that both becoming a mother and becoming a psychotherapist are continuous, life-long developmental processes that develops for the mother primarily within her evolving relationship with her child, and for the psychotherapist primarily in their journey of self awareness and in relationship with their clients. Identification, which is considered a key aspect in the acquisition of gaining an identity for the respective roles, is not always acquired immediately after the birth of a child for a mother, or after graduation for a psychotherapist, but may occur several years after these events. As each identity is formed, a transformation of self occurs until the mother and psychotherapist can claim ‘this is who I am’ rather than ‘this is what I do’ (Hart, 1985).

Differences do occur within each process in relation to the type of experiences that are significantly influential in the developmental journey of the mother and of the psychotherapist. It is evident that the ongoing and evolving relationship between the mother and her child greatly influences her experience of gaining an identity as a mother. Whereas, the identity of the psychotherapist relies more on self awareness and his or her experience of working with clients. It is, however, acknowledged there are overlaps within these differences. For example mothers may experience self awareness, such as in their internal discourses with their own mother and with themselves as a mother (Stern, 1995).

Similarly psychotherapists' therapeutic relationship with their clients is influential in their development, as a mother's relationship with her child is to her development.

Finally, this study has drawn together information and formulated ideas that are relevant to mothers, psychotherapists and other professionals working with children, families and parent-child dyads in understanding the mother's psychological experience in mothering her child and how this may be played out. It is also relevant to the new mother who may question or doubt her developing identity.

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Appendix A: Details of Database Search

PsychInfo

| Search words | Combination word(s) | Results | Relevant articles |
|-----------------------------------|----------------------------------|-------------------|-------------------|
| Therapist development | | 47 | 6 |
| Therap* adj5 develop* | | 10949 | Refined search |
| Therapist adj5 develop* | | 893 | Refined search |
| Psychotherapist adj5 develop* | | 142 | Repeated articles |
| Therapist adj5 develop* | Psychotherapist adj5 develop* | 1022 | Refined search |
| Therapist identity | | 12 | 1 |
| Therapist adj5 identity | | 175 | Repeated articles |
| Therap\$ develop\$ Hold\$ | | 17 | 1 |
| Therapist identity formation | | No records in set | |
| Therapist formation | | 2 | 0 |
| Psychological development | | 4123 | Refined search |
| psychotherapist | | 5195 | Refined search |
| Psychological development | psychotherapist | 8 | 0 |
| Psychological adj5 development | | 8472 | Refined search |
| Psychological adj5 development | Psychotherapist | 19 | 1 |

| | | | |
|--------------------|-----------------|--------|----------------|
| Mother* | | 80768 | Refined search |
| Mother* | Psychotherapist | 388 | 0 |
| Mother identity | | 16 | 8 |
| Mother development | | 31 | 2 |
| Psychological | | 231429 | Refined search |
| Mother development | Psychological | 1 | 0 |
| First time mother | | 11 | 1 |
| New mother | | 101 | 4 |
| Becoming a mother | | 118 | 2 |

ProQuest Dissertation and Theses

| Search words | Results | Relevant articles |
|-------------------------------|---------|-----------------------------------|
| Therapist development | 23 | 5 |
| Therapist identity | 7 | 2 |
| Therapist development holding | Nil | |
| Therapist identity formation | 34 | 2 |
| Therapist formation | Nil | |
| Mother identity | 19 | 2 |
| Mother development | 6 | 0 |
| First time mother | 2594 | Refined search: "new mother" |
| New mother | 235 | 7 |
| Becoming a mother | 636 | Refined search: "becoming mother" |
| Becoming mother | 95 | 2 |

Psychoanalytic Electronic Publishing (PEP)

| Search words | Results | Relevant articles |
|----------------------------------|---------|--|
| Therapist development | 1,249 | Refined search “psychotherapist development” |
| Psychotherapist development | 105 | 4 |
| Therapist identity | 435 | Refined search “psychotherapist identity” |
| Psychotherapist identity | 40 | 3 |
| Therapist development holding | 10 | 0 |
| Therapist identity formation | 6 | 0 |
| Therapist formation | 205 | 1 |
| Mother identity | 2,426 | Refined search “motherhood identity” |
| Motherhood identity | 69 | 5 |
| Mother development | 6,840 | Refined search “motherhood development” |
| Motherhood development | 115 | 9 |
| “First time mother” | 13 | 0 |
| “New Mother” | 184 | 4 |
| “Becoming a mother” | 116 | 16 |

