Confronting helplessness

A study of psychology students’ acquisition of dynamic psychotherapeutic competence

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For Eva,
Kari Maria
and Geir
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Theme of the thesis

I’m not sure whether SHE thinks that I’m good enough as a therapist. Or ... this kind of questions ... is present more or less consciously when I sit there in the sessions. (…) When I listened to the session we had yesterday I was struck by the fact that ... it is I that interrupt. When there is a pause of 4-5 seconds, then I cannot tolerate the silence because I think it becomes ... I become insecure about... what happens when we are not in contact. As if we were in a social situation where we should get to know each other and should keep the conversation going.¹

The student therapist above communicates into words her insecurity sitting in front of her first patient in a very precise manner. Conducting her first dynamic psychotherapy she focuses on the core problem of becoming a therapist. On the basis of the present study, my hypothesis is that insecurity and even helplessness are strong underlying feelings for students starting the complex process of internalising dynamic therapeutic understanding and skills. Insecurity and helplessness are here used as phenomenological concepts, expressing experienced feelings of evoked anxiety. Anxiety will in turn affect the individual’s self-esteem. The participants throughout the interviews in this study explicitly addressed all these feelings. A few quotations will illustrate this. The first quotation is from the first interview with a student therapist:

I see before my eyes such horror scenarios. That they sit and think that I am quite...
That they think: “Is she going to be a therapist!”

Here the student therapist clearly demonstrates that her self-esteem is at stake.

The theme of feeling stupid and not being good enough is also expressed in the second interview with her:

Lately, it has become somewhat better, but for quite a long period I took it personally and felt very stupid, that is ... like a very bad therapist. ... For instance did it happen that things I was quite satisfied with and presented to ... show ... that I had done

¹ I have translated the quotations of the student therapists from Norwegian.
something fine, were dumped in the mud … yes … it was very … embarrassing somewhat hurting.

In the first interview another student therapist focused on changes in her self-understanding caused by her initial experiences in the practicum:

I used to have a more steady, perhaps, conception of myself, but when I now started … listening at tapes, receiving supervision, eh … making my first attempts of therapy, then I have started looking at myself from different angles. So, I am in a phase where I look at parts of myself, established truths about myself (...) It may hurt a bit, because one does of course not only have positive characteristics, so, it may be rather tough.

Taking into account the intensity of the feelings described it may be justified to speak of a crisis of self-esteem (Gullestad, 1997).

The aim of this qualitative study was to analyse thoroughly what acquisition of therapeutic competence within dynamic psychotherapy represented for psychology students. Thus, the study focuses on a certain kind of therapy and what this particular therapy form requires of the therapist (e.g. Doehman, 1976; Ekstein & Wallerstein, 1958; Gullestad & Theophilakis, 1997; Szecsödy, 1990). As insecurity and helplessness stood out in the data material, I chose to make this the focus of the study. The main research questions became: How does the anxiety of student therapists influence their acquisition of dynamic psychotherapeutic competence? And how do they handle confrontation with their own feelings of helplessness? The psychology students in the study had undergone substantial academic training before being accepted as student therapists, and many of them expressed anticipation, excitement, and enthusiasm as they faced practicum. They were looking forward to performing their first therapy of some duration – 8 months and up to 60 sessions. But this newly achieved possibility was followed by bewilderment and frustration.

It is well documented that this totally new situation evokes anxiety in student therapists in general (e.g. Gray, Ladany, Walker, & Ancis, 2001; Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 2003; Stoltenberg & Delworth, 1987). However, there are reasons to believe that training in dynamic psychotherapy represents specific challenges. The personal involvement required in psychodynamic therapies makes student therapists in this kind of therapy and supervision especially prone to feelings of insecurity and helplessness (Gullestad, 1997). The therapists are supposed to “use themselves as instruments” in the therapeutic interaction. The student therapists in the study
tried to play their instrument professionally from the first session with their supervisors, fellow students and university teachers as an engaged audience.

The therapist is required to participate in an often intensive emotional relationship, at the same time being able to observe and comment on characteristic, repetitive features of this relationship. A main challenge is being close to the patient in an intimate therapeutic dialogue. The therapeutic dialogue is “unconventional”, with no parallel in ordinary social interaction: Questions are not answered at face value; the therapist does not offer help in the form of instructions or advice. The therapist role thus presupposes participation in an interpersonal interaction without possibility of using one’s ordinary repertoire of social communication (Gullestad & Killingmo, 2005). Furthermore, training and supervision in dynamic psychotherapy may be anxiety-provoking because of the therapist’s own focus on unconscious processes and potential blind spots, hindering the therapeutic process. Finally, the dynamic psychotherapist does not use psychological techniques. The aim is rather to create interventions on the basis of an understanding of the ongoing emotional interaction between the two parties, and to maintain a consistent therapeutic attitude towards the patient’s material.

To what extent were the student therapists prepared for this task? Eight of the 21 participants had no personal therapy experience they could draw on. Five had experience of short time therapy, from three sessions up to five months’ duration. Most of the student therapists were quite young; 15 were between 24 and 29 years when they entered the practicum. Additionally, two of the student therapists were ambivalent to the dynamic psychotherapeutic tradition, and two were reluctant to think of themselves as clinical psychologists in the future. Consequently, these student therapists had to cope with a situation they hardly felt prepared to handle.

The study

The overall aim of this study is to explore how student therapists experience the process of acquiring competence in dynamic psychotherapy. What are the problems and challenges? How do they experience being supervised? How do they deal with challenges in this training process? Many of the problems that were presented may be categorized under the concepts of insecurity and helplessness. It should be emphasised, however, that it was not until late in the interview process that the issue of helplessness emerged as a core theme and became the superior focus of the present study.
The case of Emily (Paper II) shows how insecurity and helplessness is expressed. This case also illustrates how the therapist tries to avoid admitting what she really feels, and also how she protects herself from the strong impact these emotions have on her training process. A main question arising from this is how the anxiety of the student therapist may influence their relationship with the supervisor. Is their anxiety dealt with in the supervision? If so, how is the anxiety dealt with? These questions are addressed in Paper III.

The research analysis resulting in Paper III started during the interview period with the surprising discovery that most of the student therapists underlined the importance of participating in the study for their learning process. They expressed that this was the only situation were they had the opportunity to reflect extensively on their acquisition process in a professional setting. Some of the participants also expressed that they missed talking about their own feelings and psychological processes as novice therapists in the supervision. In the follow-up interview one year after the practicum one student therapist reflected on the focus on achievement in the supervision group whereas her insecurity remained unmentioned:

*If I said something fine, it was commented on ... I think, perhaps, focus was on achievement. But I do not know if I distinguish sufficiently between my contributions and that of my supervisor. But there was not much focus on ... for instance my insecurity and that sort of feelings I had. Not related to my development as a therapist. But I remember that in the last session she said I had developed as a therapist, that she initially had experienced me much more insecure, and then I remember me thinking: “That was very constructive feedback!” And then I also thought that ... I probably should have talked about my insecurity earlier on. So, that was perhaps something I missed. There was more focus on achievement, that one said the right things.*

These statements led to an increased focus on the content of the supervision. As the research interviewer I was placed in a third position in relation to the supervision dyad and therefore I had a perspective on the supervision different from the supervisors. In the same period Helge Rønnestad told me that for the last 20 years he had advised supervisors to take the initiative to talk specifically and systematically with their supervisees about the supervisees’ therapist development, in addition to the focus on the therapeutic process of the patient. In their book “How psychotherapists develop” Orlinsky and Rønnestad (2005) explicitly recommend that students’ experiences are given “the same respect for training purposes that the patients’ experiences are accorded in the context of therapy” (p. 188). This
statement instigated the following questions: Why is the development of the student therapist not consistently focused in the supervision processes in the study? What are the consequences of this lack of focus for the acquisition process? If students’ development is not focused on in supervision, how do the student therapists handle their feelings of uncertainty, insecurity, fear, aggression and helplessness?

The results of the subsequent data analysis are presented in Paper III. The longitudinal design of the study in which the same 21 student therapists were followed for two years during their extensive practicum training and one year later, has made it possible to study changes while happening over time. Compared to empirical studies where the participants are only interviewed once or based on cross-sectional design, longitudinal design strengthens the validity of change analysis.

Finally, the focus of Paper IV is the question of what kind of competence the student therapists actually acquire.

Material

The study has a longitudinal, multiple single case design, including primarily 21 student therapists, their supervisors and their patients (Paper I). The extensive practicum training takes place in the final year of the professional oriented study in psychology. The training takes place at the out-patient Clinic of dynamic psychotherapy, Department of Psychology, at The University of Oslo. This clinic has trained graduate students in dynamic psychotherapy for four decades.

The clinic is one of three which offer therapeutic training to profession oriented students at the University in Oslo. The other two clinics train students in cognitive and systemic therapy and in child and family therapy. Graduate students practice as therapists in at least one clinic. Approximately one third of students, from 13 to 16 each term, prefer primarily specialisation at the Clinic of dynamic psychotherapy. The specialisation takes place during the last three terms of the study.

The students participating in this study practice therapy at the internal practicum for three quarters of the final year. The therapies consist of two weekly sessions, in total 55 to 60

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2 At the University of Oslo, the Profession oriented degree program in Psychology consists of six years of study and leading to the degree Cand. Psychol. The degree gives both clinical and scientific competence. It is a prerequisite for licensure as a psychologist in Norway.
sessions. The student therapists receive supervision three hours a week in groups consisting of two student therapists and one or two additional group members. The time is divided equally between the two student therapists. The group members conduct a less intensive therapy at an external clinic and receive their supervision there. They are not participants in this study.

The clinical quality of the student therapies at the Clinic of dynamic psychotherapy has previously been assessed in a qualitative interview study where practicum as a teaching method in clinical psychology was also evaluated (Gullestad, 1986; 1997; 1999). Based on the patients’ and the student therapists’ self report Gullestad concluded that the student therapies were professionally and ethically justifiable and also adequate as a method to give students a first experience of the challenges encountered in dynamic psychotherapy.

The present study has been approved by the Norwegian Data Inspectorate and recommended by the Regional Committee for Medical Research Ethics.

Method

The study has an inductive, explorative approach based on the theoretical perspectives of dynamic psychotherapy.

Initially the preliminary formulated research questions were based on scientific studies and clinical literature concerning therapist development in general and more specifically within the psychodynamic tradition. A review is presented in Paper I (Strømme, 2005).

Theoretical basis for the analysis. From the beginning it was a prerequisite that the research questions could be changed and should be informed by the ongoing work of the study. This process approach is in line with the principles of grounded theory within qualitative research in psychology (e.g. Charmaz, 2006). However, although Strauss and Corbin (1998) state that researchers bring to inquiry a substantial background in professional and disciplinary literature (p. 48 ff.), they do not emphasise this aspect in their presentation of grounded theory. Their focus is the research process after the data collection has started. By such an approach researchers within this tradition may underestimate the importance of their preunderstandings for the outcome of the studies. In contrast, in this study the preunderstanding is made explicit and adheres to the broad dynamic psychotherapeutic tradition using concepts primarily from the object relational tradition.
Clinically informed research interviews. The qualitative research interview seemed especially applicable as a method in the present study due to its exploring potential (e.g. Kvale, 1996; Flick, 2002). However, from a dynamic psychotherapeutic perspective common interview methods within grounded theory, narrative theory, phenomenological theory, and most methods within discourse analyses, are insufficient to approach the complexity of the acquisition process of dynamic psychotherapy. With reference to ethical restrictions, researchers within these traditions often analyse the verbal level of the interview data only (e.g. Frommer, Langenbach, & Streek, 2004; Polkinghorne, 2005; Potter & Hepburn, 2005; Rennie, 2004; Smith, 2004).

Thus, researchers using these traditional qualitative research methods may end up implicitly analysing their participants as if they were subjects making coherent and reasonable choices given the available information they have. Scheff (1990) concludes that qualitative studies usually exclude feelings entirely, and adds: “Qualitative studies seem to assume that self-deception is not a researchable issue: one’s goal is to determine only the subject’s point of view. With a few exceptions (…), self-deception has been little studied or discussed.” (p. 180).

Within the dynamic psychotherapeutic tradition a decisive assumption is that unconscious, or partly unconscious, defence processes distort the subjective report, and particularly so in reports about emotionally charged processes such as being a therapist for the first time. Consequently, it became a research question in itself to establish an interview method which would make it possible to focus on processes not available through the subjective report of the student therapists. The method of the student therapist interviews was developed based on a combination of the qualitative research interview (Kvale 1996; Flick, 2002) with a dynamic psychotherapeutic clinical interview (Gullestad & Killingmo, 2002), and are presented in Paper II (Strømme, Gullestad, Stänicke, & Killingmo, 2009). By this combination, observations informed by the dynamic psychotherapeutic tradition are made possible. Based on both verbal and non-verbal data and registrations of feelings evoked in the interviewer the emotional transactions in the interview relationship could be analysed into proposals of transference and counter-transference phenomena. This clinical approach in the research interviews parallels the approach in psychodynamically/psychoanalytically informed research studies (e.g. Cartwright, 2004; Doehrman, 1976; Leuzinger-Bohleber, Stuhr, Rüger, & Beutel, 2003; Pfeffer, 1961; Stänicke, 2009; Szecsödy, 1990). The method is similar to the “free association narrative method” invented by Hollway and Jefferson (2000).
Leuzinger-Bohleber, Stuhr, Rüger and Beutel (2003) characterise the method as “one specific qualitative approach”, centred on interpretation of unconscious meanings and analyses of change processes within specific periods of time. They found that major transference constellations in the studied psychoanalytic treatments replicated themselves very quickly in the follow-up research interviews conducted by another psychoanalyst (p. 275). This result supports the reliability of the analyses in psychoanalytically informed research interviews.

In Paper II the specific design of this interview method is described in relation to the aims of the study. These interview data are applied in Paper II and III (Strømme & Gullestad, 2009).

*Therapeutic competence evaluation.* A research group was established to discuss the method of competence evaluation. The group consisted of Bjørn Killingmo, Sverre Varvin, Siri Erika Gullestad and Hanne Strømme. Killingmo and Varvin performed the competence evaluation, both psychoanalysts.

As part of the regular procedure at the clinic all therapy sessions are audiotape recorded. To be able to study the therapeutic interaction over some duration the group decided to choose one whole therapy session as the data material for the competence evaluation. This alternative also made it possible to evaluate how the student therapist handled the beginning and the end of the session. A session at the end of the therapy period was chosen. At this point the student therapists are at the height of their competence acquisition in their professional oriented study. Thus, this assessment represents the end product of the education. The fifth last therapy session was selected in order to avoid the specific termination focus escalating at the end of the therapy. In a substantial amount of cases this session was not part of the tape recorded sessions delivered from the student therapists. In these cases the first subsequent or previous available session was chosen. In one case the last therapy session was the only available. In another case the patient abruptly dropped out of the therapy and in this case the last available session was used.

All 21 initially participating student therapists are included in this competence evaluation. Before entering the study they were informed that a competence evaluation based on their tape-recorded therapy sessions would take place.

The possibility of analysing therapeutic competence was delayed because we waited until all the practicum therapies were finished and the evaluation criteria had been developed.
Inspired by Tuckett (2005) a set of competence criteria were developed by the author in collaboration with the rest of the members of the research group. The criteria are organised under the following headlines:

- The therapy relation as a whole including significant transference and counter-transference patterns.
- The therapeutic attitude of the therapist.
- Emotional reactions of the therapist in the interaction (counter-transference reactions).
- The psychodynamic understanding expressed in the interventions of the therapist with a special focus on the capability to formulate interpretations.
- The interpersonal capacities of the therapist with primary attention on the therapist’s ability to create a progressively more open dialogue.
- Potential contribution from the patient, which restricts the therapist’s possibility to express his or her therapeutic competence.

Killingmo and Varvin listened separately to the audiotape recorded session without any preliminary information about the therapist or the therapy. Afterwards they evaluated each student therapist based on these criteria. Subsequently, these double evaluations were given to me and are part of the data material in Paper II and III.

But Killingmo and Varvin found that this set of criteria was insufficient as to contain the affective quality and the dynamics during the session between the patient and the student therapist. Implicitly the title of Tuckett’s (2005) paper “Does anything go?” implies that not everything goes; some requirements have to be present in order to conclude that a therapy actually is professionally performed. It turned out that the developed criteria set was insufficiently designed to assess dynamic psychotherapeutic competence in line with this intention of Tuckett. The main focus was not how the student therapists performed dynamic psychotherapy as was the purpose of the developed criteria set, but whether they did so. Killingmo and Varvin therefore introduced the concept “strategic thinking” to include in the evaluation that signs of competence in dynamic psychotherapy have to be present in the student therapists interventions and behaviour in the therapy. The student therapists must display an intention to gain specific goals and the ability to use specific means to reach this goal. This kind of competence is primarily conveyed through the “doings” of the student therapists, not only in the content of their interventions. Hence, Killingmo and Varvin underline the importance of the therapeutic attitude of the student therapist. Three dimensions are analysed in Paper IV (Killingmo, Varvin, & Strømme, 2009): Strategic competence,
attitude and technical competence. By this approach Killingmo and Varvin make explicit which concepts and theories they find relevant when they evaluate the dynamic psychotherapeutic competence of student therapists.

Based on this theory development Killingmo and Varvin further developed their own evaluation method by introducing a written essay which they wrote separately. Here they presented their individual qualitative assessment of the psychodynamic competence of each student therapist. Subsequently, the evaluators discussed until they reached consensus on their assessments given in the written essays. There were only few minor instances where they did not reach consensus.

This “essay method” is in line with the principle of expert evaluations (Dreyfus & Dreyfus, 1986) where experts are expected to be able to process a huge information material in a short period of time. Moreover, the developed method is in accordance with ”the Consensual Qualitative Research (CQR) model” (Hill, Thompson, & Williams, 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005).

Thus, 42 essays represent the data material for the qualitative analysis presented in Paper IV. Furthermore, based on this data material the 21 student therapists are placed in four competence categorisations: Strategic thinking, partial strategic thinking, lack of strategic thinking and anti-therapeutic relation. Additionally, I have used the outcome of this categorization as part of the data material in Paper III.

The research questions of interest in Paper IV evolved to be: To what degree had descriptive psychotherapeutic knowledge been transformed into operative clinical knowledge? To what degree could anti-therapeutic practice be identified? Did results match expectations in the training programme?

Triangulation of data. The analysis and outcome of the thesis is the result of repeated readings of the written data material and listening to tapes. New interpretations were triangulated with data from other sources in the material. This is an example of such triangulations: The student therapists’ report of the quality of the relation to their supervisors has been compared with supervisors’ report of the quality of their relation to the student therapists, with the independent evaluation of the quality of the student therapists’ relation to the patients and, finally, with the quality of the relation I experienced with the student therapists in the research interviews. New elements have been discovered during the analysis throughout the process. In this respect the data analysis could have gone even deeper. On the
other hand, a satisfactory analytic saturation seems to have been reached. Lately there have primarily been obtained affirmations of the out-come of the analysis. Some new nuances are added, but not important new elements.

Paper IV is an exception of the triangulation practice in the study. The analysis in that paper is only based on the evaluations of Killingmo and Varvin.

Participants

Student Therapists. 23 student therapists participated in the study. Of the initially 21 participating student therapists 16 were women and five were men. The two who joined in afterwards are women. The participants were between 24 and 38 years of age when entering the practicum. There may be one selection mechanism: Those who chose to participate as therapists in the work-intensive, time-consuming internal practicum at the clinic may as a group be more dedicated to acquire therapeutic competence than those taking the less extensive external practicum – respectively 2/3 and 1/3 of the course group.

Supervisors. Nine supervisors participated in the study, five women and four men. Most of the supervisors are psychoanalysts while the rest are primarily inspired by contemporary self-psychology. All the supervisors are experienced therapists and supervisors.

Patients. 23 patients participated in the study. They had common problems treated at outpatient clinics. Exclusion criteria were suicidality and severe mental illnesses. Typical symptoms were anxiety, depression, eating disorders, and personality disorders. Women were overrepresented. The patients ranged between 20 and 35 years of age, with one elderly? as an exception.

Researchers. Hanne Strømme, a Ph.d research fellow in clinical psychology at the Clinic of dynamic psychotherapy, University of Oslo, conducted the interviews with the student therapists and the analysis of the project data. Professor Siri Erika Gullestad at the same clinic has supervised Strømme during the whole process. Strømme developed the interview guides to the interviews with the student therapists and the supervisors, with supervision from Gullestad. Kristin Østlie and Bård Jostein Lid conducted the supervisor interviews. Østlie and Lid are Specialists in clinical psychology.
Professor emeritus Bjørn Killingmo and Ph.d research fellow Erik Stänicke, both at the Clinic of dynamic psychotherapy, University of Oslo, have been discussing partners and have contributed to the analysis of the main case, “Emily”, in Paper II. Killingmo has also contributed to other parts of Paper II. In addition, Killingmo has commented on the case analysis of “Helen” in Paper III. Professor Michael Helge Rønnestad at the same department, has been co-supervisor in the study and has read and given comments to Paper I, II and III in this thesis.

Killingmo and Sverre Varvin have assessed the psychodynamic competence of each student therapist. Psychiatrist Sverre Varvin is a Senior researcher at the Norwegian Centre for Violence and Traumatic Stress Studies and also works as a psychoanalyst in private practice. Strømme developed the criteria for the evaluations of the therapeutic competence of each participant with contributions from Gullestad, Killingmo and Varvin. Killingmo and Varvin have written Paper IV, with Strømme as a discussing partner.

Gullestad, Killingmo, and Varvin are training and supervising analysts at the Norwegian Psychoanalytic Institute. Stänicke and Strømme are candidates at same institute.

Finances. The study is financed by research grant from the University of Oslo.

Procedures

Recruiting. Student therapists, in total 28, in three subsequent classes on the professional training in psychology were asked to participate in the study. Two were prevented from participation due to patient related causes. Five had their private reasons not to participate. Consequently, 21 participated in the project from the beginning. After the practicum period was over, two additional students joined. No participant left the project.

All the supervisors agreed to participate in the project. In total nine supervisors participated, supervising from one to four supervisees. Only the supervisors of the initial 21 student therapists were interviewed.

All the patients of the involved three classes of student therapists were asked to participate. Two of them did not give their consent.

Written informed consent is obtained from all the participants both regarding participation and publishing of the data.
Student Therapist Interviews. The initially participating 21 student therapists were interviewed by the author over a period of two years – three times during the practicum and in a follow-up one year later. On the average the interviews lasted two hours. In the fourth interview all the participants had completed their study, and most had been working one year as clinical psychologists. The two additional student therapists who joined in after the practicum period was over were interviewed just once. These interviews had a retrospective focus, comparable to the fourth interview of the others. In total there are 86 student therapist interviews.

Interview guides* were prepared to each of the four process interviews and to the retrospective interview of the additional two, but the interview guides were primarily used as checklists at the end of the interviews, priority given to an open, unstructured interview interaction where the participants had the possibility to reveal their understanding of their developmental processes in accordance with their preferences (Paper II).

Supervisor Interviews. The supervisors of the initially participating student therapists were interviewed twice, in the beginning and after the end of the supervision, in total 22 interviews. They were asked to tell their views of their supervisee’s process of acquiring therapeutic competence and of the supervision process, and to characterise the therapeutic competence of the supervisee. The interviews were semi-structured based on interview guides developed for the purpose; fixed sets of questions with open-ended answers (Kvale, 1996; Flick, 2002).

In order not to contaminate the conversation in these interviews with information from the supervisee interviews, and vice versa, two clinical psychologists, instead of the author, conducted the supervisor interviews. Such contamination, and even more likely, fantasies of potential contamination by the participants were assumed to have problematic ethical and methodological side-effects, potentially influencing the ongoing supervision relationship more than the chosen solution.

Further details of this method are presented above under the heading “Clinically informed research interviews”.

Patient Interviews. For the respective patients of the initially participating student therapists the study has admission to the ordinary out-come interview conducted at the clinic, in total 21 interviews. These interviews have been adjusted to the project by adding one
question: “Do you find that your therapist has changed in any way during the therapy?” Following the regular procedure, the clinic director, Professor Siri Erika Gullestad, who also is the supervisor of this thesis, conducted all these interviews.

**Evaluations of dynamic psychotherapeutic competence.** Double evaluations of each of the 21 student therapists’ competence in dynamic psychotherapy are worked out based on a developed set of competence criteria. Additionally, a double set of qualitative essays is prepared. Further details of this method are presented above under the heading “Therapeutic competence evaluations”.

**Questionnaire.** Before the first process interview the student therapists filled in an extensive questionnaire named “Development of Psychotherapists Common Core Questionnaire”, designed to evaluate professional development of therapists (e.g. Orlinsky & Ronnestad, 2005).

**Data Preparations.** All the research interviews were recorded. Approximately half of the interviews with the student therapists have been transcribed; priority given to interviews considered elucidating interesting phenomena in relation to the evolving research questions and the ongoing analysis. The most relevant of the supervisor interviews were transcribed. All the outcome interviews with the patients of the initial 21 student therapists were taped and transcribed. Both Killingmo and Varvin present the evaluations of the therapy sessions in the form of an individually written criteria evaluation and an individually written essay for each of the student therapists. A completed copy of the questionnaire exists for each of the 21 initially participating student therapists.

**Selection of interviews.** What were the criteria for the choice of student therapist interviews to be transcribed? Generally speaking, priority was given to those interviews which illustrated interesting phenomena in relation to the research questions and the ongoing analysis. One superior criterion was openness about feelings and thoughts. Interviews which elucidated the students’ learning process and which were characterised by vivid storytelling were selected.

Examples of specific phenomena of interest: Conflicts with the supervisor (disclosed or open), devaluation of the supervisor, changes in the quality of the supervision or of the therapeutic relation, difficulties in the therapy, student therapists who focused on their personal contribution to the quality of the supervision and therapy relationship, one incident
of a traumatic earlier patient experience, lack of identification with the theoretical position of
the supervisor or with the dynamic psychotherapy tradition and my experience of something
going on in the research interviews which puzzled me.

Thus, those student therapists who told that the therapy and supervision relation went
on without big challenges and risks were not given priority. I interpreted this attitude as a
potential defensive manoeuvre in order to avoid focusing on their feelings in the therapy and
the supervision. Compared with the evaluators assessment of their therapeutic competence it
turned out that these student therapists also were emotionally withdrawn in the therapeutic
interaction. However, these student therapists also became more open in the last two research
interviews. As a main trend their stories in the follow-up interview supported the prototype
pattern presented in Paper III. Thus, the lack of priority to transcribe the interviews with these
students should not have consequences for the results in the study.

Theory

The specific method which was developed during the present study, representing a
combination of a qualitative research interview method and a dynamic psychotherapeutic
clinical interview, draws heavily on psychoanalytic theory. A basic feature of the method is
the creation of an open interview situation, permitting the interviewee to express herself3 with
her own words and in her own manner. This implies a projective element, i.e. the situation is
to some degree unstructured – in sharp contrast to a questionnaire where the person chooses
between pre-categorised answers. According to the hypothesis of projection (Frank, 1948) the
person will, in an open, unstructured situation, reveal her own inner organising principles, e.g.
underlying internalised object relations and protective strategies. Such projections take place
unconsciously, and the individuals cannot by conscious effort hinder the revelation of their
private world (Gullestad & Killingmo, 2002).

The interpretation of the interviews is also guided by basic psychoanalytic concepts
like transference and counter-transference, inner representations and relational scenarios.
These are linked together in a theoretical network, and are used in different parts of the
discussion in the four papers. Of course, the interview situation is different from a therapeutic
relation. Nevertheless, it may be justified to talk about transference, in the sense that central

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3 All the student therapists, the supervisors and the patients are presented as women in the papers and in this
introduction, see p. 39.
object relational patterns are actualised and transferred to the relationship to the supervisor as well as towards me in the research interviews. Helen explicitly mentioned an example of transference (Paper III). She felt the female supervisor reminded her of her authoritarian mother. One student therapist compared her supervisor to her partner’s mother whom she found to be “harsh, self-righteous and a negative kind of person”. Another student therapist felt a need to separate her feelings and thoughts from the perspectives of the supervisor and understood this explicit need as a consequence of her childhood experiences of emotional contamination between her and her parents.

Transference implies a conception of the individual’s representational world (Sandler & Rosenblatt, 1962). A key notion here is the interpretative quality of the human mind, implying that perception – and consequently the representation - of external reality always is filtered through the person’s anticipations. Internalised object relations, each including a self-representation, an object representation and a representation of the interaction between these (Sandler & Sandler, 1978), are central in the building up of the individual’s representational world.

My use of the concept of transference is based on an object relational tradition, and is inspired by Joseph’s (1985) definition of transference as “the total situation”, encompassing the totality of the person’s way of being and relating to the therapist. A more specific definition of such actualisation of inner object relations is provided by the concept of “relational scenario” (Gullestad & Killingmo, 2005). The concept is defined as the intrapsychic relation between a self-representation and an object representation having a relatively stable pattern that may be identified in different situations. Analysing the interview dialogue from the perspective of relational scenarios, the central question is: What part of the person’s self-representation is in which sort of dialogue with which object representation?

As to the concept of counter-transference my use of the term is in line with the tradition originating with Heimann’s seminal paper (1950) defining counter-transference as “an instrument of research into the patient’s unconscious” (p. 81). The concept of role responsiveness (Sandler, 1976) has been particularly useful for the present study. The concept capture the idea that the therapist through her own emotional reactions may get hold of the specific roles that she has been put in, i.e. that are projected onto her. Through her own responsiveness the therapist tries to answer the question: Which (object) role do I play for this patient now? Thereby the therapist formulates hypothesis capturing essential aspects of the patient’s relational scenarios. It is my contention that an interviewer, as well as a supervisor,
also may be put into such specific roles, e.g. the role of a guru, of a critical judge or of a caring mother figure, in the same way as the therapist.

Certainly, a research interview differs from the therapeutic situation concerning the interviewer’s possibility of using her feelings as an instrument. Clearly, there is a difference when it comes to the legitimacy of communicating own responses to the interviewee’s way of responding. Whereas this is part of the therapeutic “contract” in dynamic psychotherapy, this is not so for the research interview. The situations also differ regarding the possibility of having one’s own hypotheses confirmed. In the interview method developed in the present study, however, the interviewer’s emotional responses to the interviewee were the basis for creating hypotheses about relational scenarios being actualised in the interviewee. Similarly, this clinical method is used to create hypothesis about the interviewee’s avoided emotional issues.

The case presentation of Emily in Paper II is an example of this. After the third interview I wrote down my (counter-transference) reactions towards her, also quoted in Paper II:

“I feel like a bad interviewer by exposing her to a heavy burden. It seemed to me that she wanted to get out of the interview situation as fast as possible, that she felt relieved when the interview ended. I feel she is insecure in her relation to me and that I tend to avoid responding to her uneasiness in the situation. I am afraid she will become critical towards me and may want to withdraw from the study.”

Based on my experiences in the interviews with her I propose four different relational scenarios:

- Between a person feeling helpless and a somewhat overprotective helper.
- Between one who wants something from the other which the other holds back.
- Between a critical judge and a defendant.
- Lack of emotional separation between the interviewee and the interviewer.

Such proposed relational scenarios and defence processes in the interview relation may be compared to inferences concerning possible intrapsychic relational scenarios which the student therapists experience in their two other relations in the study, i.e. to the patient and to the supervisor. By triangulation of these data similarities and differences may be analysed.

The case of Helen in Paper III may serve as an example. In the first half of the supervision process she felt her supervisor was a “dangerous figure” while in the last
interview, one year after the termination of the supervision, she spontaneously characterised her as a “secure figure”. Helen herself interpreted her initial appraisal of her supervisor as an example of a bad inner mother figure projected on to her supervisor, although she did not use this professional terminology. Concerning the interview relation, in the initial two interviews I felt placed in the position of the good and caring “supervisor”, able to contain her troublesome feelings. In the last interview, however, I felt myself degraded to an observer of their important relation. These two processes seen together may be interpreted as projection of her good inner mother figure transferred from me to her supervisor.

Dealing with Helen, I was inspired by her ability to express openly her evoked emotions in the therapy as well as in the supervision. The supervisor on her side was very positive to Helen both as a person and as a therapist from the start. In the end her supervisor characterised the supervision as a success. The independent evaluation of her competence in dynamic psychotherapy was not done until I had finished my analysis of her supervision case. Then I discovered that she was placed as one of only two student therapists who were able both to establish a therapeutic space created through therapeutic listening and to intervene in the interaction with her patient according to internalised dynamic psychotherapeutic competence. The patient expressed gratitude for the therapy saying she found her relation to her therapist more secure than her usual relations and that she felt her therapist was a model for her. At the same time she appeared ambivalent to the therapy and the therapist. But I interpreted this attitude more as a personal characteristic than as a sign of her specific relation to Helen. Thus, Helen stood out in the interview situation, in the supervision, in the therapy and in the independent competence evaluation as a person who creates benign relationships to others. This indicates that one of her potent relational scenarios is the ability to create secure relationships to other people.

However, part of the picture may also be an avoidant attitude if she experiences that somebody takes an authoritarian attitude towards her. Initially Helen expressed guilt talking to me about her troubles with her supervisor without informing her supervisor about these feelings. Consequently, a hypothesis is that she would not have disclosed such feelings towards me if she had experienced me as authoritarian.

In a few of the cases hypotheses of defence processes and relational scenarios were discussed in a direct manner with the student therapist, thus obtaining consent about this procedure during the process. One example is from the fourth interview with Emily, quoted in Paper II. Emily returned to the topic of the open form of her supervision, which had left much
of the initiative to her. She had presumed her supervisor was guided by a professional strategy, but felt frustrated by the attitude of her supervisor. It appeared as a mystery to her. I commented by introducing a possible parallel between her experiences in supervision and the research interviews. Initially in this fourth interview Emily had said that she found the interview situation difficult because she was not given questions to which she could answer.

_Reviewer: I have got one such parallel to what you said about the interview – actually, to be in a situation, which is not totally comprehensible. Perhaps that is something you experience as a challenge._

_Edm: Yes. . . ._

_Reviewer: Because you say . . ._

_Edm: Yes, I do say that._

_Reviewer: . . . something like that about the interview form too._

On the verbal level Emily further confirmed that she dislikes being in situations, which she finds “difficult to grasp”. But if her non-verbal communication is included her tension becomes even more visible. My hypothesis is that Emily’s facial expression and body language as well as my feeling of having overstepped her emotional boundaries by my proposal indicated aroused anxiety in her. My hypothesis is also that this anxiety was evoked by the suggestion of a similar response pattern towards both her supervisor and me. Indirectly I implied that this pattern might be a repetitive one.

*Dynamic psychotherapy*

“Dynamic psychotherapy” is a therapy tradition which today covers a pluralism of therapy forms, and no mainstream definition of the term dynamic psychotherapy exists. However, all therapies calling themselves “dynamic” are in some aspects linked to psychoanalytic conception of psychopathology and therapeutic technique. At the Clinic of dynamic psychotherapy where the students of the present study receive their training, the following two elements are central: The student therapists use themselves as an instrument, and the affective relation between the therapist and the patient represents the main therapeutic tool. This umbrella encompasses supervisors and teachers with different theoretical profiles. In the present study, five of the supervisors were psychoanalysts whereas different forms of self-psychology inspired the remaining three. In line with variances in their theoretical orientation
the supervisors would focus on somewhat different aspects of the material to be supervised. For instance two of the supervisors would particularly emphasise different aspects of the patient’s affect consciousness whereas the psychoanalytically oriented supervisors focus more systematically on transference and counter-transference phenomena.

In this context it should also be noticed that the student therapists were allocated their supervisor, i.e. they did not choose their supervisor themselves. Consequently, not all the student therapists shared the theoretical position of their supervisor. Conflicts arising from different theoretical orientations appeared present in some of the supervisory relationships. Additionally, in a few cases the student therapists did not disclose to the supervisor this theoretical deviance (Paper III).

However, on the basis of the interview data and the competence evaluations in the present study it is my contention that these kinds of theoretical differences have not been a major problem in the supervision and in the learning process of the student therapists. The same conclusion is presented in other empirical studies pointing to other relational factors as more important for the quality of the supervision relationship, such as the supervisees’ feeling of being respected (Bernard & Goodyear, 2004, p. 107). Moreover, differences between various forms of dynamic psychotherapies seem rather too complicated for the student therapists to take into consideration in their practical work.

**Dynamic theory and competence evaluation**

The purpose of defining more specific criteria of competence as dynamic therapists required a more precise definition of dynamic psychotherapy. In this context, dynamic psychotherapy was defined through eight propositions listed in Paper IV. These propositions rest on the core concepts commented on earlier: Projection, inner representations, transference – counter-transference and relational scenarios. Furthermore, it requires a specific listening perspective and specific kinds of interventions. This definition is based on the assumption that the decisive competence qualification in dynamic psychotherapy is the ability to listen to “the subtext”, “holes in the text”, “the voice of the unconscious” and to capture underlying relational scenarios (Gullestad & Killingmo, 2005). In this perspective, the therapeutic dialogue, also including unconscious communication, is far more complex than the manifest dialogue in the therapy room.
As to the evaluation of therapeutic competence, we (Paper IV) have introduced the concept “strategic thinking” as an expression of internalised (Schafer, 1968) psychodynamic therapeutic competence. Two levels of competence are proposed: Therapists on the lower level, with “partial strategic thinking”, are able to perform dynamic psychotherapeutic listening. Thereby they establish fruitful “therapeutic space”. Those who have reached the higher level are also capable of using this therapeutic space created for interpreting subconscious wishes and feelings. Thus, if a therapist is assessed as having internalised such therapeutic competence, it should be possible to discover signs of this “strategic thinking” in his or her therapeutic interventions and behaviour in the therapeutic dialogue. Those signs reveal intentionality in the attitude and behaviour of the therapist.

Six of the student therapists were rated with ability to strategic thinking, and only two of them in a strict sense performed in accordance with such strategic thinking, and only periodically. Three were rated with partial strategic thinking. Altogether this implies that less than half of the 21 student therapists showed signs of internalised dynamic psychotherapeutic competence in the evaluated therapy session. For the rest the conception of a specific therapeutic setting, different from an ordinary social interaction, seems to be absent. Hence, the focal issue in the research analysis became whether the student therapists performed a therapeutic activity informed by internalised professional clinical competence or simply joined into an ordinary social conversation form.

Killingmo and Varvin have assessed the clinical competence based on the same “dynamic standard” for all the student therapists. They have had no information about the specific supervisor of the respective student therapist. Their starting point and only information was that all the student therapists at the evaluation point had received three terms of psychodynamic/psychoanalytic oriented theoretical education.

Understanding helplessness

Looking back it may not have been a coincidence that the case of Emily (Paper II) was chosen as an example of the interview method used. Emily expressed her defences, her anxiety and her helplessness when she was faced with situations she did not understand and where she felt insecure. Her case was a clear-cut example demonstrating how defence processes were activated in order to avoid exposing her helplessness to herself and to me as the research interviewer.
However, almost all the participating student therapists conveyed similar feelings of anxiety and helplessness. Nevertheless, it was not until later in the interview process, during the work with the supervision paper, that the helplessness of the student therapists came to the foreground as an overall theme in the study. I realised that the case of Helen also represented a typical case for studying anxiety and helplessness as revealed in the supervision relationship.

Originally the anxiety of the student therapist was only one of several subordinated research questions placed under the main question focusing on factors that promote and inhibit the internalisation process of acquiring therapeutic competence. Informed by the ongoing analysis I in a way “rediscovered” from within the data material the fact that the anxiety of the student therapist and novice professional had been addressed as the topic of concern in a considerable amount of research concerning supervision and therapist development in general (e.g. Doehrman, 1976; Dodge, 1982; Ekstein & Wallerstein, 1958; Grater, 1985; Gray, Ladany, Walker, & Ancis, 2001; Moskowitz & Rupert 1983; Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Skovholt & Rønnestad, 2003; Stoltenberg & Delworth, 1987; Szecsödy, 1990). That is, this focus on anxiety, which I was familiar with from previous research, emerged as a powerful figure in the data material. At the same time I realised that the consequences of this anxiety for the acquisition process and the supervision process in dynamic psychotherapy had not been a subject for the same comprehensive empirical research scrutiny.

Additionally, the insecurity and helplessness of the student therapists in this study may for several reasons be exaggerated in comparison to other practicum experiences. The practicum at the clinic is particularly long lasting and comprehensive with two therapy sessions each week and intensive supervision in groups three hours each week. The student therapists are daily exposed to the teachers and their fellow students at the university clinic, and particularly so when they present their therapies at one staff-meeting each term. One supervisor in the study turned the focus to this situation and said that nowhere later in their career will they ever be exposed to their supervisors and colleagues to that extent.

Summing up, the intensity of the practicum training, the interview method and the longitudinal design imply that the present study is particularly appropriate for an in-depth analysis of the dynamics of helplessness in student therapists.
Helplessness in a psychoanalytic perspective

“Helplessness” is a common word from everyday language, which does not have the status of a shared theoretical concept within psychoanalysis. Nevertheless, the word is an expression of a powerful and meaningful emotional state which is recognisable for most people. The word “helplessness” adheres to the experience-near language. In this thesis the word “helplessness” has been preferred to the specific theoretical concept “anxiety” included in Freud’s structural theory. Thus, the focus is turned to the subjective experience of the student therapists.

Based on qualitative case studies of patients the experience of helplessness has also been a subject of theoretical concern for some psychoanalysts. Two will be mentioned here. The word has a specific meaning in Freudian theory, and in Norway the deceased professor in psychology, Harald Schjelderup, presented a somewhat different theoretical perspective on this emotional state.

Freud related the concept “helplessness” to trauma. He introduced his second and final theory of anxiety in “Inhibitions, symptoms and anxiety” (1926). Here he proclaimed that anxiety might be evoked in grown-ups when someone is threatened by external or internal dangers. The determinant of automatic anxiety is the occurrence of a traumatic situation in which a person experiences helplessness on the part of the ego in the face of an accumulation of excitation, which he or she cannot deal with. Freud defined a traumatic situation as a situation where a person compares his or her own strength to the magnitude of the danger and admits helplessness in the face of it (p. 166). He differentiated between “physical helplessness” if the danger is real and “psychical helplessness” if the danger is instinctual.

When the danger is instinctual, the anxiety signal is evoked from within as a consequence of accumulated earlier experiences which have resulted in being emotionally overwhelmed: Anxiety is reproduced as an affective state in accordance with an already existing mnemonic image. In these situations anxiety is a reaction of the ego to the threat of the occurrence of a traumatic situation; anxiety is evoked by an internal signal of danger of a potential traumatic situation. Freud wrote that anxiety is the original reaction to helplessness in the trauma, and it is reproduced whenever a state of danger recurs as a signal for help.

For Freud “anxiety” was a fundamental theoretical concept belonging to the structure theory of id, ego and superego. The concept of “helplessness” on the other hand referred to a subjective experience, the state of ego being overwhelmed. The experience of anxiety is helplessness.
Freud connected the different dangers of psychical helplessness to various phases in the child’s life when the ego is immature: The danger of loss of the object in early childhood when the child is totally dependent upon others, the dangers of castration in the phallic phase, and the fear of super-ego in the latency period. Freud assumed that all these danger-situations and determinants of anxiety could persist side by side and cause the ego to react with anxiety in later periods. They become repressed, and may remain unaltered in the unconscious for an indefinite length of time.

In Freudian terminology the initial helplessness of the human infant is caused by accumulation of unsatisfied desires, which the infant is incapable of satisfying without help from an object. The prototype of such help is motherly care. Gradually this care evokes strong attachment towards the mother who is simultaneously over time internalised as an object different from the child. According to Freud, internal (instinctual) dangers change with the developmental period of the child, but they have always one common characteristic; they include separation from, or loss of, a loved object, or loss of its love. This accumulation of unsatisfied desires may finally end in an experience of helplessness. Furthermore, the fear of loss evokes signal anxiety and induces the ego to avoid or withdraw from the situation in order to remove from the danger.

Thus, using Freudian terminology, being a therapist for the first time may represent a signal of danger to the student therapists. This signal anxiety reactivates the infantile feelings of helplessness caused by the inability to handle the situation in accordance with the high expectations student therapists may have of their therapist performance. According to Freud this state is intimately connected with an evoked need of a helping object which metaphorically enters the position of the mother capable of satisfying the desires of the infant and consequently reducing the experience of helplessness.

The importance of the supervisor for student therapists may be understood as an example of this need of an omnipotent other. In a Freudian perspective the strong dependence student therapists dispel towards their supervisor may be understood as a reactivation of the infantile need for help. The fact that student therapists place supervision as the single most important learning factor, rated even before practice with patients (Orlinsky & Ronnestad, 2005), may support such an interpretation. In all other phases of therapist development, practice with patients is singled out as the most important factor. The assumption is that the student therapists’ exaggerated dependence on their supervisor simultaneously causes an increase in the fear of loss of love from the supervisor or even loss of contact with him or her.
This fear may be complicated by student therapists’ aggressive feelings towards their supervisor, which may be evoked as a consequence of feelings of not being adequately helped.

The anxiety in the practicum situation might evoke an impulse in the student therapists to withdraw from the therapy and supervision situation, but none of the participants in this study did. Thus, the student therapists were, according to Freud, left to protect them from the potential traumatic situation by emotional withdrawal in the form of various intrapsychic defence processes.

In his book “Neurosis and the neurotic character”, first published in 1941, Harald Schjelderup (1988) wrote about “helplessness”. He deviated somewhat from the Freudian drive theory underlining human contact and belonging as equally important (Killingmo, 1996). This view place Schjelderup in line with the object relational tradition.

Nevertheless, there are some common elements between the understanding of Freud and Schjelderup of “helplessness”. Freud related experiences of helplessness to the collapse of the ego’s ability to handle the situation whereas Schjelderup viewed experience of helplessness as an expression of deficits in a person’s ability to act, including expressing in words the affective experiences of helplessness. An example of this inability to verbalise her feelings is presented in the Emily case in Paper II.

Schjelderup characterised the experience of helplessness as a state of being overwhelmed which automatically activates a defensive reaction. To him anxiety and helplessness are the most central phenomena in the mind of the neurotic personality, kept away from consciousness by various forms of defensive processes. Different kinds of neurotic attitudes may be seen as consequences of the neurotic person’s reactions to feelings of anxiety and helplessness, i.e. different neurotic symptoms may have the same cause. Schjelderup mentioned three consequences of the fundamental helplessness of the neurotic: Inhibition, feeling of inferiority and dependence.

The most common consequence is the tendency to avoid situations, which evoke feelings of helplessness and anxiety. Such withdrawal leads to inhibition of different psychological functions and to increased emotional alertness. The fundamental anxiety and helplessness of the neurotic person evokes feelings of insecurity and incapability, which over time develop into feelings of powerlessness, inferiority and insufficiency. A common defence towards these negative feelings is illusions of, or dreams of, omnipotence.
The more the neurotic person is anxious and helpless the stronger is his or her need to be accepted, recognised and loved. Consequently, neurotic persons may make huge demands upon the object, demands for love and expectations of being taken care of – often without being consciously aware of it themselves. The Helen case in Paper III shows an example of this need to be taken care of.

However, because of neurotic inhibition such demands are seldom expressed openly and directly. According to Schjelderup, neurotic persons often defend themselves instead using one of three distinct behaviours: Subordination, will to power and withdrawal.

Although categorisations of individuals into the broad concepts of neurotic and psychotic personalities no longer are in use, Schjelderup’s outline of the neurotic personality structure signals attention to common feelings of everyone, although in varying degree from person to person. On a general level this outline may therefore inform also the analyses of the developmental process of the student therapist. Being inexperienced student therapists are especially prone to feelings of anxiety and helplessness. Furthermore, these feelings are often increased because student therapists have high expectation of their performance related to their patients’ need of help and also to their own ambitions. Thus, the processes Schjelderup described may be particularly clear at this stage of therapist development.

Safety and defence

In the paper “The background of safety” Sandler (1960) explores the organising principles behind the perception process inhibiting a person from experiencing own helplessness. He postulated that the ego is governed by “a safety-principle”: The ego makes every effort to maintain a minimum of feeling of safety, through the development and control of integrative processes within the ego, foremost among these is perception (p. 355). Thus, using different methods the ego controls perception and reinforces its feeling of safety. Both preconscious and unconscious perception are possible, but conscious perception, Sandler stated, is the product of a qualitative integration of incoming stimuli changed by defence processes in order to preserve the level of safety.

One way of maintaining safety is using projection. In supervision, different feelings may be projected onto the supervisor. Thus, a good infantile object is projected on to the supervisor if she or he is perceived as responding to the helplessness of the student therapist and offering adequate help. If the student therapist on the contrary experiences the supervisor
as inresponsive to his or her need, the student therapist commonly projects a bad infantile object on to the supervisor. In such situations the supervisor is understood as a persecutory object, which evokes aggressive feelings and destructiveness in the student therapists. It is the suggestion in this study that the experience of these kinds of aversive feelings towards the supervisor often function as a defence against the experience of helplessness.

As a consequence of aggressive feelings towards the supervisor it may be difficult for the student therapist to maintain a perception of the supervisor as a loving and caring object. Instead he or she may, as outlined in the Freudian theory above, experience loss of the supervisor as an object or loss of love from him or her. In turn such development of the supervision relationship may function as a signal of danger to the student therapist, activating defences in order to avoid retraumatization and being overwhelmed by feelings of helplessness.

Possible defence processes in the participating student therapists have been one of the main focuses in this study. One example of emotional withdrawal caused by challenges in the practicum therapy and the supervision is presented in the case of Emily in Paper II. Emily held back many of her feelings in the supervision as well as in the research interviews. In the fourth interview after having practiced one year as a clinical psychologist she states that she did not want to go on working with psychodynamic therapies, at least for the time being. She found it difficult to tolerate periods of insecurity which inevitably is part of this therapeutic approach. After having read the case description about herself, she commented, as referred in Paper II: “Perhaps it was also a question of not disclosing, not to the interviewer and not to myself, how insecure I felt.”

*Helplessness and infantile scenarios*

Freud underlined the importance of motherly care, which functions as omnipotent help when the infant experiences helplessness. Thus he pointed to a relational perspective on anxiety and helplessness, which later has been elaborated further in the object relational tradition. In this tradition the focus is on the quality of the relational bonds between the primary objects and the child, which gradually are internalised as intrapsychic representations of object relationships. According to object relational theories the prototypical interaction between the mother and the infant is internalised and constitutes relatively stable patterns of expectations of significant others later in life.
The concept of “relational scenario” may be applied as a tool to organise relational data in therapies. It is an assumption in this study, as outlined in Paper II, that it is possible to explore relational scenarios also in persons participating in a research interview presupposing that they are placed in a situation with a certain degree of a projection (Frank, 1948; Holt, 1956; Rapaport, 1967).

Relational scenarios exist on different levels of psychological maturity (Gullestad & Killingmo, 2005). Feelings of inadequacy and helplessness commonly cause the reactivation of what is called “infantile relational scenarios”, which particularly influence a person’s relation to others. Infantile scenarios contain representations of the person’s relation to his or her primary objects – mother, father, siblings or persons in their place, and are organised in accordance with the logic of the child and are expressed in the language of the child (ibid.). They can be seen as “primary scenes” where the negotiations between a self-representation and an object representation happen in the childish form behind the grown-ups’ façade.

Infantile scenarios are not easily influenced by current social interaction. Later experiences are coded and stored as more differentiated superstructures, which to a little degree are in real contact with the internalised infantile scenarios. Instead infantile scenarios represent “unfinished dialogues” which are constantly ready to be activated, and which connect themselves on dialogues in the present as “dialogues behind dialogues” (Gullestad & Killingmo, 2002). In Freudian terminology such reactivation of an infantile relational scenario represents an incident of ego regression.

One example of such an infantile scenario and ego regression is presented in Paper III in the description of Helen’s supervision (Paper III). Initially in the supervision process Helen longed for more care and support from her supervisor. Two years later, in the fourth interview, she spontaneously explained this initial uneasiness by a reference to her need of motherly care: “I was insecure and needed to be taken care of, needed acceptance and recognition, caring, from a mother figure.” At that time, one year after the supervision ended, Helen understood her initial tension as lack of patience. She said: “I had a strong need that she [the supervisor] already in the beginning had been what she gradually became, and (I) became, perhaps, very disappointed when I didn’t experience her like that from the beginning.”

At the beginning of the supervision process Helen felt she did not receive help from her supervisor, and became angry with her because she missed understanding and support from her. In line with a possible reactivated infantile scenario Helen felt helpless and directed
a demand for care and support towards her supervisor whom she perceived as inresponsive and critical. Her supervisor on the other hand from the beginning was very positive about Helen and her personal qualifications for therapeutic work. Thus, Helen’s misperception of her supervisor’s attitude towards her may be explained as an incident of projecting a tormenting infantile inner object on to her supervisor.

Another student therapist in the first interview clearly expressed a feeling of being regressed to an emotional maturity level similarly to that of a child:

*Definitely, I have always been very brave and very clever. I have had very many mature ideas, but it is very strange now (...) to feel like a small child again when I am in the therapy situation... (...) So, I feel like a child again.*

Like Helen this student therapist also communicates her need of a special kind of response from her supervisor. In this state of insecurity she also wants focus on herself:

*But there are some elements I miss in the supervision, more about my personal development as a therapist, what is evoked in me. She [her supervisor] never mentions my feelings. And I do miss that, because in my opinion, it is my feelings that are most fruitful to be supervised in, actually.*

**Ethical considerations**

Three kinds of ethical concerns are especially relevant in the study:

1. My position as a researcher studying acquisition of therapeutic competence among student therapists at the Clinic of dynamic psychotherapy while simultaneously being employed as a ph.d research fellow at the same clinic.
2. My position as a possible unwelcome third part in the supervision relation.
3. My invitation to the student therapists to participate in a study applying research methods providing data beyond their subjective report.

As a ph.d research fellow at the Clinic of dynamic psychotherapy at the University of Oslo I was part of my own research field. The professional staff at the clinic consisted of three professors, a few ph.d research fellows and seven external supervisors. Were my data biased because of my double position as a researcher and an employee at the same clinic? Did I have the necessary distance to the participants in the study not to contaminate my data? And was this double position an extra burden for the participants?
My double position at the clinic made me particularly informed about the topic of concern, and even more so because I myself have been a student therapist in the same internal practicum at the clinic. It may be argued that this informed position made me especially suitable as a researcher in this study. I knew my research field from within.

At the same time my double position raised specific challenges. My perception might be biased due to my own experiences and because the participants might feel I was part of the studied object without the necessary distance to it and them. Several initiatives were taken to minimise such disadvantages.

In line with the ethical rules of anonymity the identity of the participants was held back to protect them from being exposed to others at the clinic than me. This precaution also included my supervisor who was in the same double position being both my supervisor and the professional leader of the clinic. And of course, I have tried to be open to phenomena in the material which are not in line with my anticipation due to my experiences at the clinic first as a student therapist and later as an employee. The fact that the focus of interest evolved and changed throughout the process might be seen as an example of this openness. I was influenced by my experiences in the research interviews with the student therapists and by the incoming data material.

Additionally, the information the student therapists gave me may have been biased. Although I always introduced the topic of professional secrecy when I first met potential student participants, at an information meetings as well as in individual conversations, all student participants asked again throughout the interview period, some of them even several times, how I handled the information I got. Many were bothered by feelings of disloyalty when they conveyed disagreement with or agonistic feelings towards their supervisors and teachers, especially when they had not talked with them about the subject. Some were also afraid that information would be given to the teachers and their supervisor, potentially hurting them in some way.

Furthermore, the students might imagine that my loyalty was with the teachers and the supervisors since I was one of the staff members. They could appraise me as one of the teachers and feel that I evaluated their learning process. Finally, the student therapists might easily categorise me as part of my own studied subject, identified with the educational programme. For instance they might think I was interested in good evaluations of the programme.
Summing up, it might be difficult for the student therapists to be honest with me. But a counterargument to an extensive influence of these factors is the increasing openness in most of the interview relationships throughout the four process interviews. The research interviews with the student therapists provide rich descriptions of their thoughts and feelings during their acquisition process. Incidents of exaggerated defensiveness in the research interviews do not seem to be a consequence of my double position. Generally those who appeared particularly defensive in the research interview setting turned out to be appraised by the two independent evaluators as emotionally withdrawn in the therapy setting. This combination supports the hypothesis that these student therapists responded to the different anxiety provocations in the practicum situation and the research situation with more defensiveness than others.

Finally, it must be mentioned that I never was in the position of being a potential teacher of the participating student therapists, and I made sure that I never was the internal sensor at their final exam.

The supervisors were also interviewed about their relation to their supervisees and their appraisals of the clinical competence of them. Thus, the supervisors were not asked to comment upon other staff members at the clinic. However, they might feel uncertain about my handling of their anonymity. Those who adhere to other dialects within the broad psychodynamic tradition could be uncertain whether I would analyse the data material with sufficient justice to their theoretical orientation. But then again the information the supervisors gave in the interviews was rich and does not appear defensive concerning potential theoretical deviances.

The second ethical issue raises the question whether the student therapists and their supervisors perceived me as an unwelcome third part in their relation. Steps were taken to reduce my influence on the supervision relation. Since the relationship between the student therapist and the supervisor is important for the student and therefore potentially fragile, I asked myself how I could study their relationship and its value for the student therapist without being an unwelcome third part in the relation. To avoid any possible suspicion from the participants that I would bring information from one part to the other, I decided only to interview the student therapists myself whereas two colleagues interviewed their supervisors. Furthermore, I listened to audiotapes of the supervisor interviews only after the supervision has been finished.

This precaution turned out to be of value for one of the student therapists who explicitly mentioned that she had the suspicion that her supervisor invited her to an individual
talk outside the supervision group because she got information from me. She thought I implicitly had transferred information from her to her supervisor by my way of interviewing her supervisor. When I told her that her supervisor could not possibly have been informed by me, she was very happy and felt her supervisor understood her.

The decision not to interview the supervisors myself may have given me less information than if I had done all the interviews myself, thereby getting richer and more complex background for formulating my comments in the interviews and analysing my data.

Concerning the third ethical issue, several researchers have warned against a research interview inspired by a dynamic psychotherapeutic clinical interview (e.g. Kvale, 1996, p. 155 ff.; Fog, 2004, p. 241 ff., 244 ff.). In line with these reservations a research interview informed by a dynamic psychotherapeutic clinical interview instigates the following ethical questions:

a) Is it ethically justifiable to incorporate elements from dynamic psychotherapeutic clinical interviews in research interviews in order to make possible inferences about unconscious processes in the participants?

b) How may such results be published without risking that some participants experience that they have been exploited by the researcher?

c) Is it ethically justifiable that the researcher comments upon the stories of the participants in the interviews?

Concerning question a), Kvale (1999) stated that the use of “concealed techniques and interpretations with a distrust of the subjects’ motives raises ethical problems in a research interview” (p. 106). The term “concealed techniques” has negative connotations in his context, and seems to refer to interview techniques with a depth psychological view on the subjects’ narratives and behaviour in the research interview. However, any interview technique and data analysis which is not “immediately understandable” to the research participant may be considered concealed.

It is not documented that dynamic psychotherapeutic interview techniques are more concealed than other interview methods within the qualitative research field. As I see it the crucial point is that there is an open discussion with the interviewees concerning the aims of the interview.

One important point here is the ability of the participants to understand what such an approach implies for them. Graduate students in professional psychology and psychologists in
their first year at work should definitely know the consequences of a projective data collection method. All participants gave their formal consent in the beginning of the project, and they have continuously confirmed their consent by not withdrawing from the project afterwards. Furthermore, two more student therapists joined in after the practicum period was over. Another point of importance in this context is the ability of participants to understand the relevance of the study from a research point of view. The use of an interview method with projective elements certainly will be considered in relation to the relevance of focus on unconscious processes for studying acquisition of psychodynamic clinical competence. Most psychology students will understand that such a study will be quite limited if the analyses are only on the level of the subjective experience of the participants.

Every participant made an issue of the interview method one or several times, showing a wide variety of reactions. But they were aware of the difference between the interview method used and a more traditional research interview, seen in the statement of one of the participants:

"Thinking about a research interview, it is more like: "Yes, let’s see, is it a, b or c? More of a questionnaire. But this is not at all like that. Yes, that was the huge difference from what I expected. It was much more personal. My experience is that it is more like a therapy situation than a cold, distant interview."

In fact, my participants might have accused me of doing tedious research if I had used more conventional qualitative interview methods. Many participants have stated that they are looking forward reading the results of my work, being able to evaluate them professionally. An analysis based only on content analysis of the verbal report probably would have been a disappointment. One must suppose that these participants share the view that therapist development is influenced by the therapist’s own unconscious processes.

Within psychoanalytically/psychodynamically informed research it has been a long tradition to use clinical methods in patient studies. The argument is that exposing patients in dynamic psychotherapy or psychoanalysis to research interviews based on dynamic psychotherapeutic clinical techniques is ethically justifiable because these research participants have chosen this therapy form themselves. Hence, they know the form and appreciate it. One may question if the formal categorisation between the clinical and extra-clinical setting is that obvious. The question is why patients in a research situation should be less vulnerable than other participants.
Concerning question b), I decided that participants used in case descriptions should be given a possibility to read my presentation before the material is published to avoid a situation where they might feel exploited by my work. So far nobody has had reservations. The student therapist I call “Emily” was also invited to supplement the text in Paper II with her comments. Consequently, she became a co-researcher into her own material. She was free to accept, revise and reject parts of my analysis.

To secure the anonymity of the participants I could not choose among all the participants who should be exposed in the final text. I have avoided specific phenomena and characteristics that easily would be recognisable in the limited professional circle in Norway. In order to increase the anonymity all the student therapists, the supervisors and the patients are presented as women in the papers and in this introduction. Women represent the majority in all three groups.

Concerning question c), qualitative researchers traditionally refuse to supply participants with their own thoughts and feelings. For instance Kvale (1996) stated that in research interviews the interviewer is not in a position to comment upon the stories of the participants because they have not asked for such a potentially enlightening process (p. 155 ff.). Qualitative research interviews may lead, he proclaimed, to increased understanding and change as a result of new perspectives evoked in the participants while telling their stories to the researcher, but this is an unintended consequence of the primary aim of knowledge production (p. 26).

In my view, this attitude expresses general defensiveness towards research participants. They might be interested in contributions from a research interviewer and may not feel such comments as invasive, presupposing that the comments are presented in the form of questions and with timing and tact. On the contrary, some participants might experience such comments as signs of respect, giving them an opportunity to comment on the hypotheses of the researcher. The amount and the content of the suggestions the researcher introduces are first and foremost determined by the established quality of the interview relationship and the participant’s degree of defensiveness in the situation. The challenge is to avoid forcing comments upon the participant.

In addition, one may assume that psychology students have a professional interest in getting new perspectives upon themselves as therapists, potentially improving their acquisition of clinical competence. This view was strongly supported by student therapists in this study. In fact, I was surprised by the high number of them who explicitly said that the
research interviews had contributed to their learning process. The following comment is
typical of that attitude:

“I feel that it has been ... ok to come here and think more. Yes, I got a possibility to 
think and feel things I haven’t sensed or thought too much about before, actually. 
That’s my opinion. Mm. I feel I’ve advanced in my development.”

Summary of the papers

Paper I: Early development of therapists

This article deals with the professional development of newly trained therapists doing
intensive psychodynamic therapy. What are the hallmarks of the development in these first
years as therapists? How important is the supervision experience? And do newly trained
therapists develop specific skills similar to all, or do skills vary substantially? Theories and
empirical results in the field are presented. These form the background of an ongoing research
project at the Clinic of Dynamic Psychotherapy, Department of Psychology, University of
Oslo. The project is a qualitative interview study of 21 training therapists at the clinic. The
trainees are interviewed three times during their practicum in the last year of their
professional degree programme and then again one year afterwards. In addition the project
includes two process interviews of the supervisors and a qualitative assessment of the
participants' therapeutic skills based on tape recordings from one of the last therapy sessions.

Paper II: A widening scope on therapist development: Designing a research interview
informed by psychoanalysis

The aim of this article is to present a qualitative research interview informed by
psychoanalysis, which can collect data beyond the subjective report of the participants. The
method has been used to study acquisition of psychodynamic understanding and therapy
technique among 21 student therapists in psychology. Within the psychodynamic tradition the
subjective report of every person is viewed as potentially distorted by defence processes.
Moreover, relational patterns in an interaction are viewed as significant data about the
intrapsychic object relations of a person presupposed the person is placed in a projective
situation. Since common qualitative interview methods focus primarily on verbal data, such
psychodynamic assumptions represented a methodological challenge. Trying to collect a
wider scope of data than merely the subjective report, a research interview was developed based on a certain degree of projection, a psychoanalytic listening perspective, and the use of the emotions in the interview relation as data. Subsequently, relational scenarios and incidences of defence processes in the research participants were inferred.

**Paper III: Rise and fall of conflicts in supervision. A contribution to understanding the complexities of student-therapist supervision.**

Dynamic processes in supervision are focused in a longitudinal qualitative study with a multiple single case design including 21 student therapists, their supervisors and patients, with a specific focus on supervisees’ feelings of anxiety and helplessness. Through an in depth analysis of one case the article discusses how student therapists experience their supervision, how anxiety affects the supervision relationship and lastly if and how anxiety is addressed in supervision. The data material of the study makes possible the identification of characteristic features present in most of the supervision processes, thus demonstrating a prototype pattern of supervision dynamics. A characteristic aspect of this prototype pattern is the regular presence of feelings insecurity and helplessness. Implications for supervision are discussed. It is concluded that a supervisor approach informed by the analysis of a prototype pattern of dynamics is to view anxiety, insecurity and helplessness of student therapist as inevitable feelings, not to be avoided but instead to be addressed in supervision.

**Paper IV: What may we expect from beginner therapists? A study of the learning process in dynamic psychotherapy training.**

One session from the last part of psychodynamic therapies (N=21) performed by student therapists in an intensive psychodynamic psychotherapy-training program were analysed qualitatively for level of psychotherapeutic competence. Research questions were: To what degree had descriptive psychotherapeutic knowledge been transformed into operative clinical knowledge? To what degree could anti-therapeutic practice be identified? Did results match expectations in the training programme?

Three dimensions were analysed: Strategic competence, attitude and technical competence.

Results: 53% of the therapists did not show functional clinical competence. Strategic competence was present, wholly or partially, in 47%. Only two therapists demonstrated high-
level strategic competence. Most therapists demonstrated lack of ability for strategic thinking, lack of technical competence and all therapists had difficulties relating to negative affects.

Conclusion: Patient’s defence and the therapist’s helplessness and lack of competence worked against progress in the therapies. The program did not bring the therapists to a position where descriptive knowledge was transformed into operative knowledge. Learning dynamic psychotherapy will take longer time for most. More focus on internalising therapeutic competence must be important in such programs.

The contribution of the study
This study contributes to the understanding of student therapists’ acquisition of dynamic psychotherapeutic competence in several respects. Firstly, the developed research interview method, which integrates two different research traditions that provides for in-depth analyses of the personal acquisition process (Paper II), contributes valuably to a method development making it possible to study this complex acquisition process. Secondly, this interview method, along with the longitudinal component of the study design, provides the study with data material of intrapsychic processes in the student therapists (Paper II and III) in addition to their subjective points of view. Systematic collections of non-verbal data including the feelings of the interviewer are unusual in empirical research in psychology, except in patient studies. Based on these data a prototype pattern of supervision dynamics is presented as a general approach in supervision of student therapists. Thirdly, the method used to evaluate dynamic psychotherapeutic competence of the student therapists is new and may be considered innovative. Analyses of dynamic psychotherapeutic competence are rare in the literature, and the present paper (Paper IV) may be the first, which is based on qualitative methods in the data sampling method applied as well as in the subsequent data analyses. Finally, the consequences of the student therapists’ insecurity and helplessness for their acquisition process have not been given the same scrutiny in previous studies.