Psych books

| Search words | Combination word(s) | Results | Relevant articles |
|--------------------------------|-------------------------------|---------|-------------------|
| Therapist development | | 1 | 0 |
| Therap* adj5 develop* | | 181 | 0 |
| Therapist adj5 develop* | | 24 | 0 |
| Psychotherapist adj5 develop* | | 12 | 8 |
| Therap* adj5 develop* | Psychotherapist adj5 develop* | 33 | 0 |
| Therapist adj5 identity | | 5 | 0 |
| Psychotherapist adj5 develop* | Therapist adj5 identity | 38 | 0 |
| Mother* | | 458 | Refined search |
| Mother* | Psychotherapist adj5 develop* | 3 | 0 |
| Mother development | | 0 | |
| Mother identity | | 0 | |
| Psychololgical development | | 72 | 0 |
| Psychotherapist | | 160 | 0 |
| Psychological development | Psychotherapist | 0 | |
| Psychological adj5 development | | 178 | 0 |
| Psychological adj5 development | Psychotherapist | 1 | 0 |
| Psychological development | Mother* | 1 | 0 |
| Psychological | | 5183 | Refined search |
| Psychological | Mother development | 0 | 0 |

Eric

| Search words | Combination word(s) | Results | Relevant articles |
|--|--|---------|-------------------|
| Therapist development | | 4 | 0 |
| Therap* adj5 develop* | | 911 | Refined search |
| Therapist adj5 develop* | | 67 | 0 |
| Psychotherapist adj5 develop* | | 4 | 1 |
| Psychotherapist adj5 develop* | Therapist adj5 develop | 71 | 0 |
| (Therapist adj5 identity) or (psychotherapist adj5 identity) | | 6 | 0 |
| Mother* | | 19825 | Refined search |
| Psychotherapist adj5 develop* | (Therapist adj5 identity) or (psychotherapist adj5 identity) | 76 | 0 |
| Mother* | Psychotherapist adj5 develop* | 1 | 0 |
| Mother development | | 0 | |
| Psychological development | | 396 | Refined search |
| Psychotherapist | | 132 | Refined search |
| Psychological development | Psychotherapist | 0 | |
| Psychological adj5 development | | 1445 | Refined search |
| Psychological adj5 development | Psychotherapist | 0 | |
| Mother* | Psychological development | 29 | 0 |
| Psychological | | 39196 | Refined search |
| Mother development | Psychological | 0 | |
| Mother identity | | 1 | 0 |

Expanded Academic ASAP

| Search words | Results | Relevant articles |
|---------------------------------------|---------|-------------------------------------|
| Becoming psychotherapist | 7 | 7 |
| Becoming mother | 64 | 3 |
| New mother | 163 | 0 |
| “new mother” | 44 | From midwife/nursing perspective |
| “mother development” | 0 | |
| “development of mother | 4 | 0 |
| “First time mother” | 10 | 0 |
| “mother identity” | 4 | 1 |
| Psychotherapist development | 4 | 2 (repeated articles) |
| Psychotherapist identity | 4 | 2 (repeated articles) |
| Psychotherapist formation | 0 | |
| Psychotherapist identity formation | 0 | |

Googlescholar

| Search words | Results | Relevant articles |
|------------------------------------|-----------|-------------------|
| “Becoming psychotherapist” | 545 | 21 |
| “psychotherapist development” | 36 | 2 |
| “psychotherapist identity” | 8 | 0 |
| mother identity | 1,480,000 | Refined search |
| “mother identity” | 1,120 | Refined search |
| Mother identity formation | 256,000 | Refined search |
| “mother identity formation” | 2 | 0 |
| Forming mother identity | 17,000 | Refined search |
| “forming mother identity” | 625 | Refined search |
| Developing mother identity | 650 | Refined search |
| “mother identity development” | 2 | 0 |
| “mother psychological development” | 5 | 0 |
| “mother development” | 131 | 0 |
| “becoming a mother” | 7,040 | Refined search |
| “becoming mother” | 371 | Repeated articles |

Psychology & Behavioural Sciences (EBSCO)

| Search words | Results | Relevant articles |
|----------------------------------|---------|-------------------|
| Becoming adj5 psychotherapist | 4418 | Refined search |
| Psychotherapist development | 103370 | Refined search |
| Psychotherapist identity | 110852 | Refined search |
| (becoming a psychotherapist) | 14 | 10 |
| (becoming a mother) | 19 | 1 |

Academic search premier (EBSCO)

| Search words | Results | Relevant articles |
|-------------------|---------|-------------------|
| Becoming a mother | 28 | 1 |

(NB. Same database as Psychology & Behavioural Sciences (EBSCO); articles were repeated)

Journals:

Infant Observation

Hand searched articles related to becoming a mother: found 10 relevant articles.

Zero to Three

Hand searched articles related to becoming a mother: found no relevant articles.