The interview method along with the longitudinal design of the study arranged a situation for the student therapists in which they had to expose their acquisition process extensively, both verbally and non-verbally, in an unfolding relation to the interviewer. Consequently, it has been possible to study during the supervision the intense negative feelings of the student therapists while they are experienced.
Research based on questionnaires and research interviews that are only administered once and are based on the subjective report of the participants do not invite to the same thorough exploration of negative feelings. In those situations the participants may defend themselves more from the experience of these negative feelings and avoid exposing them to the researcher, or at least the extent of these feelings. In line with this argumentation Skovholt and Rønnestad (1992) in their qualitative study focused on the fact that only senior therapists made an issue of the pervasive anxiety from their beginner phase, and of how profoundly this anxiety was reduced in later developmental phases (p. 114 ff.). Therapists in earlier stages did not give their initial anxiety the same attention.

The different data sources paved the way for comparisons between the subjective report of the student therapists and my analysis of their acquisition process with the appraisals of their supervisors as well as the independent assessment of their therapeutic competence and the therapy evaluations of their patients.

Informed by the literature (Paper I) preliminary research questions were formulated and later changed as a consequence of my experiences in the research interviews with the student therapists and the incoming data material from other data sources in the study. My aim has been to study the material for general occurring phenomena. Paper III has been developed with this aim.

As a presentation technique the use of prototype cases has been applied in Paper II and III. Helen is a clear-cut example of a prototypical pattern found in the supervision relationships. She was a suitable choice because she gains substantial insight into her process, and was also willing to tell her story in the research interviews. The prototype case of Emily in Paper II and Helen in Paper III illustrate how anxiety and corresponding intrapsychic defence processes influence their acquisition of competence in dynamic psychotherapy and for Helen also her relation to her supervisor. Thus, the presentation of their cases is meant to carry a more general validity, although not in the strict sense showing to detailed similarities in all the 21 (23) cases. The contribution of these case analyses are more precisely formulated in the study of Foss (2009): The cases of Emily and Helen may introduce “a form through which generality makes itself known in that it makes new experiences possible” (p. 13) and “imparts a form that initiates further understanding” (p.15).

Foss here points to the possibility that a case does not need to have general validity in its specific elements to be interesting in the process of interpreting other cases. The phenomenon presented in one case may shed new light on other cases, making new
understanding of these cases possible. In line with this argumentation, the prototype pattern in Paper III is presented as an approach to understand the dynamics of the supervision process. This pattern will be present in various degrees in the supervision process of different student therapists. Obviously, defensive reactions and object relational patterns vary among the student therapists and are also influenced by other factors such as the contribution of the supervisor. Thus, individual differences among the participants in a particular supervision may be in line with and support the occurrence of this common pattern of supervision dynamics or reduce the incidents of specific elements of this pattern. For instance a student therapist who disclosed negative feelings towards his or her supervisor would remove one element in this pattern. Moreover, a supervisor who got to know about a student therapist’s negative feelings would probably understand the inner drama of his or her supervisee better than what seems to be the case among many supervisors. However, most student therapists do not disclose negative feelings towards the supervisor.

Thus, introducing a prototype pattern of supervision dynamics supervisors is given a common supervision pattern which may inform them in their practical supervision work, hopefully “initiating further understanding”. But the occurrence of this pattern always has to be interpreted in relation to what the specific participants contribute to the therapy and the supervision process.

Consequently, my intention is not to give a general presentation of all the 21 (23) cases in the study. That would have resulted in 21 (23) individual acquisition processes influenced by a variety of factors such as defensive processes, transference and counter-transference phenomena, parallel processes, the match with the patient and with the supervisor, deviances to the theoretical orientation of the supervisor, and last but not least, specific characteristics of the beginning phase of therapist development.

Certainly, a substantial amount of empirical research on student therapist development (e.g. Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Skovholt & Rønnestad, 2003) and their supervision (e.g. Bernhard & Goodyear, 2004) has focused on the occurrence of exaggerated anxiety in the earliest phases of therapist development. But there has not been the same thorough empirical research studying the dynamics of these factors in longitudinal designs. In addition, much of this research has studied therapist development in general, not specifically within the psychodynamic tradition.

As far as I know only Doehrman (1976), Wallerstein (1981), Buckley, Conte, Plutchik, Karasu, and Wild (1982) and Szecsödy (1990) has offered empirical longitudinal
studies of the supervision process in early therapist development specifically within the psychodynamic tradition. Doehrman’s (1976) focus of interest was the particular dynamics of the parallel processes in therapy and supervision. The findings in the study within the American Psychoanalytic Association presented by Wallerstein (1981) have been controversial because only one case was included in the presentation and only the perspective of the supervisor. Several issues concerning supervision were addressed, such as identifying and watching basic patterns of transference and resistance in the patient and obstacles to learning of dynamic therapeutic competence comparable to therapeutic resistance. Buckley, Conte, Plutchik, Karasu, and Wild (1982) focused on the acquisition of a specified set of dynamic psychotherapeutic skills during a period of eight months. Szecsödy (1990) studied primarily which factors promoted and inhibited the learning process of the supervisee.

Consequently, to my knowledge, no study prior to Paper III has focused on the simultaneous processes of rise and falls of conflicts in supervision, the inner dramas of the supervisees and the apparent supervisor neglect of these inner dramas in their supervisees.

Concerning student therapists’ competence in dynamic psychotherapy, I do not know of any published study with a data analysis and results similar to those presented in Paper IV. It appears to me that the evaluation of therapeutic competence represents a new methodological contribution. The evaluation is independent, the evaluators having no preconception of these particular student therapists, practicum therapies or supervision processes. As far as I know, an “essay method” concerning therapeutic competence has not been used before. Moreover, the paper may be the first to offer an extensive qualitative analysis of student therapists’ clinical competence in dynamic psychotherapy. An overall view of the data material is presented, providing a broad picture of the varieties of different aspects of the dynamic psychotherapeutic competence among the student therapists of the study.

The outcome of the analysis is worth some reflections. Competence in dynamic psychotherapy is not easily achieved. Only nine of the 21 student therapists were assessed as being able for short periods of time to use strategic thinking or partial strategic thinking. Nine were considered lacking strategic thinking, whereas additional three were evaluated to be part of an anti-therapeutic relation. Although the number of participating student therapists is too small to draw general conclusions, it seems obvious that students cannot be expected to acquire competence in dynamic psychotherapy during a training period of three terms. It may therefore be reasonable to keep the aim of the education at a lower level. A realistic goal
might be to make student therapists able to therapeutic listening and creating “therapeutic space” in the sessions.

The overall focus on the helplessness of the student therapists is another contribution of the study. Although exaggerated anxiety in early therapist development is a well-known phenomenon, it is typically listed among many factors influencing the acquisition process. Of course, it must be underlined that the degree of expressing helplessness among the student therapists varies in quantity and quality among the participants in the study. This variation is due to the different psychic constitution of the student therapists and to external factors such as the supervisor’s contribution to the supervision interaction, the challenges in the therapy and the exposure of the student therapists at the clinic. The intensity of the practicum training at the Clinic of dynamic psychotherapy at the University of Oslo and the research design imply that the present study is particularly appropriate for an in-depth analysis of the dynamics of helplessness in student therapists.

Furthermore, it is argued in Paper III that the documentation of the feelings of insecurity and helplessness among student therapists in the study indicate a need to rethink how student therapists’ can best be supervised. The traditional task-oriented approach in dynamic psychotherapy supervision may not sufficiently promote the student therapists’ ability to tolerate these intense negative feelings. Moreover, there seems to be a need of systematic focus on the therapist development of the student therapist.

In later years multiple approaches in supervision have been offered. For instance, in their book “Fundamentals of clinical supervision” Bernhard and Goodyear (2004) present an extensive overview. Jacobsen (2001) divides different supervisor attitudes into three overall positions: Patient focused supervision, therapist focused supervision and, finally, a parallel focus on the relation and process in the therapy and the supervision. These positions may be seen as ideal positions, and are in practice never applied in pure forms. Most supervisors use all these positions in a supervision process. The question is how much they reflect on their choice of position and how systematic they are concerning each position.

Helen’s case (Paper III) illustrates diminished tolerance of task-oriented comments which focus on her contribution in the therapist-patient interaction and which convey a broader understanding of the interaction than she herself has. Student therapists are vulnerable in the initial phase of supervision. Task-oriented comments concerning the students’ part of the therapeutic interaction are easily perceived as general critique of their overall value as therapists. It is self-evident that the task-oriented approach must play an important role in
supervision. Surely, it resulted in supervision success in Helen’s case. The question is the degree of dominance of this approach. Helen explicitly stated that she wanted something more during the supervision process, and she suggested care in the form of an affirmation that it is “not easy” to be a student therapist.

It is the proposal of Gullestad and me that a focus on her insecurity and helplessness as well as on the implications of these feelings for the supervision relationship might have met this need and, furthermore, stimulated her therapist development. The task-oriented approach clearly dominated the supervisor attitude in the majority of the supervision situations in this study; in most of the cases the supervisor focused systematically only on the vicissitudes of the process of the patient and the therapy relation. However, if the supervisor primarily focuses on the patient and the therapy relation he or she misses an opportunity to approach the feelings and thoughts evoked in the student therapists in the therapy and supervision situation, including feelings of insecurity and helplessness.

As documented in Paper IV students in general do not seem to have acquired a secure professional ground from where to approach the challenges in the therapy situation. Learning dynamic psychotherapy will take longer time for most. More attention to internalising (Schafer, 1968) therapeutic competence is required. Focus on the feelings of the student therapists and their therapist development as well as on the supervision relationship give them opportunities to discover more of the feelings within themselves. Implicit in this argument is a hypothesis that the discovery of their feelings represents an important contribution to this internalisation process.

Such an extension of the traditional task-oriented supervisor approach towards student therapists in dynamic psychotherapy instigates a new question: How to implement this extended approach in practice? Based on the out-come of the analysis in this study several specific points are proposed to be taken into consideration in the supervision of student therapists. Parallel to the focus on the “here and now” in the therapeutic relationship in modern dynamic psychotherapies, there may be a need to include in the supervisor’s approach a focus also on the “here and now” in the supervision relationship. In line with the outcome of the analysis in this study supervisors may be surprised by the responses of their supervisees. The student therapists may disclose more insecurity and conflicts towards them than they expect.**

A somewhat similar approach to this “here and now” supervisor approach is to take time-outs in the ongoing supervision of the therapy process, turning the focus explicitly on the
supervision process, the supervision relation, and the professional development of the therapist (Orlinsky and Rønnestad 2005).

These approaches do not by necessity invite to a therapy like interaction in the supervision. The focus in the supervision is restricted to the professional self of the student therapist, not the private self. The primary aim of supervision is to help the supervisees understand specifically feelings and thoughts evoked in them in the therapy and the supervision, not to stimulate elaboration of similar affective states in other settings or earlier in life.

As to the dynamic psychotherapeutic tradition, there has been advocated a need for clear borders between personal therapy and supervision; supervision should not be therapy! With this demarcation line the “professional self” of the therapist has been squeezed between the focus on the personal/private self in the personal therapy and the focus on the patient and the therapeutic process in the supervision. Nevertheless, this model gives the supervisee possibility of focusing on the professional self in the personal therapy. This is not often the case for student therapists. Most of them have no personal therapy available. Many have not even any previous experience of personal therapy, since personal therapy first becomes obligatory in later specialisations. Simultaneously, their heightened level of anxiety indicates a real need for focusing on feelings evoked in them.

Helen did not take the initiative in the supervision to focus on her feelings of insecurity and she felt guilty about talking to me about this experienced deficit. At the same time she explained that she had drawn the conclusion that her supervisor did not want focus on her. Helen interpreted this as implicit communication from her supervisor because she did not take any initiative to talk about her feelings. In my opinion Helen would have used the opportunity if her supervisor had taken initiative. If she had done so, it would probably not only have strengthened the attachment process between them earlier but also have made her discover her own reactions sooner and led to an earlier decline in her anxiety in the therapy and the supervision. Probably a decline in anxiety would also have elicited more capacity in her to focus on the process of the patient and the therapy relation. Thus, time spent on the student therapist and the supervision relation is not necessarily time lost in the supervision for the patient and the therapy relation.

The emphasis on the significance of emotionally open communication in supervision seems to be in line with main interests in contemporary supervision research. The extensive focus of non-disclosures in recent studies rests on the assumption that disclosure in
supervision promotes the acquisition process of the supervisee (e.g. Gray, Ladany, Walker, & Ancis, 2001; Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000; Ladany, Hill, Corbett, & Nutt, 1996; Ladany & Lehrman-Waterman, 1999; Ladany & Walker, 2003; Yourman, 1993; Yourman & Farber, 1996). The supervisor ought to know as much as possible about the therapeutic interaction as well as about the supervisory interaction. Furthermore, the supervisor, in order to promote the development of their supervisee, should be aware of difficult personal reactions of the supervisee.

Of course, there are student therapists who do not want such a focus in the supervision. And surely their refusal must be respected. In the study there are student therapists that did not want a focus on themselves in the supervision. Some referred to distrust in the supervisor’s ability to handle their critical comments, whereas others were unprepared for this focus on themselves. Some participants also mentioned that the presence of other students in the supervision group made disclosure less preferable. This may serve as a reminder for the supervisor to be tactful. Even though most supervisees will welcome an invitation to talk, the supervisor should always respect if the invitation is turned down. But as is documented, supervisors who take the initiative to focus on the insecurity of their supervisee may be rejected first, but the initiative may have a long-time effect.

Further research

This study contains possibilities for further research. I will mention two directions, one concerning evaluation of therapeutic competence and one concerning therapist development.

The presentation of the therapeutic competence of the student therapists made by Killingmo et al (Paper IV) may represent a start for a serial of further papers on competence in dynamic psychotherapy. The analysis of therapeutic competence in Paper IV is only based on the assessments of the two independent evaluators. So far there has not been time to make a systematic triangulation analysis of the therapeutic competence of the student therapists. The different data sources in the material make it possible to systematically analyse similarities and differences in the assessment of therapeutic competence of the different student therapists based on the assessment of the independent evaluators, the supervisor, the student therapist and the patient. In addition, hypothesis of transference and counter-transference reactions in the research interviews may also be taken into consideration. Such analyses would complement the competence evaluation in Paper IV and together these
approaches would represent an expanded perspective on the student therapists’ competence in
dynamic psychotherapy.

Borders and Fong (1992) found that the appraisal of the supervisors do not correspond
with the appraisal of independent observers. A preliminary analysis of the present data
material seems to some extent to support these results. As a general tendency the supervisors
seem to appear more positive in their evaluations of the dynamic competence of the student
therapists than the independent evaluators and the student therapists themselves. A probable
explanation of this difference is that the independent evaluators and the student therapists
make their appraisal only on the achievement in the present situation whereas the supervisors
also take into consideration the potential they see in their supervisees. The patients in this
study, on the other hand, seem to follow the more positive judgment of the supervisors.

Additionally, a broader discussion of the methodological and conceptual contributions
of the competence evaluation in Paper IV is needed as well as the methodological and
conceptual contributions of other competence evaluations in the study, i.e. the evaluations of
the supervisors and the student therapists themselves as it comes to expression in the research
interviews.

Secondly, a prolongation of the longitudinal period of the study is possible. Therapist
development has been a subject for substantial research has been done on therapist
development in recent years with a particular focus on the student therapist phase (e.g. Gray,
Ladany, Walker, & Ancis, 2001; Larsen & Larsen, 1997; Olsson, 1997; Ralph, 1980; Reichelt
& Skjerve, 1999). The work of Skovholt and Rønnestad (e.g. Skovholt & Rønnestad, 1992;
Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 2003) and Orlinsky and Rønnestad
(2005) have provided the literature with empirical research on therapist development
throughout the whole professional career.

However, more longitudinal studies in the field are needed. This view is shared by
Orlinsky and Rønnestad (2005). Inviting the student therapists in this study to participate in
follow-up interviews would have met this requirement. All the participating 23 student
therapists have offered a written consent, allowing me to contact them again in order to invite
them to participate in a potential follow-up study.

Many questions arise: How do they now look upon their acquisition process in the
practicum at the university? Where has their development led them? Are there any consistent
patterns of similarities or differences throughout these years? In addition, it would be
interesting to make a follow-up study after a time lapse of several years analysing potential intrapsychic change processes in the prior student therapists.

**A final note: Accepting helplessness**

Have the research questions presented initially been answered? The superordinate questions were: How did the anxiety of the student therapists inflict their acquisition of dynamic psychotherapeutic competence? How do they handle the confrontation with their own feelings of helplessness?

The case of Emily in Paper II shows how student therapists may protect themselves by the help of intrapsychic defence processes from experiencing the full extent of their insecurity and helplessness. Emily decided to find another theoretical basis for her further therapeutic work, at least temporarily. This may be interpreted as an incident of emotional withdrawal from these intense negative feelings.

The case of Helen in Paper III represents a prototype pattern of supervision dynamics. During the two years she was followed the rise and fall of her projections on to her supervisor were discovered, and correspondingly the rise and fall of her feelings of conflicts in the supervision. Helen’s initial feelings of anxiety in the therapy and her characterization of her supervisor as inresponsible to her insecurity are factors causing her to project an intrapsychic tormented object on to the supervisor. However, as a consequence of her growing experience of getting help from her supervisor, her gradual experience of being capable as a therapist and her emotional openness towards her own reactions during the practicum, her defence processes declined. At the end she was able to correct her projections and focus on her own contribution to her initial misperception of the supervisor.

Student therapists are educated and capable persons with previous experience of mastering challenging situations. During the data collecting period most of them regained much of their previous security and attitude to their work, even though the content of their work changed profoundly; academic studies were replaced by different kinds of professional work as psychologists.

One participant described this decline in anxiety concerning her feelings in the research interviews. In the third interview, which was conducted immediately after the practicum ended, she said:
I was a bit anxious initially. I came here [to the first two research interviews] with a guard: “What if I gave myself away! What have I said now!” But now it is not that dangerous. Surely, I have some guard still, but what I say is not that dangerous, although I certainly will think afterwards that “Oh no, I have talked in an incoherent way, being hazy.” I have had two terms of student therapy where I have experienced that my way of working has given results. And then I have some of that security when I get here. It is as if I am not that afraid of exposing myself. And that is what I can continue taking about that things are insecure and “What will happen?”, that there will be repeated rounds I will meet. But at the bottom of all, is the security that makes it possible for me to talk about it without shivering. And that is good. I know there is rock bottom. I do not arrive here on a sandbank.

She found relief in the experience of having been able to help her patient. She had got a first affirmation that she was fit to be a therapist.

The vulnerability of the student therapists can be understood as giving them special access to the infantile layers within themselves. In dynamic psychotherapeutic work it is necessary for the therapists to be in touch with these layers in order to be able to recognise them in their patients (Segal, 1997). More experienced therapists are in danger of defending themselves against these intense negative feelings resting too much on their professional experience and competence. It is a challenge for every therapist not to overcome, but to discover and accept his or her helplessness.

Endnotes:

As recommended by the expert adjudication committee, appendixes have been removed from the final version of the thesis. Instead these two endnotes are included in the text.

* Page 18: Contact author for access to interview guides, criteria for competence assessment, and questionnaire.

** Page 47: Interestingly in this respect, there was not any question in the supervisor interview guides asking the supervisors about their experience of the feelings of their supervisees towards them as supervisors. I first became aware of this focus as a result of the subsequent data analysis.
References


Strømme, H., Gullestad, S. E., Stänicke, E., & Killingmo, B. (2009). A widening scope on therapist development. A research interview informed by psychoanalysis. Accepted for publication in *Qualitative Research in Psychology*.


Tidlig terapeututvikling

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Hanne Strørme

Artikkelen omhandler forskningsfunn og aktuelle problemstillinger knyttet til tidlig terapeututvikling. Hva kjennetegner terapeututviklingen i den tidlige fasen, hvilken betydning har veiledningen, og hvilken kompetanse har nybegynnerterapeuter? Det redegjøres for teorier og empiriske funn på feltet. Presentasjonen danner bakgrunnsstappe for utforming av problemstillinger og design i et pågående kvalitativt forskningsprosjekt ved Klinikk for psykodynamisk terapi ved Psykologisk institutt, Universitetet i Oslo. Siste del omhandler dette prosjektet som er et inngående studium av 21 studenters faglige utvikling i løpet av deres praksis ved klinikken.

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Innledning

"De begynner som studenter og slutter som terapeuter." Slik oppsummerer en erfaren veileder psykologstudenters utvikling i deres første møte med intensiv dynamisk psykoterapi. De fleste gjennomgår en omfattende læringsprosess, men hva de har lært, og hvordan de har lært det, vet vi ikke nok om.

Derfor ble det høsten 2003 igangsatt en studie av studentterapeuters opplæring ved Universitetet i Oslo.¹ Prosjektet følger utviklingen til 21 studentterapeuter ved Klinikk for dynamisk psykoterapi, Psykologisk institutt. På slutten av profesjonstudiet er de terapeuter for hver sin pasient i trekvart år.

Sammenlignet med andre studier på området skiller prosjektet seg ut fordi det åpner for å studere nybegynnerterapeutenes utvikling og ferdigheter mer inngående ved systematisk å triangulere² ulike perspektiv. Det inngår et omfattende datamateriale fra kvalitative prosessintervjuer av studentterapeutene og i tillegg

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av deres veiledere. Disse dataene skal analyseres i forhold til en uavhengig, kvalitativ vurdering av studentterapeutenes kvalifikasjoner slik de fremkommer i opptak av terapitimer. Prosjektet har også tilgang til pasientenes journaler og til out-comeintervjuet med pasientene ved klinikken. Nybegynnerterapeutes utviklingsprosess og ferdigheter har trolig ikke vært studert med et tilsvarende design tidligere.

Teoritutvikling og forskningsresultater innen den psykodynamiske tradisjonen er utgangspunkt både for formulering av problemstillinger og analyser i prosjektet. Det særengte ved denne tradisjonen er fokus på ubevisste dynamiske prosessers betydning for det enkelte menneskets utvikling, handlinger og holdninger og for relasjoner mellom mennesker. I tillegg bygger prosjektet på den generelle forskningen på terapeututvikling som favner ulike terapitradsjoner.

1. Teorier, forskningsresultater og aktuelle problemstillinger

To overordnede problemstillinger foreligger i forhold til tidlig terapeututvikling: Hva kjennerterapeuter har, faglige utviklingsprosess, og hvilken klinisk kompetanse har nybegynnerterapeut? Det første fokuserer på aspekter ved selve tilegnelsesprosessen, mens det andre retter søkelyset på et første delmål i en lang utviklingsprosess, altså nybegynnernes faktiske ferdigheter som terapeut. Både teoritutvikling og forskning på feltet har vært særlig konsentrert om det første spørsmålet. Et hovedfokus har vært på veiledningens betydning for faglig utvikling.

Generelle trekk ved tidlig terapeututvikling

I den psykodynamiske terapeutoppplæringen har tilegnelsesprosessen bestått av flere obligatoriske ledd: Teoretisk og praktisk undervisning, egenerfaring som terapeut under veiledning og egenterapi. Det innebærer at teoretiske kunnskaper integreres med egenerfaringer som terapeut (Gullståd & Theophilakis 1997a; Killingmo 1999), det Bion (1962) kaller erfaringslæring. I tillegg til intellektuell kunnskap om fenomenene, søker en å personliggjøre kunnskapen via egenerfaring slik at den er tilgjengelig som handlingsalternativer i den enkelte situasjon. Slik personliggjøring forutsetter at emosjonelle prosesser aktiveres i terapeut. I den norske opplæringstradisjonen har begrepet "emosjonell læring" vært en viktig rettesnor for å fremme terapeuters erfaringslæring. Auestad (1992) definerer emosjonell læring som: "... læring med grunnlag i tilknytning, erfaring, opplevelse og selvstendig tenkning" (s. 922). For mange oppleves det kre-
vende å skifte fra en mer intellektuell kunnskapsstilgjengelser som vanligvis har vært fremmet igjennom mange års skolegang, til erfaringslæring. Følgende sitat fra en av deltakerne i foreliggende prosjekt anskueliggjør utfordringer i en slik omstillingsprosess:

"... jeg har jo alltid fått ekstremt mye bra karakterer. Hatt veldig den top down. Men det ble jo tydelig for meg at dette handler om noe helt annet. Her er det mer nedenfra og opp. Altså at man må kjenne på de følelsene, både i terapien og i veiledningen. Og det har jeg også sikkert kjempet litt imot. At man bare skal forstå det rasjonelt, det som foregår, for å forsvare seg mot det å føle seg så liten eller såbar ... som jeg har gjort da, i den situasjonen ... Så det begrepet (emosjonell læring) ga meg på et vis et middel til å forstå meg selv. For plutselig så jeg det veldig tydelig... ja, det er jo det jeg står oppi, og det er vanskelig, og derfor så prøver jeg å forstå det med min gamle måte å forstå på. Og det funker ikke. Altså, det blir hele tiden den kampen mellom kravet om å være i det og føle det, og på den andre siden det som bare vil gjøre det enkelt og forstå det mer sann rasjonelt da..."

Ducheny m. fl. (1997) fremholder tre elementer ved profesjonell terapeututvikling: 1) Videre opplæring og kjennskap til relevant forskning, 2) mentorer og støttende utdannelsegrupper med terapeuter på samme nivå, og 3) forståelse for at profesjonell utvikling skjer i progressive, kvalitativt forskjellige, stadier. I tillegg nevner de at noen har vært opptatt av intrapersonlige komponenter, for eksempel har Skovholt & Rønnestad (1992b) fremhevet "kontinuerlig profesjonell refleksjon" som en sentral drivkraft i faglige utvikling.


Tidlig terapeututvikling

Dreyfus & Dreyfus’ forståelse av ekspertkompetanse er forenlig med den psykodynamiske tradisjonens vektlegging av tilnærmelse av en generell analytisk holdning (Schafer 1993) fremfor spesifikke terapeutiske teknikker. Internalisering av en analytisk holdning, forutsetter at terapeutisk kompetanse er indregjort på en slik måte at terapeuten har handlealtene spontant tilgjengelig underveis i den kliniske dialogen, en parallel til nevnte ”ekspertintuisjon”.


Hovedoppgaven i den viderekomnende studentfasen er å fungere på et begynnende profesjonelt nivå. Mange føler et stort ansvar samtidig som de ikke har mye erfaring å handle ut ifra. Derfor er deres arbeid karakterisert ved mye alvor og forsiktighet og lite spontanitet og lekenhet. Veiledningen kan fortone seg særlig betydningsfull, samtidig som mange ønsker å fremstå med en begyn-
nende autonomi. Selv om deres fokus fortsatt er rettet eksternt, øker det interne fokuset. Studentene skiller seg i denne fasen fra hverandre i forholdet til ulike terapiretnings: 1) Ikke tilknyttet noen terapitrudsjon, 2) tilknyttet spesielt en teoretisk retning, men åpen overfor andre retninger, 3) tilknyttet flere retninger, men kun én av gangen, og 4) tilknyttet én retning, kombinert med klar avvisning av andre retninger. Begynnerterapeuter som er moderat eller sterkt tilknyttet en eller flere teoretiske retninger, har størst sjanse for å komme inn i positive utviklingsspiraler, mens den førstnevnte gruppen har størst risiko for å komme inn i negative utviklingsforløp.


Nybegynnere preges ofte av omfattende angst og følelse av overveldelse grunnet i usikkerhet om egen egnethet som terapeut, uklaere og antatt høye krav til prestasjon innen det akademiske systemet, behov for modell-læring og begynnende autonomi i forhold til eksterne autoriteter (Skovholt & Rønnestad 2003). Angsten kan være så stor at den i mer eller mindre grad er fortrentet (Olsson 1996; Skovholt & Rønnestad 1992a). Skovholt & Rønnestad (1992a) fant at noen utviklingsprosesser er kjennetegnet ved "prematur lukking", dvs. "... interrupting the reflection process before the assimilation/accommodation work is completed. It is an unconscious, predominantly defensively motivated, distorting process that sets in when the challenge is too great." (s. 135). Prematur lukking sees i forhold til "utilstrekkelig lukking", det vil si manglende evne til å stoppe bearbeiding av intense terapidata, og til "funksjonell lukking", som viser til evnen til å kunne forholde seg avgrenset til terapidataene på en måte som gagner egen terapeut-utvikling (Skovholt & Rønnestad 2003, s. 49).

Rønnestad og Skovholt har supplert sin faseteori med en serie temaer (Skovholt & Rønnestad 1992b) og en prosessmodell (Rønnestad & Skovholt 1991) fordi faseteorien alene ikke dekker terapeututviklingens mange fastetter. Mange tera-

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peuter berettet om endringer som best kan forstås som individuelle, særegne utviklingsforløp. I noen av disse forløpene var endringene foranlediget av "critical incidents" i det profesjonelle eller det personlige livet. Dette supplementet til deres teori er et eksempel på begrensningene ved faseteorienes evne til å forklare all terapeututvikling.

I en nettopp utgitt bok fremsetter Orlinsky & Rønnestad (2005) en ny syklisk-sekvensiell modell for psykoterapeutisk utvikling (s. 166 ff.), som understreker ytterligere de relative bidragene til ulike komponenter i selve utviklingsprosessen. Modellen består av tre hovedkomponenter: Involvement styles (healing involvement and stressful involvement), Currently Experienced Development (growth or decline) og Retrospected Overall Career Development (limited or positive). I modellen skisseres en syklisk sammenheng mellom komponentene. "Involvement styles" omfatter terapeutisk kompetanse, opplevde vanskeligheter, mestringsstrategier, emosjonalitet i møte med klienter og interpersonal stil. De nevner fire ulike opplevelsesmodi terapeuter kan ha, basert på ulike grader av de to involveringsformene (s.162): "Effective practice", "challenging practice", "distressing practice" og "disengaged practice". Terapeuter kan veksle mellom disse mønstrene over tid. Orlinsky & Rønnestad stiller spørsmålene: Hvordan starter disse involveringsmønstrene hos nybegynnertaterapeuter, og spesielt hvordan starter de gode spiralene? Deres forskning tyder på at det er grunnleggende for utviklingen av "healing involvement" allerede i starten at nybegynnertaterapeuter har normalt gode relasjonelle ferdigheter fra før. Andre faktorer de antar har betydning, er adekvat veiledning, et støttende klinisk fagmiljø og en viss bredde i teoretisk orientering.

Veiledningens spesifikk betydning i tidlig terapeututvikling


I boken "Aspects of internalization" har Roy Schafer (1968) en begrepsavklarende utlegning av ulike former for internalisering. Internalisering refererer til
"... all those processes by which the subject transforms real or imagined regulatory interactions with his environment, and real or imagined characteristics of his environment, into inner regulations and characteristics" (s. 9). Det er med andre ord personens fortolkning av den ytre virkeligheten som former den indre. Denne definisjonen innebærer at ikke bare ulike former å regulere samhandlinger på internaliseres, men også karakteristiske kjenneretgn ved objektet – selv om det i praksis ikke alltid er lett å skille mellom disse prosessene (s. 9 ff.).

To former for internalisering er aktuelle i forhold til modell-læring i veiledning: "Introjeksjon" og "identifikasjon". Ifølge Schafer skiller de to internaliseringsformene seg fra hverandre i kvaliteten på de indre objektrelesjonene. Introjeksjon innebærer at personen fortsetter en indre relasjon til det representerte objekt i form av et introjekt (s. 16 ff.). Identifikasjon er, i sin mest utviklede form, ikke lenger så avhengig av representasjonen av objektrelesjonen. Ved identifikasjon er karaktertrekk ved objektet blitt sammensmeltet med personens egen selvrepresentasjon. Schafer fremholder at introjeksjoner i praksis ofte opptrer sammenvevet med identifikasjoner, og introjeksjoner er vanligvis forløpere til senere identifikasjoner. Men Schafer stiller det åpent om identifikasjoner bare kan oppstå via introjeksjon. Materialet i det foreliggende prosjekt tyder på at distinksjonen mellom introjeksjon og identifikasjon kan være fruktbar som analyseverktøy for å skille mellom ulike former for modell-læring i veiledning.

Modell-læring i veiledning og i andre faglige sammenhenger synes å være særlig viktig for nybegynnerterapeuter (Orlinsky & Rønnestad 2005; Skovholt & Rønnestad 1992a). Terapeuters selvstendighet fremmes over tid som følge av stadig økende profesjonell erfaring og livserfaring, egenutvikling fremmet i egenterapi, samarbeid med kolleger og videre fordypelse i faglitteratur. Det følger av dette at modell-læring kanskje ikke spiller samme rolle for eldre nybegynnerterapeuter og nybegynnerterapeuter som selv har gått, eller går i egenterapi? Eller er det andre faktorer som i større grad påvirker modell-læring, for eksempel personlige karaktertrekk og grad av klaff med veileder? Putney m.fl. (1992) fant at kandidater selv opplever veiledning mest effektiv når veileder har samme teoretiske orientering som dem, og at autonomi fremmes i situasjoner der veileder og kandidat har forskjellig kjønn og lik teoretisk orientering og der supervisand kun har en svak tilknytning til veileders teoretiske orientering. Hvorfor er det i så fall slik?

Den beskrevne form for internalisering av valgte modellers ferdigheter representerer en forenkling av den læringsprosessen som terapeuter gjennomgår i

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veiledning. Modell-læring i psykodynamisk terapi forutsetter at det fokuseres på mer enn ren ferdighetslæring. Ekstein & Wallerstein (1958) vektlegger betydningen av å arbeide med de interpersonalige begrensningene i terapielasjonen, så vel som i veiledningsrelasjonen, og parallellprosessene mellom disse, for å fremme terapeututviklingen. Tilegnelsesprosessen vil alltid være sammenvevd med den enkelte terapeutens personlighetsstruktur og ubevisste dynamikk fordi terapeututøvelsen i så stor grad involverer hele terapeutens personlighet. Dessuten utøver terapeutens generelle motstand mot forandring en hindring i enhver læringsprosess. I veiledning, og ikke minst i egentherapi, får terapeuten anledning til å bli kjent med egen ubevisst dynamikk.


I senere år er det innvendt at Ekstein & Wallerstein (1958) har overfokuset på de ubevisste prosessers betydning i tilegnelsesprosessen. Andre vil vektlegge at tilegnelse av kompetanse i psykodynamisk terapi er en læringsprosess som i alle fall for nybegynnerterapeuter først og fremst forutsetter erfaring og et teoretisk studium. Jacobsen (2000) påpeker imidlertid at Ekstein & Wallerstein (1958) selv bruker begrepen "teaching" og "learning" i boktittelen "The Teaching and Learning of Psychotherapy", og at også de plasserer supervisjon som aktivitet nærmere pedagogikken enn psykoterapien (s. 606). I samme retning fremholder Ekstein & Wallerstein dessuten at uerfarne kandidater har en hang til å overdrive egne psykiske forstyrrelser som følge av en overidentifisering med sine pasienter. Dette er et generelt trekk ved nybegynnerterapeuter, og ikke primært et individuelt trekk, selv om begge deler kan spille inn. For eksempel
levde en kandidat seg så sterkt inn at han fant store likhetstrekk mellom en tilbaketrukket, marginalisert pasient og ham selv, til tross for at kandidaten både var velfungerende i sitt arbeid og hadde stabile familieforhold.

Er det slik at den psykodynamiske veiledningstradisjonen har overfokusert på begynnerterapeuters psykiske forstyrrelser i terapiopplæringen? Har fokuset på ubevisste prosesser i terapioppsætningen smittet over på veiledningstradisjonen i en slik grad at faglitteraturen ikke i tilstrekkelig grad tar hensyn til utfordringer i den generelle ferdighetstilregnelsernes mer løsrivet fra den enkeltes personlige konflikter og mangler? Problemløsningen er interessant, nettopp fordi ulike fagfolk vil besvare spørsmålet forskjellig, trolig også som følge av tilknytning til ulike teoretiske retninger. Det er grunn til å tro at en psychoanalytiker i større grad vil vektlage et fokus på ubevisste prosesser og parallellprosesser i veiledningen enn for eksempel en veileder innenfor nyere former for selvpsykologi der veileder i større grad får en selvobjektfunksjon, ikke minst når terapeutene befinner seg i nybegynderfasene. For eksempel har Ellen Hartmann (1997) som er selvpsykologisk orientert, tatt til orde for å nevntone fokuset på ubevisste prosesser som motstand i tilegnelsesprosessen: "... det er mer konstruktivt for supervisands faglige utvikling hvis de forstår at de føler de uvegerlig gjør, først og fremst blir gjort fordi de er uerfarne" (s. 100).

Hartmann har utformet en mer aktiv, tydelig og instruerende veilederrolle. Hun innentar dermed en pasientfokusert supervisjonsposisjon, der veiledning betraktes som en didaktisk aktivitet med veileder i rollen som (mester-)lærer og instruktør, en som formidler og viderebringer praktiske ferdigheter, intellektuell forståelse av pasienten og brobygging mellom det konkrete materialet og teorien (Jacobsen 2001, s. 197).

I tillegg til pasientfokuserte og terapeutfokuserte veiledninger finnes det veiledningsteorier med et spesielt relasjons- og prosessfokus, og Jacobsen (2001) oppsummerer at dette fokuset etter hvert er blitt det mest utbredte, i alle fall innen psykoanalytisk orientert supervisjon. Her vektlegges relasjonen og prosessen i terapien, så vel som i veiledningen, ikke minst parallellprosessene.

Det er utviklet flere teorier som forsøker å favne en større kompleksitet i veiledningens fokus og veilederens rolle (Bernard & Goodyear 2004). For eksempel skiller Bernhards "diskriminasjonsmodell" mellom tre ulike fokus (s. 95 ff): Intervensjonsferdigheter, konseptualiserings-ferdigheter og personaliseringssferdigheter. Når veilederen har vurdert supervisandens evner innenfor hvert av

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dise områdene, kan veileder velge den rollen som er best tilpasset supervisands behov: Lærer, terapeut eller konsulent. Bernard & Goodyear fremhoder at de fleste veiledere i praksis enten vil fremstå som eklektikere eller integrasjoner, det vil si at de enten velger sin veilederposisjon overfor den aktuelle supervisand blant eksisterende veiledningstradisjoner eller skape nye posisjoner ved å kombinere elementer fra ulike veiledningstradisjoner (s. 100). I tillegg må også veileders erfaring som veileder tas med i betraktningen. Stadig flere fremholder betydningen av formell opplæring i veiledding for å understøtte veiledningens selvstendige posisjon mellom undervisning og egenterapi.

En rekke empiriske studier har fokuset på sammenhengen mellom kvaliteten på veileddingen og utfallet av veileddingen. Etter gjennomgang av sentrale studier konkluderer Rønnestad & Orlinsky (2000) at kvalitet på relasjonen mellom veileder og kandidat er det avgjørende punktet for om det kan dannes en allianse som gjør det mulig å realisere veileddingens mål (s. 316). Enighet om tekniske og metodiske forhold betyr mindre.


Nybegynnerterapeutens kliniske ferdigheter

Begrepet "klinisk kompetanse" er uklart og trenger en nærmere definering (Rosenvinge m.fl. 2004; Strupp m.fl. 1988). Rosenvinge m.fl. fremholder at kunnskaper, kliniske ferdigheter og faglige holdninger er sentrale aspekter ved kompetansebegrepet, samtidig som disse tre aspektene må være integrert i hverandre (s. 707). Det er heller ikke utarbeidet en felles definisjon av "ekspert terapeut" eller "mesterterapeut" (Skovholt & Jennings 2004, s.17). I foreliggende prosjekt er det derfor en utfordring i seg selv å utforme en definisjon av terapeutisk kompetanse som favner bredden i de terapiformer og teorier som den psykodynamiske tradisjonen rommer. Deretter skal det utformes mer spesifiserte kriterier for å vurdere terapeutisk kompetanse.
I de senere årene er det innen det psykoanalytiske fagmiljøet arbeidet med å utvikle kriterier for psykoanalytisk kompetanse til bruk for å vurdere kandidater under utdannelse. Kompetanse i psykoanalyse må i denne sammenheng oppfattes som en mer avgrenset og spesialisert form for kompetanse enn kompetanse i psykodynamisk terapi generelt. Men kompetanse-debatten innenfor psykoanalysen kan fungere som inspirasjon i utformingen av en videre kompetanse- definisjon i psykodynamisk terapi.


Ifølge Tuckett (2005) inkluderer psykoanalytisk kompetanse tre typer ferdigheter, der analytikeren må vise evne til å (s. 37): "(1) create an external and internal setting in which to sense the relevant data (affects and unconscious meanings), (2) conceive what is sensed; and (3) offer interpretations based on these, as well as to sense and to conceive their effects." Han vektlegger at disse tre områdene, beskrevet med nøytrale begreper, uavhengig av teoritradisjon, er en konkretisering av læreanalytikeres intuitive måte å vurdere kandidater på: "... colleagues sense intuitively what is going on in a session between the analyst and a patient. They do then seem to be able to recognize those who “can” deal with the situation psychoanalytically from those who “can’t”, even if the differences in practice are substantial or they themselves would not work like that." (s. 36).

Dreyfus & Dreyfus (1986) påpeker at den største faren ved all ekspertintuisjon er "tunnelsyn", det vil si "maintaining a perspective in the face of persistent and disquiting evidence" (s. 37). Ekspertene som baserer sin intuisjon på akkumulert kunnskap fra gjentagende erfaringer med samme fenomen, kan ha vanskelig for å oppdage et potensielt nytt perspektiv som bedre forklarer det aktuelle fenomenet. I tillegg har Borders & Fong (1992) funnet at veilederes vurdering av supervisanden er upålitelig og ikke i samsvar med vurderinger som foretas av kandidatene selv, av uavhengige observatører og av klienter.

Teoritutvikling innen terapeututvikling generelt og innen psykodynamisk terapi spesielt bygger både på empirisk forskning og på beskrivelser og drøftinger av egenerfaringer, ikke minst som veiledere. Foreliggende prosjekt inngår i den

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stadig voksende empiriske forskningen påfeltet, som inkluderer både kvantitative og kvalitative metoder.

2. Hvordan studere tidlig terapeututvikling?


Beskrivelse av foreliggende prosjekt

I 30 år har Klinikk for dynamisk psykoterapi på Psykologisk institutt, Universitetet i Oslo, gitt terapeutopplæring til nye kull profesjonstudenter i psykologi. Dette har skapt et fagmiljø som har vært opptatt av opplæring i intensiv dynamisk psykoterapi (Gullestad & Theophilakis 1997a; Killingmo 1999a). Studentene inn går i en kultur som inviterer til modell læring, det vil si at profesjonell, terapeutisk holdning og terapeutiske ferdigheter overtas gjennom identifisering (Gullestad & Theophilakis 1997b). Gullestad har foretatt en kvalitativ spørresundersøkelse av praktikum ved klinikken (1997a), problematisert veiledning av studentterapeuter blant annet med utgangspunkt i egne erfaringer ved klinikken (1997b), og tematisert hvorvidt det er forsvarlig å tilby behandlingstrengende pasienter inngående terapi hos studentterapeuter (1986).

Klinikk for dynamisk psykoterapi tilbyr profesjonsstudenter en spesialisering over to år i slutten av studiet. Det siste året pågår den interne fordypningspraksisen som er dette prosjektets studieobjekt. Studentterapiene har fast avslutnings tidspunkt, men ikke klart definert fokus. Terapiene varer i trekvart år, to timer i uken, ved normalt forløp innebærer det 55-60 terapitimer. Pasientene er voksne, og har problemer som på forhånd er vurdert egnet for dynamisk psykoterapi. Studentene er organisert i grupper som består av to studentterapeuter med en pasient hver, inntil to gruppemedlemmer og en veileder. Veiledningsgruppene møtes ukentlig.

Prosjektets tidsrammer på til sammen fire år, har gjort det nødvendig å velge et på forhånd bestemt (a priori) utvalg (Flick 2002). Tre påfølgende studentkull ved klinikken er tilbudt å være med i prosjektet, til sammen 28 studentterapeuter. 21 terapeuter deltar – 16 kvinner og fem menn, en kjønnsfordeling som reflekterer kjønnsfordelingen generelt blant studentterapeutene ved klinikken. To av de syv studentterapeutene som ikke er med i prosjektet, trakk seg av pasientrelaterte årsaker. De gjenværende fem har hatt egne motiver. Begge kjønn er representert blant disse. For resultatene i prosjektet er det først og fremst viktig å problematisere om ytre betingelser som omfattende arbeidsbelastning for øvrig, og mer personlighetsrelaterte faktorer som unngåelsesforsvar ved eksponering i en sårbart situasjon, medfører at deres terapeututvikling skiller seg på en systematisk måte fra deltakernes.8 Samme spørsmål gjelder også den gruppen studenter som gjennomfører den mindre omfattende eksterne fordypningspraksisen eller søker om fritak fra fordypningspraksis.

Tidlig terapeututvikling

Kvalitative prosessintervjuer og analyser

Terapeuters utvikling og ferdigheter er blant de temaer som kvalifiserer for betegnelsen "ustrukturerede problemområder" der kvalitative metoder er godt egnet til å fange opp kompleksiteten i de fenomenene som studeres (Flick, 2002; Kvale, 1996). Selv om forskningsfeltet har vokst i senere år, er det fortsatt relativt lite sett i forhold til annen psykoterapeutiforskning. En induktiv, kvalitativ tilnærming er i slike situasjoner særlig anbefalt fordi den åpner for å avdekk og utforske mulige delkomponenter fremfor å teste på forhånd definerte hypoteser.


Veilederne er intervjuet to ganger: Noen ucker etter terapistart og etter avsluttet veiledning. Intervjuene er semi-strukturerde, basert på intervjuguidente utformet av meg, men intervjueene er gjennomført av to utenforstående psykologer.

Datainnsamlingsperioden er nå i all hovedsak tilbakeLAGT. Intervjuene er tatt opp på bånd, og en del er transkribert. Analysene gjennomføres i tråd med prinsippene for tematisk koding (Flick 2002). Og de er blant annet inspirert av Killingmos (1992) utlegning av kriterier for psykoanalytisk forskning.


Kvalitative vurderinger av teraputkompetanse

Som ledd i den ordinære praksisen ved klinikken tas alle terapitimer opp på bånd, noen også på video. Båndopptakene fra prosjektdektakernes terapitimer inngår i prosjektets datatilfang. Det er under utvikling en metode for å vurdere terapeutenes ferdigheter slik de fremkommer i terapitimene. To uavhengige psykoterapeuter med ekspertkompetanse skal høre igjennom den femte siste terapitimen og utforme en felles skriftlig vurdering av den enkelte studentterapeutets ferdigheter slik den fremkommer i båndopptaket. Til hjelp vil de få et sett kriterier å vurdere i forhold til, men disse betraktes som inspirasjonskilde, ikke minst for å sikre bredde i vurderingene. Deres tekst vil så analyseres som kvalitative data på linje med intervjudataene.


Tidlig terapeututvikling
forståelse av personligheten der den psykiske strukturen vil være relativt stabil på tvers av terapitimer innenfor et avgrenset tidsrom. Det er veklagt å vurdere en hel time, i motsetning til utsnitt av timer, for å kunne studere i sammenheng ”inngang, midtpunkt og avslutning”. Prosjektets tidsrammer gjør det bare mulig å vurdere studentterapeutenes fordigheter på avslutningstidspunktet.

Bedømmernes kvalitative vurderinger av terapeutkompetansen vil bli analysert i forhold til veilederens vurderinger og studentterapeutenes spontane vurderinger av egen kompetanse i intervjuene. Nylig er det i tillegg bestemt å invitere studentterapeutene til å gi en mer samlet vurdering av egen kompetanse, også i forhold til de nevnte kriteriene.

**Prosjektets overordnede siktemål og begrensning**

Det foreliggende prosjekt bygger på psykodynamisk teori og klinisk metode. Det er for eksempel ikke en målsetting å studere om det eksisterer ubevisste prosesser i psykodynamisk forstand. Prosjektet har i stedet til hensikt å analysere med henblikk på å oppdage ubevisste prosesser og studere deres betydning i terapeututvikling, veiledning og for den enkelte nybegynnerterapeuts kliniske kompetanse.

Men prosjektet bygger i tillegg på empirisk forskning på terapeututvikling generelt, som også inkorporerer andre terapitradisjoner. Det gjør det mulig å undersøke i hvor stor grad dagens psykodynamiske forståelse av terapeutopplæring favner det som faktisk finner sted i prosjektets datamateriale, eller om det er nødvendig å supplere med for eksempel tradisjonelle læringsteorier på ferdighetslæring. Vygotsky-tradisjonen er særlig aktuell, og har i større grad inspirert andre tradisjoner.


Prosjektet omhandler tidlig terapeututvikling, og har den begrensning at datainnsamlingen foregår på universitetet der terapeutopplæringen i stor grad kan
utformes på terapeutenes premisser og pasientbehandlingen kan nærmere seg mer ideelle målsetninger. Studentterapeutene, deres veiledere og lærere inngår ikke i det offentlige helsevesen, med ansvar for å oppfylle pålagte helsetjenester og en viss pasientgjennomstrømning. Ekstein & Wallerstein (1958) påpeker det iboende spenningsforholdet mellom akademias ønske om fagfolk som fremmer faglig diskusjon og nyskapning, og samfunnets behov for effektive behandlere som bedrer livssituaasjonen for sine pasienter. Dette spenningsforholdet møter først studentterapeutene for fullt som nyutdannede i det offentlige helsevesen, og øker kompleksiteten i terapeutopplæringen ytterligere.10

Referanser


Tidlig terapeututvikling


**Tidlig terapeututvikling**


**Noter**


2 Triangulering referer til "the combination of appropriate research perspectives and methods that are suitable for taking into account as many different aspects of a problem as possible" (Flick 2002, s. 49).

3 Rønnestad & Skovholt (2003) kaller de to siste fasene i terapeutens utvikling for "den erfarne profesjonelle fasen" og "senior profesjonelle fasen". De omhandler erfarne profesjonelles utfordringer og utvikling, og faller dermed utenfor denne artikkelens rammer.

4 Materiale i foreliggende prosjekt tyder på at kandidater med noe annen teoretisk orientering ikke oppfatter sin veileder som en modell, eventuelt bare delvis, og at de i tillegg har en viss selvstendig posisjon. Men de uttrykker at de ønsket seg en veileder
med likere teoretisk orientering som kunne fremstå som en klarere modell, fordi de antar at de ville lært mer da. Er det slik at nybegynnerterapeuters autonomi kommer til uttrykk i hvem de velger som modeller og gven de distanserer seg ifra, men at de fleste ønsker modellærere på dette stadiet, og at autonomi i forhold til veileder er et mer ønsket tema for terapeuter i senere utviklingsfaser? Og er det faktisk slik at nybegynnerterapeuter lærer mer når de opplever veilederen som modell, eller lærer de også mye, men noe annet, dersom veileder ikke bevisst oppfattes som modell?

5 Under spesialisering blir gjerne kandidatens egen terapeut (læreanalytiker) også en viktig modell for den enkelte

6 En slik posisjon innebærer at generell læringsteori på ferdighetsutvikling kan være egnet til å beskrive tilegnelse også av kompetanse i dynamisk psykoterapi. Hartmann har utformet en veileddning inspirert av Vygotsky, og for eksempel Skovholt & Rønnestad (1992a; 2003) har anvendt blant annet Piaget, Ericsson og Dreyfus & Dreyfus som analytiske perspektiver i sitt empiriske arbeid om terapeututvikling.

7 Men innenfor dette miljøet pågår det nå to prosjekter, ved Universitetet i Oslo og ved Ruhr-Universität Bochum, med triangulering av ulike perspektiv (Orlinsky & Rønnestad 2005, s. 206).

8 Det er planlagt å kontakte dem igjen med forespørsel om de vil komme til ett intervju, nå etter at deres studenterapier er avsluttet.

9 Intervjumetoden anvendes også i to andre prosjekter som pågår ved Klinikk for dynamisk psykoterapi – om terapeutisk klaff (match) og endringsprosesser i psykoanalytisk behandling. Det planlegges publisert en artikkelen om intervjumetoden og en om analysemetoden.

10 En varm takk til Siri E. Gullestad, Geir H. Moshuus, HELGE RØNNESTAD, Matrix’ revi-ewere og ikke minst til gjesteredaktør Jan Nielsen for verdifulle innspill til denne artikkelen.
A widened scope on therapist development

Designing a research interview informed by psychoanalysis

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Abstract:

The aim of this article is to present a qualitative research interview method informed by psychoanalysis which can collect data beyond the subjective report of the participants. The method has been used to study acquisition of psychodynamic understanding and therapy technique among student therapists in psychology. Within the psychodynamic tradition the subjective report of every person is viewed as potentially distorted by defence processes. Moreover, relational patterns in an interaction are viewed as significant data about the intrapsychic object relations of a person provided that the person is placed in a projective situation. Since common qualitative interview methods focus primarily on verbal data, such psychodynamic assumptions represent a methodological challenge. In order to collect a wider scope of data than merely the subjective report, a research interview has been developed based on a certain degree of projection, a psychoanalytic listening perspective, and the use of emotional expression in the interview relation as data. Subsequently, relational scenarios and incidences of defence processes in the research participants are inferred.

Key words:

Qualitative method, research interview, psychoanalytic clinical method, psychoanalytic clinical interview, psychoanalysis, psychodynamic therapy, projective principle, transference, countertransference, relational scenario and triangulation.
Introduction

Because therapeutic work involves the whole personality of the therapist, the acquisition of competence in psychodynamic understanding and therapy technique is interwoven with personality structure and the intrapsychic dynamic processes of the therapists. The learning process engages the therapists emotionally. Commonly, therapists discover that at times they act and respond in the therapy situation according to characteristic, automatic and inappropriate patterns within themselves (Ekstein and Wallerstein, 1958, p. 158). At the same time, the therapists may have a reduced capacity to tolerate such inhibitions in themselves as a consequence of strong identification with the profession (Orlinsky and Rønnestad, 2005). One of the consistent core resistances to learning is that therapists have to expose their weaknesses and dilemmas in order to learn. Confronted with new challenges, novice therapists are particularly vulnerable (Orlinsky and Rønnestad, 2005, Skovholt and Rønnestad, 2003, Rønnestad and Skovholt, 2003).

In order to better understand the complex process that student therapists specializing in the psychodynamic tradition go through during training, a qualitative research interview was designed which can highlight those intrapsychic processes in the trainees which cannot simply be grasped or understood solely by considering verbal discourse. Typically this is not done in research on therapist development and supervision, although there are exceptions (e.g. Doehrman, 1976). The qualitative research interview seemed especially applicable as a method due to its exploring potential (e.g. Kvale, 1996, Flick, 2002). However, from a psychodynamic perspective, common interview methods such as grounded theory, narrative theory, phenomenological theory, and most discursive methods, seem insufficient to deal with the complex acquisition process of therapists. Qualitative researchers in psychology usually limit the analysis to the subjective report of the participants (e.g. Polkinghorne, 2005, Potter and Hepburn, 2005, Frommer et al., 2004, Rennie, 2004, Smith, 2004), with Hollway and Jefferson (2000) as a prominent exception. Within psychodynamic theories, a decisive assumption is that unconscious, or partly unconscious, defence processes distort the subjective report, and particularly so in the individual reports about emotionally charged processes such as being a therapist for the first time.

Thus, the research approach of the present study represented a methodological challenge: How to make use of the qualitative interview method by giving student therapists the possibility to express their experiences, and at the same time adjust the interview form to make the method sensitive to processes beyond the subjective report? The aim of this article is
to describe the proposed solution to this research question. A research interview method was designed which combined common qualitative interview methods (e.g. Kvale, 1996, Flick, 2002) with the psychoanalytic clinical interview (e.g. Gullesstad and Killingmo, 2002). This combination has been used in some other studies (Cartwright, 2004, Fink, 2003, Leuzinger-Bohleber. et al., 2003, Hollway and Jefferson, 2000, Pfeffer, 1961), and Midgley (2006) suggests that a greater integration between qualitative researcher and psychoanalytic practitioners can lead to the enrichment of both.

The proposed method is based on one premise, that a more comprehensive transcription of the interview, paying attention to transference and countertransference reactions, and detailing incidents of non-verbal communication, can elicit relevant data in addition to verbal communication alone. These kinds of additional data make it possible to draw conclusions about the relational attitude of the participants and their defence processes, not just by analyzing what they say, but also from what they do in relation to the interviewer. The assumption is that the relational attitudes of the participants potentially are robust across relations, in accordance with the idea of internalized intrapsychic object relationships striving to be fulfilled in every person’s relation to other persons (e.g. Sandler and Sandler, 1978). Consequently, one may expect that the same relational patterns expressed in the present series of interviews may be activated in their relations with other relevant individuals – particularly in relation to supervisors and patients. A similar expectancy exists with reference to the defence mechanisms they might communicate.

**Research design**

Three main issues are focused on in the study; therapist development, supervision and therapeutic competence. The study has a multiple, single case design, involving primarily 21 graduate psychology students (Strømme, 2005) specializing in psychodynamic therapy. The participants were interviewed over a period of two years – three times during the internship (lasting almost a year) and one follow-up a year later. On average, the interviews lasted two hours. In the follow-up interview, the participants had completed their university studies, and most of them had been working for one year as clinical psychologists. The interviewer was the first author.

These interview data were triangulated with data from four other sources:
(a) Semi-structured interviews (Kvale, 1996, Flick, 2002, p. 80 ff.) with the supervisors at the beginning and the end of the supervision period. In order not to contaminate the conversation in these interviews with information from the supervisee interviews, and vice versa, two specialists in clinical psychology conducted the supervisor interviews.

(b) An outcome interview with the patients. The researchers had access to the routine outcome interview conducted at the clinic for each of the patients. The clinic director following the regular procedure conducted all these interviews.

(c) An independent evaluation of the therapeutic competence of the student therapists during the fifth last therapy session: Based on the principle of expert evaluations (Dreyfus and Dreyfus, 1986), two senior researchers and training analysts listened independently to an audiotape recording of the whole session, without any preliminary information about the student therapist or the therapy. Each student therapist was then assessed according to a set of criteria developed by the author, inspired by Tuckett (2005). Subsequently, the evaluators reached consensus on these criteria in accordance with the Consensual Qualitative Research (CQR) model (Hill et al., 1997, 2005).

(d) The Development of Psychotherapists Common Core Questionnaire (Orlinsky and Rønnestad, 2005), a questionnaire which is designed to evaluate the professional development of therapists.

In the present article the focus is on the method used to interview the student therapists.

The proposed method: A psychoanalytically informed research interview

When challenged to design an interview method with the opportunity to register intrapsychic processes beyond the subjective report the psychoanalytic clinical method was a natural choice to use as a starting point to this method development. The psychoanalytic clinical method, based on free associations in its classical form, has been created in order to maximize the potential to infer unconscious processes in analysands.

However, in a research interview the specific research questions determine the relevant themes in the conversation. In the present study the scope of interest is restricted to relevant themes concerning the learning process of the student therapists. Consequently, this kind of research interview is not a method of free association. One may ask if this specific
focus alters the clinical method profoundly. The modification of the classical method represents a dilemma: *How can we transfer this clinical method to a research context without losing too much of the participants’ possibility to project their inner world on to the interviewer and the interview situation, while still being able to make inferences beyond their subjective report?*

The present interview method is based on the following theoretically founded premise: A certain degree of projection, a psychoanalytic listening perspective, and the use of the emotional relationship between the participant and the interviewer as data. In order to highlight the applicability of the method, the theoretical premises will be outlined in relation to the practical experiences of the interviewer. This interplay between theory and practice promoted the development of the method. The theoretical foundation of the method is in line with the inductive, explorative approach in constructivist grounded theory (e.g. Charmaz, 2000, Charmaz, 2006) which pinpoints the theoretical prepositions of all analyses. Moreover, the longitudinal design of this study, collecting process data, potentially enhances the validity of the analyses and enriches the study of change processes.

**Projection**

The projection principle originates from the work of Frank (1948) and Rapaport (1967) and is broadly described as an externalization, not just a defence mechanism as introduced by Freud. Holt (1956) defines a projective situation as a situation which allows a person to produce observations and behave with any degree of fancifulness or realism depending on his own internal standards of what he can allow himself to do, what he shall be doing, or what he fails to prevent himself from doing. These projections happen unconsciously, and persons cannot by conscious effort obstruct the revelation of their private worlds (Gullestad and Killingmo, 2002).

In an interview setting the degree of projection is regulated along three dimensions:

1. **The stimuli:** The degree to which the interviewer structures the interview, for instance by questions.
2. **The responses:** The requirement of open-ended responses to have some relevance for the research topic.
3. **The relation to the interviewer:** Restrictions in the degree to which the interviewer invites the interviewee into an emotional relationship as the interview unfolds.
The aim in the present interview method has been to limit the restrictions along these three dimensions in order to stimulate the projective processes of the interviewee. The first two dimensions are discussed here, whereas the third will be discussed in a later section.

The participants were given the position to define the focus of the interview according to their own preferred ways of organizing their thoughts and feelings in relation to the defined topic and what they perceived to be the quality of their alliance with the interviewer. The typical game of questions and answers was dismissed. Such an interaction might have produced data that illuminate primarily the reflections of the questioner as pinpointed in the old saying “The question is the answer”. Instead, the interviewer used common clinical interventions in psychodynamic therapies, in some cases also including interpretations. Primarily she tried to approach emotional aspects in the participants’ experiences.

The interviewer preferably used implicit questions in the form of “thinking aloud”. By this approach she introduced her own comments to the participant’s stories. Straightforward questions implicitly require an answer turning the focus on the participant, but when the interviewer “thinks aloud” the focus is on her; she takes the responsibility for the content herself (Gullestad and Killingmo, 2005, p. 156 ff.). Consequently, the participants are freer to choose the response form – from elaborating on the matter to just receiving the content and remaining silent. Additionally, this approach instigates a reflective mood into the interviews, activating more personal language and self-representations.

As a consequence, the responses on the verbal level included not merely conscious processes easily revealed, but also “preconscious” processes - content they have conscious access to but which they probably would not have included in their spontaneous utterances had they not been stimulated to reflect about it. Thus, the participation widened their reflections about their therapist development, as indicated in the following quotation:

**Student therapist A:** If I had not talked to you, I believe I wouldn’t have mentioned it. And the next I find a bit strange, is that I recognize when I’m sitting here that I think while I’m talking about it [Laughs a bit]. Something is happening while I’m sitting here talking to you. And I’ve not decided beforehand that I shall say it like this. (…) I just feel that it’s a bit strange how it’s been possible to think so much now when I sit here. I hadn’t thought this loud before, exactly how I experienced myself. (…) And it really feels very good having said it, but at the same time I also ... feel a tiny bit vulnerable, maybe...²
The interviewer began the first interview without any formal instruction to the participants. Such an instruction would have been a parallel to the instruction given in psychoanalytic treatment, encouraging the patient to follow the really difficult task of associating as freely as possible, known as the basic rule (Freud, 1912, 1913). This introduction grants patients the responsibility to propel the therapeutic process; the instruction creates data. All the participants made an issue, sooner or later, of the present unusual interview form in a research setting, and they were given answers, in reality functioning as a kind of instruction.3

The interviewer opened the first interview by referring to the questionnaire the participants had filled in beforehand. The intention was to link the conversation to their first experience in the study to establish a continuous relation for them between different aspects of their participation. In the next three interviews the interviewer waited to see if the interviewees started to talk by themselves, trying to adjust the comments to their focus. Often they kept silent, expecting an initiative from the interviewer. Then she asked if there was anything they wanted to comment upon from the last interview. Most of them answered this question without starting to talk freely about their experiences. Subsequently the interviewer said: “I wonder if something has happened since the last interview which has changed you as a therapist.” From then on the interviews progressed in various directions.

An interview guide was prepared to every of the four interviews, priming the interviewer to a variety of possible processes being a student therapist. However, to be able to focus on the more open interaction with the participants, the interviewer seldom used these guides. Usually she only referred to them at the end, checking if there were any remaining themes particularly relevant for that particular participant. The interviewer did not make notes during the interviews to avoid communicating an interest in some subjects compared to others. Instead all the interviews were tape-recorded.

In order to maintain a projective situation the interviewer restricted her initiatives and waited until the participants stopped talking and had paused for a while, allowing them to structure the interaction. The duration of the pauses varied. Often the participants used them to reflect and introduced interesting supplements afterwards. Others became uneasy. As will be discussed later, these different reactions to the silence of the interviewer, where she did not structure this open situation, provided the interviewer with information about the degree of the participants’ security in the situation, an indication of the quality of their attachment style.
Psychoanalytic listening perspective

Kvale (2003) argues that therapeutic attention to personal interaction in a psychoanalytic clinical interview, open listening and observing, may also be of value to academic interview research. However, from a psychoanalytic perspective his statement lacks a central point; the listening perspective in a psychoanalytic interview is inseparable from the theory. To utilize psychoanalytic listening requires the creation of a certain amount of projection in the situation, and without psychoanalytic theory the projections observed are useless for drawing inferences beyond the subjective report. The psychoanalytically informed research interview requires a researcher with psychoanalytic clinical competence to maximise the potential of this method.

The psychoanalytic tradition is today characterized by pluralism and disagreements (e.g. Schwartz, 2003, Garza-Guerrero, 2002, Fonagy, 1998, Spruiell, 1989), potentially blurring the conceptual foundation of psychoanalytic research. Consequently, the specific theoretical perspectives of the researcher, including preferred organizing concepts, must be made explicit in the analyses and in the presentation of the results (Leuzinger-Bohleber and Fischmann, 2006, Killingmo, 1999). In the present study the data analyses are informed by contemporary theories within the object relational tradition.

The listening attitude of the interviewer was inspired by “evenly-suspended attention” (Freud, 1912), “free-floating responsiveness” (Sandler and Sandler, 1978, p. 289) and “listening without memory and desire” (Bion, 1967). At the same time this professional listening was of course restricted by the fact that it was an interview situation. Since the student therapists had been asked to participate in the study, the interviewer had a responsibility to stimulate the interview process. The interviewer refrained from speaking while the interviewee talked, waiting until they paused before making her first comment.

A psychoanalytic listening perspective implies an expanded scope of observation. Besides the verbal level, non-verbal communications are taken into consideration, such as the sound of the speech, facial expressions, bodily attitude and the more general behaviour of the participant. This implies a focus on discrepancies between the semantic content and affective reactions, also called displaced meaning. After each interview the interviewer wrote down non-verbal observations of the participants as well as her reactions both to the content of the stories told and to the participant. This example of such notes is from the third interview with Emily: “I feel like a bad interviewer by exposing her for a heavy burden. It seemed to me that
she wanted to get out of the interview situation as fast as possible, that she felt relieved when the interview ended. I feel she is insecure in her relation to me and that I become unduly avoidant as a response to her uneasiness in the situation. I am afraid that she will become critical towards me and sense as a threat that she wants to withdraw from the study. In the next interview I should not act out this avoidant tendency and not be so afraid of evoking negative feelings in her.”

The interviewer attitude produced ambivalent feelings in the participants, as indicated in this quotation:

**Student therapist B:** I believe you are very sort of analytical, as when I asked that question initially, then (you) tried to see behind the words and questioned if it actually was that I asked about... And I can experience that as annoying ... Yes. I believe I feel myself scrutinized. I believe that I become preoccupied trying to explain, formulating myself accurately... I also believe the result is that you [talking about herself in third person] show more of yourself. It doesn't become a chat over a cup of coffee where one gives and takes. I think, probably, that it has to be like that... Yes, that (if) people shall have such interviews in depth approaching personal processes, then it’s fine that you are like that. But also that it makes it tiring to participate. ... And I recognize that I do tell a lot when I’m here. ... It also has to be something that makes me do that. It’s something with your way of asking and your manner of following things up that in a way gives me no possibility to escape. Maybe that also is an element. That’s something some others also have mentioned. Saying that you are very sensitive if it’s an affect or some undertones, then you use your opportunity to follow up, and that also causes one to dwell more on it than if you had been quicker to say “Yes, yes, but that’s fine, let’s move on to the next question.

What does this reflection tell about the present interview form? Our suggestion is that B’s affects are mobilized, and, consequently, the conversation becomes more important and meaningful to her. According to psychoanalytic theory the experience of B is viewed as an expression of her resistance in the situation. At the same time she discovers that she talks extensively, feeling that it is due to the approach of the interviewer. It is almost as if she talks against her will; she cannot stop when the interviewer dwells more into her experiences. Psychodynamically this can be interpreted as opposing forces in her; she both wants and does not want to express herself to the interviewer.
**Emotional interview relationship**

One of the first observations of the interviewer was that her active participation in order to maintain a conversation varied strikingly. The participants sometime gave her the impression of being securely attached persons, utilizing the time together with her to engage in extensive reflection about a subject that is tremendously interesting to them. Some mentioned almost all of the relevant themes by themselves, leaving the interviewer in a position of reflective listening, just now and then affirming that she understood their feelings. Others seemed too self-sufficient, not expecting anything from her or even avoiding comments from her. Some participants only gave short answers, waiting for further questions, thus avoiding the opportunity to take the initiative. Some expressed uncertainty about the relevance of some elements in their stories, asking for the opinion of the interviewer, anxious to rely on their own perspective in front of the interviewer.

In a psychoanalytic clinical interview the interview relationship is a *necessity* in order to produce psychoanalytic data. Killingmo (1992) states that a psychoanalytic phenomenon is not fully displayed unless stored modes of experience are *brought into play* in an interpersonal relation (p. 45). The feelings evoked in the participant and in the interviewer and their actual behaviour in the interview – the rhythm of silence and speaking, non-verbal communications and the content of the speech – are all parts of the emotional relation created between the two in the situation, exposing different kinds of use of the interviewer as an object (Winnicott, 1969).

According to temporary object relational theory, transference and countertransference are the principal organizing concepts used to understand the emotional aspects of a relationship. In the present context the broad definition of transference and countertransference is used. Joseph (1985) defines transference as “the total situation”, that is, “everything the patient brings into the relationship” (p. 447). Heimann (1950) defines countertransference as “all the feelings which the analyst experiences towards his patient” (p. 81). She states: “The analyst’s countertransference is an instrument of research into the patient’s unconscious” (p. 81). The projective quality of the treatment relies on the assumption that the reactions of the analyst are seen as responses to the stimuli of the patient. Thus, these reactions can be used to infer the object position of an internalized object relationship, whereas the patient has the subject part. Applying this terminology in a research setting, Stuhr (2002) emphasizes that interviewers have the opportunity to use their own
unconscious sensibility, through their countertransference reactions, to gain access to more unconscious processes in the participant, an access unattainable with any other method.

Gullestad and Killingmo (2005) have introduced the concept of “relational scenario” to describe the internalized broad relational patterns of a person behind the observed behaviour. The term is inspired by Sandler and Sandler (1978) and is defined as the intrapsychic relation between a self-representation and an object representation which has a relative stable pattern and which can be identified in different situations. The central question is: What part of the person’s self representation is in which sort of dialogue with which object representation?. Thus, the focal point is primarily on the transference as it is displayed in the present situation, and less on its historical origins. Potentially several scenarios are activated during one interview and in subsequent interviews with the same participant. In the present study the relational scenario concept is chosen as an analytic tool because it implies a focus on broad, repetitive relational patterns activated in an ongoing interaction.

The psychoanalytic clinical interview is not an ordinary social reciprocal interaction; it is a method (Gullestad and Killingmo, 2002). The interviewer is in principle in a position of an observer that does not fulfil the prescribed roles of the patients (p.128). Killingmo (1992) states that psychoanalysis as a research method rests on the premise that the analyst can take the position of an observer, revealing aspects of motivation in the patient which are not determined by the influence of the analyst himself (p. 42). The same is valid in the present study involving non-patient participants. Consequently, this psychoanalytically informed research interview represents a certain challenge to the idea of “co-participation” often present in qualitative research (e.g. Peräkylä, 2008).

This ideal position of an observer is in practice often deviated from. The therapist/interviewer is moved out of the analytical position, busy fulfilling a prescribed role of the patient/participant. In the research context the interviewer could for instance enter into a typical conversation of straightforward questions requiring answers, implicitly breaking the projection principle. One potential hypothesis explaining this countertransference reaction would be an intention to avoid placing the participant in the position of exposing her- or himself. The interviewer senses that the participant feels vulnerable in front of a critical internalized object projected on to her. This form of analysis is demonstrated later in an illustration from the fourth interview with Emily. Data expressing the same relational scenario is also present in the countertransference note after the third interview with Emily, as referred to above.
Other typical examples of such prescribed roles for the interviewer in the present study are a caring or unreliable mother, a best friend or a professional authority. “Seductions” into prescribed roles by the participant require extensive professional reflections in the research interviewer in order to be able to understand more of the quality of the interaction. Subsequently the interviewer uses such insights not to fulfil the prescribed role but instead to address such expectancies in the participant. The interviewer by this approach regains an analytic attitude (Schafer, 1993), which promotes an unconventional conversation with the interviewee.

The present interview methodology can be viewed as a combination of two forms of data sampling methods: Transcribed text of the taped interaction and traditional clinical notes where the analysts make a written record of the therapeutic conversation from memory after a session, including also non-verbal observations and countertransference reactions. Peräkylä (2008) has introduced conversational analysis of transcribed text as an informative alternative to clinical notes as a basis for psychoanalytically oriented research. Considering the research questions in the present study, focusing beyond the subjective verbal report, a combination of the two can be even more productive.

**Process data**

The longitudinal design of the study enhanced the possibility to analyze potential change processes in the participants’ therapeutic development. Four extensive interviews covering two years of their initial process of acquiring therapeutic competence provided an opportunity to follow their different feelings, thoughts and attitudes at the interview points as well as to analyze changes in their views during the data collection period.

However, change processes were not expected to take place on the intrapsychic level of the participants. Intrapsychic object relationships are assumed to be relatively stable across time unless major life changing processes have taken place, such as a significant period of intensive psychodynamic therapy or other experiences breaking the repetitive tendency of such internalizations. Thus, on this level these four process interviews first and foremost created the possibility to dwell more into the participants’ intrapsychic object relationships. Consequently, these process data potentially enhanced the validity of the data analyses, as will be illustrated subsequently.

A psychoanalytic method implies that the data sampling and the analytic process run intertwined. The comments of the interviewer are a continuous hypothesis testing process.
They are evoked spontaneously in the interaction based on specific professional competence, to have a psychoanalytic listening perspective, and to use the interview relation as a data sampling method. The interviewer had only the occasional opportunity to systemize the analyses before each interview took place, but she always read her notes from the previous interview(s).

Moreover, a relationship unfolded between the participant and the interviewer over time, resulting in gradually more open communication, although in varying degrees. All the participants commented upon their ambivalent feelings in the interview situation and most of them repeatedly. However, as an overall trend their ambivalence declined during the process and the participants began to express more positive feelings towards their involvement. They explained it as a result of increasing trust in the interviewer’s handling of the situation, of professional benefit following the participation, and in some cases, their own growing security as therapists.

**Empirical trial of the method**

The case of Emily demonstrates how we can acquire a broader spectrum of data with the present interview method compared to analyses based only on subjective report, and how these additional data are relevant to therapeutic development and competence.

The case is chosen to demonstrate that feelings of anxiety, although not mentioned explicitly, may be conveyed in the transference and the countertransference in the interview relationship. It is well known that student therapists are overwhelmed by anxiety (e.g. Orlinsky and Rønnestad, 2005, Rønnestad and Skovholt, 2003, Pica, 1998), but often it is difficult to explore anxiety in a research interview because the participant will defend herself or himself from exposing it verbally. For instance Skovholt and Rønnestad (1995) found that only senior therapists elaborated extensively on their profound reduction in pervasive anxiety from their novice phases to later developmental phases.

The following examples are taken from the fourth interview. Emily was working as a clinical psychologist. A year had passed since her internship. As in the interviews before, she returned to the topic of the open form of her supervision, which had left much of the initiative to her. She had presumed her supervisor was guided by a professional strategy, but felt frustrated by the attitude of her supervisor. It appeared as a mystery to her. The interviewer commented by introducing a possible parallel between her experiences in supervision and the
interviews. Initially in this fourth interview Emily had said that she found the interview situation difficult because she was not given questions to which she could answer.

_Interviewer_: I have got one such parallel to what you said about the interview – actually, to be in a situation which is not totally comprehensible. Perhaps that is something you experience as a challenge.

_Emma_: Yes. …

_Interviewer_: Because you say

_Emma_: Yes, I do say that

_Interviewer_: something like that about the interview form too.

_Emma_: Yes. And I believe that’s a kind of something I have. And also in much of my … work now then … yes, I’m happier with something I experience as more understandable. … … … Maybe it’s just something with that form both in supervision and in the interviews that I have experienced as difficult. Yes, it feels so difficult to grasp. … Yes, not just because I don’t completely understand it; it’s easier to work with something I understand better …”

At the verbal level the communication runs fluently, but if her non-verbal communications are included, her tension becomes visible: When the interviewer introduces the hypothesis, she gets a surprised look in her face and jumps a bit in her chair. The interviewer senses a hesitation in Emily to expose herself. At the same time, the interviewer got a feeling of overstepping Emily’s emotional boundaries. We may speculate that Emily’s facial expression and body language indicate anxiety evoked by the suggestion of a similar response pattern towards both her supervisor and the interviewer. Indirectly the interviewer implied that this pattern may be a repetitive one.

Emily’s reactions to the proposal of the interviewer become more understandable studying the interview sequence following immediately after. Her emotional uneasiness influenced the interviewer so that she failed to maintain an analytic attitude. The countertransference reactions of the interviewer are written in brackets.

_Emma_: … No, now I’m becoming this kind of totally vague again. I … I don’t understand completely where I … [She appeared emotionally upset which indicated that she experienced the hypothesis of the interviewer in the quotation above as overwhelming.]

_Interviewer_: Do you feel vague again, now? [The interviewer repeated her words in the form of a question, which at the same time amplified the focus on her feelings and invited to further elaborations.]
Emily: Yes.

Interviewer: And that was unpleasant? [The interviewer mirrored her non-verbal expression to give her a possibility to elaborate.]

Emily: Yes. ... [She affirmed, and then paused.]

Interviewer: Yes. Mm. You ... ... ... Eh. ... ... ... Yes. ... ... ... Eh. ... ... ... Eh, I do recognize that I lead you in that direction [Laughs a little], I question you in that direction. [When she twice dismissed the invitation to elaborate, the interviewer got the feeling that she had been pressing her to talk and felt a need to take the responsibility for putting her in the situation, to protect her from experiencing her feelings in the interaction.]

Emily: Yes. Yes. ... Mm. [She seemed relieved because the interviewer focused on her part, but again she pauses.]

Interviewer: And that ... in fact, I do actually ask you about your tolerance to experience something you do not totally comprehend. [The interviewer felt Emily’s uneasiness in the situation without being able to identify the exact cause. In order to maintain the focus on the topic the interviewer proposed an interpretation on a superordinate, more intellectual level which moved Emily’s attention away from feeling her emotions to understanding them, and thereby she structured Emily’s reactions for her.]

Emily: Mm.

Interviewer: And here you seem to say you can feel that’s a place you don’t like that much to be. [In the following three passages the interviewer tried to give her additional opportunities to elaborate on this point, which the interviewer had the feeling was of the utmost importance for her. The interviewer continued to structure her experiences; probably she made them more understandable for Emily. Simultaneously the interviewer had the feeling of pressing her since Emily had not at any point begun to say what was going on inside her.]

Emily: No. ... No, I probably don’t like that. [Here Emily admitted, but hesitantly it seemed to the interviewer. She felt that Emily wanted to be nice to her, but simultaneously she felt Emily disguised her feelings.]

Interviewer: And, in fact, that was what your supervisor also did.

Emily: Yes.

Interviewer: Yes.

Emily: Mm. ...

Interviewer: Mm. ... And, if I understand you correctly, that you do somewhat question how ... appropriate that is?
Emily: Yes. ...

Interviewer: Yes. ... Mm. ... Mm.

Emily: Mm.

Interviewer: Yes. ...

Emily: Yes....

Interviewer: Mm. [Three times she again dismissed an opportunity to talk, and the interviewer finally withdrew, feeling that she had no further suggestions to offer. Verbally Emily had not given the interviewer new clues to understand her feelings. Functioning as an escape from the uneasiness in the situation, the interviewer introduced a straightforward question requiring a factually oriented answer. Here Emily met the invitation with an elaborate answer.]

The extract presents an example of verbal closure, representing limits on an analysis based on Emily’s verbal expressions. However, if we include her transference in the situation and the countertransference reactions of the interviewer, further analyses are possible. Initially in this extract the interviewer tries to share her feeling by a mirroring intervention, which would have worked well for a start. But the comment in the form of a question was not attuned to Emily’s emotional state. She had no elaborations, no words, to offer. As a consequence of her repetitive silence, the interviewer took over Emily’s position in the interview by focusing on herself and by reflecting loudly about what she presumed was going on inside her. Thus, they seemed to enter into a role-reversing interaction.

If transference reactions and countertransference reactions are organized in relational scenarios, two scenarios are particularly salient in the above extract, and later we will introduce a third. One scenario is between a helpless person and a potentially overprotective helper. In the referred situation the interviewer felt an increasing urge to help her. But in her comment she utilized a more theoretically oriented language (“tolerance to experience something you do not totally comprehend”), at the same time functioning as an escape manoeuvre away from Emily’s disturbing feelings into more easy going intellectual reflections. The other relational scenario is between one who wants something from the other which the other withholds. Concurrently, the interviewer felt that she persevered on the issue, not taking into account Emily’s silence as an act of withdrawal. Generally, the interview situation could be seen as activating this kind of scenario, but the pattern was not present in all the interview relations in the study.
Which thoughts and feelings could Emily try to withhold? Our suggestion is her feelings of helplessness and vulnerability – characteristics which at the same time make her a sensitive therapist, also emphasized by her supervisor. Emily did not express straight ahead her vulnerability in different situations in her internship, which the interviewer knows is a widespread feeling among student therapists. Instead the interviewer sensed that Emily tried to avoid exposing them. Focusing on Emily’s contribution in the interaction, her avoidance is presumably a consequence of distrust in her own as well as in the interviewer’s ability to contain her vulnerability and helplessness.

At the same time, Emily was probably angry with the interviewer for placing her in this situation. She did not criticize the interviewer verbally, but supporting this interpretation, she felt frustrated by the fact that the interviews had uncovered her learning process as unclear to her:

Emily: I’ve experienced every time [the interviews] as rather interesting and a bit challenging, having to reflect a bit about what sort of changes have happened, what kind of learning it’s been. I’ve felt it very difficult, actually, or diffuse and ungraspable. Yes, why IS it that ungraspable? THAT experience has been clearer when we have talked together. And I’ve thought about it a bit afterwards also ... that I perhaps would have wanted it clearer. Because that’s actually a part of this particular question [Here she referred to the research question focusing on her process of acquiring therapeutic competence.] [laughs a little] that it’s so unclear. Exactly that I’ve been feeling afterwards too, a sort of frustration because of that.

The countertransference reaction of the interviewer in this passage was a feeling of being accused for placing her in an ambiguous situation where her uncertainty became exposed, which pointed to a possible need to avoid such situations.

Emily’s distrust in her self and in the interviewer and presumed frustration towards the interviewer may be related to a third possible scenario, inferred from the interview relation. On a more superordinate level covering most of the conversations, the interviewer discovered that Emily generally assumed the interviewer to be a critical listener who expected clear answers from her, as for instance expressed in this quotation from the fourth interview:

Emily: It was at one or another point earlier where I felt myself very unclear. And then I thought, “Now I should have been clearer”, or that “You surely don’t get much out of this either”, right? That this becomes very muddy, and that you surely also sit and wonder: “What actually does she mean?” or “Why is this so unclear? [Referring to herself in third person, taking the perspective of the interviewer.]
Supporting an interpretation of an incidence of projection here are the countertransference reactions of the interviewer, because the interviewer, on the contrary, felt relief and curiosity when Emily explored her uncertainty.

Clearly the research situation invites a particular relational pattern between an authority and a novice, whereby Emily was assessing the interviewer as a senior or a teacher, but the pattern is not present to the same degree in all the interview relations. Thus, Emily’s uncertainty and helplessness in the situation and her projection by making the interviewer a critical judge, indicates such a relational scenario in her repertoire.

To sum up, three possible scenarios related to Emily’s helplessness are suggested, using the unfolding interview relation as the data source. The quoted sequences are chosen because they together are suitable to illustrate these particular scenarios. The organization into these particular patterns, on the other hand, is the result of analyzing repetitive experiences with Emily during the interviews with her, as exemplified in the countertransference note after the third interview, quoted above.

The subsequent analysis uncovered that neither Emily nor the interviewer approached her helplessness directly, neither in the quoted sequences nor elsewhere. This raises a question for the interviewer: Why did she not recognise Emily’s helplessness during the interviews, since she definitely felt her uncertainty and her avoidance as a defence?

Emily gave a hint herself in the questionnaire she filled in before the interview period. When asked to describe her worst qualities as a therapist she had written: “Uncertainty and too little separation”. We suggest that Emily’s helplessness did not become salient to the interviewer because this understanding required a certain degree of psychological distance from her, an observer position, which the interviewer first acquired through physical distance during the period of analysis. Focusing retrospectively on her participation in the interaction, the lack of emotional separation between them suggests that this is one of Emily’s relational scenarios. An example is the interaction mentioned above between the helpless person and the overprotective helper. The interviewer tried to rescue her by an escape into an intellectual understanding conveyed in the words “tolerance to experience something you do not totally comprehend” before Emily had an opportunity to express her uncertainty in the situation.

One possible explanation is that the interviewer’s lack of emotional separation to Emily in this situation (her countertransference reaction) was in part a consequence of Emily’s invitation to this relational scenario (her transference reaction). Consequently, the interviewer became too identified with her need to escape. And in fact, the interviewer
identified this pattern already in the third interview (as showed in the countertransference note referred to above), but nevertheless the same pattern was played out in the fourth interview.

The interviewer could have helped Emily to express her insecurity and helplessness if she had affirmed her feelings, for instance by saying: *It seems to me that it is somewhat difficult for you to feel insecure, may be even helpless, here together with me.* But such a comment required that the interviewer was less emotionally aroused in the situation, which would have been the consequence if she had been more emotionally separated from her.

At the same time, Emily did talk about her uncertainty in other parts of the interview, which probably is a less emotionally charged word for the helplessness she experienced. And she also managed to talk in the final interview about her feelings in such a manner that she felt relieved in the end:

*Emily: I feel (the interview) has had an explanatory effect. Yes, because it concerns much about ... it’s not that easy to tolerate for many, I believe, but perhaps especially for me, that it’s been very unclear, or vague. But at the same time, it’s precisely what this [refers to the interviews] concerns [laughs a little], those paths you [referring to the interviewer’s intentions in the interviews] have wanted to enter, try to grasp some of this ungraspableness [laughs a little]. It wasn’t so distressing now. Last time I felt a bit uneasy, because it became: ”Uah – what’s this, actually?” But now it became clearer. We managed to talk about it.*

She reflects upon her therapeutic approach in her first job as somewhat more structured and pedagogic, and she wonders if this has been an escape from her feelings of uncertainty when conducting psychoanalytically oriented therapies. She states that she wants to develop further her capacity to tolerate uncertainty, spontaneously formulating her own elaboration of “negative capability”. Bion (1970) quotes the poet John Keats saying: “I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.” (p. 125).

*Emily: It’s one of those experiences from time to time in therapy: “What is this, actually?” “This is a bit unclear.” And in such circumstances I do act in one or another form to escape the situation ... which sometimes surely is ... reasonable enough, but (instead I could) manage to be more in the situation ... ... not just escape, and then try to find out a tiny bit of what this really is about, actually a kind of ... courage ... may be, or tolerance for ... digging deeper into it.*

After writing this presentation, Emily was invited to comment upon the text, to be a co-researcher not only an object in the text. Emily’s answer additionally reveals her capacity to
use interpretive comments from the research interviewer to penetrate more into her feelings had the interviewer managed to maintain an analytic attitude in the interviews instead of acting out her countertransference reactions: Avoidance and little emotional separation.

**Emily’s comment:** “When I first read the text I was surprised, but I also liked, in a way, what I read. The interviews had made an impression. They touched something I found very unpleasant, but also was curious about, as it felt so important in relation to my own development, and in relation to the kind of therapist I should be. As a student therapist I was confronted with my own insecurity and helplessness to a large degree. In the supervision and in the therapy I manoeuvred without a map and a compass, and I recognize myself as someone helpless who wanted to be rescued, and I could also sense the anger of being placed in this unpleasant situation. These feelings were more unclear then, and are also easier to recognize when I have them at a distance. I had, as I recall now, a feeling that it was difficult to talk about because I had few words for it, but perhaps it was also a question of not disclosing, not to the interviewer and not to myself, how insecure I felt. It is revealing and may be experienced as unpleasant, but, at the same time, trying to put into words in the interviews this “wordless” area and to read about it in the present analysis has been interesting and feels as a possibility to develop. I know I struggle more than many with separation problems and emotional delimitation towards others, so I do not want to work in the transference right now. I am developing a therapeutic style I am comfortable with and continue my work with “negative capability.”

To conclude, the verbal communications of Emily would not have offered relevant data to her quoted self-reporting in the questionnaire simply because she had problems expressing them in words when experiencing them in the interaction with the interviewer. By taking into consideration her non-verbal communications and the transference and countertransference reactions in the interaction as well, it has been possible to dwell into these qualities of hers, studying them while enacted in vivo. Without such additional data, her statements had remained just contentions of hers. They could not have been analyzed with the present degree of complexity.

However, the potential of these kinds of additional data is dependent on their relevance to the research questions. An obvious hypothesis in this case is that Emily’s handling of her “insecurity and too little separation” in relation to the interviewer also informs the analyses of her handling of these feelings in relation to her patient and her
supervisor. Thus, the relational scenarios present in the interview relation may shed light on her overall therapeutic development and competence as well. In the present study it is possible to triangulate analyses of such hypotheses with data from other sources.

**Ethical considerations**

Several researchers have warned against a research interview inspired by the psychoanalytic clinical interview (e.g. Kvale, 1996, Fog, 2004). Consequently, how can the ethical implications of this position be taken care of?

Kvale (1999) states “the use of concealed techniques and interpretations with a distrust of the subjects’ motives raises ethical problems in a research interview” (p. 106). The term “concealed techniques” has negative connotations in his context, and seems to refer to interview techniques not immediately understandable for the research participant. Why psychoanalytic interview techniques are more concealed than other interview methods within qualitative research is not documented. Obviously, the use of psychoanalytic clinical techniques must be considered in relation to the relevance of such a focus. For instance, would the present study have been severely restricted if the analyses only were on the level of the verbally reported subjective experience, as documented in Emily’s case?

The ethical requirement of informed consent may be a special challenge when using psychoanalytic clinical techniques with participants without psychoanalytic knowledge – but this was not the case in the present study. Psychology students specializing in psychodynamic therapy must be considered capable of anticipating the consequences of a psychoanalytically informed data collection method. None withdrew from the study; indeed two more student therapists joined in after the internship was over.

Psychoanalytic clients have also been exposed to research interviews based on psychoanalytic clinical techniques (Fink, 2003, Leuzinger-Bohleber et al., 2003, Pfeffer, 1961). The approach has been appraised as ethically justifiable because these research participants beforehand have chosen the therapy form. But one may question if this formal categorization is that obvious; patients as research participants are probably not less personally vulnerable in the research situation compared to other participants.

Usually during the interviews, qualitative researchers do not supply their participants with interpretations beyond the subjective report of their interviewee (e.g. Kvale, 1996). In our view, participants may be interested in contributions from a research interviewer, provided they are presented as genuine comments to the participants, not as the researcher’s
final interpretations. Participants may experience such comments as expressing a respectful attitude, giving them opportunities to reflect upon the researcher’s hypotheses. Additionally, they may regard such comments as helpful in their own process of understanding their experiences. The amount and the content of such suggestions from the researcher are determined by the established quality of the relationship and the participant’s degree of defensiveness in the situation.

Conclusion

Finally, the initial question can now be answered: Is the presented interview form usable to make inferences about intrapsychic processes in the participants?

The use of observations of non-verbal communications and transference reactions in the participant and countertransference reactions in the interviewer as instruments to understand emotions in research participants always has to involve a process of sorting out. There is plenty of time in long-term therapy to carry out this reflexive process in an ongoing interaction. However, in a research context it might be questioned whether emotions aroused in the interviewer can be given the necessary authority as data about intrapsychic processes in a research participant. The aim of this article has been to document that four process interviews, with an average duration of two hours, over a period of two years, give substantial data for such considerations.

The present interview method is an attempt to meet data collection problems that are not raised by questionnaires and which often are evaded also in qualitative research interviews. The aim of this article has been to justify that it is possible to think and behave in the interview situation in a more disciplined fashion, informed by the psychoanalytic clinical method. We have presented arguments in relation to the ethical implications of this method. The advantage is a research method that makes it possible to collect a wider scope of data concerning complex personal processes such as being a therapist for the first time.

Endnotes:

1 Ethical approval was obtained from the Data Inspectorate in Norway and recommendation by the Regional Committee for Medical Research Ethics.
2 All quotations are translated from Norwegian by the first author.
3 Had the interviewer planned these research interviews today, she would have presented a modified version of a clinical instruction. Thus, the participants had from the beginning got a frame to act upon. The formulation could for instance have been: “Now I am interested in how you experience your process of acquiring therapeutic competence in your internship – all sorts of elements that you connect to this process. Feel free to elaborate whenever you want. It is not of primary importance that you answer my questions, I am first and foremost interested in what you emphasize in your learning process.”

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The rise and fall of conflict in supervision.

A contribution to understanding the complexities of student-therapist supervision.

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Abstract

Dynamic processes in supervision are focused in a longitudinal qualitative study with a multiple single case design including 21 student therapists, their supervisors and patients, with a specific focus on supervisees’ feelings of anxiety and helplessness. Through an in depth analysis of one case the article discusses how student therapists experience their supervision, how anxiety affects the supervision relationship and lastly if and how anxiety is addressed in supervision. The data material of the study makes possible the identification of characteristic features present in most of the supervision processes, thus demonstrating a prototype pattern of supervision dynamics. An essential aspect of this prototype pattern is the regular presence of feelings of insecurity and helplessness. Implications for supervision are discussed. It is concluded that a supervisor approach informed by the analysis of a prototype pattern of dynamics is to view anxiety, insecurity and helplessness of student therapist as inevitable feelings, not to be avoided but instead to be addressed in supervision.
Introduction

In studies of therapist development anxiety in general comes forward as a main variable characterizing beginner therapist development (e.g. Grater, 1985; Gray, Ladany, Walker, & Ancis, 2001; Moskowitz & Rupert, 1983; Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 2003; Stoltenberg & Delworth, 1987). In the early student years the anxiety level is often so high that students have problems to concentrate, to focus attention, to process cognitively and to remember what happens during a therapy session (Rønnestad & Skovholt, 2003). However, the anxiety is often not fully recognized until later by the students themselves. In a study by Skovholt and Rønnestad (1992) the intensity of the anxiety of the novice therapist was revealed through interviews with senior therapists elaborating substantially on the matter, when looking back on their student years (p. 114 ff.). In contemporary studies of supervision anxiety seems to be recognized as an important theme. Thus, recent studies of disclosure and non-disclosure in supervision, independent of therapy form, take as a starting point the anxiety of the supervisees (e.g. Hess, Knox, Schultz, Hill, Sloan, Brandt, Kelly, & Hoffman, 2008; Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000; Ladany, Hill, Corbett, & Nutt, 1996; Ladany & Lehrman-Waterman, 1999; Ladany & Walker, 2003; Lambert, 2004; Nelson & Friedlander, 2001; Yourman, 1993; Yourman & Farber, 1996).

The vulnerability of novice therapists may cause defence processes in order to protect the therapist from experiencing painful feelings. In the study of Skovholt and Rønnestad (1992) postgraduate therapists looking back reported that as student therapists, their anxiety level was higher than what was reported by the student therapist participants. Similarly, Olsson (1996) found that student therapists viewed themselves as fairly competent, whereas postgraduate therapists looking back on their clinical work as student therapists described themselves as incompetent and insecure. These results point to the possibility that defence mechanisms tend to be more activated in student therapists compared with even slightly more experienced therapists.

To acquire competence in dynamic psychotherapy is an especially challenging process in the first years (e.g. Doehrman, 1976; Ekstein & Wallerstein, 1958; Szecsödy, 1990). The therapist has no manual to rely on. Student therapists are supposed to use themselves as “instruments” without ever before having used the “instrument” and still with substantial deficiencies in their theoretical knowledge. The therapist is required to participate in an emotional relationship, which often is intensive, at the same time being expected to observe
and comment on characteristic, repetitive features of this relationship. The main challenge is being close to the patient in an intimate therapeutic dialogue. The dialogue is “unconventional”, with no parallel in ordinary social interaction: Questions are not answered at face value; the therapist does not give help in the form of instructions and advice. The therapist role thus presupposes participation in an interpersonal interaction without the possibility of using one’s ordinary repertoire of social communication. The therapy setting has so to speak no connections with conventional social settings (Gullestad & Killingmo, 2005). 

Although initially not a primary focus of the present study (Strømme, 2005), anxiety, insecurity and helplessness stood out in the data material as core themes in the training process of the student therapists, and gradually became the main focus of the study. How does anxiety affect the supervision relationship? What are the implications for supervision? The data material made possible a thorough investigation of how anxiety affects student therapists’ acquisition of dynamic psychotherapeutic competence. Certainly, a central question in this respect is how anxiety is handled in supervision.

This article discusses three questions:

1. How do student therapists experience their supervision?
2. How does the anxiety of student therapists influence their supervision relationship?
3. If and how is anxiety addressed in supervision?

The two last questions will be addressed through an in depth analysis of one case illustrating characteristics of the dynamics of supervision of student therapists in dynamic psychotherapy training. Implications for the supervision approach towards student therapists are discussed.

**Material and method**

This study\(^1\) has an inductive, explorative approach in line with the principles of constructivist grounded theory (e.g. Charmaz, 2000; 2006; Strauss & Corbin, 1998), and is based on the theoretical perspectives of psychoanalysis. The study has a longitudinal, multiple single case design, including 21 student therapists, their supervisors and their patients (Strømme, 2005).

\(^1\) The project has got approval from the Data Inspectorate in Norway and recommendation by the Regional Committee for Medical Research Ethics.
Three main issues are focused: Therapist development, supervision and therapeutic competence.

The study is situated at the out-patient Clinic of dynamic psychotherapy, Department of Psychology, at The University of Oslo. For four decades the clinic has trained graduate students in dynamic psychotherapy. The participating student therapists are at the end of their training. They practice therapy in the internal practicum for three quarters of the final year of their profession-oriented studies in psychology, for a total of six years. The therapies consist of two weekly sessions; normally in total 55 to 60 sessions. The student therapists receive supervision in groups consisting of two student therapists and additionally one or two group members, three hours a week. The time is divided equally between the two student therapists. The group members conduct a less intensive therapy at an external clinic and receive their supervision there. They are not participants in this study.

Student therapists in three subsequent classes, in total 28, were asked to participate in the project. Two were prevented from participation due to patient related causes. Five had their own reasons not to participate. Consequently, 21 participated in the project from the beginning. After the termination of all the student therapies, an additional two joined in and were interviewed just once. None of the student therapists left the project.

The supervisors as well as the patients of these 23 student therapists agreed to participate in the study. All the supervisors are experienced therapists and supervisors within the dynamic psychotherapeutic tradition in Norway. The patients have common problems treated at outpatient clinics; exclusion criteria are suicidal problems and severe mental illnesses. Typical symptoms are anxiety, depression, eating disorders and personality disorders. The gender of the patients is representative of the mental patient population in Norway; women are over-represented. The majority of the patients range between 20 and 35 years.

The student therapists are interviewed over a period of two years – three times during the practicum year, and one follow-up a year later. On an average, the interviews lasted two hours. In the follow-up interview, the participants had completed their university studies, and most of them had been working one year as clinical psychologists. The interviewer was the first author.

The interview method (Strømme, Gullestad, Stänicke, & Killingmo, 2009) is developed for the purpose of the study and represents a combination of a qualitative research interview method (e.g. Kvale, 1996; Flick, 2002) and a psychoanalytic clinical interview (Gullestad & Killingmo, 2002). Interview guides were prepared in order to cover a wide
scope of factors and processes concerning the acquisition process of the student therapists. However, this structured approach was in practice just a safety net. In line with the psychoanalytical clinical interview method it was tried to establish as much of a projective interview situation as possible. This clinical aspect of the research interview parallels the approach in other psychoanalytically informed research projects (Cartwright, 2004; Doehrman, 1976; Flick, 2002; Leuzinger-Bohleber, Stuhr, Rüger, & Beutel, 2003; Pfeffer, 1961). Additionally, the method has similarities with the “free association narrative method” of Hollway and Jefferson (2000).

The longitudinal interview data of the student therapists are in this analysis triangulated with data from four other sources:

(a) A qualitative interview in the beginning and at the end of the supervision with the supervisors of the 21 participating student therapists. The interviews were semi-structured based on interview guides developed for this purpose; fixed sets of questions with open-ended answers (Kvale, 1996; Flick, 2002). In order not to contaminate the dialogue in these interviews with information from the supervisee interviews, and vice versa, two specialists in clinical psychology conducted the supervisor interviews.

(b) An independent evaluation of the therapeutic competence of the 21 student therapists based on the fifth last therapy session. Double evaluations of the competence in dynamic psychotherapy, according to a developed set of competence criteria, are worked out for each of the 21 student therapists. Additionally, a double set of qualitative essays is elaborated (Killingmo, Varvin, & Strømme, 2009).

(c) As concerns the patients of the 21 student therapists the study has admission to an outcome interview with the patients conducted at the clinic. The interview has been adjusted to the study by adding one question: “Do you find that your therapist has changed in any way during the therapy?”

(d) Before the first process research interview the student therapists filled in an extensive questionnaire named “Development of Psychotherapists Common Core Questionnaire”, designed to evaluate professional development of therapists (Orlinsky & Rønnestad, 2005).

All the research interviews of the student therapists and their supervisors were audiotaped. Approximately half of the interviews with the student therapists were transcribed. As to the analysis of interviews, priority was given to those illustrating interesting phenomena in relation to the research questions and the ongoing analysis. Subsequently, the most relevant of the interviews with the supervisors were transcribed. All the outcome interviews with the patients were taped and transcribed.
All therapy sessions were audiotaped, a regular procedure at the clinic. The tapes were subsequently left to the author. Two senior researchers and training psychoanalysts have listened independently to a recording of the fifth last session, without any preliminary information about the student therapist or the therapy. They firstly assessed each student therapist according to a set of criteria developed by the authors and these two evaluators. The evaluations of the therapy sessions are presented in the form of a written evaluation from each of them for each of the 21 student therapists, in total 42 evaluations. However, the evaluators found this set of criteria insufficient as concerns the affective quality and the dynamics between the patient and the student therapist during the session. They therefore developed their own evaluation method by introducing a written essay, which they wrote separately. Here they presented their individual qualitative assessment of the dynamic psychotherapeutic competence of each student therapist. Subsequently, the evaluators discussed until they reached consensus on their assessments. This consensus method is in accordance with “the Consensual Qualitative Research (CQR) model” (Hill, Thompson, & Williams, 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005).

A completed copy of the questionnaire exists for each of the 21 student therapists.

Relational patterns in the supervision dyads were analyzed based on interview data and triangulated with the student therapists’ answers to the questionnaire, the assessment of their therapeutic competence as well as with the interviews with their supervisors and patients. Similarities and varieties in the supervision processes were studied, including a focus on the single student therapists’ defensive reactions and the actualized relational scenarios (Gullestad & Killingmo, 2005). Thus, the analysis was performed both within and between cases. The longitudinal design of the study made it possible to analyze potential changes in the supervision dynamics over time, as well as to explore intrapsychic dynamic processes in the student therapists.

**Experience of supervisor**

In the research interviews the student therapists were invited to express their experience of the supervision relationship. Their reactions to their supervisors can be grouped into three main categories:

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2 Bjørn Killingmo and Sverre Varvin.
1. Critique of the supervisor not disclosed to the supervisor. [10 student therapists]
2. Critique of the supervisor and the supervision expressed to the supervisor. [5 student therapists]
3. Positive appraisal of the supervisor. [19 student therapists]

Nine of the ten the student therapists in Group 1 adhere also to Group 3 and four of the five student therapists in Group 2 are included in Group 3. Thus, 13 of the 19 student therapists in Group 3 are additionally placed in Group 1 or 2.

I. Non-disclosed critique

The ten student therapists who did not disclose to the supervisor negative feelings towards him or her or towards the supervision expressed the following kinds of objections:

- Critique of the professional attitude and competence of the supervisor. [9 student therapists]
- Lack of a caring and affirmative approach towards the supervisee. [4 student therapists]
- Fear of the supervisor. [2 student therapists]
- Lack of an open and interesting attitude towards the thoughts and professional position of their supervisee, being primarily interested in conveying their own therapy form to the supervisee. [2 student therapists]
- Critique of the supervisors’ way of expressing critique of the supervisee. [2 student therapists]
- Lack of explicit focus on the professional development of their supervisee. [2 student therapists]

Critique of the professional attitude and competence of the supervisor stood out as the most frequent kind of critique in the data material. Seven of the nine student therapists who expressed this critique said they had a somewhat different theoretical position than their supervisor, which made them uncertain how to handle the recommendations of their supervisor. Six of these student therapists devaluated the professional competence of the
supervisor for reasons such as lack of depth in the supervisor’s understanding of the patient and the therapy interaction and for transgressions of the practical frames of the supervision.

However, the critique of the supervisor tended to fade out during the supervision and even more in the follow up-interview one year later. Nine of the ten student therapists who did not disclose negative feelings to the supervisor got a more benign perception of their supervisor during the two years they were interviewed. In the follow up-interview these nine primarily had a positive appraisal of their supervisor, and expressed gratitude for the help they had received and the learning process they had gone through.

2. Openly expressed critique

Five participants talked to their supervisor about their anxiety and negative feelings towards him or her, expressing simultaneously their vulnerability in the supervision. However, their disclosure varied in openness, two were only partly open. The objections can be summarized in the following categories:

- Lack of a caring and affirmative approach towards the supervisee. [4 student therapists]
- Critique of the professional attitude and competence of the supervisor. [3 student therapists]
- Critique of the supervisors’ way to express critique of the supervisee. [2 student therapists]
- Lack of balancing the attention between the two student therapists in the supervision group. [2 student therapists]
- Fear of the supervisor. [1 student therapist]
- Lack of an open and interesting attitude towards the thoughts and professional position of their supervisee being primarily interested in conveying their own therapy form to the supervisee. [1 student therapists]

Three of these student therapists themselves took the initiative to talk with the supervisor. The supervisors handled the objections of the students with seriousness, and the process resulted in more open and complex discussions between them. In the remaining two cases the supervisor took the initiative. In these cases the supervisee responded only with partial openness.
Concerning the quality of the supervision relationships, however, only in one of the cases did these talks result in a better relationship. In one of the other cases the supervision relationship was reconciled after the end of the supervision. In the remaining three cases the relationships continued to be difficult, although in different degrees. In one of these cases the therapy relation was particularly difficult as well. This paves the way for “double traumatisation” of the therapist (Orlinsky & Rønnestad, 2005); the therapist simultaneously experiences the therapeutic work as particularly stressful and has conflicts with the supervisor.

3. Positive appraisal

The 19 student therapists in Group 3 expressed the following positive appraisals of their supervisors:

- Has received substantial help to handle the patient and the therapy relation. [19 student therapists]
- Has contributed substantially to promote acquisition of dynamic psychotherapeutic competence. [19 student therapists]
- Has become a model (mentioned explicitly or indirectly). [12 student therapist]
- Has established a secure atmosphere in the supervision. [10 student therapists]
- Has focused on insecurity. [2 student therapists]
- Has received critique from the student therapist with an open attitude, which made it possible to elaborate on these feelings in the supervision. [2 student therapists]

13 of these 19 student therapists adhere additionally to Group 1 or 2, which indicate an ambivalent attitude. They expressed both positive and negative feelings towards their supervisor and the supervision. Three retained an ambivalent attitude towards the supervisor during the whole data collection period, whereas ten changed their attitude towards the supervisor from a primarily critical to a primarily positive attitude.

Six of the student therapists behaved in the interviews as if the supervision and the therapy were without any huge challenges or risks. They focused on the patient, not on themselves. All of them adhere to this positive appraisal group.

All the 21 student therapists expressed positive feelings towards the supervisor one time or another, but two of them are not included in this group. Their positive appraisals were weak and always with a reservation and their critique of and negative feelings towards the
supervisor were strong and for one growing. These two also stated their supervisor contributed to their learning process and understanding of the patient, but, nevertheless, these student therapists as an overall attitude did not appreciate their supervisor. One of them did, though, change to a somewhat more positive attitude in the fourth interview, but the interviewer did not believe in the report.

Furthermore, it is worth to consider in this context that none of the 21 student therapists mentioned as a positive appraisal that the supervisor had focused especially on their therapist development.

4. The process of disclosure

This table summarizes the student therapists’ experience of their supervisor based on their subjective rapport in the research interviews:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Number of Student Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased disclosure in the supervision of own feelings in the therapy.</td>
<td>[21 student therapists]</td>
</tr>
<tr>
<td>Increased disclosure of negative feelings towards the supervisor and/or the supervision.</td>
<td>[5 student therapists]</td>
</tr>
<tr>
<td>Increased positive appraisal of the supervisor in the end of the supervision.</td>
<td>[8 student therapists]</td>
</tr>
<tr>
<td>Even more increased positive appraisal of the supervisor one year after the termination of the supervision.</td>
<td>[10 student therapists, all participants in the category above and two in additions]</td>
</tr>
<tr>
<td>Correcting own projections on to the supervisor, focusing also on their own contribution to the supervision relationship.</td>
<td>[11 student therapists]</td>
</tr>
<tr>
<td>A continuously positive attitude towards the supervisor.</td>
<td>[6 student therapists]</td>
</tr>
</tbody>
</table>

The data material documents that during the supervision process most of the supervisees became increasingly open about their feelings connected with the therapist role. Five were also able to disclose their feelings about the supervision to their supervisor. Almost all felt they received help from their supervisor in managing the therapy, although to different degrees. At the end of the supervision and even more in the follow-up interview one year later many corrected their projections and focused on their own contributions to supervision difficulties.
Ten student therapists did not disclose to the supervisor their objections. The supervisor in four of these cases did not express any awareness in the research interview of these negative feelings in their supervisee. Four others had understood that their supervisee had negative feelings but not up to the degree expressed by their supervisee. In the remaining two cases the supervisor understood the extent of the trouble of the supervisee and referred to the student therapists’ anxiety and reluctance in the supervision situation.

This overview of the student therapists’ experiences of their supervisor illustrates the difficulties of interpretations based only on subjective reports. Although these reports point to conflicts with the supervisor as the most important topic to analyse, triangulation of the data in the study, including the use of the evoked emotions of the research interviewer during the interviews (Strømme, Gullestad, Stänicke, & Killingmo, 2009), seems to indicate that behind conflicts with supervisor we often find feelings of anxiety and fear. One of the student therapists who eventually recognised this anxiety within herself said about her initial perception of her supervisor: “She grew to be a monster in the room.” Thus, anxiety and fear may colour the student therapists’ perception of the supervisor. In the following, a detailed analysis of one case will illustrate this process.

**The inner drama of the supervisee**

The student therapist, called Helen, is a clear-cut example of a prototypical pattern found in the supervision relationships. Moreover, Helen gains substantial insight into her process, and she is also willing to tell her story in the research interviews. In addition the case demonstrates the most typical supervisor position in the supervision dyads.

Based on the analysis of the data in the study the assumption of this article is that the discussion of Helen’s case has a more general validity, although not in the strictest sense pointing to detailed similarities in all the 21 cases. Obviously, defensive reactions and object relational patterns vary among the student therapists and are also influenced by the contribution of the supervisor and the patient. Nevertheless, there are also clear similarities in the supervisee’s processes.

*Experience of supervisor*

In the first interview, after having received supervision for six weeks, Helen perceived her supervisor to be matter-of-fact-oriented, an extremely straightforward person. However, Helen described her supervisor both as “a guru” and as a “dangerous figure”. She felt left
alone to cope with her feelings in this new situation, and expressed a longing for more care from her supervisor. The supervisor was criticized for not perceiving her confusion and vulnerability as a beginner.

"What was lacking, I think, was a kind of care, yes. She could have said: “This is not particularly easy.” In other words, something could have been said to make me feel not so badly treated. She could have said what she said, but something more should have been added."

Interestingly, Helen understood her supervisor as not taking into consideration her inexperience:

"She supervised me as she would have supervised a more experienced therapist who was more secure as a therapist. (...) She didn’t see that aspect clearly, that I was so inexperienced."

One incident in particular established this feeling. The supervisor pointed out that a role reversing enactment was taking place in the therapy: The patient started to question Helen’s interventions, what she really meant, and Helen responded by complying with the patient’s demands, answering the questions. The supervisor told Helen that she immediately had to reverse their roles back again in order to manage the therapy. But Helen did not perceive this comment only as a task-oriented one addressing a specific aspect of the therapy relation. She felt that the supervisor implicitly expressed a more general disbelief in her therapeutic abilities.

However, Helen was also able to step back. In the interview she commented that her perception of the supervisor might be distorted. Then, spontaneously, she pointed to a personal theme in her reaction:

"People I perceive as authoritarian especially provoke me, I think. And I think this is because of my upbringing, yes."

Here Helen seemed to assume that her opinion of her supervisor also contained elements originating from her:

"Maybe others wouldn’t be that provoked. Something is evoked in me, yes, a guard."

3 All the quotations are translated from Norwegian by the authors.
Actually, Helen did misperceive her supervisor. Already in the first interview the supervisor characterized Helen as a sensitive and listening student. She was convinced that Helen would be a fine therapist.

However, adding to the complexity in the situation, Helen was not alone in experiencing this supervisor as harsh. Her fellow student therapist in her first interview also spontaneously made a similar comment about the harsh attitude of the supervisor, when addressing the incident of role reversion in Helen’s therapy. Furthermore, in the second interview, after five months’ supervision, this fellow student expressed a need to protect Helen against the supervisor:

"If I feel that Helen becomes too criticized, I say something to support her. ... Yes, because I feel ... that we are criticized personally.”

At the same time Helen identified the flip side of the coin, namely that the student therapists did not communicate their feelings directly to the supervisor - they just talked about it among themselves:

"As (it) always (is) with authorities, there is gossiping. For instance the episode where she criticized me rather harshly [i.e. the role reversing incident], we talked a great deal about it afterwards, her form, but we didn’t say anything directly to her. “

Helen perceived the task-oriented approach of her supervisor as an indirect non-invitation to share reflections about their supervision relationship. Instead, Helen and her fellow student therapist started to talk more systematically together about their supervisor experiences. Later these conversations were used to discuss different alternative ways of approaching the supervisor. At one point the student therapists agreed to back each other when arguing with the supervisor.

Supervisor’s experience

Perhaps the reluctance of the supervisor to give praise also was perceived by Helen and her fellow student as a lack of understanding of their need of care? In fact the supervisor intentionally withheld praise:

"I don’t praise that much, at least avoiding big words. I usually hold back saying only what I perceive as adequate in their approach. I think that is enough praise.”
In the second interview the supervisor comments on her task-oriented approach, leaving the caring aspects of the supervision to the fellow students in the supervision group. She characterizes this as “a good combination”:

“I give more attention to details and discuss variations and alternatives and potential weaknesses in formulations while the (fellow) students support (the student therapist) by an unreserved acknowledgment of the achievement.”

Contrary to the assumption of Helen, however, her supervisor actually acknowledged the vulnerable position of the student therapists:

“The student therapists at the clinic are more exposed to scrutiny by colleagues than any therapist will ever be again during their career. Their supervisor, their fellow students and their teachers observe them extensively. That’s why I try to stimulate a reflective, non-moralistic, non-judgemental dialogue during the supervision.”

But her supervisees did not pick up the supervisor’s intentions and efforts. As concerns Helen, the supervisor appeared totally unaware of Helen’s anxiety, frustration and inclination to perceive her as a “dangerous figure”. On the contrary, in the first interview the supervisor said about her two student therapists:

“I like these therapists, and I have the impression that they like me too. (…) I feel we have had a relaxed atmosphere. So, if this is not a relatively productive supervision and learning situation, then I don’t know what that is.”

After the end of the supervision, in the second interview, the supervisor clearly presented a picture of the initial supervision process that was quite different from the experience of the student therapists:

“We have had a good relationship. We hadn’t any problems hitting the right note, and we never lost it. It implies that I have felt relatively free during the process to speak directly. When I’ve felt she’s getting things mixed up, I told her so. And I have the impression that she has appreciated my attitude.”

Change

Still midway in the supervision process the supervisor’s overall positive appraisal of Helen was not conveyed to her. Helen continued to worry about her supervisor’s judgment, although she at the same time, and somewhat paradoxically, assumed that the supervisor had
no intention to communicate distrust in her. As before, Helen believed that her supervisor simply had not been reflecting much about her experiences of the supervision and the therapy. And this understanding of Helen was strengthened by the views expressed by the supervisor in the interviews with her.

However, something happened during the last months of the supervision. In this period the two student therapists and the supervisor were all alone, because the group member had left the group. Helen described the change as a transformation process referring to the film *Awakenings* to explain what happened:

"In the film there is a patient that is totally catatonic, and then they find a miracle medicine and he wakes up again and becomes a living, talking being. (...) She [the supervisor] appears totally different, perhaps she has a better private life or... At least something happened to her."

Interestingly, in Helen’s view, it was the supervisor that started the process. However, when the interviewer mirrored this statement, Helen began to wonder whether something also could have happened to her and her fellow student therapist:

“Yes, yes, yes, I do, of course, wonder how much we may also have changed. In a way we may have contributed to the process, although I don’t know (takes a deep breath) what it could be, apart from that I felt more secure. (...) It became a benign process, while it was deadlocked before, one way or another. (...) So, who it was that started the process, but, yes, it is my experience that she [i.e. the supervisor] was more open, in a way, an invitation we more than readily accepted.”

Although Helen did not emphasize the importance of herself being more secure, there are reasons to believe that this specific change was decisive for the different feelings towards her supervisor.

By the end of the supervision process the supervisor had become a role model for Helen:

"It happened also in the second term that I disagreed with her in a particular situation, but the fundamental respect and the fundamental (takes a deep breath), yes, humanity she conveyed, which was a part of her personality as a whole, that I’ll take with me."

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The model function was even more profound in the follow up-interview one year later. Helen was surprised by the extent to which the attitude of her supervisor had formed her own professional attitude. She recognized the impact even though she was not conducting dynamic psychotherapies in her job:

"When it comes to (the ability to) meet people and to talk with people, in that respect the practicum experience was decisive."

Helen now differentiated her supervisor from an intrapsychic object representation of her mother:

"She is similar to my mother regarding an appearance that communicates respect and that has a kind of old-fashioned look. There's no nonsense about her; she has that kind of aura surrounding her. (...) Perhaps she became that mother I wished my mother had been. (...) So, I've a picture of my supervisor as a secure figure and a figure that expresses respect and that is still someone to lean on, mentally, for me."

At this point Helen spontaneously characterized her supervisor as a "secure figure", contrary to the "dangerous figure" in the first interview. Certainly, the time lapse since the practicum therapy, ending one year before, may have enhanced her capacity to reflect about the supervision process that could now be observed from a distance. Helen was now able to reflect on her own share in her experience of the supervisor. When Helen was asked how she understood the change in their supervision relationship, she focuses on her own contributions to her initial perception of the supervisor:

"I had a strong need that she [i.e. the supervisor] already in the beginning had been what she gradually became, and (I) became, perhaps, very disappointed when I didn't experience her like that from the beginning. (...) I recognise that I get furious immediately and bristle if women in my mother’s age are authoritarian in an awkward way. ... I’m getting extremely provoked (...) Yes, I believe what I felt towards my supervisor in the beginning had something to do with that. I was insecure and needed to be taken care of, needed accept and recognition, caring, from a mother figure."

Also Helen’s fellow student therapist talked about her guilt feelings towards the supervisor. In the third interview, just after the end of the supervision, she implicitly focused on her own contributions to her initial misperception of the supervisor:
"In retrospect I think very nicely about the supervision. (...) And then I felt a kind of bad conscience because I had said that it was so bad, or so negative and difficult ... when it wasn’t quite right, and has changed that much."

Earlier this fellow student therapist saw the supervisor as being detached. Now she understood her supervisor’s initial reluctance to structure the supervision as a measure to induce autonomy in her; she had to take a grip on herself.

The research relationship as information

This process of Helen developing from an anxious student to a more secure novice professional is supported by information from the evolving relationship between her and the first author. As to Helen’s relationship to me in the research interviews, it was first of all characterized by a great willingness to tell her story. She conveyed to me her negative feelings towards her supervisor – at the same time implicitly telling me that as opposed to her supervisor, I understood her. And, indeed, I felt in the first interviews a tendency to think that Helen’s supervisor had not understood her, whereas I did! How are we to understand this reaction?

Certainly, Helen’s willingness to tell her story bears witness to her great need to share her feelings. She experienced herself as disabled and helpless and felt humiliated in front of the supervisor. In short, she felt her supervisor’s task-oriented approach as a rejection and as an implicit critique of her own need for more “care”. In the communication with me, I felt that it was of crucial importance that I could understand these emotions. Although Helen could talk quite directly in the interviews about the difficult aspects of her experience in supervision, her negative feelings might have been stronger than she was aware of. Her very eagerness to tell her story supports such an interpretation. By making me feel that her supervisor indeed did not understand her, Helen succeeds in portraying her supervisor as unsuccessful in her job – thereby indirectly expressing her aggression. Certainly, in a dynamic perspective Helen’s aggression is understandable. Feeling rejected and humiliated naturally, in turn, induces a desire to strike back and get revenge.

The above analysis illustrates how inferred transference reactions as well as counter-transference reactions of the interviewer may be used as an additional source of information (Stromme, Gullesstad, Stänicke, & Killingmo, 2009), allowing for an in depth analysis of the dynamics of supervision. In the dialogue with Helen, I was put into the role of the
understanding mother. Through my responsiveness to my own feelings of being the “good object” – an example of what is called role responsiveness (Sandler, 1976) – I was able to capture the role that Helen projected onto me, and consequently to form hypotheses about the underlying relational scenario (Gullestad & Killingmo, 2005) and the relational dynamics between us.

Actually, the same dynamics were present in several interviews. In many of the initial interviews with the student therapists I felt placed in this position of an understanding and caring “supervisor”, often in opposition to the frightening judge of a supervisor the student therapists’ seemed to feel they had. Certainly, this is comprehensible, given that an option available to the participants in this study was to talk to me. In a dynamic perspective, this common counter-transference reaction of being “good” may point to a tendency towards splitting as a defence against evoked feelings of helplessness: Good inner objects initially seemed more often to be projected on to me, whereas bad inner objects were projected on to their supervisors.

Subsequently, in the process of analyzing the material I suddenly started feeling guilty describing the supervisors’ lack of sensitivity to the inner turmoils of their supervisees. The danger of identifying myself too much with the student therapists occurred to me. If uncorrected, such over-identification would have resulted in a mistaken view both of the supervisors and of the dynamics of the process of supervision.

However, the experience of being placed in this idealized position became more seldom throughout the process. The student therapists’ use of me as an object (Winnicott, 1969) changed. In the last interviews I felt, as a general tendency, that I was placed in the position of an observer to their supervision process. Simultaneously, most of the participants appeared more competent and self-reliant as professionals and their relations to their former supervisors seemed more secure.

At the end Helen, her fellow student therapist and their supervisor came to share the same view of the supervision; the supervisees were grateful for the efforts of their supervisor, and the supervisor described the supervision as a success. At the same time, however, it is important to note that the supervisor did not at any point express an awareness of the inner drama of Helen and her fellow student.
A prototype pattern of supervision dynamics

On the basis of the case of Helen the following eleven points crystallize as characterizing the dynamics of supervision:

1. Initially in the supervision misperceptions of the supervisors’ attitude were frequent.

2. Negative feelings towards the supervisor were not disclosed.

3. Negative feelings were instead talked about elsewhere, not least among fellow students. This may be understood as a safety valve.

4. Negative feelings that were not expressed to the supervisor resulted in feelings of guilt towards the supervisor, initially more or less consciously acknowledged by the supervisee.

5. Later on the supervisees felt they got substantial help in handling their therapy.

6. The defensive reactions gradually declined and were replaced by increased security and openness towards the supervisor.

7. By the end of the supervision process several supervisees expressed guilt for their earlier negative feelings towards the supervisor.

8. Simultaneously the supervisees got a more comprehensive view of the supervisor.

9. During the supervision almost all the supervisees acquire a more benign attitude towards their supervisor. In most cases this positive attitude was even more profound in the follow-up interview one year later.

10. In these follow up-interviews the supervisees in addition expressed an increased ability to identify their own contributions to their initial misperceptions of the supervisor.

11. The inner dramas of the supervisees seemed to happen without awareness of most of the supervisors.

Seen together these characteristics form a regular pattern, which tends to be present in supervision of most student therapists, although clearly to different degrees.

Obviously, defensive reactions and relational scenarios, also influenced by the contributions of the supervisor and of the patient, vary among the student therapists. Each supervision dyad thereby represents an individualized dynamic constellation. However, the dynamics of supervision are not individualized to a degree of being completely unique. The processes also share some common features, which we have tried to identify through the
eleven points listed above. Thus, the presented prototype pattern focuses on common elements of supervision dynamics shared by most student therapists.

Of course, particular supervision processes may be more or less in line with this common pattern of supervision dynamics. For instance, a student therapist who discloses negative feelings towards the supervisor would in this respect differ from the pattern. However, most student therapists, in accordance with the characteristic pattern, do not disclose negative feelings towards the supervisor. It should also be noticed that although a characteristic pattern is change from a more negative to a more positive attitude towards supervisor, in several cases the conflicts are not resolved.

**Understanding anxiety and anger**

How can student therapists’ anxiety and anger towards their supervisor be understood? This question will in the following be approached from three different angels: Contributing situational factors, contributions based the student’s defensive processes and supervisors’ contribution.

**Situational factors**

Turning the focus firstly to situational factors provoking Helen’s reactions, we see that Helen is facing an unfamiliar challenge where her ability to get good marks cannot help her; she is not in an ordinary academic situation any longer. Helen is about to learn a therapy form without specific techniques and rules to follow. She is supposed to “use herself as an instrument”, but finds herself without the required competence to use this “instrument”. Simultaneously, she is especially dedicated to the task, which is of outmost importance to most student therapists. In this situation student therapists ask themselves, more or less consciously: Can I manage to be a good therapist for my patient? And behind this question concerning this specific therapy are two general questions, even more threatening to the novice therapists: Does therapy after all help people with psychic problems? And: Am I suitable for this kind of job?

Often without confirmative answers to any of these questions the novice therapists are in reality left to stay in the situation and to rely on their personal capabilities as a helper. Consequently, the therapy initially primarily represents a threat not to their “professional self”
which has not yet manifested itself properly, but rather to their “personal self” – as Helen’s fellow student also implies when she feels they are “criticized personally”.

This heightened anxiety of most novice therapists represents special challenges in the supervision. The supervisees’ dependence on their supervisors becomes exaggerated (e.g. Hogan, 1964; Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad, 1992; Stoltenberg & Delworth, 1987); they need a competent other to rely on. Novice therapists rate supervision as the single most important factor contributing to their therapist development, placed even above therapeutic practice with patients (Orlinsky & Rønnestad, 2005). Therapists in all later phases report practice with patients as their most important learning factor, whereas supervision and personal therapy alternate in the second and third position. It would seem that the increased dependence on supervision makes the novice therapist react more emotionally towards their supervisors.

Additionally, student therapists do not know how to behave in supervision, as this intensive kind of supervision is new to them. Although several supervisors hold that they in the beginning informed their supervisees about the supervision “rules”, the interviews with the student therapists revealed that many of them obviously were not familiar with these instructions. Instead, they appeared to be learning by doing, trying to deduce the explicit and implicit rules from the supervisors’ behaviour while simultaneously protecting themselves from potential criticism from the supervisors. Helen perceived her supervisor’s task-oriented approach as implicitly communicating that it was inappropriate to use the time limited supervision to focus on their relationship or on her therapist development. But she also feared and avoided an open conversation with her supervisor, which contributed to her continuous choice of not taking an initiative herself.

A further challenge in this new situation is the supervisees’ heightened awareness of the power difference in the supervision, particularly salient in novice supervisees (Ladany, Hill, Corbett, & Nutt, 1996). The supervisors are not only admired teachers but also feared judges who have real power (Doehrman, 1976, p. 10 ff.). The student therapists know that their psychological health, interpersonal skills and therapeutic competence are being evaluated according to unclear standards. The criteria in large part tend to be subjective and ambiguous, Doehrman writes, because the skills that are assessed are highly complex, intensely personal and difficult to measure.
The student therapist’s contribution

Although the concept of intrapsychic defence belongs to the psychoanalytic theory tradition, it is interesting to note that the idea of defensiveness seems to be present also by other researchers in the field of supervision. For example, Ladany, Hill, Corbett and Nutt (1996) refer to peoples’ general skills in hiding what they do not want others to know. Along the same line, Rønnestad and Orlinsky (2000) conclude in a review that open conflicts and openly expressed dissatisfaction are rare in supervision, whereas hidden conflicts where the supervisee withholds and distorts information, opinions and feelings seem to be more common. The supervisees’ own reactions of helplessness and/or distrust in the supervisor’s professional competence are identified as causes (e.g. Ladany, Hill, Corbett, & Nutt, 1996; Moskowitz & Rupert, 1983).

As to studies within the psychoanalytic tradition, Doehrman (1976) found that supervisees respond to their supervisors in much the same way as patients react to their therapists: Their responses are charged with transference implications (p. 10). Szecsödy (1990) in his longitudinal study of supervision of dynamic psychotherapy concluded that both parts in the supervision relationship showed some propensity for reacting to the “innate discomfort” of the supervisory situation by becoming abstract or vague, unduly supportive or critical (p. 144). In his study all the supervisees remained insecure and vulnerable and had a tendency to react defensively towards their supervisor.

Helen’s supervisor knew the huge challenges the student therapists had to face, and tried to stimulate “a reflective, non-moralistic, non-judgmental dialogue in the supervision”. However, she was not perceived in this way. Rather, the supervisor was experienced as detached. Why? Probably because her two student therapists did not want just sensitive task-oriented comments from their supervisor; they were longing for something more.

In this situation Helen’s psychological reaction pattern can be understood as a kind of regression to more primitive – or earlier - forms of psychological functioning, associated with the child’s feelings of helplessness accompanying experiences of incapability. Helen explicitly said she wanted “care”. She stated that she wished the supervisor had soothed them by saying that “This is not particularly easy!”, or “You are inexperienced and it is easy to be turned down by such manoeuvres of the patient.” A dynamic psychotherapeutic support in this situation would have been to convey to Helen understanding and affirmation of those feelings of incapability and helplessness, which are evoked in her. Such an approach would have signalized to Helen that her supervisor is not afraid of these feelings, not in Helen and
not in herself. The aim of such an approach would be to stimulate Helen to discover these feelings in herself and to explore them further.

When Helen felt she did not receive the longed for “care” from her supervisor, she felt left alone. Consequently, she became angry with her supervisor; her self-esteem was threatened. But instead of facing her own anger directly, she warded it off by projecting a “dangerous figure” on to her supervisor, being suspicious about her supervisor’s assessment of her professional capabilities. Thus, projection comes forward as a mechanism, which may protect the student therapist from experiencing her own vulnerability. Furthermore, Helen communicated to her fellow students her defensive projection on to her supervisor, a reaction, which has been demonstrated to be a common occurrence (Ladany, Hill, Corbett, & Nutt, 1996). Subsequently, talking behind her supervisor’s back created a feeling of guilt.

Helen experienced the supervisor both as a “guru” and as a “dangerous figure”. These data indicate an intrapsychic relational scenario (Gullestad & Killingmo, 2005) between a self-representation “feeling helpless”, unable to fulfil the role expected by the object, and an object representation in the form of a critical authoritarian introject that strictly points to failures.

Six of the student therapists behaved in the interviews as if the supervision and the therapy were without any huge challenges or risks. All of them adhere to the positive appraisal group. The reactions of the research interviewer pointed to the possibility that these student therapists avoided going into negative feelings evoked in them by the therapy and the supervision, instead adopting a more task-oriented approach focusing primarily on the patient and the therapy. This hypothesis was confirmed for four of them, and partly for one more, by triangulation with data from the independent assessment of their therapeutic competence based on one therapy session. It came forth that this tendency to avoidance appeared when faced with the patient as well. Thus, adopting a strict task-oriented approach may also serve defensive purposes.

As to the positive appraisal group, there is one where there is reason to question the increased positive attitude to the supervisor. In this case the counter-transference reaction of the interviewer was a tendency to disbelieve the student therapist’s report. I felt she tried to describe her very negative experience more positively. When triangulated with information from other data sources, this assumption seems to be supported, generating a hypothesis of idealisation as a defensive reaction: Increased positive appraisal of the supervisor in this case protected against admitting painful feelings evoked by the supervision experience. Dissonance theory (Festinger, 1957) may shed light over this probable distortion in the student therapist’s
subjective report: This theory emphasizes the individual’s need to decrease cognitive dissonance between on the one hand painful feelings and on the other the considerable effort invested in the supervision and the therapy. However, such a process seems not to be activated in other cases in the material.

Changes in defensive patterns – increased self understanding

It should be noticed, however, that the supervision implied a change, enabling Helen to “take back” her projections. In the end the bad mother representation (“the dangerous figure”) seemed to have been replaced by a good one (“the secure figure”). Simultaneously, it should be emphasized that Helen was, from the beginning, able to question her perception of the supervisor, already then demonstrating a capacity to reflect about her own part in interactions. Finally, Helen was able to correct her initial projections by focusing on her own contributions: She had wanted immediate care. Now she could see that she had not had the patience to wait until the supervision relationship had time to unfold.

Whereas fear of criticism was dominant in Helen’s case, other student therapists had different emotional reactions. 12 of the student therapists who expressed negative feelings towards the supervisor, disclosed or non-disclosed, criticized the supervisor for other reasons. The most frequent explicit objection was critique of the professional competence of the supervisor (9 student therapists). How can we understand these critiques? Of course, in some cases there may be mismatch in the sense that the student therapist experiences the theoretical approach of the supervisor as uninteresting – or feels her comments as being of little help in handling the therapy. The proposal in this article, however, is that the exaggerated critique of the supervisor initially in the supervision may also be a consequence of the vulnerability of the supervisee. Instead of admitting the true nature of their anxiety, the student therapists instead primarily focus on what they experience as failures of the supervisors.

One of these student therapists told in the fourth interview about her resistance to focus on herself:

"I was not aware of being nervous, I wouldn’t feel it. (...) Now I can recognize the difficulties more clearly; it was the feeling of not being capable. Our supervisor tried to create an atmosphere by talking about it, but we didn’t talk to her, we wouldn’t."

Only Helen and six other student therapists made a point of their initial defensiveness preventing them from experiencing the full extent of their feelings of threat in the start period of the practicum therapy. This openness promoted Helen’s “emotional learning”, which
Auestad (1992) has defined as “… learning based on attachment, experience, and autonomous thinking”⁴ (s. 922). The openness made it possible for Helen to be informed by her emotional experiences, making her capable of correcting her initial projections and to concentrate on her own contribution to the not-disclosed conflict in her supervision. A hypothesis for further research is that this discovery represents an important step forward in these therapists’ development because it implicitly expresses a capability to acknowledge intense negative feelings involved in their developmental process.

Interestingly, five of these six student therapists are rated by the independent evaluators in the highest group of competence in dynamic psychotherapy. This result is in line with other research focusing on the significance of defensiveness for restrictions in the acquisition process: One of the consistent, core resistances against learning is the refusal of the therapists to expose their weaknesses and dilemmas in order to learn (Orlinsky & Ronnestad, 2005, p. 174).

**The supervisor’s contribution**

How may Helen’s supervisor have contributed to Helen’s anxiety and anger in the supervision?

The reactions of Helen’s supervisor are characteristic for many of the supervisors in this study. Helen’s supervisor chose to talk to the grown-up parts in Helen and her fellow student by task-oriented comments, focusing primarily on the patient and the therapy relation, instead of approaching the more emotional layers of her supervisees. Furthermore, she left the caring aspects of the supervision to the fellow students in the group. Thus, the dynamics of the unfolding therapy relation was the primary focus in the supervision, whereas the supervision relation was not given attention. Consequently, Helen did not feel that her supervisor understood her initial troublesome feelings. They were never affirmed. Instead she perceived her supervisor as detached, and she talked with ironic humour about the supervisor’s “catatonic” attitude. Helen felt left alone to handle her intense feelings, which probably exaggerated her anxiety and anger towards the supervisor. At least the attitude of the supervisor did not contribute to reduce her negative feelings. Thus, the lack of containment

⁴ The quotation is translated from Norwegian.
and affirmation of negative feelings experienced by Helen may have contributed to increase the intensity of these very feelings.

Did the supervisor ignore Helen’s inner drama, or was she just concealing her understanding of her student’s turmoil in the interviews? She surely knew the possibility of being viewed as a “dangerous figure”, stating that there is generally a risk that she as a senior makes the supervisees react submissively. However, at the same time she stated that such reactions were avoided in the specific supervision of Helen. It may seem that although supervisors may know about and be aware of possible difficult affects at a general level this knowledge is, so to speak, not applied in the concrete supervisory situation.

The interview guides for the supervisor interviews were not developed to investigate specifically the supervisors’ understanding of the feelings of the supervisees towards them. This theme first evolved at the end of the data-collecting period as a consequence of the initial analysis. However, the supervisors were asked how they experienced the relationship to the supervisee and how they presumed this relationship would develop. After the termination of the supervision they were in addition asked if they had discovered any parallel processes (Doehrman, 1976; Ekstein & Wallerstein, 1958; Frawley-O'Dea & Sarnat, 2001; Jacobsen, 2000; Searles, 1955) between the therapy relationship and the supervision relationship. Only two had been reflected about this possibility, which may be seen as an indication of lack of reflections among the supervisors concerning the quality of the supervision relationship.

How are we to understand the supervisors’ lack of sensitivity to the complicated feelings of the student therapists? One possible explanation could of course be lack of professional competence among the participating supervisors. However, this explanation is not particularly plausible, as the supervisors in the study are highly acclaimed within the Norwegian psychodynamic tradition. Actually, they may be characterized as “the supervisors’ supervisors”. Another reason may be found in the supervisors’ conception of their own role. According to Doehrman (1976), supervisors were characterized by a casual, relaxed, collegial attitude (p. 10) that contrasted sharply with the emotionally charged mind-set of the supervisee. This collegial attitude may be understood as expressing a wish not to be perceived as an omniscient, judgmental and undemocratic authority. Even more interesting, however, is Doehrman’s second suggestion: Supervisors do not want to assume the same burden of responsibility for the progress of their supervisees as they accept with their patients. Consequently, they do not want to be too involved in the emotions of their supervisees.

Yet another factor may be the supervision experience of the supervisors themselves, i.e. the supervisors’ personal training may contribute to their attitude: They do as their own
supervisors did before them. The research of Rønnestad and Skovholt (2003) would indirectly support such a hypothesis. They found that experienced therapists and supervisors often have “fantasy mentors” in the shape of internalized earlier supervisors. Supervision has traditionally been task-oriented within the psychodynamic tradition, and consequently new supervisors may adopt the same attitude. Task-orientation implies that emotional reactions of the therapist (counter-transference) are only focused when these feelings shed light over the process of the patient.

Within the psychodynamic tradition, task-oriented supervision has been justified by reference to the distinction between supervision on the one hand and personal therapy on the other. Personal therapy is assumed to give candidates an additional opportunity to work with feelings evoked during the therapy and the supervision. Students, however, do not have personal therapy in their initial clinical training - this becomes compulsory only in later therapeutic specialisations. In this study, only five of the 21 participants were, based on their own initiative, in personal therapy during their practicum experience. Thus, very few had access to this way of working with their evoked feelings.

Another way of justifying the traditionally sharp line between supervision and personal therapy is to emphasize that it is the process of the patient that should be under consideration in supervision. If not, one fails the patient. One must assume that this way of thinking may to some extent explain the omission of the supervisee’s affects, as preoccupation with the process of the patient leaves fewer openings to empathize with the supervisees.

Finally, an explanation may also be found in the intrapsychic dynamics of the supervisors. Perhaps they by circumventing the emotions of the student therapists avoid the anxiety they experienced themselves as novices? Maybe they also avoid questioning their own abilities as supervisors? Indeed, only a few of the supervisors talked spontaneously in the research interviews about such feelings. Consequently, the supervisors’ anxiety while being novice therapists themselves and/or possible feelings of being incapable as supervisors may tend to be “blind spots” in supervisors.

There are a few exceptions, however, from the presented characteristic pattern. Some supervisors indeed tried to approach difficult feelings in their supervisees. Three student therapists spoke in the interviews about such initiatives from their supervisors. One said in the fourth interview, one year after the end of the supervision, that she did not have the guts to confront her feelings of inadequacy and helplessness as a therapist, not in front of her supervisor and not in front of herself. The supervisor of this student therapist talked about her
own uneasiness as a beginner therapist, but the student therapist told that she initially responded with suspicion. Later on, however, she felt that her supervisor by this approach tried to create a more secure atmosphere in the supervision, and was able to approve the approach. She explained that earlier that she would have rejected mere understanding comments from the supervisor. The progress of disclosure in this student therapist demonstrated that her supervisors’ former comments had a long time effect. Obviously, the stories of her supervisor as a novice were stored and functioned as important contributions to the evolving self understanding of this student therapist. In the fourth interview this student therapist assumed that her supervisor had understood her initial resistance, and stated empathically: “It must be a true challenge to be a supervisor!”

The apparent failure in the supervisors’ understanding of the inner drama of their supervisees suggests a need of further longitudinal research on the matter. Relevant research questions are: How do supervisors understand the feelings of their supervisees during the supervision and, especially, how do the supervisors perceive and interpret their supervisees’ feelings towards them throughout the process? Are there any systematic patterns concerning when supervisors do understand the feelings of their supervisees, and on the other hand when do they ignore or misperceive the inner state of their supervisee? A hypothesis based on this material is that supervisors will have more difficulties in identifying the inner dramas of those supervisees who withhold their feelings, while at the same time demonstrating clear therapeutic qualifications. Supporting this hypothesis, it turned out that Helen was among those two student therapists pointed out by the independent evaluators as having reached the highest competence level even in the highest competence group.

**Implications for supervision of student therapists**

Helen’s case illustrates diminished tolerance of task-oriented comments which focus on her contribution in the therapist-patient interaction and which convey a broader understanding of the interaction than she herself has. Helen interpreted her supervisor’s role reversing-comment as implying that she as a therapist should have been capable of behaving otherwise. Student therapists are vulnerable in the initial phase of supervision. Task-oriented comments concerning the students’ part of the therapeutic interaction are easily perceived as general critique of their overall value as therapists.

One participant said in the fourth interview:
"She [i.e. the supervisor] meant to be much more matter of fact-oriented than I was able to perceive. It easily becomes personal, you know, because one is so exposed in that situation. (...) As a supervisor it probably is very easy to underestimate how incredibly vulnerable we are."

What are the implications for supervision? Is this vulnerability an argument against task-oriented comments concerning the student therapist’s contributions in the therapeutic interaction especially in the initial face of supervision? Of course, supervision must be oriented towards the task of understanding both the patient’s dynamics and the therapeutic interaction with the patient. However, a problem arises if such task orientation is understood as being incompatible with a focus on the supervisee’s feelings and personal development. The research of Szecsödy (1990) may be read in this way. Szecsödy underline that support, advice and suggestion do not promote therapeutic development and that supervision should focus on the interaction patterns with their patient. By this conclusion he comes forward as an advocate of the traditional task-oriented approach in supervision.

Another implication of the “incredible vulnerability” described above might be to say that supervisors should avoid comments that are somehow challenging. One supervisor seems to be of this opinion. She stated explicitly that she, in order to reduce supervisee anxiety, avoids addressing problems the student therapist displays great resistance to approach:

"Some travel the road of maximum resistance. I presumably take the easy road. If I had felt that it was something difficult for her to handle, then I had changed approach. And I believe I do this without always being quite aware of it. I try to be as close as possible to where the supervisees are, where they can receive my comments, as much as possible comment on what they manage. And, of course, if it is something that just don’t work… but that they know themselves."

However, the problem with an approach based on avoidance of difficult themes is that it simultaneously may communicate, implicitly, to the supervisee that the supervisor also avoids these feelings.

The experience of the first author as a research interviewer (Stromme, Gullestad, Stānicke, & Killingmo, 2009) was that the students had a great need for talking about themselves and their feelings. During the interviews the student therapists unexpectedly started to thank me for being able to participate in the study. They felt it enhanced their acquisition of therapeutic competence. They said they nowhere else had an opportunity to
reflect extensively on their acquisition process in a professional setting. Although supervision has a dual aim – to promote the therapeutic process of the patient and the professional progress of the supervisee – the supervisees felt that they as persons were in focus primarily when their behaviour inhibited the process of the patient. These statements led to an increased focus in the study on the restrictions in supervision communication.

Based on the out-come of the analysis in this study we propose that the following points are taken into consideration in the supervision of student therapists:

1. Initially in the supervision student therapists have a diminished tolerance of task-oriented comments which concern their part in the therapeutic interaction and which conveys a broader understanding of the interaction than the student therapists have themselves.

2. The supervisors seem to overestimate their alliance with the student therapists and underestimate the insecurity and helplessness of the student therapists. Consequently, the supervisors seem to overestimate the student therapists’ ability to perceive such comments as contributions to their therapist development.

3. However, to avoid such comments may implicitly convey to the student therapist that the supervisor also avoids negative feelings.

4. Furthermore, most student therapists seem to welcome a focus on themselves in the supervision.

5. Thus, the introduction of potential distressing comments instead requires timing and tact. Similar to the “here and now” focus in the therapy, there is a need of a “here and now” in the supervision focusing on the actualized affects in the supervision interaction.

6. A comment on the student therapists’ part of the therapeutic interaction with the aim of expanding their understanding should be followed by an invitation to explore feelings this comment evokes in them. An example could be: “No wonder if my comment evokes feelings in you towards me.”

7. The supervisors should in this respect be especially concerned with feelings directed towards themselves.

8. Dialogues of this kind give the supervisor an opportunity to affirm (Killingmo, 2006) troublesome feelings in the student therapist. This in turn may promote the establishment of a secure enough supervision relationship. Feeling safe provides epistemic space (Main, 1991) for the higher cognitive function of trying to understand – in therapy as well as in supervision.
9. When student therapists refuse such supervisor invitations this surely must be respected.

10. Nevertheless, an initiative by the supervisor which is turned down may have a long-time effect on the student therapist.

11. An implicit assumption in these statements is that student therapists’ discovery of and work with their evoked feelings in the therapy and the supervision promote their acquisition of dynamic therapeutic competence.

12. In addition to the focus on the student therapists’ evoked feelings, there seems to be a need of an explicit focus on their therapist development.

**Concluding remarks**

The aim of this article has been to explore the dynamics of supervision of student therapies, with a specific focus on the handling of supervisees’ feelings of anxiety and helplessness. The data material from the research interviews made possible the identification of characteristic features present in most of the supervision processes, although clearly to different degrees. On this background we may speak of a prototype pattern of supervision dynamics. An essential aspect of this prototype pattern is the regular presence of feeling uncertain and insecure.

Confronted with these feelings, arising from being a student therapist in dynamic psychotherapy, there seems to be a tendency to regress to inner states associated with the experience of a helpless child. The readiness to feel offended by the supervisor appears to reflect the student therapists’ vulnerable position - always in danger of being emotionally overwhelmed in the therapy and in the supervision. It should also be noticed that in this study only a few participants directly expressed in the first interviews how frightened they were in the beginning. A question for further research is whether being able to talk about one’s anxiety, thus expressing a capability to acknowledge and tolerate negative feelings, represents a step forward in acquisition of therapeutic competence and therapist development.

A supervisor approach informed by this analysis of a prototype pattern of dynamics is to view the anxiety, insecurity and helplessness of student therapists as inevitable feelings, not to be avoided but instead to be addressed in supervision.
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Hva kan vi vente av nybegynnerterapeuten?

En undersøkelse av læringsprosessen ved opplæring i dynamisk psykoterapi

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Runninghead: Psychodynamic psychotherapy, competence
Abstract

Session from the last part of psychodynamic therapies (N=21) performed by student therapists in an intensive psychodynamic psychotherapy-training program were analysed qualitatively for level of psychotherapeutic competence. Research questions were: To what degree had descriptive psychotherapeutic knowledge been transformed into operative clinical knowledge? To what degree could anti-therapeutic practice be identified? Did results match expectations in the training programme?

Three dimensions were analysed: strategic competence, attitude and technical competence.

Results: 53% of the therapists did not show functional clinical competence in terms of strategic thinking. Strategic competence was present, wholly or partially, in 47%. Only two therapists demonstrated high-level strategic competence. Most therapists demonstrated lack of ability for strategic thinking, lack of technical competence and all therapists had difficulties relating to negative affects.

Conclusion: Patient’s defence and the therapist’s helplessness and lack of competence worked against progress in the therapies. The program did not bring the therapists to a position where descriptive knowledge was transformed into operative knowledge. Learning psychodynamic psychotherapy will take longer time for most. More focus on internalising therapeutic competence must be important in such programs.

1 Denne artikkelen foreligger i avhandlingen i norsk utgave, men er under oversettelse til engelsk.
I denne artikkelen skal vi diskutere problemer knyttet til ervervelse av kompetanse i dynamisk psykoterapi. Vi skal trekke et skille mellom to nivåer av kompetanse, *deskriptiv* og *operativ*. Den første er kunnskap *om* fenomener, mens den andre er kunnskap som er funksjonell i den kliniske situasjonen.

Vårt utgangspunkt er at de to formene for kunnskap har ulik karakter. Den deskriptive formen består i en intellektuelt tilegnet forståelse av begreper og sammenhenger innen psykodynamisk teori. Den andre består i kunnskap som er tilegnet slik at den gir terapeuten grunnlag for å handle systematisk og målrettet i praksis. De to formene er klart atskilt ved at kompetanse på det første nivået i seg selv ikke gir kompetanse på det andre nivået. Samtidig danner den deskriptive kunnskapen et nødvendig grunnlag for den operative kunnskapen.

Når det gjelder opplæring i dynamisk psykoterapi, blir det særlig interessant å studere hvilke faktorer og prosesser som bidrar til å føre kunnskap fra den første formen og over til den andre formen. Et sentralt begrep i denne transformering er *internalisering*, som vi også skal kalle *personliggjøring*.

På denne bakgrunn blir det avgjørende for institusjoner som driver systematisk opplæring i dynamisk psykoterapi, å tilrettelegge læringsforholdene slik at de fremmer personliggjort kunnskap. Det er også nødvendig å utvikle fremgangsmåter for å evaluere om den læring som finner sted faktisk oppfyller denne målsetningen.

Vi skal i denne artikkelen drofte tilegnelse av psykodynamisk psykoterapikompetanse hos nybegynnerterapeuter i et utdanningsprogram ved Klinikk for dynamisk psykoterapi, Psykologisk institutt, Universitetet i Oslo.

Til grunn for denne undersøkelsen ligger følgende forskningsspørsmål:

1. I hvilken utstrekning har opplæringen ført til at psykodynamisk terapiforståelse setter sitt preg på studentterapeutens kliniske arbeid?
2. I hvilken utstrekning forekommer antiterapeutisk praksis på tross av opplæringen?
3. I hvilken utstrekning svarer resultatet av opplæringsprogrammet til intensjonene?
Relevante begreper

Vi kal nedenfor kort omtale de begreper som vi anvender i vår analyse og tolkning av funnene i den foreliggende undersøkelsen. Det er begrepene: ”psykodynamisk”, ”internalisering”, ”bevisst/ubevisst” og ”relasjonsscenario”.

Psykodynamisk

Den terapeutiske praksis som studentene læres opp i, er basert på et dynamisk perspektiv på psykopatologi og på personligheten generelt. Dette perspektivet, slik det forstås i denne undersøkelsen, kan sammenfattes slik:

2. Individets psykiske fungering kan ikke forstås fullt ut uten også å trekke inn opplevelsestilstander og behov (motiver) som ikke er erkjent av individet selv.
3. Individets aktuelle lidelse kan ikke forstås uten å innreflektere smertefulle og konfliktfylte opplevelser fra pasientens tidligere liv som i forskjøvet form repeteres i det nåværende.
4. Individet vil bringe emocionelle holdninger fra tidligere relasjonserfaringer inn i forholdet til terapeuten og den terapeutiske relasjonen.
5. Fremdriften i det terapeutiske forløpet bygger på – og bestemmes primært av – pasientens subjektive opplevelse og av den tilskyndelse (”driv”) som ligger i pasientens tilbakeholdte følelse, ønsker, savn og fantasier.
7. Psykopatologi forstås primært i et individuelt perspektiv hvor det avgjørende for terapeutisk planlegging og praksis ikke er diagnostisk klassifisering, men differensiert beskrivelse av den enkeltes personlighetsstruktur og dynamikk.
8. Behandlingen tar ikke primært sikte på å fjerne symptomer, men sikter mot å endre affektive holdninger spesielt i forhold til eget selv og til andre.
Dette psykodynamiske perspektivet gir rom for variasjon i klinisk praksis. Historisk sett, har det forbindelse til psykoanalysen, men er som terapiform ikke det samme som psykoanalyse. Sentrale begreper i dynamisk terapi, som har opphav i psykoanalysen, er: Projeksjon, overføring, mottoverføring og indre selv- og objektrepresentasjoner.

**Internalisering**

Internalisering er et sentralt begrep i vår drøfting av hvordan terapeutisk kunnskap erverves. I vid forstand representerer internalisering en samlebetegnelse for prosesser som fører til at noe som tidligere har vært opplevd som ytre, blir opplevd som indre. I psykoanalysen står begrepet internalisering sentralt både i utviklingspsykologisk og psykopatologisk sammenheng (Schafer, 1968). Man kan også si at internalisering er psykoanalysens alternativ til den generelle psykologiens læringsbegrep. Begge uttrykker hvordan atferd og opplevelse endres gjennom erfaring. Vår bruk av begrepet kombinerer de to elementene ”indre” og ”erfaring”. Det vil si at terapeutisk kompetanse, gjennom erfaring, endres fra å være et avgrensbart tema som man kan berette om, for eksempel til eksamen, til å bli noe som er prosessuelt (ikke avgrensbart) og som i praksis fungerer mer lik spontanitet enn regulert handling.

Når vi bruker ordet ”personliggjøring” for å karakterisere internaliseringsprosessen ligger i dette at forståelsen får preg av å være ”min”. Personen får et eierforhold til kunnskapen. Flere prosesser kan bidra til internalisering av terapeutisk kompetanse.

Et eksempel er identifisering. Dette er en prosess som gjør at en person blir mer lik en annen ved å gjøre den annens måte å tenke eller handle på til sin egen. I vår sammenheng vil dette være aktuelt ved at nybegynneren erverver kunnskap gjennom å bli eksponert for hvordan erfarne terapeuter fungerer i praksis. Internalisering er et relativt begrep. Det vil si at internalisering forgår over tid og er ikke endelig. Det innebærer også at kunnskapen kan være internalisert på ulike nivåer av forståelse og med ulik dybde av subjektiv opplevelse.

**Bevisst / ubevisst**

Når vi i vår diskusjon av resultatene snakker om henholdsvis bevisste eller ubevisste psykologiske forhold, så bruker vi ikke bevist/ubevist som en systemvariabel
Vi tenker på skillet bevisst - ubevisst som en klinisk variabel. Det vil si at et fenomen kan, på et visst tidspunkt, være tilgjengelig for bevisstheten, mens det samme element, på et annet tidspunkt, ikke er tilgjengelig for bevisstheten. I studentterapiene dreier det seg, i tillegg til det materialet som er bevisst tilgjengelig (manifest materiale), for det meste om førbevisste fenomener. Det er fenomener som i prinsippet er tilgjengelige for bevisstheten, men som ikke er aktuelt nærværende. Selv om førbevisste fenomener kan være lette å observere for et trenet øye, viser denne undersøkelsen at de ofte ikke oppfattes av nybegynnerterapeut og derfor heller ikke bringes inn i dialogen. Når det gjelder studentterapiene, er det derfor neppe relevant å arbeide med hypoteser om ”dypt ubevisste” følelser og fantasier. Det er mer relevant å søke å forstå hva som hindrer terapeutene i å gripe det som er nær ved å være bevisst hos pasienten.

Relasjonsscenario


Tidligere forskning

Utvikling av personliggjort kunnskap som er funksjonell i en gitt klinisk situasjon er sentralt for utviklingen av terapeutisk kompetanse. For de fleste nybegynnerterapeut er følelse av inkompetanse og prestasjonsangst sentral (Orlinsky & Rønnestad, 2002; Rønnestad & Skovholt, 2003) noe som kan hemme læring og i psykodynamisk terapi skape vanskeligheter med å forstå pasientens overføringer (Szecsödy, 1990). Hvordan nybegynnerterapeuter erverver en personliggjort kompetanse har imidlertid i liten grad vært fokus for forskning og teoretisering. Ved gjennomgang av databaser (PubMed, PsycINFO (Ovid)) fant vi ingen studier som direkte fokuserte på utviklingen av brukskunnskap eller tilsvarende. Likeledes var det lite å finne i
psykoanalytisk litteratur ved søkning i PEP Archive. Det følgende er en kort gjennomgang av noen undersøkelser som relaterer til temaet for denne artikkelen.

Spence (1981) skiller i en diskusjon av psykoanalytisk kompetanse mellom normativ og privilegert kompetanse. Normativ kompetanse besittes av alle innen det psykoanalytiske fellesskap. Det er den som gjør at man kan lese psykoanalytiske artikler, delta i diskusjoner og dialog med kolleger. Den behandlende psykoanalytiker besitter privilegerte kompetanse om sin pasient i en gitt situasjon i analysen og denne vil alltid være mer komplett og detaljert enn den kompetanse en utenforstående observatør kan ha (ibid.). Spence var i denne sammenheng opptatt av på hvilket grunnlag man kan vurdere terapeutisk materiale. Vårt anliggende er imidlertid en diskusjon av kvaliteten av privilegert kompetanse, dvs i hvilken grad normative kompetanse har blitt omsatt i reell privilegert kompetanse noe som i liten grad er utforsket empirisk. I en studie av korttids dynamisk manualisert psykoterapi (Vanderbilt II studien) fant man at opplæringsprogrammet var mer vellykket når det gjaldt å følge manuilen enn å sikre at prosedyrer ble anvendt med dyktighet og at terapeutenes ”overall skills” viste betydelig variasjon (Binder, 1993 ). Som mulig forklaring på vanskelighetene med å erverve personliggjort terapeutisk kunnskap ble det pekt på at mange utdanningsprogrammer skiller tilegnelsen av praktisk kunnskap fra teoretisk kunnskap, noe som fører til ” the establishment of ”inert” knowledge— that is, knowledge which is not spontaneously and smoothly accessible at appropriate times” (Binder s. 594). Begrepet ”inert knowledge” ligger nær det vi kaller deskriptiv kunnskap.

Det er faglig uenighet om hvordan utdanning og veiledning i psykodynamisk psykoterapi og psykoanalyse skal foregå. Noen hevder at hovedvekten skal ligge på utvikling av forståelsen av psykens dynamikk, så vil ”hvordan gjøre det” nærmest komme logisk av seg selv. Andre vil legge stor vekt på at undervisning og veiledning også skal forholde seg til hva man gjør og hvordan man gjør det i det terapeutiske møtet. Spørsmålet om hvilken vei som leder til det sentrale mål, nemlig utvikling av det vi kaller operativ kunnskap, er uavklart og det er overraskende at dette i så liten grad har vært fokus for forskning eller utredning i litteraturen.

**Materiale**

Materialet består av båndopptak fra i alt 21 terapiforløp drevet av studenter. Terapeutene, (16 kvinner og 5 menn), som befant seg i siste del av et seksårig profesjons studium i psykologi, gjennomgikk et systematisk opplæringsprogram i dynamisk orientert psykoterapi med følgende elementer:

(a) Seminarundervisning i dynamisk personlighets- og patologiteori over 2 semestre med 3 timer pr uke (b) Egen praksis som terapeut, (c) Regelmessig supervisjon av denne praksis.


\[2\] The project has got approval from the Data Inspectorate in Norway and recommendation by the Regional Committee for Medical Research Ethics.
Opplegget av undersøkelsen

Den femte siste (evt. fjerde eller sjette siste timen hvis femte siste ikke forelå) timen fra hver terapi ble valgt ut, for å unngå fokuset på avslutningstemaet som tiltar de siste timene av terapien. Lydåndet ble forelagt to bedømmere som uavhengig av hverandre vurderte materialet. Begge bedømmere var erfarne psykoanalytikere med kompetanse som læreanalytikere og veiledere. Bedømmerne hadde ingen kjennskap verken til pasienten eller terapeuten og vurderingen foregikk utelukkende på grunnlag av lydbåndet.

Vurderingene ble uttrykt på to måter:

1. Utfylling av et forhåndsutarbeidet registreringsskjema for terapeutkompetanse som besto av vurdering av fire hovedkategorier: I. Relasjonen som helhet, II Terapeutens analytiske holdning, III Omsetning av forståelse i terapeutiske intervensjoner, IV Interpersonlige samspillsførigheter, hver med en rekke underspørsmål. Alle spørsmål var åpne, og alle vurderinger ble formulert som kvalitative beskrivelser. De to bedømmernes vurderinger ble til sist samarbeidet til en konsensusbasert vurdering (Hill et al., 2005; Hill et al., 1997).

2. Begge bedømmere utarbeidet separate helhetsvurderinger av de utvalgte terapitimene. Disse hadde form av sammenhengende beskrivelser eller ”essays” som uttrykker bedømmerens oppfatning og tolkning av den bevisste og ubevisste dynamikken i relasjonen mellom pasient og terapeut slik den kommer til uttrykk på lydbåndet. Disse helhetsvurderingene sammen med teksten fra lydbåndene, utgjør datagrunnlaget for denne artikkelen.

I presentasjonen av resultatene har vi lagt til grunn at psykoterapeutisk kompetanse kan beskrives i henhold til tre synsvinkler. 1. Strategisk kompetanse, 2.


holdningsmessige kompetansen omfatter den emosjonelle og kognitive væremåten og

Studentterapeutenes evne til å tenke strategisk er ikke undersøkt direkte i dette prosjektet. Terapeutene er ikke spurt om de selv mener at deres kliniske praksis er influert av en teoribasert målsetting og om den terapeutiske holdningen og intervensjonene er rettet inn overensstemmende med denne. Vi antar at selv ikke den trenede terapeut uten videre kan redegjøre for sin strategi, selv om en nærmere analyse av praksis viser at den følger en strategi i bunn. I den kliniske situasjonen foregår strategiske overveielser som oftest på et ubevisst eller et førbevisst nivå. Imidlertid går vi ut fra at dersom dialogen mellom terapeut og pasient faktisk er influert av en teoretisk ledetanke, så vil denne prege det kliniske materialet og derved gjøre det mulig å synliggjøre den. Den sentrale variabelen i prosjektet er det vi skal kalle ”strategisk tenkning” og vi legger til grunn at spesielle kjennetegn ved den manifeste dialogen kan sees som uttrykk for at terapeutens forståelse, holdning og intervensjoner er basert på - eller er informant av - teori. I denne sammenheng er alle dialogene vurdert ut fra to kjennetegn:

1. Gir dialogen mening i lys av dynamisk teori?
2. Uttrykker dialogen emosjonell sammenheng?

Felles for disse kjennetegn er at de impliserer intensjonalitet hos terapeuten. Det vil si at terapeutens kliniske atferd er rettet mot et teoribasert mål selv om dette ikke er bevisstgjort eller artikulert.
RESULTATER

Strategi

Basert på disse to kriteriene faller materialet i fire dialogtyper. Den første er den som klart viser ”strategisk tenkning”. Den er karakterisert ved at mening og sammenheng er fremtredende og gjennomgående i dialogen. Den andre gruppen, ”partiell strategi”, er karakterisert ved at terapeutens atferd kan sies å være ledet av strategisk tenkning frem til et visst punkt i dialogforløpet der det inntreter et brudd, hvoretter terapeuten trer ut av sin terapeutiske posisjon og dialogen taper et strategisk perspektiv. Den tredje gruppen, ”fravær av strategisk tenkning”, er karakterisert ved at ingen av de to kjenntegnene kan gjenfinnes. Den fjerde gruppen, ”antiterapeutisk relasjon”, er karakterisert ved at terapeuten viser holdninger og/eller atferd som fungerer kontrært og/eller forvirrende i forhold til et teoribasert rasjonale.

Materialet fordeler seg på følgende måte:

<table>
<thead>
<tr>
<th>Dialogtype</th>
<th>Antall</th>
<th>Prosent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategisk tenkning</td>
<td>6</td>
<td>29%</td>
</tr>
<tr>
<td>Partiell strategi</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Fravær av strategisk tenkning</td>
<td>9</td>
<td>43%</td>
</tr>
<tr>
<td>Antiterapeutisk relasjon</td>
<td>3</td>
<td>14%</td>
</tr>
</tbody>
</table>

Vi skal i det følgende illustrere hvordan hver av disse dialogtypene kommer konkret til uttrykk i det kliniske materialet og drøfte hvilke psykologiske effekter terapeutenes ulike væremåter kan antas å ha for pasientene.

1. Strategisk tenkning

Terapeutene i denne gruppen er kjennetegnet ved at de:

/ lar pasienten uttrykke seg i sitt tempo
ikke griper aktivt styrende inn i dialogen
viser toleranse for pauser
er rettet mot- og åpen for pasientens subjektive opplevelse og aktuelle følelsestilstand
lar seg ikke styre av påtrengende behov for å ”hjelpe” eller ”gjøre noe”.

Denne måten å være til stede i relasjonen på, skaper muligheter for at noe som pasienten ikke tidligere erfart skal komme frem, bli verbalisert og reflektert over i dialogen. Den er rettet fremover, og representerer en stille invitasjon fra terapeuten til pasienten om å ”la komme” det som måtte komme. Denne kvaliteten av nærvær er klart i tråd med en psykodynamisk grunnholdning og begrunnet i den psykoanalytisk lyttemåten. Vi antar at en slik lyttemåte ikke ville ha vært tilgjengelig som terapeutisk redskap for terapeutene uten en spesiell forutgående teoretisk skolering. Dette vil være eksempel på at teoretisk kunnskap er blitt internalisert og transformert til brukskunnskap.

Det at terapeutene evner å innta og å oppretthOLde en fruktbar lyttemåte, er imidlertid ikke det samme som at den terapeutiske kompetansen som helhet er teoretisk fundert. En rekke terapeuter viser evne til å være åpent lyttende tilstede i relasjonen, men evner ikke samtidig å lytte seg frem til- og gripe fatt i nyanser i materialet (verbale eller nonverbale) som antyder at dialogen har en undertekst som uttrykker en annen mening (ofte den motsatte) av den som ligger åpent i dagen. Dette kan formuleres slik: Terapeuten evner å skape et potensielt fruktbart psykologisk ”rom”, men mangler teoretisk dekning både for å forstå rommets terapeutiske muligheter og for å intervenere målrettet i forhold til disse. På denne bakgrunn har vi trukket et skille mellom to nivåer av strategisk tenkning: Et ”lavt” nivå som består i evnen til fruktabar terapeutisk lytting, og et ”høyt” nivå som også innebærer evne til å utnytte dette rommet på en analytisk måte. Vi skal nedenfor gi eksempler på de to nivåene:

3 Av anonymitetshensyn er ikke kjønn på terapeut eller pasient angitt. Stort sett brukes ordene terapeut og pasient. Der hvor tekstflyten krever det brukes hunkjønn både om terapeut og pasient.


Illustrasjon 2: Eksempel på ”høyt” nivå. Pasienten starter timen med å annonsere at hun vil snakke om ”vær og vind”. Hun vil helst prøve å ”dissosiere” seg, bli kvitt de slitsomme følelsene, ”tre ut” av dem og beholde den fasaden som hun er så vant til å holde. Samtidig vet hun ikke om hun klarer å holde på den lenger. Det er en konstant indre kamp, og det er det som er så slitsomt: ”helst vil jeg skyve vekk, samtidig vil jeg ikke skyve vekk, vet ikke hvor jeg står, det er kaos.” Pasienten melder dette med heftig stemme, går i ring i ordene, og er tydelig plaget av tvilrådighet. Samtidig er det noe sterkt appellerende i stemmen. Terapeuten tar dette frembusende utspillet med stor ro. Hun lar seg ikke presse inn i en ”hjelperolle”, men lytter aksepterende og konstaterende til det faktum at pasienten ikke har lyst til å gå inn i det ubehagelige,
og hun bragtest seg fra å spørre, forsikre eller forklare. Terapeuten gir, ved denne
holdningen, pasienten et utførstyrret psykologisk uttrykksrom. Etter en stund
konstaterer terapeuten: "Nå står du i kaoset – nå opplever du det – nå kommer du hit
go og prater om det. For meg virker det som du prøver å gleme det ubehagelige
samtidig som du møter det”. Her viser terapeuten en evne til å gi en sammenfattende
formulering av de to motstridende holdningene i pasienten, på den ene siden trangen
til å åpne opp for alle følelsene av bitterhet, sårhet og sinne som er knyttet til
barndommen og til den rollen som hun da måtte påta seg som den flinke,
"problemfrie” _ den som ordnet opp. Og på den andre siden, trangen til å la alle de
ubehagelige følelsene ligge, skyve dem under teppet og opprettholde ”livsløgnen”
(pasientens eget uttrykk). Terapeutens raskt på pletten og plukker opp pasientens
uttrykk i en speilende kommentar: "Det er vel nettopp den livsløgnen som du nå har
nett frem og som vi kan granske her”. Dette viser at terapeuten har evne til, med små
skritt, å bringe dialogen videre. Det at terapeuten bruker ordet ”granske”viser også
at hun inviterer pasienten til et samarbeid om å finne ut noe. Både bygger det
arbeidsallianse og det inviterer pasienten inn i en tolkende modus. Terapeutens
tolkning inviterer også pasienten til å gå dypere inn i følelsene. Pasienten ser klarere
at hun alltid har visst at hun har holdt sine egentlige følelser borte. Hun har skapt seg
ein den ”drømmerverden” av barndommen. Terapeutens hører rolig og tilstedevarerende på
mens pasienten bretrer dette ut. Pasienten uttrykker skylfdøelse ved å slå
”glansbilledet” av barndommen i stykker. Hun vil ikke skuffe foreldrene. Til dette
innskyter terapeuten:” Du var den lille voksne”. Terapeutens viser her en evne til å
samle en kompleks situasjon i en metaforisk formulering som går rett inn hos
pasienten.

Sett under ett kan det neppe være tvil om at vi her har en terapeut som styrer
etter en teoribasert dynamisk rasjonale, og at denne er internalisert slik at den
fungerer ledig for terapeuten samtidig som den er emosjonelt meningsfylt for
pasienten.

Kommentar: Fordelingen ovenfor viser at ca 29 % av studentterapeutene fungerer på
et nivå hvor effekten av teoretisk opplæring synes gjennomgående å gjenomgåe seg i
deres kliniske praksis. Men, det å tenke strategisk er ikke en enhetlig egenskap. Det er
derfor nødvendig å skille mellom evnen til kontakt og til å lytte og evnen til å fange
opp og utnytte tegn i det manifeste innholdet som peker mot bakenforliggende
følelser og konflikter. Den siste evnen følger ikke av den første. Det er denne forskjellen som er illustrert ved de to eksemplene. I-2 viser en terapeut som gjennom sin gode kontakt- og lytteevne, skaper et fruktbart psykologisk ”rom”, og som i tillegg makter å fange opp den emosjonelle underteksten, for deretter å invitere pasienten til å reflektere over denne. Strengt tatt er det bare to terapeuter i hele materialet som tidvis klarer å fungere på dette nivået. I seg selv taler dette for at det representerer en kompetanse som det for de fleste vil ta lengre tid å erverve. Det synes også som om aggresjon, både som impuls og føelse, og i ulike utforminger (irritasjon, kritikk, sinne, raseri), er den tematikk som er vanskeligst for terapeutene å forholde seg åpent og direkte til. Aggresjon er det tema som blir mest forbåidd eller unngått av terapeutene i alle gruppene, også i gruppen ”strategisk tenkning”.

2. Partiell strategi.

Denne gruppen samler terapeuter som viser strategisk tenkning men som ikke er i stand til å opprettholde en stabil fungering på dette nivå timen igjennom. Selv om gruppen bare utgjør 14% av materialet, gir den grunnlag for å stille interessante spørsmål: Hva er det som bringer terapeuten ut av posisjon og hvorfor reagerer terapeuten så sterkt? Vi skal først gi et par eksempler på brudd og deretter fremme noen hypoteser om den underliggende dynamikken.

Illustrasjon 3: Partiell strategi. Pasienten starter timen med å klage over det seksuelle forholdet til kjæresten som bare tenker på seg selv og er heller ikke innstilt på å snakke om forholdet dem imellom. Pasienten er klar over at partneren har vanskelig for å snakke om følelser i det hele tatt, og innrømmer ærlig nok dette. ”Men, jeg fortsetter å hakke” sier hun med aggressiv snert. ”Nei, jeg må lære meg til å lytte”. På dette punkt griper terapeuten inn med en påpekende kommentar: ”Ja, du er fokusert på å lytte, samtidig har du ikke vært så innstilt på å forstå partneren din - det er jo et sentralt poeng da” – Denne konfronterende intervensionen har som mål å få pasienten til å bli mer nyansert i synet på seg selv, og den viser at terapeutens kliniske arbeid er ledet av en strategi som kan faglig begrunnes. Intervensionen viser seg da også å fungere produktivt i det den leder til at pasienten innser at i virkeligheten er hun ikke interessert i å forstå, ”jeg vil bare hakke videre! ”, og hun vedgår at hun nok kunne sette større pris på partnerens ærlighet. Til dette repliserer
terapeuten: ”Er det vanskelig for deg?”. Pasienten svarer: ”Ja tydeligvis, jeg har lært meg å være skeptisk”, hvorpå terapeuten raskt repliserer: ”var det ikke slik at du alltid var skeptisk overfor faren din - ? Det terapeuten her gjør er å bringe inn et sentralt tema, fra en tidligere time, for å skape sammenheng i materialet og derved befordre innsikt i pasienten. Dette er et overbevisende uttrykk for strategisk tenkning.

Overraskende blir det på dette tidspunkt (ca. halvveis i timen) et markert brudd. Inntil nå har terapeuten vært emosjonelt nær i sitt forhold til pasienten og har vist evne til å gi figur til enkeltelementer i materialet som har brakt dialogen videre. I og for seg er det pasienten som bryter flyten i timen, Hun slår brått over i å gi seg selv instruksjoner av typen: ”Jeg må bli bedre til å lytte”, ”Jeg må bli bedre til å lære”. Dette er ikke annet enn tomme klisjeer. Terapeuten klarer imidlertid ikke å bringe pasienten ut av den monotone repeteringen. Terapeuten ser ikke den muligheten som ligger i å påpeke selve bruddet og tolke den motstanden som bruddet er uttrykk for. Etter kort tid faller terapeuten helt ut av rollen som terapeut og går inn i en slags venninnekontakt med pasienten. De ler og spøker sammen, og det kan virke som terapeuten blir smigret (narsissistisk påfyll) ved at pasienten bedyrer at hun har fått mye ut av terapien. Siste del av timen består i ren informasjon som er irrelevant for pasientens behandling.


Fravær av strategisk tenkning

Denne gruppen, som er den største i materialet, er først og fremst preget av at de enkelte dialogene mangler sammenheng. Derfor har dialogene i denne gruppen heller ikke klare fellestrekk. Det som er interessant å studere nærmere er hva de enkelte terapeutene griper til i den kliniske situasjonen når de ikke har en teoribasert rasjonale å styre etter. Hvordan tar de seg frem i et uoversiktlig terreng uten kart og kompass? Vi skal nedenfor gi eksempler på noen "løsninger" som terapeutene tyr til for å hankses med situasjonen.

Konvensjonalitet. Dette gjelder så vel innhold som form og er et fremtredende trekk i denne gruppen. Terapeuten forholder seg til pasientens språk og meldinger direkte (på face value) uten å anspore pasienten til nyanseringer eller refleksjon. Terapeutens svar har preg av klisjer og eller standardformuleringer fra dagligspråket uten inntoning
mot pasientens spesielle språkbruk eller tonefall. Dette fører til dialoger uten dybde og affektiv relevans.


*Sosial samtale.* Dette vil si at terapeuten gjør relasjonen om til et samvær som like godt kunne ha funnet sted utenfor det terapeutiske rommet, for eksempel på en kafé. Praten går livlig og får preg av en venn - eller venninne relasjon. Terapeuten tar aktiv del i pasientens liv, enten ved å gi ros, komme med egne vurderinger eller ved å ta stilling i pasientens konflikt. Terapeuten går inn som et reelt objekt i pasientens relasjonelle verden og taper derved muligheten for å anlegge et analyserende, påpekende og reflekterende perspektiv.

Kommentar: Ingen av de nevnte kjennetegnene er så fastlagte at de kan betraktes som "typer". De er mer å forstå som væremåter hos terapeutene som forekommer i ulike blandingsforhold i de forskjellige terapiforløpene. Det er nærliggende å si at terapeutene i denne gruppen klarer seg som best de kan for å få timen til å gå.

4. Antiterapeutisk relasjon


Illustrasjon 7: Antiterapeutisk atferd, Dette er en relasjon som raskt utvikler seg til en maktkamp, med pasienten som den sterke parten og terapeuten som den tapende. Pasienten vekslser raskt mellom to ulike roller. Dels fremstiller hun seg som den
rådløse som trenger terapeuten til å ta vare på seg og til å stille opp for seg. Dels er hun den devalueende som ikke finner terapeutens forslag gode nok og subtilt avviser dem. Pasientens uforutsigbare spill gjør terapeuten forvirret og utmanøvrert. Etter kort tid faller hun helt ut av rollen som terapeut, og det dreier seg ikke lenger om to parter som snakker sammen. Snarere dreier det seg om to parter som fremmer hver sine meninger og som kjemper for å komme til orde med sitt. I dette scenariet henfaller terapeuten til atferd som kan tjene som eksempler på hva en terapeut ikke skal foreta seg: Hun gir råd på tvers av pasientens syn, går i diskusjon med pasienten (nærmer seg kjekling), snakker i munnen på pasienten og fremmer egne oppfatninger av samfunnsforhold etc. Dette er en form for relasjon, som terapeutisk sett, har destruktiv effekt for begge parter.


Holdning

Terapeutens holdning står for den vedvarende emosjonelle og kognitive væremåten som terapeuten opprettholder som en ”stil” timen igjennom. Vi skal skille mellom to ulike typer av holdning:


Profesjonell holdning finner vi bare i de to gruppende som viser strategisk tenkning. Dette er ikke uventet. Evnen til å opprettholde en konsistent holdning er et av de klinisk kjennetegn som peker i retning av en underliggende strategi. Det som er interessant å studere er den andre holdningstypen som vi har kalt objektholdninger. Vi skal gi eksempler på fire prototyper av objektholdninger og drøfte hvilken funksjon de har i dialogen og hvilken underliggende dynamikk de kan være uttrykk for. De fire er: ”Optimisten”, ”Realisten”, ”Medføleren” og ”Alminneliggjøreren”. Hver av disse holdningene er organisert omkring en ”grunnformel” som terapeuten bekrefter og som ”lader” relasjonen med en bestemt emosjonell atmosfære.

Optimisten (”Det kommer til å gå bra”)

Illustrasjon 8: Pasienten har problemer med selvfølelsen og er involvert i et vanskelig samboerforhold. Pasienten har også vært utsatt for overgrep og terapeuten er omsorgsfull og oppmuntrende når det gjelder pasientens initiativ på forskjellige områder. Terapeuten anlegger en optimistisk tone, som uttrykker at alt skal nok gå bra. Til tider har pasienten rollen som den som forsikrer terapeuten om at det skal gå bra.

Pasienten forteller på et tidspunkt om sine humørsvigninger: hun hadde det bra en dag men neste morgen var det ”bånn i bøtta”. Terapeuten spør hva hun tror som gjorde at hun fikk det bra. Pasienten forteller hvor viktig det er å styrke de positive sider, men nevner også at hun er engstelig for å gå inn i det vanskelige og vonde. Det siste blir ikke fulgt opp. Det positive forsterkes, det negative underslås. En sekvens
tidlig i timen er typisk: Pasienten forteller om forberedelser til en reise. Terapeuten: "Det er bra!". Pasienten: "Ja, det går seg til!" Pasientens skyldfølelse i forbindelse med reisen, som er tydelig til stede i materialet, blir ikke berørt. Det ser ut som om det er inngått en gjensidig kontrakt mellom terapeut og pasient om å holde seg til det positive, det som går bra. Terapeutens behov for å være positiv og optimistisk lar pasienten alene med all tvil, skyldfølelse og det "vonde og vanskelige".

**Realisten ("Sånn er livet!")**


**Medføleren ("Det må være vondt for deg")**

*Illustrasjon 10:* Dette er en pasient som er engstelig, aggresjonshemmet, som sliter med dårlig selvfølelse og har vanskelig for å stole på seg selv, hevde seg og være trygg på at hun vet noe. Timen begynner med en lang taushet som terapeuten bryter ved å spørre om hvordan pasienten har det. Terapeuten bemerker at pasienten er blank i øynene. Denne empatiske intervension etterfølges av at pasienten nølende forteller hva som har skjedd i det siste. Temaet er forholdet til kjæresten. Pasienten har vanskelig for å stole på ham, "Han gjør som han vil og han kommer ikke til avtaler". Terapeuten er enig i at det er "rart" og at det må være vanskelig for pasienten. Denne type intervensioner preger timen, men det er kanskje mest i tonefallet at den
medfølende holdning viser seg. Denne er mild og moderlig. De nonverbale ytringer er ofte i et lyst og nesten dukkeaktig tonefall. Pasienten er tilbakeholdende og lar seg tilsynelatende trøste mens hennes underliggende irritasjon, som hun hentyder til flere ganger, blir ikke berørt.

Alminneliggjøreren ("Det er helt vanlig")

Illustrasjon 11: Pasienten har mye angst og er redd for alvorlige sykdommer men prøver å underbetone vanskelige følelser. Terapeuten er vennlig og ønsker å støtte sin pasient og hjelpe henne til å roe seg. Terapeutens viktigste strategi er å alminneliggjøre det pasienten er redd for. Dette blir spesielt tydelig i forbindelse med pasientens angst for å ha blitt smittet med HIV av en tidligere kjæresten. Terapeuten møter denne angsten med å referere til seg selv og det miljøet hun er i der det er ganske vanlig å bekymre seg for slik smitte og å ta "testen". Terapeuten forsøker således å avlede oppmerksomheten fra pasientens sterke angst, og den dynamisk betydning av angsten blir ikke undersøkt. Pasientens angst blir noe som er "helt vanlig".


Ikke alle terapeutene har imidlertid utviklet en konsistent væremåte. En del terapiforløp er preget av at de netttopp mangler et mønster. Terapeuten svinger mellom ulike holdninger som til dels kan være motstridende. Dette kan tyde på at "terapeutisk holdning" ikke er blitt oppfattet som et eget begrep.
**Intervensjoner**

Intervensjoner blir her forstått som *intensjonelle* ytrynger fra terapeuten til pasienten under den terapeutiske prosessen. De kan ha forskjellig form og kan være både språklige og ikke-språklige. I prinsippet kan de sikte mot å fremme innsikt hos pasienten (tolkende) eller de kan være rettet mot å validere pasientens subjektive værenstilstand (bekreftelse). I et dynamisk terapiforløp har intervensjonene også til hensikt å holde den emosjonelle spenningen levende slik at dialogen ikke går tom, ikke havner i sosial ”small talk” eller stivner i intellektuelle betraktninger, som pasienten, dypere sett, ikke opplever som meningsfylte.

Det som først og fremst slår en i materialet er at svært få av nybegynnerterapeutene - om noen - behersker de vanlige intervensjonsformene som, ”klargjøring”, ”påpeking”, ”konfrontasjon” og ”tolkning” og anvender disse på en avgrenset og systematisk måte. Vi får derfor ikke et utfyllende bilde av studentterapeutenes intervensjonsrepertoar dersom vi prøver å sortere dem i disse overordnede kategoriene. Vi har i stedet valgt å trekke frem typiske intervensjoner ut fra fire synspunkter og å analysere dem mer inngående med hensyn til psykologisk betydning, terapeutisk potensial og den virkning de kan tenkes å ha i et overføringsperspektiv. De fire synsvinklene er: 1. Intervensjoner som å trygger pasienten. 2. Intervensjoner som adresserer latent innhold. 3. Intervensjoner som er intetsigende. 4 Intervensjoner som virker antiterapeutisk.

1. **Tryggende intervensjoner.**

Dette er intervensjoner som relaterer til det som pasienten er opptatt av her og nå og som er formulert slik at pasienten føler at det er trygt å fortsette å snakke. Det kan være rene nonverbale ytrynger, som et ”hmm”, sagt på riktig tidspunkt og med rette tonefall. Ofte kan en neddempet tonekvalitet hos terapeuten være trygghetssignal nok. Pasienten føler at terapeuten er lyttende tilstede, åpen og interessert. Slike intervensjoner er potensielt åpne.

*Illustrasjon 12:* I denne timen er pasienten klagende, lett oppgitt og gir, med et skjevt smil, uttrykk for en selvironisk holdning; ”ja- det er vel sånn det er”, underforstått, det er det ikke noe å gjøre med. Pasientens forsøker å trekke terapeuten inn i et

Kommentar: Avgjørende for at denne typen intervensioner skal være terapeutisk virksomme synes å være at de relaterer til det som pasienten affektivt er i, eller er opptatt av. Intervensioner som virker åpneende, slik det er vist her, finner vi stort sett bare i relasjoner som er styrt av strategisk tenkning.

2. Intervensjoner som adresserer latent materiale

Dette dreier seg om tolkninger i egentlig forstand. Terapeuten bringer inn i dialogen følelser, ønsker eller forestillinger som har værtubevisste for pasienten. Slike intervensioner krever som regel at terapeuten har et strategisk sikte i terapien og at tilstrekkelig teori er internalisert slik at det materialet pasienten bringer frem, kan forstås ut fra en annen sammenheng enn den som er bevisst tilgjengelig.

_Illustrasjon 13_: Pasienten går med en forventning om at hun vil bli kritisert og sett negativt på, hvis hun ”viser” seg. I terapien kommer hun i et dilemma der hun på den ene siden ikke må vise noe, mens hun på den andre siden føler hun må ”fylle tiden” og passe på at terapeuten blir fornøyd. Dette er et mønster som har gjentatt seg i terapien og som både terapeut og pasient er oppmerksom på, men som like fullt, i den aktuelle timen, kommer frem med full styrke. Terapeuten forholder seg rolig og empatisk lyttende til pasientens ”streving” med å fylle timen uten å skulle vise seg for mye. Det er de ”dårlige” sidene hennes som hun skammer seg over og som hun må skjule. Hun starter timen med å forsikre terapeuten om at hun er helt ”blank”, har ingen tanker og vet ikke hva hun skal si. Terapeutens rolige holdning gjør at hun etter hvert klarer å assosiere. Det er spesielt forholdet til kjæresten som kommer i fokus. Terapeuten er følsomt til stede, hjelper pasienten på vei, bit for bit, med intervensioner som er forsiktige men samtidige presise. Pasienten føler seg forstått og

**Kommentar:** Vi ser her eksempel på en avgjørørende intervensjon. Den kommer på slutten av timen, men er resultatet av tidligere terapeutisk arbeid. Pasientens selvførdømmende holdning blir via denne intervensjonen brakt inn i refleksjon, og hennes ettertenksomme holdning til den nye innsikten gir håp om at dette er noe hun kan arbeide videre med selv når engstelsen melder seg i forhold til kjæresten eller i andre situasjoner. Det terapeuten viser pasienten er en beskyttelsesmekanisme (projeksjon) som har vært ubevisst for henne. Det skjer på et tidspunkt der pasienten nesten er i ferd med å forstå det selv.

### 3. Intervensjoner som er intetsigende

Dette er intervensjoner som ikke bringer den terapeutiske dialogen i bevegelse. Intervensjonene kommer ikke i inngrep med pasientens materiale, og dialogen ender lett i konvensjonelle klisjer, ufokuserte spørsmål, intetsigende kommentarer og sosial "small talk". Dialogen går på tomgang, mangler fremdrift. Dette er intervensjonsmåter som hyppig forkommer i gruppen "ikke strategisk tenkning”, som er den største gruppen i vårt materiale. Det er rimelig å tenke seg to grunner til dette. Den ene er at terapeuten mangler de nødvendige tankemessige redskaper til å kunne forstå materialet. Den andre er at materialet vekker engstelse eller negative følelser.
som terapeuten styrer unna ved intervensjoner som bringer samtalene inn i tryggere farvann. Vi har tidligere vært inne på at aggresjon synes å være et tema som så å si alle terapeutene har vanskeligheter med å ta fatt i.


_Kommentar:_ Det er rimelig å tolke den omsnudde rollefordelingen i denne vignetten som parentifisering. Terapeuten blir den usikre engstelige "mor" som skal hjelpe den uselvstendige ungen, men der pasienten, som merker terapeutens engstelighet, føler at _hun_ må troste/hjelpe "mor" og forsikre om at "det går nok bra". Det vanskelige skal ikke berøres, og de "positive sidene" skal støttes, en slags A/S Gjensidige Forsikring. Pasienten blir på denne måte igjen latt i stikken og får på et vis "steiner for brød"
4. Antiterapeutiske intervensioner

Ovenfor er omtalt intervensioner som ikke fremmer en terapeutisk prosess. Det er imidlertid ikke det samme som at de skader prosessen eller utelukker at en fruktbart terapeutisk prosess kan komme i gang på et senere tidspunkt. Det kan endog tenkes at enkelte pasienter kan ha hatt en godartet objekterfaring med sin terapeut selv om terapien ikke har gitt noen gevinst i form av økt selvføreståelse. De intervensioner som faller inn under betegnelsen antiterapeutiske er av en annen art. Det er slike som aktivt skader prosessen slik at det fører til forvirring og meningsløshet hos pasienten og er til hinder for et videre terapeutisk forløp.


Kommentar: Det antiterapeutisk element ved denne terapeutens intervensioner er at de aktivt virker imot (er kontrære til) terapiens formål. Terapeuten bruker pasienten til å få bekreftet sin egen fortreffelighet. Terapeuten synes å ha vanskelig med å akseptere ”svake” sider ved seg selv og pasienten blir subtilt manøvrert inn i rollen som den mislykkede, men som eventuelt kunne klare seg bedre hvis hun fulgte
terapeutens eksempel, noe som for pasienten ikke er mulig. Et klart eksempel på projektiv identifisering fra terapeutens side.

Diskusjon


KONKLUSJONER

1. Evne til strategisk tenkning kan registreres hos 9 terapeuter, dvs. i ca 43 % av de undersøkte terapiforløpene. Vi ser dette som uttrykk for at hos disse terapeutene er psykodynamisk teori internalisert i en grad som gjør at teorien setter preg på deres kliniske arbeid.
2. Av de 9 terapeutene som viser strategisk tenkning, er det bare 2 som viser kompetanse på "høyt" nivå, dvs. som er i stand til å bringe frem og tolke materiale som er av forbevisst eller ubevisst karakter.
3. Hos 12 terapeuter, ca 53 %, er det ikke tegn på at psykodynamisk teori setter et preg på det kliniske arbeidet. Dette innebærer at den teoretiske kunnskap de
måtte ha ervervet, ikke har passert gjennom en internaliseringsprosess slik at den er omgjort til funksjonell kompetanse.

4. Generelt understøtter resultatene hypotesen om at det ikke er en automatisk sammenheng mellom deskriptiv kompetanse og funksjonell kompetanse. Resultatene kan tale for at det krever et eget internaliseringsarbeid for at den teoretiske forståelsen skal bli opplevd som terapeutens ”egen” og derved være operativ i klinisk praksis.

5. Selv om evnen til strategisk tenkning er ervervet av 9 terapeuter, er det få av disse (2) som er i stand til å fungere konsistent på et strategisk nivå gjennom hele timen. Vi ser dette som uttrykk for at internalisering av teorien kan finne sted på ulike nivåer og med varierende grad av fordypning og stabil tilstedeværelse.

6. De 12 terapeutene som ikke viser tegn på strategisk tenkning, er tilbøyelige til å gå inn i ulike ”roller” i forholdet til pasienten. Rollene kan gi et visst ”stilpreg” til dialogen. Vi ser denne rolletakingen som uttrykk for mestringsstrategier som terapeutene tyr til når de mangler teori å støtte seg til.

7. De hyppigste ”tekniske” manglene som vi finner i materialet som helhet er:
   a. Terapeuten stiller kontekstløse, repeterende spørsmål,
   b. Terapeuten overser / overhører pasientens aktuelle affekttilstand,
   c. Terapeuten griper overstyrende inn i dialogen,
   d. Terapeuten forholder seg utelukkende til manifest materiale,
   e. Terapeuten ”handler” fremfor det å ”lytte”.
   f. Terapeuten mangler ro til å være avventende tilstede i relasjonen,
   g. Terapeuten klarer ikke å forholde seg saklig til ”sterke” følelser eller temaer, spesielt aggresjon.

8. Det generelle inntykk er at de terapeutene som er uten evne til strategisk tenkning, heller ikke har begreper og teknisk dyktighet verken til å oppdage eller til å bringe pasienten i kontakt med følelser, ønsker og forsvarsmåter som ligger bak den manifeste overflaten.
DISKUSJON

"Strategisk tenkning” er det sentrale begrepet i denne undersøkelsen. Det uttrykker at terapeutens kliniske praksis er ledet av dynamisk terapiteori. Hovedfunnet i undersøkelsen er at 9 av de 21 terapeutene i prosjektet (ca 43 %), viser innslag av strategisk tenkning, mens det hos de resterende 12 terapeutene (ca 57%) ikke kan spores tegn på at deres kliniske arbeid er influert av strategisk tenkning. Vi tolker dette slik at for over halvparten av terapeutene har terapiopplæringen ikke resultert i kunnskap som er påvisbar funksjonell i klinisk arbeid. Hvis vi legger til grunn at et formål med utdanningsprogrammet er å utvikle terapeutenes evne til strategisk tenkning, er det naturlig å spørre om dette resultatet er et uttrykk for svakheter i selve opplæringsprogrammet, eller om det heller er et uttrykk for at den dynamiske terapiforståelsen er spesielt krevende å tilegne seg og at man trenger mer tid? Vi har ikke data som kan besvare disse spørsmålene, men vi konstaterer at grunnleggende elementer i dynamisk psykoterapi, ikke setter sitt preg på flertallet av terapeutenes kliniske arbeid, og vi tolker dette som uttrykk for at tilegnelsen av teorien ikke har passert gjennom en internaliseringsprosess. Dette gir grunn til å rette søkelyset mer spesifikt mot denne delen av terapiopplæringen og søke etter metoder for å intensivere en mer personlig tilegnelse av dynamisk terapiforståelse. Dette betyr imidlertid ikke at opplæringen er feilslått. Gruppen ”partiell strategi” taler for at den aktuelle opplæringsmodellen representerer et skritt i riktig retning,. Studentene griper noen elementer, men ikke i en grad som gjør at de kan utnytte metoden fullt ut. Den overordnede konklusjon vi vil trekke av våre funn er at det å fungere konsistent og systematisk som terapeut i et inngående dynamisk terapiforløp, krever en kompetanse som er så kompleks, både når det gjelder begreper og klinisk praksis, at den forutsetter en opplæring som er mer utstrakt og intensiv enn den som studentene i denne undersøkelsen har gjennomgått.

Av de terapeuter som viser strategisk tenkning er det bare 2 som viser kompetanse på det ”høye” nivået. Å fungere på det ”høye” nivået innebærer at terapeuten evner å ta imot pasientens projeksjoner, reflektere over det underliggende scenario som aktualiseres i den terapeutiske relasjonen og gi sin forståelse tilbake til pasienten når denne er i stand til å eie den som sin egen.
Det kan virke som vi her er ved den vanskeligste delen av psykodynamisk terapi og den delen av det terapeutiske arbeidet som både krever innforståttethet med terapeutrollen og personlig trygghet som gjør terapeuten i stand til å være i – og utnytte en overføring. Dette kan tale for et det kan være en rimelig målsetning for opplæringsprogrammet å søke å gi nybegynnerterapeutene trening i å være lyttende og kontaktskapende tilstede i relasjonen og slik bidra til å skape et ”psykologisk rom” som gjør pasienten tryggere på å komme frem med seg og sitt. Derimot krever det å utnytte dette rommet til å øke den emosjonelle innsikten hos pasienten, en kompetanse som det er urealistisk å forvente av det aktuelle opplæringsprogrammet. Det synes å være et klart skille mellom de to nivåene. Det ligger så å si i sakens natur at det å kunne fungere over tid på det høye nivået, forutsetter et betydelig lengre tidsrom av læring og ”fordøyelse” av kunnskapen.

I dynamisk psykoterapi vil terapeuten uvegerlig trekkes personlig inn i en emosjonell relasjon til pasienten. Dette illustreres særlig i de relasjonene som er kodet som antiterapeutiske. Det avgjørende her er at et underliggende emosjonelt scenario i terapeuten kan aktiveres og overtar styringen av relasjonen uten at terapeuten ser dette bevisst. Derved kan terapeuten tape så vel sin observerende distanse som evnen til refleksjon over egen posisjon i relasjonen. Terapeuten fungerer emosjonelt ”blind”. Vi må trolig regne med at det alltid vil være terapeuter som på dette begynnerstadiet ikke er personlighetsmessig beredt til å tre inn i en så vidt nærgående emosjonell relasjon som det her er snakk om. På denne bakgrunn må en kanskje også regne med at noen studentbehandlinger kan ende opp som antiterapeutiske relasjoner. I denne sammenheng er det rimelig å spørre om det er trekk ved terapeutenes relasjonsform som ikke fanges opp av supervisjonen? Dette er spørsmål som må søkes svar på gjennom videre forskning.

En stor del av terapeutenes intervensionsrepertoar besto av det vi kalte ”intetsigende” intervensioner.. Slike intervensioner bringer ikke prosessen videre og kan virke unødig hemmede. At innslaget av intetsigende intervensioner er så vidt stort, kan ha sammenheng med at terapeutene ikke har lært måter å formulere intervensioner på slik at de fremmer prosessen og adresserer latent innhold. Nybegynnerterapeuten sitter så å si hele tiden med spørsmålet: ”Hva kan man si i denne situasjonen?” Etter vår mening er en av veiledernes oppgaver å gi studentene forslag til formuleringer. Vi mener at det er en ofte misforstått antakelse at bare man
forstår dynamikken, kommer formuleringen av seg selv. Det er en kunst å formulere intervensjoner som kan lodde dypere. Dette er en del av den dynamiske terapiens håndverk som må lærers.

Svarer resultatet til hva man kunne vente av opplæringsprogrammet?
Ettersom undersøkelsen ikke hadde en formulert forventning om resultat, kan vi ikke gi et begrunnet svar. Hvis vi imidlertid legger til grunn at målet var at studentene skulle ha tilnærmet en dynamisk terapiforståelse som lar seg identifisere i deres kliniske arbeid, er resultatet av denne undersøkelsen verdig å merke seg. Hos mer enn halvparten av terapeutene lar en slik forståelse seg ikke identifisere. En forklaring på dette, som vi langt på vei støtter, er at dynamisk terapiforståelse er så kompleks at mer ikke er å vente av et så vidt begrenset opplæringsprogram. Målet kan ikke være å fôre studentterapeutene fram til et profesjonelt nivå. Snarere må det være å påbegynne en internaliseringsprosess.

Et annet spørsmål er om deler av opplæringsprogrammet bør endres. Vi mener at mer "teknisk" rettet seminarundervisning, hvor relasjonsdynamikk og intervensjonsformuleringer diskuteres i detalj, ville kunne bidra til å personliggjøre kunnskapen og derved den operative kompetansen. Videre mener vi at studentene kan profitere på at begrepet terapeutisk holdning blir framhevet som terapeutisk redskap.

Oppsummerende vil vi fremme følgende hypotese: Hos nybegynnerterapeuten må vi forvente en begrenset evne til å hanskes med spesielle temaer for eksempel seksualitet og aggresjon eller sterke affekter som kan bli aktivert i dialogen, for eksempel savn, sorg, hjelpeløshet. Terapeutene har ikke den nødvendige forståelsen verken av dybdedimensjonen i denne typen materiale, hvilken holdning som er den adepvate eller hvilke tekniske grep som vil være virksomme. Det er sannsynlig at terapeuten, på grunn av utrygghet på egen kompetanse, kan oppleve det som anstrengende å skulle opprettholde en profesjonell posisjon, og at det eksisterer en underliggende trang hos terapeuten til å bruke ut av spenningsfeltet og falle tilbake på et sosialt rollemonster som er kjent og dermed tryggere. Sett slik er det det to sett av krefter som sammen motarbeider progresjon i terapiforløpet: Det ene er pasientens forskjellige former for motstand og terapeutens mangel på teknisk ferdighet i å hanskes med slik motstand. Det andre er en bevisst eller ubevisst følelse av hjelpeløshet hos terapeuten som fører til at funksjonsnivået senkes. Vi vil anta at det i
nybegynnerterapeuten alltid finnes en regressiv trang som fungerer som en fristelse til å tre ut av den profesjonelle posisjonen.
Referanser:


