AN EXPLORATORY STUDY OF CAREER SATISFACTION IN SEASONED CLINICAL SOCIAL WORKERS

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in Clinical Social Work

By

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THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

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ABSTRACT

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This qualitative study explored career satisfaction in experienced mid-to-late career clinical social workers. Specifically it examined why clinical social workers choose to remain in the profession of psychotherapy and how the overall satisfactions of the work are perceived. The study was designed to look for common features in life and work experiences which may have contributed to the individuals' capacity to practice. It was also designed to examine the elements of the work that serve to sustain the seasoned therapist.

Semi-structured interviews were conducted with ten purposely selected, autonomously practicing senior clinical social workers from both the private and public sector. Data from the interviews were content analyzed according to Glaser and Strauss' (1967) method of constant comparative analysis.

The clinical social workers in this study tell a story of intertwined personal development and growing professional mastery. They feel a congruence between work and life and have a sense of good fit between themselves as persons and the work that they do. They express a strong identification with social work values. The findings are summarized by the following five themes: "Opportunities for Emotional and Intellectual Growth"; "A Sense of Connection"; "Transforming Features of the Work";

"Manifesting Values and Evolving Mastery"; and "Acceptance of Self and It's Limitations".

Some discomfort was expressed regarding how to measure their success, the role of money and the managed care system. Regarding the latter, an undercurrent of perceived threat to the very nature of their work was brought to the surface by one respondent.

Confronting the extant literature which reports a great deal of disillusionment among psychotherapists, the question is raised: Do satisfied therapists in general take a more mutual, not so distant approach with patients in their therapeutic work?

This study is dedicated to my sons
Andrew and Michael Penn
whose love and support has made
my advanced education possible

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CHAPTER I

INTRODUCTION

Statement of the Problem

> We participate with our clients in the return of the repressed. Sitting in quiet rooms in this powerful intimacy called therapy, we shape, shift, and demon wrestle. Within the transference we become the abandoning mother, the battering father, the aggressive brother, the man with the snarling dog, or the fulfillment of the wish. We are loved, hated, reviled, raged at, seduced, and challenged. Through this process called therapy we are called to participate in the private anguish and magnificent change in others, but how does it change and mold us? (Webster, 1989, p. 85).

This exploratory study looked at why seasoned clinical social workers choose to remain in the profession of psychotherapy during the course of their working lives. It focused on the elements of the work that serve to sustain the seasoned therapists interest in the work and contribute to keeping that work meaningful and satisfying to them.

In recent years, researchers have emphasized the connection between people's work and their behavior and self-concept outside the work environment (Goldberg, 1991, 1992; Green, 1968; Sarason, 1977; Terkel, 1972,), their desire for personal fulfillment from their work (Yankelvich 1978), and problems such as occupational burnout (Cherniss, 1980; Freudenberger, 1974; Maslach, 1976). Although these issues have been studied in a wide variety of

occupations (Farber, 1983; Freudenberg & Robbins, 1979; Maslach, 1976, 1978; Pines, 1980; Pines, Aronson, & Kalfry, 1981), psychotherapists, whose work is intensely affected by the nature of their inner experience, have not been studied extensively.

The career of a psychotherapist has been portrayed in the literature (Goldberg 1992; Guy 1987; Maeder, 1989; Sussman, 1992) as difficult and demanding work. The psychotherapist and patient have a unique interpersonal relationship, usually quite intense and emotionally significant for both parties. The goal of psychotherapy, in all its myriad forms, may be generalized as emotional growth, change, and improved mental functioning for those who come for treatment, and the therapist's goal may be generalized as helping the patient find the courage and resources to change. Yet previous research has not adequately addressed the issue of how during the course of his/her career, these intense processes may change the therapist. It is revealing to note that the most commonly asked question about our profession is "How can you stand listening to other people's problems all day long?"

Though some studies (Henry, Sims and Spray, 1971, 1973; Sussman, 1992) have looked at reasons for entering the profession, few studies have looked at how the impact of being a therapist may alter career satisfaction as the therapist matures during his or her working life. Moreover, few studies have specifically examined the career of the clinical social worker. This study explored how seasoned psychotherapists reflect upon the overall satisfactions of their work, with a specific focus on clinical social workers.

Background

In contrast to the substantial and rich body of literature which focuses almost exclusively on understanding the impact of the therapeutic process on the patient, remarkably few works address the personal and professional effect of this process on the psychotherapist.

There has been recent speculation by some authors (Burton, 1972; Goldberg, 1991, 1992; Guy, 1987; Maeder, 1989; Menninger, 1957; Sussman, 1992) about what attracts people to the profession of psychotherapy, and what is behind this specific career choice. A review of the relevant literature revealed broad consensus that a major determinant of the psychotherapist career choice may be the wish to resolve one's own emotional and life-issue problems (Goldberg, 1992; Grossbeck & Taylor, 1977; Sussman, 1992). The literature strongly suggests that those who choose to become psychotherapists typically manifest significant psychological conflicts of their own. Sussman (1992) found that those therapists who resolved and mastered significant intra-personal conflicts were enabled in their efforts to be more empathic and generally more effective clinicians. The "wounded healer" theory and its ties to shamanism have broad universal appeal as examples of overcoming personal adversity to heal others (Guggenbuhl-Craig, 1979; Guy, 1987; Maeder, 1989; Sussman, 1992) and are explanations most often presented in the literature regarding the decision to become a psychotherapist.

Empirical studies about psychotherapy as an ongoing career tend to characterize it as very demanding, difficult and emotionally taxing (Goldberg, 1991, 1992; Sussman, 1992). Grossbeck and Taylor (1977) warn that "to enter the vocation of psychiatrist-healer in our culture has great dangers for the physical and psychological health of both doctor and patient" (p. 131).

Goldberg (1991) argues that because of practitioners' needs to deny their anguish, they often attend to their patients needs before their own. He suggests that therapists are often people who have historically been the caretakers in their families of origin, and they may find it difficult to take care of themselves because of feelings of shame and perceived selfishness. Goldberg offers this as an explanation for significant rates of burnout, serious depression, and high suicide rates in the profession.

Given the pessimistic tone of these authors, one wonders why anyone would remain in what Freud (1937), noting the extreme demands the therapeutic situation places upon the psychotherapist, had characterized as an "impossible profession". However, each generation produces budding clinicians, eager to pursue what Sussman (1992) in a more optimistic vein has labelled "a curious calling". He notes the limited knowledge aspiring therapists have about their chosen profession while concurring "the practice of psychotherapy holds an attraction and appeal that remains difficult to fathom" (p. 3).

As current research paints such a mixed view of conflicting observations, it fails to shed any consistent light on the issue of therapist career satisfaction. While this is partly a reflection of the complexity of the profession, it also makes it difficult to obtain a consistent understanding of the impact of being a therapist upon a person who has chosen this as a career.

A few authors have offered anecdotal accounts of the impact on the personal life of the psychotherapist of conducting literally thousands of hours of psychotherapy. Will (1979) claims that the work of psychotherapists is an intense enterprise that involves nearly every facet of the therapist's being. Wheelis (1956), in a pessimistic view, lamented that it is usually not until mid-career that therapists conclude that their career was chosen for the wrong

reasons. He comments that after a commitment of many years of specialized training and clinical practice, the therapist believes it is too late to do anything about career dissatisfaction and is trapped in a profession that no longer holds the meaning or satisfaction that it once provided. "The vocation misleads" claims Wheelis (1956, p. 173). Brenner (1985), relying heavily on traditional psychoanalytic theory, suggests that people are initially attracted to the work because they are preoccupied with sadomasochism and voyeurism, but once these issues become conscious, the work can become dull and boring, no longer offering the same appeal or initial fascination.

Recently, there does appear to be growing acknowledgement of the importance of the psychotherapists' subjective experience in the therapeutic process (Baker- Miller, Jordan, Stiver & Silver, 1991; Natterson, 1991; Stolorow, Branchaft and Atwood 1987). In spite of these attempts to articulate the importance of the subjective, relational aspects of the therapeutic process, the question of how the therapist may be changed or transformed by this experience has not been adequately addressed.

Schaffer (1983) offers a conceptualization of the transformation that may take place in a therapist over the years, referring to the development of the therapist's "second self". Casement (1990) refers to a similar process in terms of the development of the therapist's "internal supervisor". Only two informal studies (Berger 1995; Goldberg 1992) address in any detail what keeps therapists in the profession once they become experienced professionals. The results of the former offers optimistic conclusions about the sustaining aspects of the work but the results of the latter are contradictory and inconclusive. There is little significant empirical research on the subject of career satisfaction in seasoned psychotherapists; none that focused exclusively on experienced clinical social workers. No

comprehensive or thoroughly conclusive longitudinal studies were located in the literature.

In summary, the predominantly pessimistic nature of the empirical studies cited above, and the imprecise conclusions of the impressionistic works leave open the question of why therapists continue in such an intense and demanding profession. Moreover, in all studies regarding therapist satisfaction, subjects have been largely limited to psychologists, psychiatrists and psychoanalysts. Clinical social workers were well represented in only one study (Henry et al., 1971, 1973). The findings of these studies, however, do not represent the clinical social work population as known to this researcher. This researcher has observed among her seasoned clinical social worker colleagues, the majority appear very enthusiastic, exhilarated, and eager to continue learning more about psychological theories to become more skillful in their work. For the most part all appear to be very satisfied, content, and gratified with their chosen career. This researcher was curious about the source of this continued sense of optimism, enthusiasm and exhilaration, to examine the sustaining aspects of the work.

Unfortunately only one study on the professional evolution of the mature therapist (Skovhalt & Ronnestad, 1992) could be located, but it does not mention whether it included clinical social workers in its sample. Furthermore, while small samples of social workers are represented in some studies, (Henry et al., 1971, 1973: Goldberg, 1992; Sussman, 1992,) their response set appears to differ in some manner from those of the other disciplines studied. There are, however, no detailed, amplified or expanded explanations in the follow up and conclusions of these studies that might suggest reasons for this apparent disparity. The limited research carried out to date, together with the anecdotal, impressionistic and speculative writings

regarding the seasoned psychotherapist raise more questions than they answer.

The Study Question

Given all the hazards and pitfalls associated with the practice of psychotherapy, how does the seasoned psychotherapist view the long term satisfactions and gratifications of the work?

Sub Questions

1. How do therapists perceive their reasons for remaining in the profession compared to those for entering it in the first place?
2. Given the subjective and ambiguous nature of therapy, how do seasoned therapists avoid feelings of pessimism about the outcome of the treatment and sustain themselves in the absence of therapeutic success?
3. Does formal postgraduate education, training and personal therapy sufficiently prepare therapists to modulate their own feelings while being the moderator and facilitator of feelings of others?
4. How do therapists describe the impact of being a psychotherapist on their personal lives?
5. How do therapists measure their success?

This study sought to address the above study question by generating an understanding of the personal impact of being a psychotherapist. For the purpose and focus of this study, the "psychotherapist" studied will be the psychodynamically-oriented seasoned clinical social worker. A psychodynamic orientation has been specified because it is this researcher's

bias that this population may have unique personal and professional experience from which to more clearly explore the central questions.

In addition, although research to date (Henry 1971, 1973), suggests that there are sufficient common denominators in the background of all mental health practitioners, social work is a profession in which females traditionally predominate. The lack of study of female therapists is one of the most glaring shortcomings of other studies. Thus, this present study of social workers who are satisfied with their careers may generate findings which are different from those generated by other mental health professionals.

The study did not focus on rates of attrition or speculate on why people may leave profession. Participants have expressed satisfaction with their chosen profession.

The study is guided by a qualitative design based upon Grounded Theory (Glaser & Strauss, 1967). The data will be the seasoned clinical social worker's descriptions and reflections upon their experience of their careers as told to this researcher via in-depth, open-ended interviews.

Clinical Social Workers

Of the many different professions that practice psychotherapy, clinical social work has its own unique origin, training and motives. Henry et.al. (1971, 1973) suggested that social work was the most overtly political of all mental health professions with its strong ties to social reform, welfare and community organizations that traditionally have served the poor and oppressed.

For the purpose of this study, *seasoned therapists* will refer specifically to mid-to-late career, psychodynamically-oriented clinical social workers. This

group particularly interests this researcher because she herself is a clinical social worker of psychodynamic theoretical orientation. The researcher has chosen to study a homogeneous group who profess allegiance to a psychodynamic orientation because it is this researcher's bias that such individuals who profess this orientation appear to be drawn more to affect, philosophical issues, and introspective ways of understanding and improving human life. By contrast, behaviorally oriented therapists are drawn much more to rationality and cognition. Furthermore, clinical social work is a profession for which very little empirical research or specific literature relating to career satisfactions and practitioner maturity could be located. The majority of the published social work research literature tends to focus on occupational burnout rather then on career satisfaction (Barrett & McKelvey, 1980; Daley, 1979; Mattingly 1977), and on child care workers rather than a broad spectrum of social workers (Harrison 1980; Wasserman 1970). Experienced clinical social workers are particularly neglected. Consequently, this has resulted in a body of literature which is severely constrained in terms of generalizability to social workers as a whole and clinical social workers in particular.

In his search of the literature for his study on unconscious motivation for choosing the career of psychotherapy, Sussman (1992) points out a dearth of relevant literature that deals with female therapists in general and clinical social workers of both genders. Sussman comments that this deficiency should be considered "intolerable" especially in view of the large and growing number of female clinicians today. Ephross (1983) speculates that this lack of attention is due to the fact that social work is a profession overwhelmingly composed of women, who are more likely than men to be socialized in the role of "selfless giver". Ephross points out that social workers by their very

reputation of being "selfless givers" may consider that to write about themselves is too grandiose, too narcissistic and too selfish an endeavor to warrant inquiry. This researcher is thus strengthened in her selection of social workers as a female dominated profession as a way to systematically explore her own perception of the level of satisfactions perceived in her social worker colleagues.

Significance of the Study

The intent of this qualitative study was to investigate systematically the question of career satisfaction in seasoned clinical social workers. This researcher hopes to fill a void in the current social work literature and provide students of the psychotherapeutic process a clearer understanding of the positive reasons why clinical social workers choose to stay in their profession long term. While some individuals may leave after realizing they are not suited or the demands of the work prove too heavy, many others choose to stay. It is those people who appear relatively contented with their chosen vocation that this researcher has chosen to study. An attempt is also made to determine whether there is something specific or unique about the inner lives and inner experiences of clinical social workers which would offer an explanation of why so many of social workers appear to be fulfilled by their careers.

Limitations of the Study

The data that is collected for this study, because of its retrospective nature, will be subject to the distortions of memory and time. In considering Freud's metaphor of the analyst as archaeologist, Spence (1982) states that

pure historical truth, as gathered through the narrative, is probably beyond reach. Since all the participants in this study will have experienced their own personal therapy, the memories of their life experiences will have been subject to a second form of revision. This is an unavoidable consequence of intense analytic review.

Participants, however, will have the advantage of having conscious access to much of their personal history as a result of their own therapy. The capacity for recall of actual events can remain clear over time, but the meaning of these events or experiences may have undergone revision as a result of an introspective process. Therapists, moreover, because of constant self-reflection in the transference and countertransference process, and having had their own personal therapy, will be good informants.

This study will refer to psychodynamically-oriented clinical social workers who have experienced their own personal therapy, and who have remained in the field for over 15 years. Further, the results of this study apply only to social workers who have expressed satisfaction with their careers.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature suggests that although other mental health disciplines represented within the field of psychotherapy have begun empirical investigation and discussion of therapist career satisfaction, this is not true of the social work profession. Given the absence of empirical data on clinical social workers, the present review of the literature will focus on research pertaining to career satisfaction in the professions allied with clinical social work, namely psychology, psychiatry and psychoanalysis. Despite some important differences in their training, mission, and methods, practitioners in these professions offer a number of similar services to those offered by the clinical social worker. They also face similar forms of occupational stress and difficulties, as well as similar forms of gratifications and rewards.

Research on therapist career satisfaction is scant and existing studies are often inconclusive and methodologically flawed. With more impressionistic and anecdotal literature available than formal studies on therapist career satisfaction, generalizations become extremely difficult to make. In addition, career dissatisfaction is inevitably tied to the discussion of career satisfaction in the literature. Present studies of satisfaction have often emphasized the difficulties and stresses of the work over the satisfactions.

Several other areas of literature are relevant to the question of career satisfaction. These areas include career choice, who becomes a therapist and backgrounds of people who become therapists, evolution of the therapist during his/her career, the role of training, the role of personal therapy, the

choice of theoretical orientation, the setting in which the therapist chooses to practice, and difficulties of the profession. Research to date has focused for the most part on two major issues: career choice, and the on-going difficulties and emotional demands of the profession.

Career Satisfaction and Dissatisfaction

Because of the varied nature of the subject, the relevant literature to be reviewed will encompass several distinct areas related to the research question. First, impressions of career satisfaction and dissatisfaction from the profession of psychotherapy will be discussed, including: personal, impressionistic, anecdotal accounts from the field; informal studies; and empirical studies. Second, the evolution of the therapist during career development will be discussed, encompassing the following components: education and on-going training, the role of personal therapy and the therapy setting (i.e. the choice of private or public/agency work). Third, the personal choice of psychotherapy as a career will be discussed: who becomes a therapist, backgrounds of people who become therapists, and the relevance of particular life experiences and critical life events. Fourth, the relevance of the choice of theoretical orientation will be considered. Finally the difficulties and on-going demands of the profession will be explored.

Career Satisfaction: Impressionistic Accounts

A small group of impressionistic papers addresses the satisfactions and gratifications inherent in the practice of psychotherapy. Szasz (1956) in a discussion of what he terms the "irreducible and unavoidable satisfactions" (p. 199), notes the resistance on the part of therapists to the recognition of

satisfactions derived from their work. Szasz describes the satisfaction that is unique to the work of psychotherapy as: "pleasure derived from the mastery of conflict in human relationships through verbalization and mutual understandings" (p. 207).

In similar vein, Burton (1972) writes of the widespread avoidance of discussion regarding the treatment needs and satisfactions of the therapist. Unfortunately, his comments are as apt today as they were over two decades ago. It is his contention that the therapist's satisfaction is as important as that of the patient, and characterizes it as "almost a silent conspiracy in the refusal to look at the needs of the psychotherapist" (p.115).

Burton writes:

> Therapist satisfaction has long been a gritty or closed issue. We are constantly concerned with satisfying our clients, if only because when too many of them fail to keep their appointments, we consider ourselves a failure, and we also lose income. I would argue that treatment satisfactions of the therapist are as important, if not more important than the client's, for the simple reason that the unconscious takes over in extreme therapist dissatisfaction and punishes or even eliminates the client (p. 2).

Sharpe (1947), in a paper published after her death, described the nature of the analytic work and the gratifications received. She mentions a fundamental pleasure in listening, gratification of sublimated sexual curiosity, pleasure obtained from making sense out of what at first was confusing, mastery of the dread of one's childhood, and enrichment of the ego by contact with a rich variety of personalities and life experiences.

Greben (1975) suggests that each person comes to the profession of psychotherapy with his or her own set of expectations. While some expectations are realistic and can be gratified, others are fantasy-based and will be frustrated. Greben notes the following realistic gratifications:

> examples are the intellectual struggle with a taxing problem, the pleasure at uncovering a mystery, the gratification of knowing deeply another human being, the pleasure at setting free energies and spirits that have been imprisoned, the satisfaction with enabling or catalyzing or allowing to unfold the most natural of all processes - human growth (p. 433).

Among the fantasy-based satisfactions or what he refers to as "neurotic satisfactions", Greben (1975) includes voyeuristic indulgence, the pleasure of controlling others, and the narcissistic gratification of maintaining an illusion of omnipotence. Greben emphasizes the importance of therapists becoming consciously aware of these forces within themselves that threaten to expand the neurotic aspects and to diminish the more realistic and creative ones.

Kafka (1989), one of the few authors to address the issues of prestige and recognition that an individual can receive in becoming a therapist, suggests that practicing psychotherapy satisfies generative and altruistic aims. This, he claims, enables the therapist to express prosocial instincts to aid others and thereby promote the survival of the species.

Many authors have indicated ways in which therapists receive something very directly from contact with their patients. Groddeck, a contemporary of Freud, wrote as early as 1928 that each patient has something new to teach the therapist, regarding both the proper conduct of psychotherapy and the bringing to light of new and hidden aspects of the

therapist's personality. He states: "The patient is the doctor's teacher. Only from the patient will the doctor be able to learn psychotherapy" (p. 221). Contemporary theorist Patrick Casement (1990) supports this notion and expounds his ideas in his book, Learning from the Patient.

Issacharoff (1983) suggests that therapists commonly have a depressive predisposition, and contact with certain patients can be liberating. He states "When our work is stimulating, the depressive core recedes and we are alive in relation to the patient" (p,41). Heath (1991) suggests the opposite. He believes that the very nature of the therapeutic relationship and the process of projective identification renders the therapists vulnerable to incorporation of the depression and negative affects of their patients.

Bugental (1964) notes there is no other career which allows the individual to immerse himself or herself in the working of psychological processes in their natural condition to the same degree as does psychotherapy. Bugental asserts that the therapist is privileged to participate in "the heights of elation and self-affirmation as well as the depths of confusion and madness" (p.274).

Greenson (1967) and Robertiello (1986) have glamorized and idealized the role of the analyst. They contend that psychotherapists receive satisfaction from their work by being in a position to work with some of the most interesting and creative people in the world, each of whom offers a vast unexplored world to share. Guy (1987) notes that therapists are exposed to people of all ages, races, and walks of life that they would not otherwise encounter in their own lives and society, "and with the variety of every emotional disorder imaginable. The therapist's life is never dull" (p. 5).

In his study on the personal life of the psychotherapist, Guy (1987) summarizes data from the impressionistic literature. He writes that there are

a number of "fringe benefits" (p. 4) inherent in the role of psychotherapist that may serve to motivate people towards this career choice. These anticipated benefits include independence, flexibility, financial rewards, variety, recognition and prestige, intellectual stimulation, emotional growth and satisfaction, personal enrichment and fulfillment. Guy also writes of the personal characteristics which may motivate individuals to pursue a career as a psychotherapist and make them well-suited to this profession. These functional motivators include an ability to listen: be curious and inquisitive, be comfortable with conversation, be empathic and understanding, be capable of introspection, to be able to laugh, deny one's own needs, be tolerant of ambiguity, warmth, caring and intimacy, be comfortable with power; have emotional insight and a sense of humor. Guy notes that there are few careers that provide the intellectual challenge, variety, and stimulation inherent in the practice of psychotherapy.

It seems that for many, one of the most attractive motivators for choosing and remaining dedicated to the career of psychotherapy is the emotional growth and satisfaction that the therapist receives. Numerous authors (Goldberg, 1991; Guy, Stardk and Polestra 1987; Marston, 1984) have indicated either by speculation, observation, or from empirical research, that the psychotherapeutic situation offers the potential for personal growth to both the patient and the therapist. Mullan and Sanguiliano (1964) speculate that the results of therapy should be mutual self-affirmation.

Based on his impressionistic study of autobiographies of twelve prominent psychotherapists, Burton (1975) notes that therapists found the process of doing psychotherapy to be intellectually stimulating, promoting personality growth and greater emotional maturity over many years in

clinical practice. He also noted that community recognition and prestige associated with the role of therapist produced an increase in self-respect.

Career Dissatisfaction: Impressionistic Accounts

Wheelis (1966) documents a discouraging picture of the profession. He is perhaps one of the most articulate psychoanalysts contributing to the impressionistic literature. Having written a succession of books and articles epitomizing the angst of the practicing psychotherapist, Wheelis is now in a dilemma over his profession. For him, the failure of the therapeutic role to create meaningful existence for the therapist is most disillusioning, a failure that results in the therapist feeling "a sense of futility, an intimation of unimportance attaching to creative effort" (1966, p. 147). Wheelis has noted that in some people the impetus to become a psychotherapist is an attempt to overcome personal, emotional difficulties, which he believes may eventually become "aggravated by the practice of the profession. The vocation misleads" (1966, p. 206).

Wheelis' views, although attacked by some professional colleagues as "a simplistic touting of 19th century romanticism" (Lowinger, 1966), are supported by many others who like Wheelis have chosen to speak openly and candidly of their personal struggles and disillusionments with the profession (Bugental, 1964; Burton, 1970, 1972; Freudenberger & Robbins, 1979; Goldberg, 1991, 1992; Greenson, 1962; Kernberg 1968; Kottler, 1986; Masson, 1990; Robertiello, 1986; Rogow, 1970; Rogers, 1972, 1975; Schofield, 1964; Strean, 1988; Szasz, 1956).

Reik admitted that after 35 years of analytic practice, he had wished several times to change his profession, feeling that being a psychoanalyst seemed to be "less a profession than a calamity" (Natterson, 1966, p. 249).

Grosbeck (1975), a Jungian analyst, describes the case for the danger of practicing psychotherapy even more caustically than does Wheelis or Reik. He points out that risky occupations such as fire-fighting clearly warn their recruits and apprentices of the inherent dangers of the work, but no such warning is given to neophyte psychotherapists. Goldberg (1991) reports that influential psychotherapists such as Hans Eysenck and Thomas Szaz have called into question whether psychotherapists "have any more healing power than does a friendly bartender or an inquisitive hairdresser" (p. 20). Semrad is reported by Shapiro (1982) as having defined individual psychotherapy as "an encounter between a mess and a bigger mess" (p. 24). Even Freud (1937), the founding father of psychoanalysis, together with Greenson (1967) and Malcolm (1981) characterized psychotherapy as "the impossible profession". Freud became increasingly pessimistic about psychoanalysis as a treatment. The literature suggests that many experienced and notable psychotherapists share these doubts.

Guy (1987) summarizes the liabilities associated with a career in psychotherapy, which include:

> . . . a highly variable and undependable income, intense isolation, emotional fatigue, frustration resulting from intense interactions with very disturbed and demanding people, grave ethical and legal responsibilities, public criticism of the mental health field, and secret doubts about the efficacy of therapy (p. 9).

Guy points out, however, that while these liabilities may be apparent to those contemplating entry into the profession of psychotherapy, the preponderance of benefits seem to outweigh the liabilities for most people.

The entire gamut of impressionistic literature thus paints a very mixed view about therapist career satisfaction. As for the empirical literature, while no data could be found regarding the actual numbers of therapists who depart the profession, a few studies have investigated job satisfaction and dissatisfaction among therapists who continue to practice despite their discontent. These studies are reviewed below.

Career Satisfaction: Empirical Studies

Berger's, (1995), informal study examined the sustaining aspects of a career in psychotherapy. He interviewed ten senior psychotherapists, with an average of 29 years clinical experience: five psychologists, two psychiatrists, and three social workers. The results of this preliminary investigation were very optimistic. His ten informants expressed a deeply felt sense of purpose and reward in their feelings about career satisfaction and an ongoing faith in the process of psychotherapy. They described a sense of maturation, spontaneity, and independence that occurs over their long careers. Berger writes: "This faith in the process of psychotherapy, and this continuing sense of the importance of their professional efforts were strong sustaining factors in their work lives" (p. 313). Although the findings of this very recent investigation were clearly encouraging, only three social workers were included in this study which tells us little about career satisfaction exclusive to clinical social work.

Goldberg's (1992) also informal, study of the lives of seasoned therapists, though unclear in its results, raised interesting questions. He was specifically interested in learning about how seasoned therapists handle the developmental issues of mid-life and beyond and the study was not specifically related to the question of career satisfaction. Rather, informants

were asked more general questions about how their lives had been affected by their career. Goldberg's particular interest developed out of his personal curiosity about issues of mid-life, and lay in discovering whether seasoned therapists face the same developmental concerns as others in mid-life and beyond. He focused on the question of whether being a seasoned therapist enabled the person to live a richer, fuller, more mature life.

Goldberg assumed that he would get a higher return rate of completed questionnaires if he asked seasoned therapists known personally to him to participate in his study. His rationale and expressed hope was that his colleagues would take a personal interest in his research and respond more candidly and honestly knowing that Goldberg, a seasoned clinician himself, was reputable and would not misuse the information.

He surveyed 52 seasoned therapists having an average of 30 years experience with a questionnaire, and then extensively interviewed 12 different therapists whom he describes as "master practitioners" having had a mean average of 35 years clinical experience. Four of the participants in the study were clinical social workers, none of whom were interviewed by Goldberg. The majority of the remaining participants were clinical psychologists, psychiatrists or psychoanalysts.

Unfortunately, Goldberg's (1992) findings lack clarity. He talks in generalities and offers very few detailed explanations for his findings. His reported data from the questionnaires differed quite considerably from the data gathered through personal interviews. He concluded that 11 out of the 12 "master practitioners" interviewed were very satisfied and gratified with their careers, while of the 52 "senior clinicians" he surveyed over 50% indicated a lack of career satisfaction. Unfortunately the author did not quote specific data to support or amplify this finding.

Another surprising finding Goldberg reported was that half of the participants surveyed stated that they would not seek out personal therapy for themselves if the need arose because they did not feel it was effective.

Goldberg makes no pretense about his study being more than an informal piece of research and an initial inquiry. Nevertheless his attempts to generalize conclusions and findings from two clearly different groups, those who were surveyed, and those who were interviewed, is confusing. Results from both groups were clearly different, which raises a question about his methods, as well as his results. It is possible that those who were not interviewed but who responded to the survey questions with written material were more candid than those who were interviewed, although this was not Goldberg's stated expectation. However, the finding that there are perhaps many seasoned therapists who do not believe that therapy is effective either for themselves or their patients warrants further investigation. This present study addresses this issue in the context of seasoned clinical social workers' views on career satisfaction.

In one of the few empirical studies to include social workers in their sample, Farber and Heifetz (1981) investigated the patterns of satisfactions and stresses among a heterogeneous sample of 60 therapists. The sample consisted of 21 psychiatrists, 24 psychologists and 15 social workers, with an overall mean age of 38 years. The length of clinical experience was not specified. The authors concluded that therapists derive the greatest amount of career satisfaction from helping patients to change, gaining an increased understanding of human nature, and experiencing a sense of intimate involvement in their patients' lives.

The researchers speculated that the therapist is able to internalize the guidance, help, and encouragement provided for the patient in promoting his

or her own personal growth. This continued focus of growth, change and increased sensitivity was found to have an impact on the therapist's own functioning, regardless of theoretical orientation.

The negative, stressful aspects of therapeutic work reported by subjects involved feeling personally depleted by the therapeutic work, coping with pressure inherent in the therapeutic relationship, and dealing with difficult working conditions. In addition, stressful patient behaviors were found to cluster into two distinct categories: overtly psychopathological symptoms, and resistant behavior. Farber and Heifetz indicate that taken together, these patterns suggest that the therapeutic work is inherently difficult both from a professional and personal perspective and that working conditions can create additional sources of stress, particularly for institutionally based therapists. Patterns of satisfactions and stresses were also found to be related to certain therapist background variables: inexperienced therapists were more stressed by personal depletion than experienced or veteran therapists, and those that worked in institutions reported more stress than the private practitioners.

Tyron (1983), in a study on therapist satisfaction in private practice, surveyed 300 private practitioners. He found that the satisfactions associated with clinical practice most often reported, in descending order of frequency, were: professional independence, success, high income, flexible hours, relating to patients, variety, challenge of work, enjoyment of work, contacts with other professionals, serving humankind, and recognition. No gender related differences were reported, with the exception of the tendency for female therapists to report deriving greater pleasure from "relating to patients" than did male respondents.

In the only longitudinal study that could be located on therapist career satisfaction, Kelly, Goldberg, Fiske and Kilowski (1978) studied 195 clinical

psychology trainees in 1947 and 1948 before the trainees entered graduate school. They were assessed 10 years later, and again as senior practitioners 25 years after their internship. Ultimately, subjects reported low satisfaction with the choice of clinical psychology as a career. In the ten year follow up, 36% expressed dissatisfaction with their career choice. At the 25 year follow up, 46% of the psychologists surveyed reported serious disillusionment, stating that if they were to live their lives over, they would not enter the field of psychology again. Among divisions within the profession, therapists and researchers were the least satisfied, and diagnosticians and teachers reported that they were the most content with their careers.

In another empirical study of therapist satisfaction (Norcross & Prochaska, 1982), 42% of the 415 clinical psychologists surveyed study reported that they would not become psychologists again if they were to live their lives over. Similarly, Garfield and Kurtz (1976) found that 29% of the 154 clinical psychologists they studied expressed dissatisfaction with their choice of profession. While these findings suggest that the majority of psychotherapists -- or at least the majority of psychologists -- are content with their choice of career, there does appear to be a substantial number who are not.

While Farber and Heifetz (1981) did not determine the actual percentage of psychotherapists who were primarily dissatisfied with their career, they do report that the psychiatrists surveyed reported receiving the least amount of satisfaction from their work, followed by psychologists, with clinical social workers expressing the most satisfaction.

In contrast, Walfish, Polifka and Stenmark (1985) surveyed career satisfaction in a sample of 179 younger, more recent graduates of training programs in clinical psychology: 120 had obtained their doctorate degree and

59 their masters degree. Contrary to the earlier investigations of Kelly et al. (1978) and Norcross and Prochaka (1982), only a small number, one in ten, of the recent graduates surveyed reported they would choose to go into another field other than clinical psychology if they were to live their lives over. This study, however, cannot be compared directly with the previously reviewed studies on career satisfaction since participants were recent graduates, whose mean age was 30.8 years and who had averaged only 1.5 years of professional experience since obtaining their degrees.

An interesting aspect of this particular study, however, was that of the sample, only 38% were men and 62% were women. Prior studies have concentrated mainly on male psychotherapists so one may speculate whether gender makes a difference in satisfaction with career choice.

In summary, these particular findings suggest that a substantial number of psychotherapists are discontented with their career choice, but since so many of these studies focused primarily on clinical psychologists, the majority of whom were male, little is known about satisfaction among other disciplines represented in the field of psychotherapy, particularly clinical social work and female practitioners. It is the intention of this present study to shed further light on these rather puzzling phenomena.

Evolution of the Therapist During Career Development

To further understand the satisfactions derived from a career in psychotherapy, it is important to review the literature related to the evolution of the therapist during career development. Studies will be reviewed which have investigated the effectiveness of clinical training, the role of personal therapy, the setting in which the therapist chooses to practice.

In addition, studies related to the choice of theoretical orientation and the role that it plays both in the personal and professional life of the maturing therapist will be reviewed.

Studies of Career Development

Skovholt and Ronnestad (1992) undertook a six year qualitative study that focused on the development of therapists over a life span. Unfortunately the authors described the sample no more explicitly than as "psychologists" and "psychological counselors".

The authors interviewed 100 participants in different stages of education and experience, ranging from undergraduate psychology students, to advanced doctoral students, to three separate groups of professionals, each with five, fifteen, or twenty-five and over years of clinical experience.

An eight stage linear career model was developed from the data. Each stage was defined by describing its central task and the predominant affect associated with this stage. The researchers then looked at the sources that influenced each stage and described the role and working style of therapists at each stage, from graduate student, to neophyte therapist to different stages of advancement and maturity.

The study revealed that although career advancement does occur in graduate school, the more powerful influences in a therapist's development are at work long after formal training is complete. From these findings, Skovholt and Ronnestad suggest that senior clinicians have let go of their earlier feelings of grandiosity and omnipotence, as well as the belief that everyone can be helped. The seasoned therapist sees things in a much more realistic and grounded sense. The researchers describe the more mature

therapist as realizing he or she is not as effective, powerful or responsible for patient's change as was formerly implicitly believed by the neophyte therapist. They also found a sense of satisfaction in the work related to accumulated wisdom, increased self-confidence, decreased perfectionism, humility, and a letting go of grandiosity. Skovholt and Ronnestad describe this feeling as "a humbling experience, but ultimately freeing too" (p. 88). Not surprisingly then, the predominant affect that these researchers found to characterize the seasoned therapist was acceptance of limitations.

Commenting specifically on their findings of mature therapist satisfaction, Ronnestad and Skovholdt note:

> The work may be more satisfying than ever before. The anxiety of the earlier years has greatly diminished, the individual is no longer afraid of clients. Satisfaction is seen as coming from understanding at the deepest level what the work entails and what one can get from the work. . . . The work does not provide for all life's satisfactions it cannot and will not . . . There is a wonderful quality to the work which is very satisfying. Being permitted to enter a person's personal life and to help the person in a profoundly positive way is an important component of work satisfaction (p. 97).

The senior participants in this study clearly presented as more satisfied and fulfilled with their work than the participants in other studies of therapist satisfaction (Goldberg, 1992; Kelly et al. 1978; Norcross & Prochaska, 1982). It may be that the qualitative design used here was more effective in investigating the nature of such complex experience.

The Role of Graduate Education and Post Graduate Training in Therapist Career Satisfaction

The road to becoming a psychotherapist is typically long and arduous. The formal training required varies from 2 to 10 or more years, plus thousands of hours of postgraduate supervised experience necessary to qualify for licensor or registration. A limited amount of research exists concerning the overall effectiveness of graduate training programs in preparing individuals to become therapists (Aronson, Akamatsu & Page, 1982).

The first work that attempted to assess the effectiveness of graduate training programs for psychotherapists was undertaken as part of a major study conducted by Henry, Sims and Spay (1971, 1973). This was perhaps the largest and most comprehensive study of psychotherapists to date, in which over 4000 mental health professionals from three large metropolitan areas across the United States were surveyed, and over 300 directly interviewed. This general study focused primarily on demographic and socioeconomic variables, on therapists' personal and career histories, and on various aspects of professional practice.

As part of this study, Henry et al. attempted to assess the effectiveness of graduate training programs for psychotherapists. The authors questioned 1071 social workers, 1342 clinical psychologists and 1200 psychiatrists regarding their opinion of the value of their formal training, both academic and clinical. Among the social workers, 86% found their training to be helpful, compared to 65% of clinical psychologists and 72% of psychiatrists. Regarding academic course work, 65% of the social workers found it to be relevant to their career, compared to 45% of psychologists and 42% of psychiatrists. Finally, 81% of the social workers found their clinical

experience as a trainee to be helpful for their career as psychotherapists, compared to 76% of the psychologists and 60% of the psychiatrists.

In later surveys of psychologists and social workers, Norcross and Prochaska (1982, 1983) and Jerrell (1983) found that doctoral level psychologists experienced greater job satisfaction than those with only master's level training. Furthermore, social workers with a masters degree reported being significantly more content with their work than those with only a bachelors degree. Both studies concluded that while further training may be expected to increase a sense of preparedness and level of confidence and contentment, it may also result in other sources of satisfaction such as career advancement, greater autonomy, and increased status and recognition.

Evidence from these few studies (Henry et al. 1971, 1973; Jerrell, 1983; Norcross & Prochaska, 1982, 1983) suggests that a relationship does exist between the components of education and training and later career satisfaction. That is, those who felt most prepared for the work by their formal training were able to derive the greatest degree of satisfaction from their work. Conversely, those who reported that their preparation for the work had been inadequate tended to find clinical work less satisfying.

More recently Guy (1987) presented an excellent overview of the literature on graduate training for therapists. He observes that while it may be that many variables account for and contribute to a person becoming a competent therapist, such as differences in personality, motivation, and native ability, it is also likely that adequate training may increase the potential for satisfaction. Guy points to the need for further research into the effectiveness of training on later therapist satisfaction:

> In view of the surprising number of impaired practitioners and the high level of career dissatisfaction among practicing therapists, it seems reasonable to question the adequacy of present training programs in equipping individuals for the practice of psychotherapy, and screening out those unsuitable for the role of psychotherapist (p. 57).

No research could be located that examines the effectiveness of on-going professional training, and how this may contribute to a therapist's feelings of competency and career satisfaction. The issues of satisfaction with academic and clinical training and on-going professional training therefore, will be explored in this present study in regard to clinical social workers' satisfaction with their careers.

The Role of Personal Therapy

The tradition of personal therapy for therapists was first advocated by Freud (1937). "But where and how is the poor wretch (the trainee analyst) to acquire the ideal qualifications which he will need in this impossible profession? The answer is in an analysis of himself" (p. 352).

Psychoanalytic institutes and postgraduate psychotherapy schools generally highly recommend, if not require some form of personal psychotherapy for their students. This requirement is based on the unquestioned acceptance of the value of personal therapy in helping a student become a better therapist.

It continues to remain a widely held belief (Ford, 1963; Strupp, 1955; Wampler & Strupp 1976) that personal therapy helps to expose blind spots in the therapist and assists in resolving debilitating countertransference problems which might otherwise hinder therapeutic effectiveness. It is also a

widely held belief that by improving the therapist's ability for empathy and increased self-awareness, the quality of overall functioning of the therapist will be increased, resulting in positive benefits for the patient.

Whether or not personal therapy enhances the professional functioning and level of career satisfaction of therapists has not been established empirically. Guy (1987), in his review of the literature on this subject, comments that existing studies which link personal therapy with treatment outcomes are inconclusive. Surveys on the psychotherapists' perspective, however, have consistently found that the majority of therapists report that they have received considerable personal and professional benefits from their treatment (Buckley et al. 1981; Norcross & Prochaska, 1986; Shapiro, 1976).

Three major studies between 1971 and 1981 investigated therapists evaluations of their personal therapy. Henry (1971, 1973) specifically asked therapists to evaluate their personal therapy. Shapiro (1976) surveyed 122 analysts from the Columbia University Psychoanalytic Clinic one to twenty years post training. Buckley et al. (1981) surveyed 71 therapists, 76% who were analysts, with one to twenty years post training. Only Buckley et al. gave details of therapy outcomes: 94% of respondents reported improvements in self-esteem, 86% reported improvement in social and sex life, 89% reported characterological changes, and 73% reported symptomatic changes.

Henry (1971, 1973) reported that personal therapy appeared to have a greater influence on therapists personal lives than on their professional lives. Specifically, 33% of the respondents said the influence of personal therapy on their personal life was a major one compared to 32% who rated its influence on their personal life as nil. Only 14% of the respondents felt that personal therapy was a major influence on their professional life compared to 45%

who rated its influence on professional life as low. Shapiro found that 15% of analysts were unsatisfied with the results of their personal therapy, and several were still enraged many years after their therapy was terminated, feeling that it had been a total failure. Compare this to Goldberg's (1992) previously cited informal study, in which approximately half of the 64 therapists studied expressed dissatisfaction and disillusionment with personal therapy.

In Buckley's study many respondents reported that the training analysis and setting imposed substantial, and at times insurmountable burdens: 37% reported heavy, 20% moderate, and 15% minor emotional burdens. Of the 35 analysts reporting severe personal problems, 50% reported additional severe complications which they attributed to the training analyst or training setting. This report of stress, however, was found primarily among analysts who were dissatisfied with their training, while only one in eight satisfied therapists reported such difficulties.

All studies noted a tendency for the initial training analysis to be followed by further personal therapy: Henry reported 30% had further therapy, 15% had three therapies, and 5% had four or more personal therapies. The length of time devoted to further therapy is not specified. Even after three therapies, one third of this group were not satisfied with their personal therapy. Shapiro reported 10% of the very satisfied group, 20% of the satisfied group, and 40% of the unsatisfied group re-entered therapy. Buckley did not give specific statistics for further personal therapy, but noted that all therapists surveyed in the period five to ten years post-therapy reported experiencing frequent thoughts of returning to therapy.

Macaskill (1988) argues that these findings, although tentative in nature, leave no room for complacency regarding the value of personal

therapy for therapists, but they argue strongly for a critical reevaluation of its role since the literature suggests that many therapists do not take on easily the "patient" role. Macaskill comments that the findings of these studies parallel to a great extent the literature on psychotherapy outcome for patients. In both groups, the quality and quantity of research leave a great deal to be desired, and the findings for therapy outcome studies remain inconclusive.

It would appear that enhanced personal functioning is not retrievable or measurable in the current state of therapy effectiveness studies. Consequently, many questions remain unanswered by current research about the influence of personal therapy on the therapists' ability to perform their jobs. Macaskill argues that this is an area which could benefit from empirical research, using more stringent research designs and measures which could generate clinically useful information for therapists both as trainers and clinicians.

Although there is not much clear empirical evidence to date of the importance of personal therapy for therapists, the present study does focus on the role that personal therapy may have played in seasoned clinical social workers' reflections upon their ability to do the work, and its importance in regard to therapists' career satisfaction.

Practice Setting as a Condition of Satisfaction

A few studies have examined the differences in satisfaction of therapists who work in the private sector compared to those working in the public sector, (e.g. community and agency settings). Cherniss and Egnatios (1978) found that therapists working in community mental health centers were considerably less satisfied with their careers than a comparable group of

therapists working in the private sector. Reasons given for this finding included poor communication, lack of organization, ambiguity of roles, and inefficiency of the work environment in community mental health centers. Farber (1985) found similar patterns of dissatisfaction among psychologists he surveyed who worked in institutional settings.

Norcross and Prochaska (1983) found that independent practitioners who had left institutional or community mental health settings experienced higher levels of job satisfaction, which the practitioners attributed to achieving greater professional autonomy, freedom to specialize, and greater financial incentives.

Ott (1986) reports that therapists who diversified their clinical role to include supervision, consultation, teaching, administration, writing and research, experienced greater overall career satisfaction than therapists who were primarily clinicians. It would appear that for these individuals, the freedom to function in several roles and contexts reduced boredom and isolation while increasing energy and motivation.

In a previously cited study of 300 therapists in private practice, Tyron (1983) found that those therapists working in more than one clinical setting valued the resulting interaction with other colleagues, which reduced isolation or increased the variety of work.

The results of these studies suggest that therapists experience more satisfaction when they diversify their work and when they work in a variety of settings that cut down on negative aspects of isolation and avoidance of issues of increased bureaucracy. This study investigates the extent to which variety in setting leads to increased satisfaction for clinical social workers.

Choice of Psychotherapy as a Career

Since the person of the therapist constitutes his or her primary healing tool, it is important to review what has been established empirically and in the impressionistic literature about why people choose to become therapists, the kinds of backgrounds from which they come, the inner qualities and life experiences that are required to be successful and empathic in therapeutic work, and how these factors may be related to later career satisfaction.

Background of Psychotherapists

Impressionistic Accounts

Freud theorized that a strong desire to help others stemmed from longings resulting from childhood losses. Several authors (Burton, 1972; Maeder, 1989; Menninger, 1957,) have speculated that on the basis of their personal knowledge of therapists, whether through friendship, in training, or during clinical interviews, many people who subsequently become therapists grew up in rejecting or inadequate families, which led to what Menninger has called "a professional interest in lonely, eccentric, unloved people" (p. 104).

Several authors have made limited speculations during the past two decades about what draws people into the profession of psychotherapy (Burton, 1972; Goldberg, 1986, 1992; Henry, 1971, 1973; Maeder, 1989; Sussman 1992). All of these authors share the belief that the capacity to heal others comes from confronting one's own adversities. The concept of the "wounded healer" has become a commonly acceptable framework of interpretation for why people become therapists and has infiltrated much of the existing empirical research. There are consequently few other alternative explanations offered in the literature for choice of this career.

The image of the "wounded healer" has a venerable history. Anthropological studies of primitive cultures reveal that before becoming a healer or a shaman, an individual must undergo a period of intense distress and illness (Eliade, 1964: Guggenbuhl-Craig, 1991; Lommel, 1967). It is only by mastering such an intense crisis of physical and psychological suffering that the prospective shaman is believed to gain power to cure others.

Jung (1946) followed in this tradition by contending that therapists do not choose their profession by chance. Rather he believed that therapists were "called" to the profession, and could be effective only if, like the ancient shaman, they had transcended their own pain. The private pain of healers is thought to give them insight into and empathy for the distress of others, while the survival or victory over their afflictions gives them great power and authority over others. According to this theory, the psychotherapist is often regarded in modern western society as the latest descendent in a long line of healers or shamans that can be traced to prehistoric times. Bugental (1964) notes that the psychotherapist's ancestors include the witch doctor, wizard, priest, and family doctor. Such individuals have been assigned the task of bringing relief to community and individual suffering.

Based on his own observation and a review of the literature, it is Guy's (1987) impression that in some cases the therapist's own pain may serve as a motivator to become a healer in the hopes of relieving similar pain in others. Guy writes:

> . . . there may be a genuine wish to share the secrets of success with those in need. This may come out of a deep gratitude for the healing that one has received from another therapist/shaman. It may also come from the genuine wish to

> relieve the pain of others which empathically resonates with the psychic scars that remain within. For those psychotherapists who continue in psychic distress, there may be the wish to share vicariously in the healing of others when personal relief seems unattainable (p. 15).

The commonly accepted concept of the "wounded healer" within the psychiatric profession, however, could be viewed as a self-fulfilling hypothesis which has been perpetuated from within the profession. For example, in the first study to look at why people choose to become psychotherapists, Holt and Luborsky (1958) solicited opinions of a nation-wide sample of psychoanalysts involved in the selection of psychiatric residents. According to the respondents of the study, the qualities that were sought for in the resident applicants was a history that included childhood trauma, early childhood illness of self or a sibling, a severe illness of the mother during latency, and a stormy rebellious adolescence. Eisendorfer (1959), based on his experience of serving on the admissions committee of the New York Psychoanalytic Institute for ten years, concurred with Holt and Luborsky. He reports that in the selection of candidates, the determination of suitability of applicants involved the degree of perception of their inner conflicts, in addition to the awareness that their need to treat others stemmed from a personal need for self-therapy. Greenacre (1961), in a critical review of the literature on the selection of psychoanalytic candidates, concluded that neurosis, as long as it is analyzable, can be an asset, not a handicap. Rather, she suggests, it " . . . might furnish effective motivation and add to psychoanalytic sensitivity" (p. 53).

Menninger (1957) on the other hand, is one of the few psychoanalytic writers to speculate that the motivations for becoming a healer do not have to derive from negative or pathological sources. He writes:

> To assume the positive is only a reaction to the negative is one of our professional psychiatric fallacies. There are positive motivations in the human spirit not born of fear and guilt and hate, but of life and love. . . . Healing is more than repairing, more than destroying; it is creating (p. 495).

Brenner (1985), utilizing classical Freudian drive theory speculates that people who choose to become therapists are people who are preoccupied with pain and a desire to watch others suffer. He postulates that a reaction formation is then developed in defence against the desire to see others suffer. This is satisfied on the one hand by assuring the patient of the need to experience the pain of suffering as part of the healing process, and then defensively guarding against the anxiety and depression that comes about as a reaction formation in the countertransference.

As early as 1913, Jones suggested that many who are drawn to the healing professions do so out of unconscious feelings of superiority. He writes that the feelings of superiority are characterized by fantasies of omnipotence and a "colossal narcissism" (p. 247). This shows as excessive modesty, self-effacement, aloofness, and the tendency to "cloak oneself in mystery," all fully compatible with the stereotypical role of the analyst. Based on his personal observations, Marmor (1953) concurs with Jones about the role of feelings of superiority in the practice of psychotherapy.

Grief (1985), writing of masochism in the therapist contends that a frequently observed motive to become a therapist involves a "deep and

abiding wish not only to cure oneself but also to heal the suffering of one's parents" (p.491). Noting that the wish to cure the parents is typically manifested in a highly sublimated form, he states that it is associated with a profound sense of the interdependence and mutuality between people, a perspective that serves the therapist well. Searles (1966) concurs with the above formulation, speculating that people may become therapists on the basis of guilt; unconscious guilt that is derived from failing to cure one's parents. Winnicott (1986) viewed the constructive activity of healing as largely fueled by the dynamic of unconscious guilt and the need for reparation. He speculates that by treating and helping others, the person who becomes a therapist fends off their own potential guilt or paranoia.

Empirical Studies

The results of several studies (Burton 1972; Henry 1971,1973; Sussman 1992) agree with the impressionistic literature and have suggested that early family life experiences may predispose some toward this vocation. This concept was first studied systematically by the previously cited study of Henry et al. (1971, 1973) who included in their study of over 4000 mental health professionals questions related to family background and reasons for choosing to become a therapist. Based on a 60% response to their questionnaires, the researchers, with confidence, have generalized their results to the total mental health population.

The research revealed striking homogeneity among all therapists in the four mental health disciplines with regard to personality development, family background, cultural origin, social class, religious background, and political leanings. The study suggested that people who became psychotherapists were highly overrepresented by people from urban centers,

were eldest children, from predominantly Jewish backgrounds and from families of eastern European origin.

In Henry et al's studies, therapists described their primary role in their family of origin as that of caretaker. They provided parenting, nurturing, and caretaking for those family members who were experiencing varying degrees of physical or emotional disability, whether this involved a parent or a sibling. In this manner, they were likely to be highly sensitive, intuitive, and received praise and nurturance only after adequately performing parenting functions. Although some of their results lean towards supporting the "wounded healer" theory, the authors argue against it. Instead, they emphasize the altruistic "helping" aspects of a person's motivation for becoming a psychotherapist.

Sussman (1992), examined the unconscious motivations of people who chose psychotherapy as a career. In this qualitative study, Sussman interviewed nine subjects. Three were doctoral candidates in clinical psychology, three were psychologists, two were psychiatrists, and only one was a social worker.

Sussman interprets therapists' motivations for career choice based on traditional classical drive theory, object relations theory, and self psychology. Some of the dynamics which are made available by these theories are sadistic and masochistic tendencies, maternal identification, strong narcissistic needs for omnipotence, sensitivity to the unconscious needs of others, strong dependency needs, and unconscious rescue fantasies. He suggests a host of unconscious motivations of a more pessimistic and pathological nature beyond the conscious, benevolent and altruistic motivations found by Henry et al., twenty years earlier.

Sussman's premise is that once therapists' personal conflicts are resolved through the process of their own personal therapy, then therapists can become more effective healers of others. He strongly subscribes to the notion, as did Jung (1946), that psychotherapists need to be fully cognizant of their motives for practicing psychotherapy. Sussman summarizes the major finding and conclusion of his study:

> . . . there appears to be broad consensus that, regardless of primary discipline, a major determinant for becoming a therapist involves the conscious and/or unconscious wish to resolve one's own emotional conflicts. Those who choose to enter the profession typically manifest significant psychopathology of their own, which, if sufficiently understood and mastered, may actually enhance their ability to understand and help their clients. From this perspective, personal suffering is a prerequisite for the development of empathy and compassion that characterize competent therapists (p. 34-35).

Burton's previously cited autobiographical study (1972), concluded that the majority of the prominent practitioners he studied were given heavy responsibilities for maintaining family happiness during their childhood and adolescence. Burton posits the notion that professional functioning serves to compensate for therapists interpersonal conflicts derived from their families of origin. From these autobiographical accounts written by Carl Rogers, Albert Ellis, Rueben Fine and nine other prominent clinicians, Burton concluded that:

> . . . therapists come mostly from disrupted or disjointed families, often with the father physically or psychically absent, the therapist-to-be were delegated the task of assuring the fate and fulfillment of the family. They became, and are, the family nurturer. They had a very low threshold for family argument, family pain, and could not bind it. This is a sometimes subtle thing, but the important point is that all therapists [in his study] recall something like this in their background (p. 17).

Burton suggests that psychotherapists are of a certain temperament, such that long periods of solitude are not only tolerated, but frequently sought. This solitude is viewed as instrumental in the practitioners' work. Carl Rogers reiterates again and again in his autobiography how he preferred to read rather than seek the company of his fellow mill workers in his youth. Burton comments:

> It is not that therapists are uncomfortable with the social scene but that their inner life is so much richer than the often ritualized allegro which passes for social life. . . . We call this quality of existence 'passionate loneliness' and I believe that therapists do indeed feel more lonely than other people (p. 11).

In several studies (Henry, 1966; Henry et.al., 1971, 1973; McCarley, 1975; Rascusin, Abramowitz & Winter, 1981; Raskin, 1978) many therapists reported that they entered the profession in order to fulfill some of their deeper needs for closeness and intimacy due to a sense of isolation that was prevalent during their childhood. Henry et al. (1973) found that over 60% of the several thousand therapists surveyed reported that they had few friends

as adolescents and young adults and felt somewhat isolated from others. For some, this seemed to result from their birth into marginal social, socioeconomic, or religious groups, heightening their sense of "apartness" (Henry, 1966). This led to a recurrent feeling of being "different" from others, a theme frequently reported by therapists recalling their childhood.

Burton reported that therapists in his study often recalled having felt isolated from other family members due to conflicts and discord. Harris (1976) in an unpublished doctoral dissertation on the childhood experiences of child psychotherapists considered these childhood deprivations to be the "hallmark" of therapists. Holt and Luborsky (1958) in their previously cited study suggested that some are motivated to pursue a career in psychotherapy to compensate for the lack of early emotional satisfaction needs related to family of origin.

Maeder (1989) interviewed two hundred children of psychotherapists for a book he wrote on this subject. His study concluded that often the secret goal of the therapist in psychotherapy is to continue in the familiar role of family supporter. Maeder (1989) writes:

> They paint portraits of their therapist parents as exceptionally lonely and unhappy, socially ostracized at school and abused at home, either psychologically or, sometimes, physically. They were people who had been ill at ease with themselves and with others, who sought through association with the world of adults and a retreat into the world of the intellect, and ultimately through the field of psychotherapy to understand and manage their misery and to protect themselves and their families (p.75).

Likewise, Racusin, Abramowitz and Winter (1981) who intensively interviewed 14 therapists about their childhoods describe a number of therapists whose secret goal was to continue in their family-of-origin role of family supporter. Racusin et al. write "therapists were perhaps defined by their families as affectively or 'therapeutically' oriented, singled out for their effectiveness in dealing with the emotional life, and labeled by other family members as confidants or counselors" (p. 276).

The Development of Psychological-Mindedness

The results of several studies suggest that the development of psychological-mindedness during childhood, brought about by a series of particular external events, prepares and facilitates entry into the mental health field, and is itself reinforced by years of participation in the psychotherapeutic process, which ultimately becomes the primary framework for understanding and dealing with life and personal events. As many authors have commented, (Guy, 1987; Henry et al. 1971, 1973; Schaffer, 1983) psychotherapy is not just a job or an occupation, but it becomes a way of organizing data and life experience. Psychological-mindedness or the impressionistic formulations of a "second self" (Schaffer, 1983) or an "internal supervisor" (Casement, 1991) can be seen as a double-edged sword in that it may also have the potential for interfering in the therapist's personal relationships with friends and family (Bermak, 1977; Cray & Cray, 1977; Maeder, 1989).

In an unpublished doctoral dissertation, Di Raffeal (1990), examined the early life experiences of eight seasoned therapists and found that all of her subjects had been very bright and curious as children, developing a proclivity for self-reflection very early in life. Her subjects all reported experiencing a

very rich inner-life as children, and developing intuition and a sense of psychological-mindedness from a very early age. Di Raffael concluded that empathic therapists are made, not born: "While certain personality traits may predispose an empathic ability, it appears to be the development of specific kinds of experiences and the development of unique skills that shape the capacity to use empathy in a unique way" (p. 134).

Likewise, Farber (1983) in his previously cited study of therapist satisfaction emphasized that those who are attracted to the mental health field have generally possessed qualities of psychological-mindedness from a very early age. He defines psychological-mindedness as "a trait which has at its core the disposition to reflect on the meaning and motivation of behavior, thoughts, and feelings of oneself and others" (p. 170). Farber and Di Raffael thus concur in the belief that the capacity for empathy and psychological mindedness grows and develops out of particular early childhood experiences. Other studies agree.

Henry (1966), for example, noted that psychotherapists tend to have backgrounds that lead them to experience a "heightened awareness of inner events" (p.49). Sharaf (1960), in an unpublished dissertation, reported that people who chose the profession of psychiatry as a specialty were more introspective than other medical students.

Both Sharaf and Farber (1985) suggested that men who became therapists often reported that their mothers tended to inappropriately disclose the nature and extent of their marital problems to the child, thus making the child a confidant and fostering an early sense of psychological-mindedness which made psychotherapy a likely career choice. Farber (1983) suggests that the predisposition toward psychological-mindedness is then intensified from childhood by a lengthy period of professional socialization during which

many years are spent as a student, therapist and patient. The work day is spent in face-to-face contact with patients, where courses and workshops are geared to professional advancement, where friends are fellow mental health professionals, and where whatever free time is available is spent reading professional books and journals. The individual is thus "immersed in a psychological world" (p. 180). Farber comments that over time, the tendency to adopt a psychotherapeutic perspective "may become a reflexive, if defensive, reaction to professional and personal stresses, a familiar, predictable, and organized system of ordering the world" (p.181).

By adopting a psychotherapeutic stance in all aspects of life however, Henry (1973) noted a "distancing aura" characterized in many therapists interactions with their spouses and children. Cray and Cray (1977), Maeder (1989) and others also found that therapists are often extremely consumed by their work, leaving little time for their families and outside interests, thus potentially engendering personal stress. Maeder writes that many of the children of therapists that he interviewed often felt neglected by their therapist parent and harbored a secret wish to be a patient.

Goldberg (1992), based on his own observations and the research of Henry and colleagues (1973) concurs with Burton, Maeder and Rascusin and colleagues. He concluded that a person's career decision to become a psychotherapist is not a conscious and rational vocational choice, but is primarily:

> . . . molded in childhood whose early experiences left him/her with a certain residue of impotence in the face of human suffering. . . . Responding to the calling of being a psychotherapist suggests the role of being responsive to the

> emotional substratum human experience is central to the identity of the practitioner (p. 58).

Some researchers like Friedman (1971) suggest that the process of the internalization of the caretaking role and the development of psychological-mindedness from an early age, was a very important step towards entry into the profession of psychotherapy. By learning to be sensitive to the needs of others while abstaining from overt attempts to express and meet one's own emotional needs, the child learned to adopt a certain style of relating which may have made the career choice of psychotherapist logical, comfortable and familiar. Friedman goes further to suggest that the family of origin of the therapist-to-be may have encouraged this career choice perhaps in the hopes of guaranteeing that the role of "family counselor " would become a permanent one, thus meeting the family's emotional needs forever.

Further support for this notion is noted in a study focusing on the difficulties of being simultaneously in psychology training and treatment. Kaslow and Friedman (1984), reporting on their interviews with fourteen clinical psychology graduate students, state that "a number of trainees referred to the unexpected unearthing of their rescue fantasies" (p.42). Gutheil (1989) views rescue fantasies as nearly universal among trainees, and suggests that they are especially likely to emerge when treating patients with borderline personality disorder.

There are other studies that provide support for the notion that people who become psychotherapists tend to have experienced a high level of emotional and interpersonal stress within their families of origin which may have contributed to the development of psychological-mindedness. Two studies focused on how the subjects perceived their parents during childhood.

Frank and Paris (1987) report that psychiatrists, when compared to non-psychiatrist physicians, rate themselves as having been significantly more disappointed in their parents. Harris (1976) interviewed a small sample of child psychotherapists and found they tended to perceive their parents in negative terms, seeing them as unempathic, and largely unaware or unresponsive to their emotional needs as children.

Goldberg (1991) noted that the psychotherapist's character, because it gives his or her life purpose and direction, has been forged from a need to care for others and at the same time from a feeling of shame for addressing his or her own immediate and long-term needs.

> The very significant rates of burn-out, deep depression, broken relationships, and suicide among psychotherapists attest to the ambivalence many have about their own well-being. . . . practitioners in Western society often deny in themselves the very issues they are concerned about in their clients (p. xxi).

Bermak (1977) surveyed 75 psychiatrists in the San Francisco Bay Area by questionnaire. Results of the study supported previously cited studies by Burton (1972), Goldberg (1991, 1992), Henry (1971, 1973), and Sussman (1992), suggesting that psychiatrists do have special emotional problems that are specific to them and their work. More than 90% of the psychiatrists reported that they and their colleagues experienced a wide variety of mental illness. The general conclusions of these reviewed studies are cogently summarized by Sussman (1992):

> Having emotional problems of one's own may not actually be a prerequisite or an advantage for a psychotherapist, but it is clear

> that having had problems is not itself a handicap, as long as those problems have been recognized, confronted, and successfully resolved (p.77).

In summary, current research and the impressionistic literature strongly suggests that the parents of future therapists were typically emotionally unresponsive and unable to meet the emotional needs of the child. As a result, this leads to the speculation that the career choice of psychotherapy is the predisposed outcome of early deprivation, in an effort to provide the closeness and intimacy lacking in the child's relationship with his or her parents.

While one can hope that the motives that prompt the "wounded" to become "healers" are professionally and personally functional rather than dysfunctional, the actual impact of such motives remains to be determined. At best their shamanic nature may leave them suspect. In cases where the motivating pain is sufficiently resolved through training and subsequent experience associated with the role of psychotherapist, the therapist may become a very effective clinician. However, in cases where the motivating personal distress is too severe, or sufficiently unresponsive to the inherent "healing" aspects of a career in psychotherapy, the impact on professional and personal functioning may be negative.

No studies could be located that compare therapists with people in other occupations. The absence of comparable data from members of other helping professions suggests that people might be motivated to become "healers" for other and more complex reasons than these reviewed theories have alluded to. Again, it could be argued that the "wounded healer" is a self-fulfilling prophecy which has been propagated from within the

profession itself. Since all people are inherently human, and all people inevitably have some problematic aspects of themselves, it is a reasonable assumption that few people can experience childhood or life without being "wounded" in some fashion or another.

Not all "wounded" people become "healers" of the psyche. Working as a therapist however, inevitably puts the person in the situation of having to confront problematic areas of their lives during the course of their career, because issues of countertransference inevitably bring them to the surface. If not dealt with in supervision or personal therapy, this can severely inhibit or interfere with the therapeutic process.

The focus of this present study is not necessarily to investigate or confirm "wounded healer" speculations. The issue is explored with participants in the present study only with regard to how they viewed their entry into the profession and how it may have related to later career satisfaction.

Choice of Theoretical Orientation

Therapist career satisfaction may be affected by the choice and mastery of a particular theoretical orientation that serves to guide and inform the therapist's view of psychopathology and treatment. Adopting a theoretical orientation usually represents a familiarity with and a commitment to a certain set of presuppositions regarding human nature and behavior. Specific views on issues such as free will versus determinism, nature versus nurture, the importance of childhood experiences versus later experiences, the uniqueness of each individual versus the universality of human behavior, the belief that motivations are based on physiological needs versus higher aspirations, and optimism versus pessimism regarding human nature have

all been systematized into identifiable, comprehensive theories of personality (Schultz, 1981). Individuals such as Freud, Jung, Adler, Horney, Fromm, Sullivan, Rogers, Maslow, Skinner, Bandura, Kohut and Kernberg, as well as numerous others, have formulated rather complex theories concerning personality development and the etiology of psychopathology. Out of these theories have emerged uniquely different perspectives on treatment goals and techniques.

It has been suggested that the choice of the personality theory and its corresponding therapeutic approach is the result of a very complex process involving many factors and influences (Guy, 1987). The resolution of this decision process is an important rite of passage in the development of the practicing professional. Career satisfaction may depend on the therapist finding a theoretical orientation that is a good fit with his or her personality, philosophy and general belief system.

Impressionistic literature

From personal experience and impressions from the profession, Schaffer (1979), postulates that theoretical orientation is not simply a theory of human behavior for the therapist. Instead, it is a world-view which colors and influences the therapists' perceptions and perspectives, providing frameworks for organizing data and life experiences both inside and outside the consulting room. Henry (1966) suggests that the career of a therapist is a "commitment to a lifestyle, as well as an investment in a line of work" (p. 54). Guy (1987) also makes the observation that the profession of psychotherapy is more than just an occupation to many who practice it. He concurs with Schaffer in describing theoretical orientation as a way of thinking,

interpreting and understanding events, emotions and behaviors, personally and in patients, family and friends.

Jasnow (1978) speculated that the choice of theoretical orientation is the result of personality characteristics related to the distinction between the therapist as scientist or artist. Jasnow notes that when the therapist has chosen a particular theoretical orientation based on the goodness of fit with his or her personality dynamics, life experience and viewpoints of meaningful others, there is likely to be a huge investment in that choice. This may or may not lead to a tendency to regard other viewpoints as foreign, erroneous, and threatening.

Kohut (1985) also suggested that there may be a great deal of self-esteem and self-definition reflected in the almost universal need among therapists to defend their personal theoretical orientation ardently against questions, challenges and criticisms of colleagues and sometimes patients. Hence the impressionistic literature suggests that a theoretical orientation results in considerable commitment to its ideals, and once attained may be rigidly defended. The literature however, says little about theoretical orientation and therapist career satisfaction.

Empirical Studies

In their study on the evolution of the therapist, Skovholt and Ronnestad (1992) found that personality characteristics seem to be central to the therapist finding a comfortable "fit" with a particular theoretical orientation. They noted that psychodynamically oriented therapists are drawn to affect, philosophical issues, and introspective ways of understanding and improving human life. They found that people attracted to behavioral and cognitive psychotherapy seem to be drawn much more to rationality and

cognition, tending to be pragmatic rather than philosophical, and oriented to action more than reflection.

Stiener (1978) identified several components that were important in determining how a theoretical orientation is selected. The most important factor was the theoretical orientation of the therapist's own personal psychotherapist. This was followed by course work and readings both in graduate and postgraduate training. The theoretical orientation of clinical supervisors was ranked the least important influence.

In a related study, Norcross and Prochaska (1983) suggested that therapists do not tend to select a theoretical orientation as a result of inexplicable circumstances. On the contrary, these researchers suggest that this choice appears to be the result of deliberate preferences predicated on personal and clinical values, postgraduate training, life experiences, and internship experiences.

Barron (1978) and Szalita (1985) both support the notion that the most influential factors in the selection of a theoretical orientation are the personality dynamics and characteristics of the neophyte therapist in training. Barron notes:

> . . . for the psychotherapist, his or her methods and techniques are inseparable from his or her qualities as a person. Undoubtedly this is why we find many parochialisms - a selection of doctrines, conceptualizations, and methods of operation that are congruent with the personality of the therapist (p.310).

A few studies have attempted to identify the personality factors associated with particular choice of theoretical orientations (Tremblay,

Herron and Schultz, 1986; Watson 1978), but none could be located that linked choice of theoretical orientation and subsequent career satisfaction. In addition, no data could be located to determine if choice of theoretical orientation undergoes significant changes during the course of a therapist's career. Hence the empirical literature suggests that the choice of theoretical orientation has its origin in many complex personality factors. However, there has been no research to date investigating the relation between choice of theoretical orientation and career satisfaction.

In summary, while much remains to be learned regarding the process of adopting a theoretical orientation in the practice of psychotherapy, it is clear that this decision has a significant impact on the personal and professional life of the psychotherapist. More importantly, it may well shape one's experience of self. How this may relate to career satisfaction is examined in this present study.

Summary

One of the major difficulties concerning the literature just reviewed is that there is considerable variability in the samples. In addition there is a lack of comparability among the various professions practicing psychotherapy.

There does appear to be consensus in the literature, however, that many people who become therapists clearly had "troubled" childhoods. They are often attracted to the profession of psychotherapy from a desire to heal the self through the process of healing others, being predisposed to the role of healer from their family of origin. No research could be located that disagreed with this hypothesis or suggested that people may be attracted to the profession for purely humanitarian or altruistic motives, except for the early

work of Henry et al. (1971, 1973) where many stated that they were attracted to the profession out of a desire "to help" people. If it is indeed the case that the majority of people who become therapists experienced a troubled beginning in life, then the question remains: is a wounded or difficult childhood or adolescence a prerequisite for succeeding and gaining satisfaction as an effective healer in the field? This issue is one of the many areas that is explored in this present study with regard to clinical social workers.

In conclusion, there does not appear to be clear agreement in the literature about what constitutes career satisfaction in psychotherapists, specifically seasoned clinical social workers. Little is known about the positive, sustaining aspects of the work, the rewards and the gratifications. Many studies tend to be pessimistic about the difficulties of a career in psychotherapy, and tend to overpathologize and overdetermine a person's reasons for entering the profession and wanting to help others. In the absence of alternative comparable data, more research is needed before confident conclusions can be drawn about this controversial issue. Very few studies have addressed the issue of why therapists stay in the profession and what sustains them through their working lives. It is hoped that this qualitative study will provide some rich description of the rewards, gratification and sustaining aspects of a career in clinical social work.

CHAPTER III

METHODS OF INVESTIGATION

This was an exploratory study of career satisfaction in psychotherapists. Specifically it examined why seasoned clinical social workers chose to remain in the profession of psychotherapy during the course of their careers, and how the overall satisfactions of the work are perceived. The study looked for common traits or life experiences which may have contributed to or enriched the seasoned clinical social worker's capacity, enabling them to be successful and to be gratified by practicing psychotherapy. It also examined how these individuals perceived that they may have been changed or transformed by their work experience over the course of their careers.

Methodological Approach and Research Design

This was an hypothesis generating study based on the "Constant Comparative" method of qualitative data analysis (Glaser and Strauss 1967). This method does not begin with pre-set categories derived from hypotheses as in more traditional quantitative research. Instead the researcher remains open to the empirical data gathered through interviews with exemplar informants (Glaser and Strauss, 1967; Patton, 1990). In keeping with this qualitative approach, open-ended, semi-structured interviews as described by Mishler (1986) are uniquely suited, since they do not pre-determine categories of response. These interviews allow each informant to tell his/her story, maximizing the range of possible responses, providing rich information within a flexible framework which allows for individual differences and

nuances, while keeping the research investigation focused on the experience in question.

This researcher began this project with her own personal observations of the phenomena to be investigated (as described in Chapter 1) and this knowledge was used as a frame of orientation for the proposed investigation. In the grounded theory approach the psychotherapists to be interviewed are viewed as "participants" or "informants" rather than "subjects", and provide a rich source of data for this inquiry.

The study's data consisted of spontaneous descriptions of seasoned therapists' experiences of career satisfaction, which were prompted and obtained from this researcher's open-ended questions. Such questions invite narrative descriptions which were organized within a framework of the research interests. The interviews provided a form of "discourse" between the interviewer and the interviewee. Mishler describes "discourse" as events of speech whose meaning and structure are contextually grounded and constructed jointly by the interviewer and interviewees. This is a different approach from more traditional psychological research in which the question and answer format of a semi-structured interview is not viewed as a discourse, but more as an analog of stimulus and response to pre-determined variables and hypotheses. In more traditional research, the researcher is attempting to elicit information to prove or disprove an hypothesis. Such a research design would contain questions that are carefully worded with the intention of taking each respondent through an identical sequence with questions that are asked with essentially identical sequence and wording.

Mishler has criticized this traditional approach as suppressing the discourse and context of interviews rather than encouraging spontaneity, because the efforts to standardize questions are attempts to offer the

informants exactly the same "stimuli" so that responses can be technically coded and analyzed with elaborate statistical procedures. Mishler argues that for the study of central questions in the social and behavioral sciences, the traditional approach to interviewing is inappropriate in terms of how individuals organize, perceive, express and give meaning to their experiences and understanding, of their worlds.

Glaser & Strauss's (1967) "Constant Comparative" method was utilized to analyze and interpret the data in such a way that each informant's responses was cross-compared to the data among all the individuals in the study. The individual quality of each response was important to insure the validity of comparison. Polkinghorne (1989) posits that the face-to-face interaction of the interview allows the researcher to help the respondents, in this case psychotherapists, move toward less theoretical descriptions which accurately reflect their experience.

Validity and Reliability

In a discussion of internal validity of qualitative research Mishler (1986) questioned the assumption that there is only "one 'true' interpretation of an array of data" (p.110). Mishler posits that the interview itself can provide a check upon validity of interpretation through interactive discourse. "It has become clear that the critical issue is not the determination of one singular and absolute 'truth' but the assessment of the relative plausibility of an interpretation when compared with other specific and potentially plausible alternative interpretations "(p. 112).

Mishler supports Cook and Campbell's (1979) view of the concept of validity in qualitative research: "the best available approximation of the truth

or falsity of propositions, including propositions about cause should always use the modifier 'approximately' when referring to validity, since we can never know what is 'true'" (p. 37).

Patton (1990) postulates that "qualitative methods can be used both to discover what is happening and then to verify what has been discovered" (p. 47). This process is described as "a moving back and forth between induction and deduction, between experience and reflection on experience, and between greater and lesser degrees of naturalistic inquiry" (p. 47).

It is Mishler's contention that the sense of precision provided by traditional statistical and analytic research is illusory because elaborate technical methods tend to obscure rather than illuminate the central problem in the interpretation of interviews, namely the relationships between discourse and meaning. Glaser and Strauss posit that the main purpose of grounded theory research is "to generate theory, not to establish verifications with the 'facts'" (p. 48).

Participants

Nature of the Sample

This study focused on the description of personal experiences of career satisfaction in specially chosen seasoned psychotherapists, rather than on a delineation of their characteristics as a group (Polkinghorne, 1987). "Exemplar" or purposeful sampling was utilized as it allows for selecting information - rich cases which illuminate the question under study. "Maximum variation sampling" as described by Patton (1990, p. 172), was also used. The aim of this procedure is to discover the central themes of the experience across personal variations. The strength of maximum variation

sampling is that any common patterns emerging from a very varied sample will be of significant value in capturing the core experiences. Patton contends that selecting a small diverse sample will produce two kinds of findings. One will be a varied, detailed description of each case, which is useful for describing individual differences. The second will be "shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity" (p. 172).

Participants were selected with the goal of obtaining data that is richly varied and informative to the study under investigation. It was hoped that this interview format would provide the setting for informants to be frank and open, and to be rich, responsible and reliable sources of information. The assumption proved to be true.

The data for this study was obtained from ten seasoned psychotherapists. The psychotherapists were psychodynamically-oriented clinical social workers of both genders, from the private and public sector, with a minimum of 15 years clinical experience. Prerequisites for acceptance in the study was that all participants should have a minimum of 15 years direct clinical experience, be of a psychodynamic theoretical orientation, and have undergone their own personal therapy or analysis. The specific data that was analyzed was the therapists' descriptions and reflections upon their experience of their careers as obtained by this researcher's in-depth, open-ended interviews. Each psychotherapist described unique experiences, feelings and beliefs in relation to career satisfaction that were then discernible for qualitative analysis.

Since the purpose of this study was to generate theory rather than to statistically verify a hypothesis or to generalize the results from this sample population to a larger population, a random and statistically representative

sample was not necessary. Patton (1990) states: "the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with the sample size" (p. 184-185).

Glaser & Strauss and Strauss & Corbin contend that data should be collected until emerging categories are saturated. Lincoln and Guba (1985) posit that the sample selection should continue "to the point of redundancy" (Reported in Patton, p.185).

This researcher believed initially that a sample size of between 9 and 13 cases would be required for this study. This was a preliminary estimate that could have changed as data was gathered. Saturation of emerging categories was the final determination of sample size. That is, when no new information emerges from new sample cases, data collection is terminated. Saturation occurred after analysis of the data from the tenth participant.

Criteria for Selection

One of the most important criteria for selection of an informant was that satisfaction with their career must have been expressed. Participants in this study were chosen for their ability to function as informants who could provide rich descriptions of their experience of career satisfaction. Clinical social workers of both genders, from both the public and the private sector, who had chosen to remain in the profession for a minimum of 15 years, and had experienced their own personal therapy or analysis were recruited. It is this researcher's bias that seasoned clinical social workers who profess allegiance to a psychodynamic theoretical orientation would hold a repository of rich information that this researcher was looking for. Such individuals seem to be drawn to affect, philosophical issues, and introspective ways of

understanding and improving human life. Older, more experienced therapists were also expected to possess qualities of accumulated experience, wisdom, self-confidence, and an acceptance of self that would not be expected of a younger, more inexperienced therapist. It is also this researcher's bias that therapists who have experienced their own personal analysis or therapy would be more introspective and more consciously aware of their reasons for staying in the profession.

Recruitment

Psychotherapists were recruited through personal networking by the researcher. They were not personal associates or previously known to the researcher. They were selected by recommendation of alumni from the California Institute of Clinical Social Work and from a directory of Board Certified Diplomats in Clinical Social Work from the American Board of Examiners in Clinical Social Work.

Twenty potential participants were contacted through a letter from the researcher (see Appendix A) containing a brief statement about the intent and significance of the study. The package also contained a brief Personal Information Form (see Appendix B) which requested biographical data regarding age, gender, education, years in clinical practice, personal therapy, theoretical orientation, practice setting and very brief general questions about satisfactions and difficulties of the work. Written answers to this screening device were used later as data. Psychotherapists who were interested in participating in the study were asked to complete this form, and to return it to the researcher in a pre-addressed stamped envelope within three weeks. Eighteen therapists returned the completed form. Ten prospective respondents were screened and chosen on the basis of their expressed

satisfaction with career choice, professing a psychodynamic theoretical orientation, length of time in clinical practice and personal therapy, age, gender, and professional setting.

It was hoped that approximately half the participants would be from the private sector, and half from public or agency sector. Ratio of gender was planned to be approximately two-thirds female, and one-third male, the general ratio of females to males in the profession of social work as a whole. Four men and six women were chosen, three from the public sector, and the remaining seven from the private sector. It should be noted, however, that most participants in private practice had worked in the public sector for an average of ten or more years before entering into private practice.

Ten psychotherapists were contacted by telephone and informed that they had meet the criteria for the study and had been chosen to be interviewed. Once telephone contact had been established, the researcher verified that the participant had met the selection criteria. The researcher then re-iterated the nature and purpose of the study, the length of the interview and the nature of the audio-taping. Confidentiality and anonymity of the prospective participant was assured by the researcher, who then asked the prospective participant if he/she would be willing to sign an informed consent form which was then read aloud (Appendix C). The actual signing of the consent form took place at the time of and prior to the scheduled interview. If the prospective participant agreed during this initial telephone contact to sign a consent form, an appointment time was then set which was mutually agreeable to both.

A reserve of five respondents were contacted by letter, thanking them for their response and willingness to take part in the study. The letter contained an explanation that their participation was not immediately

needed but that if the need changed as the project progressed, that they may possibly be contacted again by telephone. This was not necessary.

It was expected that a positive response to recruitment and voluntary cooperation would be achieved due to the interest of the topic under review, which was anticipated to have personal meaning for all who participated. Eighteen out of twenty potential participants did in fact respond.

Data Collection

The Interview Process

In this present study, the open-ended, semi-structured interview as advocated by Mishler (1986) was chosen as the most appropriate and useful way to explore each participants' subjective experience of career satisfaction in psychotherapy. In describing the nature of the interview process and its role in qualitative research, Patton (1990) writes: "The purpose of interviewing, then, is to allow us to enter into the other person's perspective. The assumption is that perspective is meaningful, knowable, and able to be made explicit" (p.196). The interview, as the method of data collection, makes it possible for the interviewee to bring the researcher into his or her world. The researcher than attempts to examine how the participant's understandings are related to their personal circumstances and their social and cultural worlds.

The purpose of the interview was to elicit natural, free-flowing, but focused conversation, and to increase the comprehensiveness of the data. The researcher did not supply or pre-determine the phrases or categories that may be used by respondents to express themselves. As described by Mishler, the role of the researcher in this interview process is that of both listener and

a participant, and the psychotherapist participants were invited into the interviews as collaborators in the process of discovery. The researcher encouraged each respondent to talk freely and endeavored to establish a rapport that enhanced freedom of self-expression. This in turn facilitated exploration through inquiry and clarification of the material presented, while maintaining focus with a sensitivity to the richness of expansion.

The Interview Guide

The Preliminary Interview Guide was prepared (see Appendix D) to assure that basically the same information was covered in each of the interviews. The probe questions under each topic were to aid the interviewer rather than to structure the participants' story. It is not necessary in this format to cover topics and probe questions in a specific linear order.

New unanticipated topics which emerged during the course of the interviews, in keeping with the "Constant Comparative" method, were incorporated into the interview guide in order to further inform the investigation. It was hoped that this flexible approach in the interviews would encourage participants to elaborate on their experience and allow new understandings to emerge and evolve.

Each participant was interviewed for approximately one to one and a half hours in their private offices. Each was asked permission for a second interview should this later be deemed necessary for clarification and/or exploration of new topic areas and emergent hypotheses. This was not found to be necessary.

The researcher began with a general opening statement reiterating the purpose of the research and asking the participant to read and sign the consent form. "First I want to thank you for helping me with my research.

The interview will last approximately 60 to 90 minutes. During this time I hope that you will talk candidly with me about your experience of career satisfaction in the field of clinical social work".

The participant was then invited to begin telling his/her story: "The career of psychotherapy has been portrayed by some as very difficult or emotionally draining work. As an experienced social worker, could you tell me about your experience of being a therapist, what the satisfactions have been, what particularly gratifies you about the work, and what initially attracted you to the profession of clinical social work". This provided an initial framework assisting the participants to begin organizing thoughts and feelings about the experience and inviting them to reflect in a retrospective manner.

The Topics of the Interview Guide

The following topics aided and guided the researcher and provided an initial framework for discussion and elaboration. These topics were suggested by the literature, the researcher's experience, and informal conversations with colleagues and associates.

Satisfactions and gratifications. The purpose of this topic was to elicit detailed information about what the participant felt had contributed to his/her particular experience of career satisfaction and gratification with the work, and to examine the impact theoretical orientation, formal education, professional training, personal therapy and professional setting have had on the participant's career satisfaction and gratification.

Difficulties/Dissatisfactions of the Career. In addition to career satisfactions, it was assumed that there may have been difficulties along the way. Probe questions in this section were designed to highlight specific difficulties or dissatisfactions of the participant's career and to gain information about how these difficulties were overcome.

Reasons for Remaining in the Profession. It was important to learn the reasons why seasoned therapists have remained in the profession for as long as they have, and how they have sustained themselves in light of the difficulties of the work. Questions were designed to elicit an understanding of the meaning of difficulties in the career of clinical social work.

Effect on Personal Life. Probe questions in this section were designed to encourage the participant to discuss how being a clinical social worker had impacted his/her personal life and to discuss how the work may have changed them over the years.

Vocational Choice. This topic was included because it encouraged the participant to look back over their careers to speculate on whether there was a disparity between what they thought they might find when they first entered the profession and what they did in fact find. Important for aspects of this study for people considering clinical social work as a career are the unanticipated satisfactions, gratifications and difficulties that participants share as they reflect back over the course of their long careers.

Conclusions About the Interview Itself. The researcher wanted to collect data about how the participants experienced telling their stories. Participants were

invited to add at this closing stage of the interview anything further that might aid the researcher in the task at hand. It was assumed that some new perspectives and personal growth, or perhaps unresolved questions would emerge as a function of the interview process. The researcher desired a sense of closure to the interview process, but with the understanding that the participant may be asked to participate in a second interview.

Data Analysis

The "Constant Comparative" method of qualitative data analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1990) was utilized for the content analysis of the interviews. This approach is particularly useful in that it is a systematic method for generating hypotheses from the themes and patterns that emerge in a natural way as people talk about their experiences. As people describe experience, they give it form and order to make some sense of it. The "Constant Comparative" method is a comprehensive approach best suited to research where the aim is to provide descriptions of experience and the process of consciousness (Polkinghorne, 1987). The organization of conscious thought is reflected in the themes and patterns of the description.

The conceptual categories, their dimensions and properties were generated from the data, utilizing the system of coding developed by Strauss & Corbin. This method aims at the development of common categories, their properties and dimensions. Through a repetitive process of defining and evaluating categories, the researcher moves back and forth among types of findings, the unique and the common, as well as levels of analysis, descriptive and interpretive.

A partial aim of this research was "theoretical sensitivity". This is defined as "a personal quality of the researcher", indicating an awareness of the subtleties of the data" (p. 41), and was gradually gained as the researcher moved between data collection and data analysis. Strauss & Corbin state: "This increasing sensitivity to concepts, their meanings, and relationships is why it is so important to interweave data selection with data analysis. Each feeds into the other thereby increasing insights and recognition of the parameters of the evolving theory" (p. 43).

Procedure for Data Analysis

Using the broad topics of the Preliminary Interview Guide (see Appendix D) the researcher began collecting data for analysis by means of the interviews. The interviews were audio-taped. Following each interview the data was transcribed verbatim from the audio recording, summarized, and emergent concepts and categories were noted. Prior to successive interviews the preliminary interview guide was revised and updated as suggested by previously collected data. As the data collection proceeded, the analysis was expanded to include comparisons of interview transcripts so that further development of the categories, their properties and dimensions could occur.

The concepts and categories that emerged in the inductive analysis of the data were identified and developed using a coding system described by Strauss & Corbin. This system includes three types of coding which may occur simultaneously as the data is collected, although they are conceptualized sequentially. Strauss & Corbin define the coding strategies thus "Open coding is the process of breaking down, examining, comparing, conceptualizing, and categorizing data" (p.61). Axial coding is "A set of procedures whereby data are put back together in new ways after open coding,

by making connections between categories" (p.96). Selective coding is "The process of selecting a core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (p. 116).

Each interview was coded and analyzed for "sensitizing" and "indigenous categories" and their properties. Each successive interview was treated in the same way with the addition of a comparative process which begins the search for common features and variations. Initial categories and their properties were tested by a return to the data. Categories were collapsed, expanded, and revised in a process that moves back and forth between categories and the data (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The process of data collection and analysis was continued until saturation of the categories, which is the point of redundancy, had been reached. In order to address the study question, the data was then organized into a formal model of experience based upon the interpretation of relationships amongst emergent thematic categories and their dimensions.

Presentation of Findings

In the presentation of the findings, participants are described according to their group characteristics, rather than individually, for purpose of protecting their anonymity. Data which were unique enough to threaten either the anonymity of a respondent or the clinical material presented was isomorphically disguised. The findings addressed common features and variations. Categories, sub categories and individual variations were then described and illustrated with examples from the data.

In the final chapter, the patterns found in the analytic process were discussed in terms of the study question. In addition, thematic variations and deviant cases were discussed regarding their relationship to the emergent pattern. The results were then discussed in relation to the literature. Limitation of the study and issues of validity and reliability were addressed. Finally, the hypotheses generated by the data were discussed in terms of suggestions for further clinical research and implications generated for people contemplating clinical social work as a career.

CHAPTER IV

FINDINGS

This study explores career satisfaction in seasoned clinical social workers. Specifically it examines why clinical social workers choose to remain in the profession of psychotherapy during the course of their careers and how they perceive the overall satisfactions of their work. The study was designed to look for common features in life and work experience which may have contributed to the individual's capacity to remain in practice. It was also designed to examine the elements of the work that serve to sustain and replenish the seasoned therapists' interest in their work and contribute to keeping that work meaningful and gratifying to them. In addition, this study explores how they perceived their initial attraction and entry into the profession of clinical social work.

The study reveals these therapists': sense of "fit" for the profession; strivings for professional competence; mastery and growth throughout their careers by means of advanced training; personal therapy; diversification of the work; sense of community and professional connection; and feelings of success and accomplishment. The more recent difficulties created by changes in the health care delivery system are not emphasized because all of these therapists began their careers before the introduction of managed care. However, this issue did arise in reference to about half the participants who viewed these changes as a looming impediment to their future career satisfaction. Specifically they fear the of loss of autonomy which in turn interferes with the exclusive relationship between the patient and the therapist. The intention of the study was not to examine why therapists

become discouraged and may leave the profession, but instead focused on learning about why they stay, how they manage to avoid burnout and sustain themselves in the face of potential adversity and discouragement.

All interviews began with the same open-ended question which invited the participants to talk about their unique experiences of career satisfaction from initial interest and entry into the profession to the present time. Although the Preliminary Interview Guide (see Appendix D) contained probe questions designed by the researcher to elicit specific responses, the participants tended to speak very candidly and spontaneously. The findings reflect the therapists' descriptions of the experience which have contributed to their professional vitality and belief in their own success.

Descriptions of the Psychotherapists

The participants are described according to their group characteristics for the purpose of protecting their anonymity.

Ten autonomously practicing licensed clinical social workers, four men and six women, from both the public and the private sector were interviewed. All live and practice in the San Francisco Bay Area, three are Ph.D. level and seven Master's level clinical social workers. All are white, middle to upper middle class in socio-economic status, and eight are Jewish.

Their ages ranged from 42 to 75 years, the average being 54 years. Eight are married and seven have children. Two have never married though one has an adopted child. Their years in clinical practice post licensure ranged from 18 to 40 years, the average length in practice was 26 years.

All participants had experienced their own personal therapy or psychoanalysis, a prerequisite for inclusion in this study. The number of

years in personal therapy or psychoanalysis ranged from 2 to 15 years, with the average length being 6.8 years.

All ten of these social work clinicians began their careers in the public sector, such as institutional settings or mental health agencies. Most remained in the public sector for many years before branching out into private practice. Currently only two, one male and one female, continue to work predominantly in the public sector, each also maintaining a small private practice. One older participant recently retired from working exclusively in the public sector, and of the remaining seven four are employed in full-time private practice, and three part-time (a minimum of 20 clinical hours a week). Of these seven, four had left agencies and entered into the private sector within the past ten years. Seven of the participants have diversified their work. In addition to their clinical work three currently teach in M.S.W. programs and all seven are actively involved in direct supervision of interns from social work, psychology and psychiatry programs. One is actively involved in research, one is a school social worker, and one is the chief clinical social worker of a large public institution. The latter are actively involved in administrative work in addition to supervision of employees and direct clinical work.

All ten described their theoretical orientation as psychodynamic, or a combination of psychodynamic or psychoanalytic, another prerequisite for inclusion in this study.

Every participant expressed pleasure at having the opportunity to reflect back over their careers and organize their thoughts on the subject. One put it this way: "This is as close as I'll ever come to having someone paint a portrait of me". They were frank, passionate, open and honest in their responses, giving rich descriptions of the pleasures and difficulties

encountered in their career development. None of these individuals had experienced their career as a smooth even path of success and satisfaction. They talked of earlier times in their careers when they felt on occasion very nervous, intimidated and unsure of themselves, and then of later times when they gained more confidence, validation, and a sense of mastery. Their descriptions wove a rich tapestry of the relationship between their professional and personal lives. A number of themes have emerged that contributed to their professional buoyancy, vitality and a belief in their own success.

Overview

These clinical social workers described the practice of psychotherapy as providing appropriate self expression and a deeply felt sense of purpose and meaning in their lives. Throughout their careers these therapists describe a sense of immense reward, gratification, emotional satisfaction, intellectual stimulation and challenge from their work. Through the descriptions of their thoughts and feelings about their work, several categories have emerged. These are interconnected and can be subsumed under four overarching categories: "Congruence and Compatibility", "A Sense of Connection", "Evolving Mastery", and "A Sense of Accomplishment and the Measurement of Success".

In the presentation of data which follows, each category and its sub-categories will be described and illustrated with verbatim excerpts from the interviews. Before describing the data, an overview of the findings is presented.

These therapists describe a sense of congruence and compatibility between their early childhood histories, their perceived personality characteristics and the nature of their chosen work. Looking back on their lives they explain their choice of career; they have a sense of "fit" between what they describe as the altruistic and helping aspects of the work and their emotional sensitivity. They see emotional sensitivity as essential to their development of psychological mindedness, a vital tool of their work. They describe early exposure to social activism, family problems and psychological pain as sources of this sensitivity which has made the career of clinical social work such an integral, meaningful and sustaining part of their lives. They also mention an early intellectual interest which motivated them towards psychological studies.

In speaking of satisfactions, the sustaining features of the work, they again speak of a "good fit", a congruence between who they have become as people and the work that they do. The focus on the emotional involvement of the work harkens back to their descriptions of themselves as emotional, people-oriented and involved. They describe the pleasure of an emotional connection with others which is again echoed in their description of their relation to colleagues as friends, and their sense of community and shared values. Their sense of community and their peer relations also reveals their feelings of connectedness and their active involvement in maintaining connections. Furthermore, by maintaining sustaining relationships with peers, they receive support and validation which they may not always obtain from patients. They do this both through professional support systems and through their personal relationships with professional peers.

The therapist's accounts of dissatisfactions with early training show them seeking mentors and supervisors at the beginning of their careers as a

more personal and connected way of gaining mastery, to compensate for the lack of mastery they experienced in their graduate education. They have continued to seek further collegial and mentoring relationships throughout their careers. Their excitement, their depth of involvement and the way they actively seek advanced training and continued learning reveals a dedication and a continuous striving for mastery and growth. Diversification of the work by means of teaching, supervising, mentoring or doing research also provides further opportunities for development, mastery, affirmation and strategies for avoiding burnout. Personal therapy is also viewed as essential for competent clinical practice as well as personal and professional development. It is described as a necessary strategy for avoiding the potential burnout inherent in the nature of the work.

The participants descriptions of success and their ambivalence about money reveal some conflicts between the love of their work in itself, and their notion of success. They express a sense of accomplishment in their descriptions of "making a difference" yet when confronting the notion of success itself some prevaricate, judging themselves by standards they have not achieved. Since they often judge themselves as not particularly successful, connection with peers for professional affirmation and validation is viewed as essential.

In their personal lives, they compare their abilities in the work sphere to their home lives and sometimes find that their work interferes with their lives. They describe a gap and discomfort that can occur between what one knows as a therapist and how one performs as a parent. This is at times problematic for them. At the same time there is an awareness that their lives have been enriched, changed or even transformed by their work, offering

opportunities for emotional growth and an increased awareness that they view both positively and negatively.

Although one concern of this study was to explore how therapists managed the difficulties inherent in the their work, it was more specifically focused on understanding the satisfactions and rewards that the work has to offer that serve to counterbalance the stresses of the work and sustain their ongoing interest, enthusiasm and vitality.

Congruence and Compatibility

All of the therapists studied spontaneously described a sense of congruence and compatibility between who they perceive themselves to be and the nature of their chosen work. Reflecting back over their lives they explain their choice of career as a "good fit", congruent with the altruistic helping aspects of the work and their emotional sensitivity which they see as a source of their ability for developing psychological-mindedness, a necessary tool for their work. They mention certain childhood experiences, an intellectual interest and curiosity about people which propelled them towards the study of psychology. They speak of these early exposures as creating a special sensitivity and attunement to others that has made the career of clinical social work such an integral part of their lives. In speaking of the emotional satisfactions that sustain them in their work, they again speak of a "good fit", a congruence and compatibility between who they have become as people and the nature of the work that they do. They describe themselves as people-oriented and dedicated to growth and helping others. The category of Congruence and Compatibility will now be illustrated by three sub-categories

that have emerged from the data: "Viewing Their Family History", "A Good Fit" and "Emotional Satisfactions".

Viewing Their Family History

Emphasis on the past in the form of taking a history is a common practice for psychotherapists. All of the therapists in this study spontaneously described significant early experiences they felt had influenced their choice of a career in the "helping professions". These experiences included early exposure to social activism, family problems and psychological pain which were described as providing the seeds for the development of the skills and the on-going passion for their work. This has led to their belief that they have developed certain sensitivities and roles in life which are compatible to how they see themselves and which have consequently allowed them to function comfortably and spontaneously in the role of a psychotherapist.

They speak about the influence of their early lives on their present work in three ways: how certain family values and social activism feel relevant to their choice of career in the "helping professions"; how certain early experiences have made them sensitive to others' pain, leading to the development of psychological-mindedness, empathy, compassion; and how they perceive their entrance to the profession.

Social Activism and the Social Work Ethic

In viewing their past experience, the majority of these therapists identified with the "social work ethic". These therapists grew up during the period from the 1930's to the 1960's when the "social work ethic" was defined as "a desire to help poor people, to improve community life, and to solve difficult community problems" (Specht & Courtney, 1994). They describe

their identification as stemming from exposure to social values, social activism, and for some, the social work roles already present in their families of origin.

The majority of these therapists, especially those from Jewish backgrounds, grew up in families where social activism was highly valued. Most were introduced and sensitized to the "social work ethic" from an early age by a close relative, either a mother, father, sister or an aunt who had provided a role model through social activism. A comment by one therapist was echoed by many of the other participants: "I come from a family where social service was always very important. My parents did a lot of volunteer work so I was brought up with that ethic really." The oldest female participant stated: "I was raised as a socialist".

A Jewish male therapist described his father who worked as a building contractor and built low cost housing for low income families:

> He was a very fair man, that's where I think this comes from in me, idealizing his justness. He was just and really empathized with the human condition with the person who was one down, and that came from his experience of being Jewish. I didn't feel that. He felt discriminated against and there was anti Semitism in his day that I don't experience myself, but I know that there's still racism and I'm doing what I can as a white male social worker to combat that.

This man works as both an administrator and a clinician in the public sector giving opportunities to women, minorities and "people who would otherwise be kept down".

Several described their mothers as role models in their capacity as professional therapists or volunteers, working with people from underprivileged backgrounds. One woman tells of her mother who trained as a teacher but did much volunteer work. She believes she has internalized her mother's warmth, compassion and sensitivity: "We always joked that she was like a social worker, all her friends called her with their problems. . . . so I definitely got that from her, she was very warm, intuitive, and supportive".

Another Jewish male therapist's mother, grandmother and older sister were all social workers whose dinner table conversations during his childhood, he suspects, unconsciously inspired him to follow in their footsteps. In addition, he lost his father at an early age and was immersed in a world of female social workers, familiar territory to him later when the majority of his colleagues would be female social workers: "My father died when I was a kid and I suppose that had some effect on wanting to rescue and all that kind of stuff. . . . people's suffering always affected me".

In the following example a participant describes the influence of her parents who were both mental health professionals:

> I grew up in a family of therapists so it was very familiar to me . . . that was kind of a way of life I suppose. If I'd been a plumber's daughter, I might have gone into plumbing . . . I think my mother was more of a role model because she was more communicative, she shared with me, she talked more with me. . . . I grew up with it.

These therapists thus identify with the pro-active social values which they attribute to such early experiences and role models from their early lives.

This again reveals a congruence and compatibility between their perception of their early social and family of origin values with their choice of profession.

The Development of Psychological-Mindedness

In their account of how they came to the profession most of these therapists spontaneously described painful, negative experiences in their childhood which they believe made them sensitive to psychological pain, and which led to the development of certain sensitivities and roles in life which are congruent with the profession. These descriptions could contain the "Wounded Healer" idea, as examples of, or belief in the phenomenon.

There is a common idea that psychotherapists have had troubled childhoods and are thereby motivated to become mental healers. The data of this study has nothing to offer towards verification of such an idea. It is just as possible that being a therapist makes one sensitive to such memories or that non-therapists would also describe such memories. However, the therapists in this study do associate such childhood experiences with their later careers and they are clearly psychologically-minded. Whatever the origins of this sensitivity, they attribute many events in their lives to psychological causes. This frames how they see their histories, themselves and others and how they view their initial motivation for entering a "helping profession."

While most described painful memories of childhood and youth, only two participants described positive memories of childhood and adolescence. The remainder used adjectives such as "unhappy", "sad", "depressed", "anxious", "inhibited", "lonely", "shy", "difficult", "reserved", "too serious", "a foreshortened childhood", "assuming too many responsibilities" to describe this formative time in their lives. For many, the impact of family

trauma was described as central to shaping their interest in psychology and was described as the motivational core for their attraction to the field. The following examples illustrate this feeling that childhood problems were pivotal in their career orientation:

> I knew from an early age, around the age of ten that because of the situation with my family that I wanted someone to talk to. I knew if I could just have somebody to talk to everything would be O.K. I didn't know what a therapist was at that time and I guess what happened is I became that kind of person, the person I would have wanted there for me. I think those things helped me to have an appreciation for suffering and conflict.

> I come from a family which had many psychological issues which were never attended to, there was a lot that I think helped me to be who I am. My adolescence was a disaster, it was really hard. My parents drove me nuts. I think my mother was probably a borderline and my father narcissistic, if you can diagnose your own parents. So I was anxious, who knows what I would have been interested in rather than psychology if it hadn't been for my early life experiences.

One of the therapists believed his growing up with an alcoholic father has greatly influenced his current ability to help others: "I was pretty conforming on the outside, seething in the inside. That influences my ability, sensitivity and my empathic abilities to work with adolescents." He speaks with pride of his success as a couples therapist, describing negotiation skills, learned in early in life:

> I also tried to be the peace-maker [in childhood] so I have taken that experience and learned how to do conflict resolution and negotiation . . . I think it really comes from trying to get my parents not to fight. I thought I should try and fix it in some way. . . . they fought a lot, power struggles, control struggles, and this is where I end up basically focusing my therapy with couples.

A number of the participants described themselves as evolving into "caretakers" in their families of origin, becoming very sensitive to the vicissitudes of affect and mood in their parents, as the following excerpts reveal. One woman describes herself:

> I tended to be a sort of caring, soothing, caring helper in the family. I was raised to be a social worker in terms of taking care of other people, it was an unconscious expectation of my parents that that's what a girl would do, I was the oldest. I think that because of the way I was raised I can tolerate a great deal of psychopathology and that probably might be a little bit unique to the kind of background I have. I had a younger sister and I tended to mother her. I was very connected to my father in a way that I tried to be a soothing person in relationship to him.

A male therapist describes a similar family role: "I was designated by my mother to deal with my sister and my brother, a role that I accepted but it was a tremendous responsibility, too much, so I became a caretaker from a very early age".

Although many of the participants described their families of origin as "dysfunctional", "chaotic", "deprived" or "alcoholic", not every participant described themselves as being wounded or victimized, or willingly accepting a caretaking role. Two of the male participants and two of the female participants recognized their anger with their "inadequate" parents and saw this as a motivating force for seeking distance and independence:

One reports:

> My role was the stabilizer, protector. I was probably the caretaker of myself in that regards, able to say "I need to be separate". I wasn't someone who was a caretaker in terms of sacrificing myself to take care of others, basically I wouldn't do that. It wasn't that I sat around trying to rehab people. I think by the time I was fifteen or sixteen I was more disgusted by their falling apart and their controls being out of control. I also realized by that time that I had very strong interests of my own that were separate from them. It was a defense against the chaos. At a certain point I think I realized how helpless I was in that regard and so I separated myself. That probably shapes the way I am. I was going to have a life separate. You know the other part of that is setting up some walls and being separate and all that, then turning into such a caretaker later on, obviously there are different motivations for that.

The consequence of this early life experience has helped him to be tough, assertive and independent with good boundaries, "which probably shapes the way I do my work". He will not tolerate abuse and reports that he felt compelled to make the break away from working in an agency into

independent private practice because the agency reminded him too much of his chaotic family of origin. He regarded some of his colleagues as "inept", they reminded him too much of his early family experiences: "it's my personality, it wouldn't have been easy for me to sit around a clinic with a staff . . . it just wasn't who I was, so that probably shaped a lot of my career". He reports that he fares better in private practice, being his own boss.

Many participants spoke of adolescence as a conflicted, unhappy time in their lives, a period of waiting patiently to leave home, as the following quotes from therapists who have all gone on to specialize in work with adolescents exemplify:

> I was always saving to get out. I didn't know that until later, I knew I needed to have control over some of my own life. . . . I didn't have the space to be who I could be. That's sad.

> Both of my parents were very deprived individuals so it wasn't a particularly satisfying existence . . . my youth was waiting, for something better and to get out, so my childhood, that's probably the most striking thing about it is waiting . . . I was an angry kind of depressed child I guess.

> There was chaos in the family, there wasn't any container for it so I kind of went in the other direction more into achieving things, trying to find myself, so I was more achieving than acting out. I had my moments, totalled a car, did a-lot of wild things, loved rock music, but I wasn't an acting out kid, I was much more academic. Both my parents were alcoholic, but if my parents had tried to control me, they would have failed.

The participants believed such early life experiences contributed to the development of their psychological sensitivity and empathy, especially with children and adolescents, and has led to their working in the helping professions and a specialty in working with this population. Whether negative or positive, these early experiences are seen as having much significance in the development of their fundamental attitudes and beliefs regarding psychotherapy and are congruent with their later choice of profession. Thus, while the development of psychological-mindedness is described as a component or aspect of how they view their family history, it is in the process of speaking about their family history that they describe ways in which they see their work as congruent with their lives and compatible with themselves as persons.

Entering the Profession

Most participants found social work in a round about way. As we have seen above many described themselves as sensitive children, intuitive adolescents, good listeners, who evolved into teenagers whose friends would bring them their problems: "I got a lot of reinforcement for being the sensitive guy that would listen. Maybe once in a while I gave good advice." Two discovered Freud at the age of sixteen and became intrigued with his writings: One recalls: " . . . so I read that {Freud} in high school and it was really great. . . . it actually caused me anxiety in some ways to read it but I also had a sense of knowing it's truth without knowing I knew it".

Validated by this kind of affirmation and interest, most went on to major in psychology in college. Although eight of the participants were attracted to the helping profession from a very early age, four of these had specifically wanted to become physicians but thought that the college science

and math requirements were "too difficult" and became quickly discouraged. The profession of social work was seen as a quicker and easier route to becoming a "helping person".

> Ever since I was seven I wanted to be a physician, but then I got to high school and I took pre-med prep courses and I really struggled with the math and the chemistry and the physics. . . . I got discouraged, but it was the idea of being a helping person.

Daunted by the prospect of another five to seven years in a clinical psychology Ph.D. program, many decided that getting an M.S.W. was a much quicker route to becoming a practicing psychotherapist. The following excerpts exemplify this:

> I considered psychology and I think the reason I didn't go into psychology at that point is that I wanted to work with people very soon. I didn't want to have to go through getting a Ph.D. at that point. I felt afraid of psychology because of all the math, and so that put me off. . . . I felt too guilty to go for a Ph.D. initially . . . I couldn't allow myself to do that, even though I'd always wanted a Ph.D. since probably grammar school.

> I majored in psychology and thought I'd go on for a Ph.D. in psychology and then I didn't get into the graduate school I wanted to go. I think I was too scared to take it on so instead I decided to work for a couple of years and that's when I relearned about clinical social work and decided that was kind of a back door to being a psychotherapist in an easier and quicker route and I decided to do it for those reasons . . . I had a lot of

> uncertainties and self doubts and I don't think I felt prepared to commit to a 5 years Ph.D. program.
>
> I was very eager when I was in college to get out and actually work with people, so I used to volunteer at a social service organization. . . I think the reason I didn't go into psychology is that I wanted to work with people very soon, I didn't want to go through getting a Ph.D. at that point, I'd had enough of college.

Some reported knowing a friend who was training to be a social worker, or coming into contact with social workers via their own personal therapy. Some also spoke of meeting social workers through their work as volunteers while in college or in clerical positions in hospital settings or social work agencies, and being very impressed with them as people. The following participant echoes the views of several of the others:

> I tended to like social workers as people, their perspective seemed a little more convincing, cognizant of the environment and the culture . . . I couldn't imagine doing a Ph.D., and I also wanted to get to the work, I was very excited about clinical work and didn't want a long detour through research and testing and found the social workers to be excellent clinicians . . . I was very comfortable, so it made sense to study for an M.S.W.

In viewing their history, obtaining an M.S.W. was described by the all the participants as a doorway into the profession of clinical social work. Motivated by personal and professional growth, the three doctoral level participants in this study obtained their doctorate degree much later in their careers (in their late thirties, forties, and fifties). Studying later for a Ph.D.

was described by all three as a validating experience in terms of professional and personal development, which in turn has added a deep sense of connection to social work.

A Good Fit

Being a psychotherapist allows people to use their warmth, compassion, and intuition as tools to help others. Psychotherapy as a profession promotes a role for these personal capacities and attributes. Most of the participants described a congruence or a "good fit" between their interests and expectations and the nature of the work. They also talked of their work as being compatible or a "good fit" with the characteristics of their personality and general "nature". The following excerpts express this well:

> I mean it fits with who I am . . . the things that I think make me good are the influence it's had on my own life and my general nature . . . I can't imagine, I don't know what else I'd be if I weren't a therapist.

> It's just a lot of who I am fit very well with it and that doesn't mean it wasn't hard. You know you always have to deal with yourself a lot in this work, but of course I can say that's hard, but it's not harder than not doing it, that would be even harder. . . . I have a great job . . . I am in the right field. . . . I can tell you a whole bunch of intellectual stuff but I think the essential thing is that I found something, a way of work that really is so right for me.

Others also describe themselves as intuitive, sensitive, and friendly people for whom the practice of psychotherapy fits very well with their perception of their own personalities. A female participant describes her intuitive and sensitive qualities which she views as congruent and useful for the work that she does:

> I'm a pretty intuitive person, I think I pick up things very quickly . . . and in my personal life sometimes that's good and sometimes it's not so good because I tend to be overly sensitive to things and to really take things a little too seriously, but I think in this profession it's a very useful thing to have. I think it used to be a lot harder for me to trust my first impressions because I felt I needed more data and that maybe I'm wrong. I find out now that usually my first impressions are usually pretty right.

Another therapist describes her "nature":

> I think there's something just about my nature, and it's probably from my earliest beginnings of being a very related person whose sense of relationships and the importance of them is just who I really am. I think my role in the family probably did in that I tended to be a sort of caring, soothing, caring helper in the family.

Another female therapist describes how patients quickly form attachments with her:

> I also feel that people usually warm up to me fairly easily and I think that's the tool I have to offer, I mean I think that's what I'm good at . . . relationships, forming relationships with a client which hopefully will be a helpful tool for helping the person get better, because I'm psychodynamically oriented and I think that's the tool that we have.

The concept of the use of self as a tool in therapy is referred to throughout by most participants: "I think what I enjoy most about this kind of work is that the use of myself is unique, nobody can tell me how to use myself. I've come to trust that through the years". This man also spoke directly of the value of this form of countertransference in the work, regarding it as a "friendly tool of work" without which, he surmised, one cannot be an effective therapist.

All the participants described themselves as well-suited for the practice of psychotherapy, because of the congruence and compatibility which they perceived between their emotional sensitivities acquired early in life, altruistic motivations, and their individual personality characteristics.

Emotional Satisfactions

While helping patients resolve problems and improve psychological health was clearly important to them, all participants stressed the satisfaction derived from being in the patient-therapist relationship itself. Throughout their careers these individuals appeared to enjoy a real sense of closeness, intimacy, and sharing in their relationship with their patients. This is again illustrative of the "good fit" that they perceive between the way they view

their history, the work they have chosen, and their perceptions of themselves as persons.

Emotional involvement is a characteristic of the work. It's features in this context are described as "time limited", "intimate", "involving" and "meaningful". Indeed the emotional involvement was described by all as stimulating and what keeps them in the work. The therapists repeatedly referred to the time-limited nature of emotional involvement. They recognized this time-limitedness as necessary and desirable, since it allowed them to continue their work without being swallowed up.

All ten therapists expressed a sense of mutuality and connection in their relationships with patients which they did not experience elsewhere in their lives (See "Sense of Connection"). This is again congruent with the way they view their profession and their perception of themselves. The following quotes express the emotional satisfactions that most of the participants describe as forthcoming from their work: "I have always found it very compelling work, very meaningful work, emotionally satisfying . . . the core of the work is very emotionally satisfying and very complicated and involved, personally satisfying as well".

A major satisfaction of the work is "the contact with the people . . . we enjoy people". "It's the personal involvement with the people". Describing her satisfactions, one therapist says:

> I really like most of the people I see . . . I really want their lives to be better, I mean it's just that simple. I really hope that therapy allows them to have a life as close to their ideals as they can reach. . . . I've never said these words before, but I think it's the

> part of why each day is interesting to come to work . . . it's the personal involvement with the people . . .

Many of the descriptions of relationships with their patients focused on the mutuality of shared intimacy and affect. Every participant expressed a fondness that developed for their patients over time, and many described how much they personally received from the work, instead of focusing on what they were giving. The oldest female participant best describes what several expressed:

> I'm someone in the work who relationships are very important to me, so this gives me a chance for a very really close intimate relationship which I suppose is time limited, limited enough so that you don't feel overwhelmed by it. It's getting to know a variety of people who you might not get to talk to in any other situation. It's the connection, but then people leave but are replaced by other people, I think that's part of why people stay in the field so long.

Most talked of their gratification in helping people lead richer and fuller lives. They viewed this as a "privilege" which afforded them "a degree of intimacy" and an opportunity to share in the patient's personal journey. Humanitarian satisfaction in terms of a love of people and a love of - and fascination for - relationships was repeatedly expressed. No participant described the intimacy as one sided, all implied that the therapist receives equally as much as the patient in a therapeutic relationship.

The participants were asked to comment on the general perception promoted in the literature that the work of a psychotherapist is inherently emotionally draining. The following suggest the opposite:

> I wouldn't describe it (the work) as that emotionally draining or emotionally difficult, I mean those are probably the aspects that keep me working. I think it's the very emotional involvement that keeps it stimulating and interesting, that's probably why I do it.

> I wouldn't say that it's not draining, I mean I think that many days I come home and feel emotionally drained or exhausted, but I don't think I'd still be doing it if I didn't find it gratifying. I think it's the people I work with that make me enjoy it.

All ten social workers described being extremely committed to their work. As part of this commitment they value highly the added dimension that these intimate relationships with their patients bring to their lives. Some talked of the privilege they felt in being a member of a small select enclave who could study human psyches in their social environment in such a unique deep, probing manner:

> I just can't imagine doing anything else. I can't imagine anyone else having a better job . . . that the idea of sitting with people and talking about beneath the surface what's really meaningful about relationship, and conflict, and where people really live . . . that's different than helping with other aspects of their lives, although they're related you're talking directly about the most meaningful things.

Each participant talked not only of the emotional satisfaction of therapeutic responsibility for individual patients, but described feelings of satisfaction derived from knowing that their work with an individual patient in turn affects that individual's entire family; so there are many lives at stake and dependent on the therapist's work and effectiveness.

These therapists saw social work as presenting them with unique and emotionally satisfying challenges: "Being a social worker has added a richness to my life that I never imagined, there's always more to do, the work is very rewarding". The emotional satisfaction and the personal involvement that these therapists share with their patients is again illustrative of the "fit" they experience between the work they have chosen and themselves as persons. Long years of experience and expertise have not blunted these therapists' feelings of emotional satisfaction and shared intimacy that they describe with their patients. This sense of congruence with the work and connection with their patients' is viewed as deeply nourishing and meaningful, sustaining vitality and maintaining their continued interest in, and love of, their chosen profession.

A Sense of Connection

The description of their sense of community, peer relations and relationship with patients reveals a concern with feeling connected and an active involvement in maintaining connections. Connection may be defined as experiencing intimacy and relevance with another.

In the discussion of congruence and compatibility above, therapists describe mutuality and connection with patients as deeply meaningful. Ambivalence is expressed about the loss of connection when patients

complete the work and treatment ends. Many describe a bittersweet element attached to the outcome of the work, which is also related to their desire for competence (see "Evolving Mastery" below). The time limited nature of their emotional involvement with patients however, while serving to protect their ability to do the work is also a break in connection and many wish for some message from life beyond therapy (See "Measuring Success" below). Professional boundaries with patients need to be respected when therapy ends and the connection with patients is broken. Since these therapists describe themselves as people who need people (see "Congruence and Compatibility"), most express a desire for connection throughout their careers. Although the professional boundary with patients is always respected, they do not maintain a boundary between the professional and personal lives with their colleagues.

Participants' description of the pleasure of an emotional connection with others is echoed in their description of their relation to colleagues as friends and their sense of community and shared values. By maintaining sustaining relationships with peers, they receive the emotional support and validation which they may not always receive from patients. They do this in two ways, through professional support systems and through personal relationships.

This theme will be further explored in the categories of "More Than Just a Career": "A Sense of Community", "The Value of Support Systems" and "A Sense of Connection with Patients".

"More Than Just a Career": A Sense of Community

Most of the participants spoke about being a psychotherapist as "much more than just a career", but a commitment to a lifestyle that had influenced and impacted their lives in very favorable ways, adding a rich dimension that

they perceive would not have been available in any other career. A sense of connection and community evolved with peers and colleagues becoming life long friends; the line between personal and professional boundaries was described as thin. This is summarized by one therapist in speaking of his social worker colleagues: "I love the values, the values are wonderful, the people... social work people are wonderful!" This category of "More than Just a Career" will now be described within the following sub categories: "A sense of community within the structure of an agency", and "A sense of community within private practice".

A Sense of Community Within the Structure of an Agency

Connection with agency colleagues is described as one of the most important reasons given by the participants who work in the public sector for their continuing to work in an agency. Colleagues are likened to members of an extended family and the sense of camaraderie and connection is seen as vital:

> I've never had the goal of having a full-time private practice. I have always felt that I would continue being in an agency, part of it is the financial stability, security, but a big part of it is just having the connection with people.

The retired participant, reflecting back on his many years as the director of a social work agency, acknowledges the importance of his sense of connection and affinity to his staff. They have recognized his retirement with an annual party in his honor, certainly a testament of the respect and high esteem that his past colleagues continue to hold for him. He describes the

satisfactions he received in watching his staff develop and grow and the sense of community that he obviously provided for them:

> The other gratification that I was getting that should not be forgotten, because it was immense, was the growth in the workers I was working with (as director). We really had a good time together, also sweating like mad, it was like my other family. . . . I miss that.

Two female therapists in private practice reminisce about their earlier years of working in agencies, and describe the deep sense of connection, congruence and compatibility that they experienced working as a team with people who were like themselves:

> What I do miss about working in an agency has more to do with the setting and the comfort of being on a team where all of us had the same or similar backgrounds, similar training, similar language, and similar understanding of things.

> There was a period for several years where I really liked working for an agency. I had colleagues whom I liked very much. The director hired people who were very compatible with each other and I'm still very close friends with four or five of those people, very close. We used to go to each other's offices, discuss cases and I felt very supported by them.

The majority of these participants, however, had left agencies in the last ten years to enter into private practice. The reasons that they gave for moving ranged from disappointment with the agency structure and change

in administrative management and policy, following in the footsteps of valued colleagues who had left to enter into private practice, greater autonomy associated with private practice and the potential for an increase in income. Although being in private practice allowed these practitioners greater freedom and latitude for autonomy and the potential to increase their incomes, they missed the sense of community that had been fostered in agency work. This was described by the participants as a great loss and something that they had each pro-actively sought to resolve by continuing to develop their own sense of community and connection within the structure of a private practice.

A Sense of Community in Private Practice

In an effort to combat the potential feelings of isolation inherent in private practice, many of the participants had joined group practices where they could enjoy the same sense of closeness and connection with social worker colleagues that they had experienced in their early careers in agencies. Many have attempted in private practice to recreate the social atmosphere of the agency structure that they have all left behind. Not only do these therapists connect professionally through sharing office space, but most also meet regularly for group consultation and supervision within their practices, or if in solo private practice, meet with peers for outside consultation with older mentors.

Connecting with colleagues as peers, as friends and as mentors may also be an effective strategy for avoiding burnout. The following excerpts illustrate how these participants describe community as a means of maintaining connection, often to balance the potential isolation of their work.

> I used to rationalize, who wants to be in private practice, it's so isolating, but I don't mind the isolation, I meet with colleagues, so I don't miss the agency structure.
>
> For me there's a lot of variety and a lot of contact, and when I hear about the isolation that I hear from people, it's not something that I personally experience in my practice . . . these people (in her group practice) I know, trust and love, at noon today we have a meeting where we're doing cases . . . we're not all at the same stages of our career, but it's wonderful, it's very interpersonal, it's very rich.

Another talks about the level of trust and understanding that has developed among her colleagues, some whom have become her closest life long friends:

> I really value the relationships I have, maybe that's one of the reasons I value collaboration so much too, not just as a professional, but having relationships with people who I can be really open with.
>
> I think by talking to people, I mean I get my support from other people, many of my friends are social workers and we get together and talk about the stresses, the hard times and that's been very helpful. It's very hard to leave it (work) at the office, and most of my friends are therapists, they think like I think, I think it probably has to do something with the way that we talk

> to each other, the way I talk to my friends, you know I'm not doing therapy with them but I think I'm a very good listener and I think they are also and I think we're very accepting of each other.

When asked about friends outside of the profession, most of the participants emphasized that their closest friends are peers and former colleagues. Although, from their descriptions, it might appear that these therapists are immersed in a world of psychotherapy, with their closest friends being fellow therapists, many of the married participants emphasized the importance of support from their spouses and family members. They also describe having many non-therapist friends whom they share jointly with their spouses. One says, "Most of my friends tend to be other therapists, but my married friends, my socializing friends are not in the field at all, I mean friends who are couples". Another describes her fears of social workers being insular and the importance she prescribes for social workers to be well-balanced by having a variety of friends outside of the profession: " . . . because I think social workers need to know what's happening in the outside world . . . you don't need to be naive in this profession". Another therapist also speaks to the importance of having a life outside of the profession: "I don't live the profession, one has to be separate to be able to have a private life and not live one's work, but I think a therapist probably sees the world and sees people in an altogether different way".

A well-balanced personal life with friends outside of the profession was viewed as essential for keeping the work in perspective. In this way the sense of and desire for connection is carried outside of social work to the world at large.

The Value of Support Systems

Support systems, as we have seen above, and the need for connection with professional peers, supervisors, mentors, teachers and personal therapists, often to combat the loneliness and isolation of private practice and to counterbalance the stresses inherent in the work, were described as perhaps the most critical element for sustaining vitality and enthusiasm throughout the careers of these therapists. The therapists described both formal and informal supportive structures as essential elements in helping them meet the daily challenges of their work and avoid potential burnout.

Although very senior clinicians themselves, eight of these ten therapists still meet regularly and pay for weekly consultation with more senior clinicians either individually or in groups. Aside from the value of continued learning (to be described below under "Evolving Mastery") from clinicians who are older and viewed as experts in the field, these relationships are viewed as a source of support. It would appear that throughout their careers these therapists feel a strong desire for connection with an older mentor to guide and support them. Mentors, supervisors, peers and colleagues were often likened to members of an extended family who provided personal and professional validation. This process of mentoring was described by the oldest participant as a nurturing experience which he referred to as a "necessary feeding".

Several therapists described consultation groups in which a level of trust developed where there was equal sharing of clinical successes and failures. A therapist describes the validation she receives from group feedback:

> I have a weekly consultation group I go to with other colleagues who are generally at the same level of experience that I am with a more senior person (paid) that leads the consultation group. You know, inevitably when I present somebody I'm stuck with there always seems to be some light at the end of the tunnel. Now whether that's an illusion we all try to keep alive or whether it's true, I don't know, but it will often sort of regenerate my belief or give me some other way to use what I've been working with that at least gives it the potential to move it along . . . I think it really helps in terms of diminishing the stress and keeping perspective on your work and keeping hopeful about it.

The following excerpts continue to illustrate the phenomenon and how much the relationships themselves make the difference:

> I meet twice a month with two other women and we take turns presenting cases, so I do that for my work with adults, and then I meet with a child psychiatrist and two other women, not the same people, every two weeks for my work with children, and I find that helpful in so many ways. It's helpful to hear other people's cases, I always learn something. It's helpful to present my own, I feel like I get something out of it before I ever get there. Just thinking about the case is helpful, and it's very stimulating just being with other therapists who are also struggling; I need that.

> You have to have some form of group affiliation . . . I think the important issues are the relationships with the people in the field and with therapists or consultants. There are some anxieties because it's something that you can't really do all by yourself.

Several therapists spoke to the issue that appears inherent in every social worker's early training, the notion that every person in this work has a continuing need for supervision and consultation throughout their careers. A number of private practitioners describe reticence, doubts and fears about the potential loss of connection when first leaving agencies to enter private practice. Many had held back from making this move for many years because they feared a loss of connection and lacked the confidence that they could be successful without the support of their original agency team. The following quote describes the support function as well as the relationship function of the desire to combat isolation by seeking consultation and supervision throughout their careers.

> I was socialized to think that everybody gets consultation and I don't think that psychiatrists and psychologists necessarily do that as much as social workers and that may be one issue in job satisfaction, I mean I think it's really important to have that, and I can't imagine not doing that. When I was in the agency we had a lot of consultation available as well as supervision and I couldn't imagine not doing that. . . . I was used to being supported by other people and not feeling like I could do this on my own . . . I've had to work at being in private practice in a way, work at getting together with colleagues and not feeling isolated,

setting up consultation groups so that it took me a while to figure out how to do that so that I didn't feel so isolated.

This quote illustrates well the theme of connection as distinguished from emphasis on continued learning (see "Evolving Mastery" below). It also serves to illustrate that although many of the participants described the value of support systems in combating the loneliness and isolation of private practice, they also stressed that on-going peer support and a sense of connection and community had been essential for their personal and professional growth throughout their careers.

Most of the participants continue to meet for regular supervision and consultation, which they pay for themselves, and which they describe as a way to stay connected to other professionals for reassurance, affirmation and validation (see also "Personal Life as a Source of Influence"). They also describe it as a major strategy for avoiding stress and burnout inherent in the profession.

A Sense of Connection With Patients

All ten therapists expressed a sense of mutuality and a sense of connection in their relationship with patients not experienced elsewhere in their lives. The data reveals that emotional involvement and connection is a characteristic of the work. Being a therapist allows these individuals the opportunity for a sense of closeness, intimacy, and connection in their relationships with their patients.

As previously illustrated (See "Congruence and Compatibility" and "Emotional Satisfactions"), the participants reveal that a major satisfaction of the work is "the contact with the people, we enjoy the people". Satisfaction is

expressed in their description of their sense of connection with patients, people whose paths they probably would not cross in any other situation in life.

The data thus reveals that these therapists view their connection with people, whether they be patients or colleagues, as an integral part of their lives. Their people oriented modality draws them to connect with patients, peers, colleagues and mentors and is viewed as deeply nourishing and meaningful, sustaining vitality and maintaining their continued interest in their chosen profession.

Evolving Mastery: Career Evolution and Personal Development

In the evolution of their careers, these therapists began very early to seek supervisors and mentors as a more personal and connected way of gaining mastery, a replacement for the lack of mastery they experienced in their graduate education. They have continued to seek further collegial and mentoring relationships throughout their careers. Their excitement, their depth of involvement and actively seeking continued learning reveal a dedication and a continuous striving for mastery and growth.

Diversification of the work by means of teaching, mentoring or research also provides further opportunities for growth, mastery and affirmation: all strategies for avoiding burnout.

The participants also viewed their own personal therapy as essential for competent clinical practice, personal and professional growth. They describe it as a necessary strategy for avoiding burnout which is potentially inherent in the nature of the work. In their personal lives, they compare

their abilities in the work sphere to their home lives and sometimes find that their work interferes with their lives.

As their careers progress, these therapists describe a gradual evolution which is greatly enriching to both their personal and professional lives. The data will be presented under the categories of "Striving for Competence", "The Intellectual Challenge", "The Diversity of the Work", "The Role of Personal Therapy", "Personal Life as a Source of Influence" and "Evolving Change or Transformation Within the Profession".

Striving for Competence

Descriptions of dissatisfaction and disappointment in early career training reveal how important it was for these therapists to become competent professionals and how they strove to do this by seeking out supervision and advanced training in order to achieve the standards to which they aspired. They describe their primary education as "learning on the job" with the help of self-sought guidance.

The examples show that this was not merely an expression of dissatisfaction and disappointment, but a tale about how they were motivated to develop themselves by actively seeking out competent supervisors and mentors. Discontent with social work training and supervisors lead many to seek mentorship from psychiatrists. This might reflect the early wishes of some to become physicians and to go into that field (see above, "Entering the Profession").

When asked to comment on their graduate education, only the four oldest participants expressed satisfaction with their M.S.W. programs. The eldest participant who graduated in 1950 described his M.S.W. program in glowing terms as "immensely intellectually and emotionally challenging".

The other three described their M.S.W. programs as merely "adequate". The remaining six expressed varying degrees of dissatisfaction and disappointment with their M.S.W. programs: "I thought it was lousy as a matter of fact", and "I just felt that academically it was a zero" were common sentiments.

All six felt initially inadequate and poorly trained for the work and came to believe that psychotherapy is a process that cannot be formally taught in school. This is shown in the following excerpts:

> I think that's one thing maybe where the profession kind of falls down a little bit. I don't think there are very many really good schools of social work. I think maybe it's a hard thing to teach, I don't know exactly what it is.

> I don't really actually know many graduate students who I've supervised over the years who have been happy with their university training. I don't really think it's an intellectual thing you can learn from books, it's a lifetime process of learning.

M.S.W. programs were criticized for being too loose and open ended. Many of the participants felt that more guidance and structure was needed in their early careers as well as a more didactic approach to supervision.

By contrast, the oldest participant who graduated in 1950 speaks in defense of his M.S.W. program which he believed had adequately prepared him for his career. Although he was less critical of his graduate education than the other participants, he did not differ from the rest in his descriptions of the anxiety and apprehension he experienced at the beginning of his career, as the following excerpt reveals:

> . . . they were trying to cover the waterfront, and that is very difficult to do in two years and I guess they did an awful good job in those days because they provided me with a background which allowed me to function almost entirely by myself for some years. . . . I enjoyed school, scared me to death but I really enjoyed it because it opened my eyes to social problems in a way that I had not understood before . . . I was kind of scared when I got into the field and knew nothing about what social workers did. I thought of it in terms of carrying baskets on holidays only, so it was an eye-opener and a very interesting thing.

Every participant described periods of intense anxiety and uncertainty in the early years of their careers, and stressed the importance of nurturing supervisors in the beginning days in agencies. Critical of these early social worker supervisors, the majority of participants frequently used adjectives such as "inept", "impaired", or "inadequate" to describe them. Feeling dissatisfied and disgruntled with social workers as supervisors, several began to identify with psychiatry, seeking out psychiatrists as consultants and mentors:

> I remember meeting with my advisor {after graduation} and thinking I didn't know what to do, because I was so poor, given no technical skills, and she said you weren't supposed to know what to do, and that you'd learn on the job, and unfortunately I didn't learn much from social workers. Probably the people that had an influence and were my mentors were psychiatrists at that point in time. . . . I knew how to take a history and I had an idea

that you were supposed to have a relationship and something about a role model thing, I mean that is what I knew.

Most described feelings of disappointment and disillusionment with social workers as supervisors, having had hopes for more clinical guidance and direction after graduation:

> There was a lack of willingness to stick themselves out and be definitive. They were just sort of non-directive. You had to report to them and that was very unsatisfying to me, and so that I looked elsewhere to learn. . . . there's a real resistance, or there was, to do cookbook kind of stuff in social work, but I think you need a little cookbook to get you started. You don't want to treat people in a rote kind of fashion, but you need some guidelines till you devise a way of your own . . . I probably needed more direction to get started.

> I hated my first job. I had a supervisor who told me I spent too much time with my clients and not enough time doing paper work. So there was a kind of disillusionment period not too long after I graduated, into my first job, but then I somehow worked through that.

> I was surrounded by inept people . . . it was really anxiety provoking . . . I didn't have very good training from early on, so I sought psychoanalytic consultation and that was great . . . I have purchased supervision from the psychoanalytic community and have done so throughout my career.

Two therapists talked about feeling totally unprepared for the profession "I was absolutely unprepared, I feel like I totally educated myself", and another reflects on her naivety:

> I mean sometimes I wonder where I got off thinking I knew anything back then, but I sounded like I did. You know when I think back I think God, how naive I was, how sort of unsophisticated I was, but I didn't really appreciate that. . . . who's to say what makes therapy work. I was probably more enthusiastic than I am now, less jaded. I really wanted to help, I mean I get embarrassed when I think how naive I was about understanding the depth of people's problems, the severity of people's problems, I mean I didn't get it, maybe that was good news! . . . sometimes when I think about my early supervision when I was an intern, I didn't even know what questions to ask my supervisor, I had no idea. . . . I don't think I got enough help in how to use supervision.

Although highly critical of their M.S.W. programs and their early social work supervisors, most described the Master's as a doorway into the profession, which then gave them the opportunity to learn how to be a psychotherapist "on the job".

Some have sought advanced training in the form of a Ph.D., advanced psychoanalytic training, consultation, or attended numerous weekend workshops as a strategy for overcoming feelings of inadequacy first experienced in their Master's program. They have spent much time, money and energy in an effort to achieve professional competency and growth:

> If I needed help I wasn't opposed to getting it. I found people who I thought were the best and I would consult with them, be able to pay them, and use them more as a consultation model, continuing my education, plus I was doing some presenting, but mostly I was going to conferences.

Three of the participants have pursued advanced training in the form of Ph.D.s in clinical social work in an attempt to feel more competent in their work and expose themselves to more theory. In contrast to their M.S.W. programs, all three were very satisfied with their Ph.D. programs. They felt that the Ph.D. gave them "a real deep connection to social work", a sense of mastery and a push forward in competence level that they had hitherto not experienced in the work: "Getting the Ph.D. pushed who I was further".

The Intellectual Challenge

Every participant expressed a fascination with the subject of psychotherapy and the opportunity it provided them for further learning, gaining mastery and growth: "You're always learning in this field" was a common response, as they described a sense of intellectual challenge and stimulation from their work throughout their careers. "It's challenging, it's like a sophisticated game for me. There it is. I get paid for it, yes, I get paid for doing something that I really like, so that keeps me invigorated."

They continue to experience throughout their careers a sense of intellectual stimulation and challenge from their work, feeling nourished and privileged by the unique view of the human experience that the profession allows them.

Many of the participants used the phrase "understanding what makes people tick" to describe the intellectual gratifications that the work has to offer: "I enjoy trying to understand what it is that makes somebody tick and understand why this person is having the difficulty that he or she is having." Many described themselves as having very "analytical minds". They felt intrigued by the mystery to be discovered and uncovered in treatment, and enriched by the privilege of accompanying patients on these personal journeys. In the same vein others talked about the satisfaction and challenge of "getting it", like a detective, solving a mystery. "I enjoy the spark that comes when I know I've gotten it."

And another:

> I'm somebody who enjoys relationships and tries to figure them out and tries to make them work, and I've always been fascinated by human relationships, so my orientation, which is psychodynamic, really incorporates that. I want to know what it is about my relationship with the client that is sort of representative of his or her relationship with other people. I want to help the person understand it. I find it very intriguing.

Some also described themselves as "voyeurs", "nosey" and "curious" about the lives of others, and generally intrigued by human relationships. They speak of the immense satisfaction and vicarious pleasure that they receive by being privy to their patients private lives and being trusted to assist in their patients' life struggles:

> The voyeuristic part of it about being privy to private lives and to be honored to have people share with me is almost up there

> with being effective, you know that somebody would trust me I think is very much up there. Just to hear about other people's lives, to get all kinds of information about all different things, because I'm listening to other people's lives . . . I don't read very much, I feel like who needs to; people's stories will unfold and that's very satisfying to me.

Another states: "I think it's the part of me that probably has a vicarious interest, a personal interest in really knowing what makes people tick, and the depth of it."

A female therapist describes herself as "nosey:"

> I think of myself as a curious person, maybe a more derogatory thing would be nosey, but I think that I'm just really curious about what makes people tick and the ways they think about things, the meanings they attach to them. I'm always curious about what their M.O.'s are and how they repeat themselves and the power of one's dynamics, so there's a kind of curiosity about that.

Two child therapists describe the feelings of competency, fascination and excitement they experience in play therapy:

> I also enjoy the intellectual challenge of it, I enjoy trying to figure out what it is that somebody needs in order to be helped. That's one of the things I like about play therapy sometimes I feel like it's sort of learning another language and it's very exciting when you feel that you've sort of gotten it or understood a child.

> I get excited when I supervise or teach, figuring out the meanings of things, putting the pieces together and coming to some kind of understanding, especially with children whose mode of communication is more in activity and action and not verbal, and that's really fun.

Many expressed the joy of intellectual growth and evolving mastery that has occurred in the development of their careers.

> I feel I'm evolving as a professional and I hope I always will continue to, it's a profession where I feel one can learn all the time, there's always more to learn and that's one of the things I love about it, it's very challenging intellectually and I think I need that, intellectually and personally.

Others described therapy as "an art" where one could "always learning something new." The work was described as intellectually stimulating: "never boring, I've never felt this was boring work, sometimes it would be good if it were a little more boring, sometimes it's a little too exciting."

Stressing the intellectual challenge, one man says: "I also needed something that is intellectually challenging and interesting. It's enough of an intellectual challenge that I tend to have always been really challenged by it." Others talk about the intellectual gratification they receive from their work with diverse clinical populations:

Reflecting back over his career, the retired participant comments on his personal feelings about mastery:

> It's mastery, and I don't pretend that I mastered everything, far from it, I mean in one interview so much goes on, but each little piece is a victory for you, not only for the client but for you and that is not only intellectually satisfying, but it is certainly emotionally satisfying, and I found it very gratifying as well as exhausting.

The joy of "joint discovery" was a common response: " . . . what else is gratifying is the process of assisting somebody in really resolving conflicts, the joint discovery is very gratifying".

These therapists continued to experience a sense of unique intellectual challenge and stimulation from their work throughout their careers that they believed few other careers could give to them. They view themselves as both privileged and nourished by being a part of the unique view of human experience that the work gives to them.

The Diversity of the Work

These therapists stress their appreciation of the variety of roles within clinical work, clinical populations, and settings. The data reveals that all participants actively mixed the various aspects of their professional lives into a combination of activities that stimulated and supported them. This pro-active stance was reflected in the attention they gave to doing a variety of work, balancing teaching, supervision, consultation, research and further education with their clinical work. They saw diversification of the work as providing further opportunities for mastery, growth and another strategy for avoiding burnout.

A male therapist reveals that after attaining his Ph.D. he became interested in academia and teaching in addition to his clinical work. He describes the gratification he now receives from teaching:

> . . . the possibility of complementing clinical work between supervision and doing academic work, there is plenty of room for diversity. I teach at. . . . (major universities) and I teach every year at (various) conferences . . . I think going back to school (for a Ph.D.) had to do with that (teaching), but it seems as though it has all worked out.

Another therapist expresses her love of collaboration, which illustrates both the role of diversity and a sense of connection with colleagues (see "A Sense of Connection"):

> My work is diverse, that's pleasurable for me. Part of my work that is really pleasurable is that I collaborate a lot. . . . I actually have a fairly diverse practice so for me there's a lot of variety and a lot of contact.

A school social worker also speaks of her love of diversity, "What I like about this job is that I again have the wide variety that I worked with when I originally went into mental health".

While emphasizing the opportunities that diversification can bring, these therapists all took an active role in designing the details of their work lives in ways that stimulated and intellectually challenged and supported them throughout their careers. As their strivings for mastery and professional competence have continued, they describe the gratification they experience in addressing their own specific needs, interests, and limitations:

> Actually I think the diversity of the things I've done has been one of the things that has been extremely gratifying about the work. I've work in a variety of settings, I've done crisis intervention, then I worked with children and adolescents, and recently I went into private practice. I think that's part of what made it very satisfying for me was that I was able to do a variety of things that could keep me learning something new.

Another therapist who is about to enter into a new phase in her career - psychoanalytic training, describes her love of theory and of learning something new. Mixing clinical work with the opportunity to learn new theory reflects her aspirations for mastery, personal and professional growth:

> I love theory and things that are totally different to what I've been doing for the last 25 years, and I have always been like that. I like what is different and that's why my career would work for me before because I could change and learn something new or do something different . . . then once I learned what I'm doing I have a period of time where that feels really good to be confident, and the next thing you know I'm very bored again. It really is fun to study theory and have a career that offers opportunity for so much diversification.

The oldest female therapist talks of her love of community relations, her love of diversity in her work, and her contacts with students over the years. The following quote reveals congruence and compatibility in the work that she has chosen (see "Congruence and Compatibility" above), a need for

connection with others (see "Sense of Connection" above), as well as her love of diversity and the evolution of mastery in the work:

> I've realized that I do like diversity, I guess there's a part of me that's always been the social part of social worker, community relations, I really like that, and I like supervising, that was fascinating, I had so many students who went through the agency, it was very sustaining.

The participants suggest that they have learned to balance their professional lives through diversification throughout their careers, thereby avoiding burnout and the inevitable depression that accompanies it. Furthermore teaching, supervising and other diverse activities connected to their profession give these therapists further gratification, affirmation and validation from colleagues and students that they may not receive from their patients. It also keeps them intellectually stimulated, avoiding boredom and intellectual atrophy.

The Role of Personal Therapy

Most training programs in psychotherapy and clinical social work require, or strongly encourage trainees to enter into personal therapy. A requirement of this study was that all of the participants should have experienced their own personal therapy or psychoanalysis. There was unanimous agreement amongst these therapists that personal therapy provided them with a valuable and necessary prerequisite for competent clinical practice. First it allowed them the opportunity to examine and deal with their own emotional problems promoting a higher degree of emotional stability and mental health while at the same time increasing their own

awareness as therapists. Secondly it gave them the experience of learning what it "feels like" to be a patient, increasing their understanding of, compassion, and empathy for their patients position in the therapeutic relationship. Thirdly it was viewed as a powerful training experience which provided them with the opportunity to observe another therapist as a "role model in action".

The data in this category will be divided into the following sub-categories: "The general value of therapy", "Personal therapy before professional training", "Personal therapy for professional growth and support", "Experiencing the patient role", "Personal therapists as role models" and "Negative experiences with personal therapy".

The General Value of Therapy

Whether the participants had therapy before or during their professional lives, all talked with conviction of their belief in the general value of therapy. One therapist describes the impact that personal therapy had on her life:

> I was immobilized by anxiety and depression. . . . it was therapy that changed me, and it was being in the field of mental health that made it possible to go to therapy otherwise therapy was what people did who were really self indulgent or crazy . . . you know I think it would have been very sad if I had never gone to therapy, I don't mean to say it's the total answer and that it has to be for everybody, but it's what raised me, re-raised me I guess.

Another states: "I have a very firm belief in the value of psychotherapy and that stems from my personal experience with it and the importance it's

had on my life". Two others echo the first: "Personal therapy was helpful to me and I consider it essential to do good work." "My own treatment makes me a true believer in the effectiveness and value of the therapeutic process." Others describe the benefits of personal therapy in addressing issues of the mobilization of personal reactions and countertransference with their patients, for example:

> When I speak about a case in consultation it's because of some kind of transference difficulty, so it's been useful to figure out what that is and then to go further with it in my own therapy and figure out what it is about my own life that's affected the way I view my clients.

A female therapist describes personal therapy as a place to release the stress she sometimes experiences in her caretaking role:

> I just needed a place where it was just for me. One thing we do as therapists is we listen all day and then we go home to take care of our children and we're such caretakers, and sometimes it's just too much. It was just wonderful to have an hour where it was O.K. to talk about myself, that's what I was supposed to do, to have somebody there just for me. Yes that was wonderful, a real haven for me.

The opportunity to have a safe place "just for me" to relieve stress, work through unresolved conflicts and facilitate personal growth and maturity is described as an essential process for this work and clearly serves as an important strategy in combatting stress and potential burnout in the work.

Personal Therapy Before Professional Training

Most of these therapists first sought personal therapy in their late teens and early twenties for help with personal problems and emotional pain. One describes her first experience with personal therapy:

> I was a very quiet kind of inhibited and reserved girl and at fifteen I started to be argumentative with my mother who was kind of psychologically-minded and she said 'do you want to go talk to someone, you seem angry and upset and you're not relating it seems you just need to go talk to someone', and I said yes, not knowing who or what I was getting into, and so I went. I didn't understand what I was doing there, I had no sense of it, but I wanted to go, and I went for two years until the time I graduated from high school . . . there were a few things that had tremendous impact on me . . . I've never forgotten her . . . she helped me to feel O.K. about angry feelings towards my parents which I must have thought were intolerable.

Another therapist describes his meeting with the clinical director of a social work agency at age eighteen to discuss volunteering his time to work with children:

> He invited me to lunch to talk about my volunteering at the agency and he was getting me to talk about my life with my family, and he said to me 'well you know, I think you're depressed, you should come in (to the agency) and see someone', so I did.

Therapy for Professional Growth and Support

Although every participant sought personal therapy in the beginning years of their career, many talked of its continued value in addressing personal and professional problems throughout their careers, "I didn't go into therapy again (after a break of fifteen years) until two years ago. Being in therapy has influenced my career, but I went back to therapy basically because I was in a lot of pain about my divorce."

Others talk of the value of returning to therapy to assist with work related issues at different stages in their career: "I've used therapy each time I've made it to different career levels." A participant from the public sector comments: "Working on my relationships with employees, supervisors and colleagues reduced the stress I felt and made my work more interesting." Another speaks of the importance of personal therapy in averting stress: "If I wasn't in personal therapy, I would be very burned out".

Personal therapy appears to promote a higher degree of emotional stability and personal growth in these participants.

Personal Therapy/Experiencing the Patient Role

Others speak of the importance of experiencing the role of the patient to increase their awareness, understanding and empathy of the patients' position in therapy. This is exemplified by the following quotes:

> You have to have been in therapy to be in this field, if nothing else because it's really important to have been in that position . . . it's the experience of the patient, it's letting yourself be in the position of the patient.

> My therapist was a Self Psychologist who called herself a feminist therapist . . . she was very empathic, very genuine. She didn't put herself in a position above me, but put herself with me. She is the best therapist.

This process is described by the participants as providing them with the opportunity to identify more accurately the fears and concerns of their patients and gives them a better appreciation for what is experienced as helpful by their patients.

Personal Therapists as Role Models

Beyond the opportunity of experiencing what it feels like to be a psychotherapy patient, participants described personal therapists as providing powerful role models, demonstrating the skills, interventions, treatment techniques, confidence and competence they desired in their early careers. As part of "learning on the job" most regarded personal therapy as one of the most valuable components of their education and training. For example: "There's no question you learn by imitation, it has quite an influence", "I've matured going through these things and I've learned a lot. The best money I ever spent toward my career was my own personal therapy, and it's made me a much better therapist". "It has deepened my clinical work and that contributed to career satisfaction".

Two therapists described the important role that personal therapy has played in their preparation for the work, their lives and careers:

> So I went into therapy for very personal reasons but found it really helpful as far as being a therapist. I really understand why that's a requirement for psychoanalysis. I think I learned more

about how to understand somebody and how to operate as a therapist from that. I mean that's probably the best practicum there is.

Probably I learned more there (in personal therapy) than I would have realized about how to proceed, what to do. You kind of take it for granted, but maybe that was the best training ground.

The participants describe how they have come to admire, respect and value their personal therapists as important role models for their own work:

I've had good therapy . . . my last therapist, she was the most effective, growth promoting in a rapid way for me. She was very empathic, very healing, and an active therapist, again confirming my belief that you can be an active therapist and be effective.

I've been in individual therapy as well as couples therapy. I also had a therapist whom I very highly regarded and I find myself thinking about her sometimes when I'm working with clients and think what would she say. I find myself saying things to people that she has said to me.

I was in therapy for six years, and sure, you learn by example. If you have a good therapist it helps, if you have a bum therapist it doesn't help, and sometimes you can't tell the difference. . . . I'm sure it helped because it allowed me to function better, I was less anxious and able to perform.

Negative Experiences With Personal Therapy

Although all ten studied were in general agreement with regard to the value of personal therapy, one of the six female participants regretfully related being sexually abused by her male psychoanalyst early in her career:

> I've had a lot of my own therapy, a tremendous amount, and I've had one very damaging experience in therapy when I was younger, extremely damaging, but it didn't make me go away from wanting to be a therapist. It took two significant chunks of treatment to work through and to come out the other end and to sort out how I could have been vulnerable to an experience like that, and then work through an experience like that, and then to be able to eventually turn that person in, have them lose their license and all that kind of stuff which took me years to do, but I think it enhanced my appreciation of the field. I think that it added to who I am, and again that confirms my belief in the value of therapy, my experience in therapy as a young person.

Two other female therapists described incidents early in their careers where they experienced their male analysts as "cold", "uncaring", and "inappropriate". One recalls:

> I don't want to make a client feel the way he made me feel, it was more from a pretty strict psychoanalytic model, maybe I think probably because he was a bit like my father and so I got stuck in this relationship without realizing that it probably wasn't good for me, he made me feel worse about myself . . . he

made me feel horrible, like I'd done something terrible, so it wasn't particularly therapeutic.

These female therapists described themselves as having been naive and "enamored with psychoanalysis" earlier in their careers. Upon entering psychoanalysis, they initially viewed their male analysts as powerful, respected, all-knowing, authority figures. Although these three therapists feel they were damaged by these early experiences with personal therapy, nevertheless they have all used these negative experiences as vehicles for continued personal and professional development. None left the field but instead have come to view these painful experiences as empowering them as therapists, enhancing their capacity for compassion and empathy.

In sum, these therapists described personal therapy as providing an essential component in their career development. Early incidents of negative experiences with personal therapy for some are viewed as additional opportunities for personal and professional growth. Because of their perceived early exposure to psychological pain and family trauma (see "Congruence and Compatibility") many of them believe that their own therapy has, as one participant described it "re-raised me". They attribute more importance to personal therapy than to their formal training in helping them to evolve into the competent professionals that they are today.

Personal Life as a Source of Influence

Participants in this study easily make connections between their personal lives and work (See "A Sense of Connection"). When reflecting upon their personal lives and its influence on their work, they give evidence of having thought about such connections and speak of both positive and

negative interactions between personal life and work. They appear to translate their personal experiences to the work setting. They learn from their personal lives and experience a corresponding increase in competence which is expressed as "understanding" in their work.

By contrast they compare their abilities in the work sphere to their home lives, sometimes finding their work interferes with their lives, and some attempt to adjust the situation. Participants described the gap between what one knows as a therapist and how one performs as a parent. Though they found no permanent solutions, their recognition reveals a desire to understand. This subject is discussed below in three sub-categories: "Positive influences of marriage and family", "Negative influences of marriage and family", "Activities not directly related to family".

Positive Influences of Marriage and Family

The participants were asked if there were any significant events either personal or professional that changed the course of their careers. Every married participant and every participant with a child answered that getting married, or divorced, or having their own children had changed them, in that it made them more "sensitive" and "understanding". For example: "The birth of my daughter didn't change what I'm doing but it helped me to understand children more, and that makes me more sensitive, more fulfilled that I have a child in my life." Another therapist goes on to say:

> I know that it makes people feel a lot better to know that I have children when they bring their children to me, many times people would say do you have your own children, I think it makes them feel better because they think you understand what

> it's like to be a parent and certainly having children is very significant in my life and a very sobering experience as I think it is for all parents.

Another talks about her marriage and life experiences as a positive source of influence and understanding on her work: "The most significant relationship is with my husband; you really learn a lot about yourself in a marriage and all of these life experiences (getting married and having children) were tremendously important because of the kind of work we do".

In the same vein, another therapist talks about the impact of having children on her development of compassion, sensitivity and empathy with parents and in marital situations:

> Certainly having children altered the course of my career, I remember that people used to say to me before I had kids 'you're not a parent, you couldn't understand', and I used to think that was ridiculous when I started out, you're too young or you're not a man or you're too this or too that, but I really feel there is a grain of truth, I think it has certainly changed my work with children a lot, I think I have a lot more empathy for parents. I used to think how could that parent do that to that poor little child, you know, now I understand.
>
> Certainly having been through my own therapy and my own difficult times, I don't know if crisis may be too strong of a word, but at times in my life struggling with various issues in my marriage has helped me to understand my work in a different way.

Participants valued highly the relationships that they had with their spouses, partners and children and appreciated the effect of a stable family life:

> This work has made me much more tolerant and understanding of differences in people. It's certainly made me appreciate what I have. Some days when I come home I think how lucky I am to have this family. Yes it's opened up my eyes and I've seen a lot of things I never would have been aware of probably, and sometimes it makes me very sad, but I think it's made me a more understanding person.

> Yes it's changed me in a real positive way. It's kept me in touch with what people's lives are like and the human experience and the human condition. I think it's made me a good father, although I don't practice therapy with my kid, I just am aware and more accepting.

Getting married and having children were viewed as important life events for the development of empathy and increased "understanding" of marriage and children in their work, thus assisting them to gain mastery in their career and personal development.

Negative Influences of Marriage and Family

Many of the participants talked about various difficulties of being a therapist raising a child. One suggested that being a therapist does not particularly give her insights or equip her to deal with problems with her own child any differently than any other parent. However, she does suggest that having a child affected her understanding of children:

> I don't know if being a therapist has helped me to change things, for example, I'm a child therapist and I consult with parents and I have a young son who is very difficult, and I don't know if I'm doing things any better, I don't think I'm any better a parent or immune from the kinds of things that parents who see me. . . . I always used to think you didn't need to have children to understand children, but I think that after you have had children you see it in a different way.

Another talked about losing his desire to treat other people's children after having his own children.

> I really found it hard to do play therapy (after having his own children) and go home. I enjoy my children, I don't enjoy children's games per se, so if I'm playing Stratego with a child in play therapy and I get it all day long and then when I go home and my child say's 'How about Stratego Dad?' I say 'No not again'.

Other therapists address the negative consequences that can arise when a child has a parent who is also a therapist. This is illustrated by the following examples: "I think my children don't like being therapized, and I think it can make mothers (who are therapists) a little too intrusive probably, a little too involved". "I was a better child therapist than I was a father, I suspect because with your own children you do terrible things that you shouldn't allow yourself with clients".

Two therapists describe incidents where their children spoke of their resentment of their being "therapized:"

> My children hate it. My children have both said to me at various times 'will you stop being a therapist with us, stop trying to understand', one time my daughter was very angry, the computer, she pressed the wrong button and the computer erased a paper she'd written, and I was being so understanding with her and finally she turned round and she screamed at me and said 'will you stop being so understanding, I need to be mad', so sometimes they don't like it.
>
> I found myself changing my relationship to the children. I used to spend time with them reading and one of them said to me 'how come you're talking to me in your doctor voice?', well it hit me maybe more than once and I think probably about the second time I understood what he was getting at and stopped being a therapist and started being more of a parent, which he appreciated".

Although most of the therapists spoke of the positive influences that getting married and having children of their own had on their career development, being a therapist does not appear to make these therapists' feel they are better parents or render them immune from the difficulties of parenting.

Activities Not Related to Marriage and Family

In addition to seeing a satisfying family life as an ingredient for career satisfaction and personal development, participants expressed the need for creative, non intellectual leisure activities and hobbies, both solitary or with friends and family to allow for psychic healing.

A number of the participants expressed a love of the outdoors. Many liked to camp, ski, hike, play tennis, or to read. Feeling refreshed and renewed after leisure activities was expressed very succinctly and poignantly by a male therapist in response to a question about how he sustains himself. His response echoes that of many of the participants:

> I'm not a real athlete or anything but I love the outdoors, and when I go skiing and I go camping, I come back and my brain feels like it's been swept out, and I don't think of myself as a therapist when I'm on a trail, I don't think about that, and I don't feel guilty.

Many stressed the need to keep their work at the office if they were to remain effective, survive the inherent stresses of the work and avoid burnout. A female therapist speaks to this:

> I think one thing I've learned over the years, and this can only come with experience, is to be able to separate one's work from one's private life and to kind of leave things, not take them home with you. I think that's one way, and initially I may have felt somewhat guilty and felt like I was abandoning or rejecting my clients to do that, but I think that's how we survive. We can't be there all the time for everybody, we have to leave some things at the office and not feel responsible.

Another speaks of the continuous feeling of responsibility she used to feel for her patients:

> I think when you start out (in the profession) you have no idea what you're committing to, I had no idea, and it influences how you think, and you don't just quit at 5 o'clock, and there's the practicalities of early morning, late evening, rearranging your life around that, and having to be available. I feel ethically that you have to be available kind of a bit all the time.

Participants generally agreed that as one matures in the profession, though awareness of responsibility for patients' lives and their mental health continues, one gains the ability to let go of worrying about patients' lives. This is illustrated in the following quote:

> I don't believe that I can successfully make it with each person I see, I mean there's people I've worked with that don't seem to change or therapy is not very useful and I think it could be as much as whatever the limitations of our particular relationship are, and sometimes I believe that maybe therapy can't help them but I'd be more inclined to think that maybe if I couldn't work with them optimally, then the therapy couldn't be useful.

The words "letting go" and "guilt" were used to justify taking time for themselves. This notion of guilt and being available to their patients harkens back to early descriptions of themselves as caretakers in their family of origin (See "Congruence and Compatibility"). They struggle to take time to renew and refresh themselves. As they have matured they have learned various means to do this.

Evolving Change or Transformation Within the Profession

The participants were asked whether being a therapist for so many years had changed or transformed their lives. The data suggests that being a therapist may make one more sensitive and self aware as a parent, a marital partner and as a person in general. All but one of these therapists entered the career of clinical social work in their early twenties, and some say that they are not sure whether it is the work or other life experiences that had changed them since they have grown up with the profession and have nothing else to compare it with. The following quote exemplifies this well:

> You know when you're in (the profession) as early as we are it's almost like it's developed you because you and it have sort of grown up together, so it's hard for me to say how it's changed me, it's always been there. I mean it's certainly affected me the way I look at the world and life. I tend to look at it from a psychological point of view, and I've always had some struggle between that and the social because I was raised to be a socialist so there are two ways of looking at things, one is the personal and the psychological, and the other is feeling the effect of economic and political issues on people's lives which is very valid . . . one of the joys that I find of being a social worker is the well roundedness of it, the all encompassing part of social work philosophy.

Others describe the feelings of privilege and appreciation that being a therapist brings to their outlook and general philosophy of life. Their knowledge of psychotherapy and human behavior, they suggest, enriches

their lives and may contribute to making them better parents or marital partners. They describe this as a humbling experience, as the following excerpts illustrate:

> I think being a therapist has enriched my life, it seems inseparable in some ways. It brings some insights in a way that makes one feel humble. You just know you're over your head, in terms of parenting and aiding a marriage. It seems like it keeps one aware of the complexities of it and I think that the other thing that has helped is it has really made me think very hard about taking time away from my children. Maybe if I was in another job I wouldn't think of my importance or their importance to me, of my children. I think I might not have known some of those things or had them so clearly confirmed in the consequences of mistakes, so I probably would have made more mistakes.

> I think being a therapist has helped me in my relationship with my partner, the therapy sure has, being in therapy. I think it's made me appreciate things, appreciate life, and made me more accepting of life, including death, and being in my middle 40's or getting there I think about the finality of things, and accept it more. I'm not afraid of death, I see this as some process that we all need to go through and this is kind of an adventure, so I think being a therapist has helped me with that.

> The work has changed me, and so has marriage and having children and many other things and maybe dealing with some of

> my personal issues, the resolution of those things have also energized me . . . there are times when I need my vacation but when I wake up on Monday mornings, I don't say, 'Oh it's Monday', I say, 'Boom, I'm ready to go to work'. I'm also ready when it's Friday or the end of the day to go home. I don't work weekends, I don't work evenings, I take care of myself.
>
> The work made me much more aware of what I was about, but I don't think it changed me very much. I was a sucker when I started and I'm a sucker now. People's suffering always affected me, I was more aware of it after I got trained I must admit, but whether that was an advantage or not I don't know.
>
> The work constantly pushes me for greater consciousness and right now I'm sort of stuck with who I am, but that hasn't changed, but it certainly has transformed me in a sense of keeping me working, it has kept me working on myself and on the defenses all the time so has it changed me into something? I don't think it has, it has probably helped me to resolve conflict and pushed who I am forward.

A female therapist describes the sense of personal and professional evolution of mastery that she believes has developed over the last 25 years while working as a therapist. Previously shy and retiring, she places value on personal therapy and on her connection with her colleagues (see "Sense of Connection") whom she credits with helping reach her personal and professional potential. This eventually led to her becoming a prominent figure in the field:

I don't know if the work itself has changed or transformed me but my life as a (psychoanalytic) patient certainly has. I feel like I'm not the same person that I was . . . it was (personal) therapy that changed me and it was being in the field of mental health that made it possible to go to therapy. . . . I was immobilized by anxiety and depression I think and so that it was very hard to get to know me. The friends I made were people that reached out to me and so I always had friends, but it was hard making friends and they were people that selected me rather than people I selected, I assumed no leadership. I had none of that drive, but I got involved in working with molested girls and then I got involved in giving training, and I went to Toast Masters probably to get experience in public speaking, and then I became a board member and active in several clinical social work organizations so that I think that further made me a lot more extraverted than what I would have been. I think it would have been very sad if I had never gone to therapy.

Another states:

I think it's probably enhanced my personal life, I think my personal life has been more difficult than my professional life . . . I think it's been a stabilizing track in my personal life kind of who and what I've been in work and profession, sort of this gradual evolution . . . my professional life has sort of been on a linear path, going up straight, whereas my personal life has had more changes in it and was maybe less predictable. . . . my professional life is very close to what I thought it would be, so it

> sort of followed a more scripted way than my personal life, so maybe that's the difference I was trying to make. . . .

Others describe their evolution within the profession, the way that it has affected them and the importance of their connection with peers:

> I don't think the work has changed or transformed me, let's say I've evolved and emerged within it, but I don't think I'm essentially different . . . I'm a helper type and very much interested in relationships so in that way I don't think professionally, I mean I think I'm different in that I'm more mature, I think I'm a lot fuller of a person than I was then of course, but I think that whatever was true about my nature then (in childhood) is still true now, and it's consistent professionally with who I am.

> It certainly has had an impact on who you associate with and who you make friends with, and being sort of introverted, so that I don't go out and do a lot of things outside of the profession, so that I will affiliate with people I meet through work, so it's had a major impact on my social life, and I enjoy talking about personal things or things in depth.

Throughout their careers these therapists describe a story of evolution that has not been easy and without a price. Many describe struggling early in their careers with inadequate training and supervisors who did not give them the direction they desired. These therapists appear very self motivated and self directed and have independently sought out competent mentors and

advanced training. At the same time they have taken good care of themselves both in and out of work to avoid burnout.

The evolution of these therapists' career development has been gradual. They describe times when they felt on top of their careers, and others when it was not so easy, but all describe a feeling of mastery in their professional lives and career development. They experience this mastery as immensely gratifying and worthwhile. The opportunities offered to them by their profession and their connection to others in the field not only fit with their people-oriented modality and their general "nature" (see "Congruence and Compatibility" and "A Sense of Connection") but also contribute to feeling that they are successful and "making a difference" with their patients and as social workers in the community (see "A Sense of Accomplishment and the Measurement of Success" below).

A Sense of Accomplishment and the Measurement of Success

In previous categories the participants appear uniformly positive about themselves and the work that they do. By contrast, the data presented in this final category represents an area in which the participants expressed the most doubt, pessimism and ambivalence. It is within this category that the potential hazards and difficulties involved in the practice of psychotherapy are addressed.

Feeling that one has accomplished something as a therapist is complex; participants in this study used many different criteria to define their sense of accomplishment which they experienced on many levels. One type of accomplishment described by the participants is "success" as measured by

validation and acceptance by one's peers; for others more academic accomplishment, or the lack thereof, overshadows such validation.

Another means of developing a sense of accomplishment which the participants described is the sense that they are "making a difference", "helping" or "facilitating" in their patients' lives. Despite the difficulties of measuring the satisfactions and rewards in such a field, all the therapists in this study described themselves as successful in varying ways.

Lack of clear confirmation that they had indeed "made a difference", however, was problematic for some, and they expressed ambivalence about not always knowing the long term outcome of treatment. Another problem therapists associated with the notion of success is a sense of uncertainty or ambivalence about the viability of one's practice and the role of money. Feeling effective is a more internally judged experience requiring self validation, but this is often troublesome and difficult. The data reveal that the participants often saw themselves as successful and respected while at the same time holding doubts about their own effectiveness. As therapists struggle with the escalating demands of practice in the current climate of managed care, rewards and satisfactions that have been cherished throughout their careers can diminish. Some therapists in this study struggle to avoid becoming bitter or cynical about their work because of threats to their autonomy imposed upon them in recent years from third party insurance companies.

Concerns which fall into this category reflect the nature of the struggle in these therapists to overcome feelings of uncertainty in experiencing success. Two categories embody the positive aspects of this theme: "Respect, Professional Reputation and Validation" and "Making a Difference: Altruism, Belief in the Work and the Value of Helping". More ambivalent

and negative aspects of the theme are presented as: "Feeling Effective: Ambivalence and Uncertainty", "The Role of Money", and "Threats and Hindrances to Autonomy and Meaningful Work".

Respect, Professional Reputation & Validation

Most of these therapists measure their success primarily in terms of perceived respect, reputation and validation from within the professional community. A female therapist modestly states:

> I guess I am successful, I think so, that's what people say I am, I support myself, I guess I have a good reputation, I just never thought that this would be my status in life, that I would be recognized. . . . I was a shy, inhibited kid; I never anticipated success and recognition.

Despite being heads of large agencies and very well known and respected in the professional community throughout their careers, the two oldest participants were the most modest and self effacing, believing that they had not been particularly successful or gained outward prestige during their careers. This perception was based on the fact that they had not published anything they would consider successful nor had they achieved academic success. Both had siblings who were social workers who had received considerable success in the academic community and came from families where academic success was rated more highly than success in clinical work. Success for them was thus equated with academic success. One believes that feelings of success are internally motivated:

> That's actually been a problem for me because I think other people often think of me as more successful than I think of myself . . . I'm not the sort of person who writes particularly or does anything like that therefore I find myself less successful. . . . you have to do it for yourself in terms of your individual work unless you're a celebrity in the field.

All of the remaining younger participants viewed themselves as successful in varying degrees, with most measuring their success and sense of accomplishment again in terms of how they perceived their respect, reputation and recognition within their professional community of peers, supervisors, interns, teachers, and senior colleagues. Some described themselves as self critical and indebted to colleagues and mentors for the constructive criticism and validation that consultation has provided for them over the years:

> I think they (her professional colleagues) think that I'm more successful than I think I am because I tend to be fairly self critical and that's one area where consultation is very helpful because I'm usually presenting a case that's very discouraging to me so I need somebody else to point out to me that I have done something helpful, that's useful to me.

Other therapists describe the feelings of success and validation received not only from their reputation in the professional community and their success with patients, but also from their diverse roles as teachers and supervisors:

I guess I measure my success in part by the reputation I have among my colleagues, in part by the feedback I get from both clients and trainees and like at the end of the seminar, when the trainees will say that really was great and when are you going to come back, or when clients report the changes that occur, I think those are the ways that I know.

It feels good when people want to be supervised by me and that kind of thing, but it also feels really good to be respected by professionals who are . . . to have people consider me their peer who I really look up to.

. . . so the things that maybe give me a sense of my success are when I hear or find knowledge of my perception by other people I respect, how viable my practice is, and then the intangibles of my clients . . . when I'm invited to do things with colleagues, that makes me feel successful like when I was invited to join this group of private practitioners; when I was invited to join a consultation group with some other colleagues who I see as more senior and more successful than me, those are the ways.

These therapists reveal that because feeling effective is internally judged and requires self-validation, outward affirmation and validation by peers and senior colleagues in the professional community is a crucial element in their measurement of success.

"Making a Difference": Altruism, Belief in the Work and the Value of Helping

The participants' sense of emotional connection, their sense of success and their people-oriented modality is further reflected in the actual nature of the work. They stress the value to them of "making a difference" by helping others get on with their lives. This they specify as particularly meaningful and it is also congruent with the way they view their own histories and values (see "Congruence and Compatibility"). A variation will also be described, illustrating a differing perspective of looming disillusionment, uncertainty and ambivalence regarding the value of helping in the current climate of managed care.

The majority of participants viewed themselves specifically in the role as a "helper", a common response being "I saw myself as a helper alright", or "I'm pretty analytic, not a cold person or somebody who doesn't help, I really like to help if I can". Another put it this way: "It's very gratifying to help relationships, help families, help attachments, help them work towards more attachment". As they have matured, the role of "facilitator" was described as coming more into play. Most participants expressed the gratification that comes from helping and facilitating insight and change and thus "making a difference" in their patients lives, as the following quote exemplifies:

> The most gratifying part of being a psychotherapist is facilitating, being a facilitator for a person to get some better grasp of themselves and why they function the way they do and what some different ways of coping and functioning would be so that their lives are better, and then seeing that improvement, seeing the change, that's the most gratifying is seeing the change.

A therapist talks of her personal belief in the value of psychotherapy in "making a difference":

> I have a very firm belief in the value of psychotherapy and that stems from my personal experience with it and the importance it's had in my life. I think because I believe in the process, that it really can make a difference in somebody's life in some very important and significant ways. On the other hand I don't feel like it transforms anybody. I think it allows you to be who you are in a way that can be adaptive rather than less, rather than trip yourself up. I don't think it makes people different people, it's a certain evolution or emergence that always had the potential to be is what I really think.

Therapists who worked with children were the most vocal in expressing the direct pleasures they experienced in watching their young patients grow in therapy, as a result of their therapeutic efforts. Three therapists reflect upon their work:

> About half of my work is with children and I think I like working with children for many reasons, but for one thing I think they change faster than adults for the most part and I can see I've made a difference in a child's life, to me that is very gratifying and that's what it's all about.

> I enjoy the spark that comes when I know I've gotten it, when I've understood something, and I know that I've said something that's made a difference. . . . you can see the light bulb go on and you know that what you've said is helpful to that person and

> you can actually see them put it into practice. . . . with children I think it's much more concrete when I see that they're doing better in school, when I see they're happier, and it's just more visible I think.
>
> Well I suppose it's kind of like raising a kid or something like that in some way, but it's very gratifying to see that your hard work pays off and makes a qualitative difference.

And the retired participant reflecting back over his career recalls his earlier vision of himself as a "helper" who could "make a difference":

> I don't think I had a great vision of myself as a therapist, I saw myself as a helper alright, but I didn't dignify it with a title. Toward the end I was very tired, but the rewards were so great, watching kids who were flunking out of school, peeing in their pants and all kinds of things gain in stature because I could validate their feelings of being worthwhile was such a delight, and helping the parents feel less helpless and therefore stronger was also a delight, you couldn't help but really feel good about all that . . . you know that kind of thing can feed you for an awful long time, it's still feeding me.

Another therapist sees her role not only as a helper, but also as a teacher to parents and children alike:

> I think I see myself as a helper helping the client to help themselves. I've always thought of doing therapy, especially with kids as a form of teaching. It's helping children and adults

> learn some important things about themselves in their relationships with others that make them cope better, and function better, and that's what's gratifying to me.

When first entering the profession and somewhat unsure of themselves, several thought they should do more than help. As they matured, they came to view their "helping roles" somewhat differently. The following quotes are illustrative, the latter coming from the oldest female participant, who views her advancing age as an advantage in the work:

> I used to think earlier on that I was supposed to do it for them, but I think that's a tendency a lot of people have initially, that I was supposed to be the advice giver, I was supposed to have the answers. I don't see myself in that role anymore, although in parenting work I guess that comes up, but for the most part I see myself as a facilitator mainly, somebody who can help people to figure out what's going on with them and what will help to make them better.

> I see myself I guess primarily as a facilitator and somewhat of a helper, that's a very powerful role, certainly I explore with the person who they are and what they want to do, but I think particularly in my later career now, as an older person obviously the kind of transference is marked and clear and so much of my feeling is that this is a chance to experience a maternal or older person who really can and is involved in their independence and their freedom, and can facilitate that.

All of these therapists expressed a deep sense of satisfaction and gratification that helping patients to lead richer and fuller lives had brought into their own lives. Participants portrayed the interactive nature of the relationship as providing numerous opportunities for growth and realization of the therapist's own potential.

A Different Point of View: A Variant Case

One therapist offered a slightly different point of view from the rest on the value of helping. She has been in the profession for over twenty-five years but has come to view her role somewhat differently over the past three years, since the recent changes in the political climate for health care and the spread of managed care. It is important to note that her attitudes and values with regard to career satisfaction and love of her work did match the other participants until she discussed the recent introduction and spread of managed care. She differs from the others in her expression of the view that the changes which have taken place in the field and the kind of patients who now request her services through managed care have changed her. She differed from the rest in that she admitted to becoming somewhat disillusioned and cynical in her view about many of the patients who currently seek her help. She describes her concern with the patients' attitudes toward the process:

> I like people who come, who are interested in working things through and changing their lives, not looking for quick solutions, and I suppose that is satisfying to me, it's as much about me as it is about me wanting to help them, but it's not a category of patients that gives me satisfaction, but it's their

attitude towards the process and their willingness to work that makes the difference for me.

Speaking of her feelings of disillusionment and disappointment with patients who accept without question the limited psychotherapy benefits and the "quick fix" attitudes mandated by their insurance companies (see "Threats and Hindrances to Meaningful Work" below), she describes how her perception of herself as a "helper" has recently changed:

> I definitely came into the field seeing myself as a helper. I had all kinds of altruistic kinds of motivation. I'm less inclined to see myself as a helper now, and that's probably because as you get a little more sophisticated and start to partialize your ideas into different kinds of forms, probably what's happened economically and politically in the last 2 to 3 years has decreased my wish to help people quite frankly. I think people come because they want help, but what it is that they really want from me doesn't interest me anymore, so that I'm more interested in an intellectual exploration . . . it's not that I don't want to help people but the methodology is just . . . probably reading is what's interesting to me now.

Feeling Effective: Ambivalence and Uncertainty

In addition to validation from the professional community and, not withstanding their sense of "making a difference", these therapists strive for a kind of success which requires more self-validation, an internally judged experience of being effective in the treatment of their patients. Signs of such accomplishment can be elusive or even unavailable. The following excerpts

describe this sense and their ruminations on how they perceive signs of their effectiveness:

> The most important thing to me was to be effective. To see people feel better, to grow and mature and handle their lives better and to once in a while even get feedback years later, and I do run into old patients, that gives me I think, the greatest satisfaction, that I was effective.

> Because I can see that people's lives have changed and that they're happier, they're functioning better, their marriages are going better, their relationships are going better, kids are doing better in school or in the family, I think that's usually when I know when it's been helpful and I can feel a sense of accomplishment.

> To see people feel better, to grow and mature and to handle their lives better and to once in a while even get feedback a few years later . . . that gives me the greatest satisfaction, to know I was effective.

These therapists also described frustration which they experience after terminating treatment with a patient; having no definitive way of knowing whether all the hard work of therapy has had positive results which remain. Although they described becoming very fond of their patients during treatment and expressing a desire to help make their lives better, once the treatment is complete the relationship terminates and the boundaries of the therapeutic relationship have to be respected. That usually means that after the patient leaves treatment the therapist is not the one to initiate further

contact. One participant expressed a fantasy of wanting to mail evaluation forms to her patients after therapy had ended so that she could gain further knowledge of whether the treatment had been effective or not. "I think that one of the things that is hard about the profession is not knowing, not being able to call up and say 'how are you doing'". The break in this connection with certain patients where the relationship is "time limited" was described as difficult for some of these therapists.

The majority of the participants report that it is very gratifying to know they have "made a difference" in a patient's life when they receive news of a patient after the treatment is over. This may be by way of a Christmas card or a letter from patients, as exemplified by the following:

> I mean the moments of pleasure are often very brief but they're sometimes when you get a letter five years later from somebody and they still appreciate the impact you've had on their life. . . . sometimes it's by successes they've had in their lives . . . when someone comes round to be able to do something they haven't been able to do, you know it's usually about peace of mind and comfort with themselves I find, it's not actually what they accomplish but maybe their sense of well-being, that's probably when I feel that treatment has been useful.

> Just recently I saw a woman I'd seen for a couple of years and she moved away to another city, but she was in the area visiting and called me and came in for an hour and that was lovely. She's doing very well.

Many of these therapists express a need for validation, to feel they have been effective in their clinical work in order for them to feel they are successful. The uncertainty of not knowing how things worked out, inherent in the nature of the work, is problematic for many.

The Role of Money

The participants were not asked directly to address the issue of money and getting paid for their services but several of them spontaneously brought up the subject when addressing issues related to success in their work. There was a division between those who viewed themselves as very successful in terms of making money, those who felt they were successful in part because they did not have to worry about their incomes due to other sources of support, and those who felt that they had to work very hard to make a good living. The latter were people who worried about the potential threat to their future income due to recent changes imposed upon their perceived sense of autonomy by managed care. There also appeared to be some conflict between the sense of altruism and getting paid for one's work.

Money was directly equated with success by only three participants; the remainder expressed ambivalence, some implying that it was important to make money to survive economically, but money was not necessarily an important indicator of their success. On the other hand, some described making money as allowing them more freedom for diversification of the work and the freedom not to worry about economic survival. The data in this category will be presented under the sub categories of "Conflicts between altruism and getting paid for one's work," "Threats to future income" and "Success and Money".

Conflicts Between Altruism and Getting Paid For One's Work

As the data has previously suggested (see "Congruence and Compatibility"), many of these therapists were raised in families where volunteer work and social activism were highly regarded. Although a number of the therapists in this study continue to volunteer a portion of their professional time, not getting paid for their work clearly presents a dilemma for them. One spoke of volunteering some of her professional time to a free clinic where she had been assigned a very disturbed suicidal young child. She described the case as extremely difficult. She had to hospitalize this child, who had no medical insurance. It had taken much more of her time than she had anticipated. Describing how she discussed the case with a colleague over the telephone she states:

> I explained I was doing this on a volunteer basis, that I wasn't going to get paid and there was total silence on the other end of the 'phone, nobody could believe that social workers kind of have that ethic. I think we were socialized in that way, that we are supposed to see people who cannot afford to pay, we've worked in agencies with sliding fee scales, and that's part of how we got into this profession.

This therapist expresses ambivalence about volunteering her time: "I think part of my concern is can I help this kid? (without the back-up of a clinic treatment team) I think that's the part that's not so gratifying". Although this therapist implies that her motivations for volunteer work were altruistically motivated, she was feeling overwhelmed and somewhat resentful, having obviously taken on much more responsibility than she had

bargained for. She made no mention of whether the work might have been more satisfying to her if she had been paid for her services.

In a different vein, the same therapist describes the ambivalence and discomfort she continues to experience when patients pay her in cash for her services:

> I know when I first started in private practice, I felt very guilty about accepting money when people paid me, I felt like a prostitute when somebody came in to see me and gave me cash, so that was very hard. I've got more used to that I must say. . . . it feels strange to me when people give cash, yes, it doesn't feel good, so social workers didn't get into this to make a lot of money I think.

On the other hand, the retired participant, believing strongly in the "social work ethic" chose to remain in the public sector, accepting a lower income and choosing to live a more modest life style than his colleagues in private practice, whom he perceived as financially more successful than himself. He recalls he was never envious of their larger incomes because he believed so avidly in the traditional social work values that had been promoted in his family of origin. In altruistic fashion, he firmly believed in offering his services to the public sector, to the poor, oppressed and minorities; to a less affluent clientele who could not otherwise afford psychotherapy. This man clearly saw himself as successful in his work but in no way equated his success with money. When asked directly if he had ever considered entering private practice he replied:

> Well watching my friends get rich, I was considering it, but I didn't want to because I knew I was overextended already and I felt that anybody that was devoted to their standard eight hour day didn't have time for all of that nonsense [going into private practice]. It might have been very rewarding economically but then what happens to your feeling about your own profession when really you are just functioning in a hurry because you're trying to get to your next appointment to make money, it felt wrong. . . . you never get rich in social work if you do it right. If you're collecting $90 an hour for who knows what, you can get fairly rich.

Being strongly opposed years ago to the introduction of licensing laws in clinical social work and marriage and family counseling, he actively campaigned against them. He speaks candidly of his belief that many are attracted to the profession of psychotherapy for the wrong reasons, are unsuitable for the work and need to be "weeded out". During his many years as director of a social work agency he expressed a frequent need to terminate a number of therapists who he viewed as "incompetent" or "inept".

> I fought hard against it: the licensing law. I was the last holdout that didn't believe in licensing because I could see what was coming down the stream . . . it was just a matter of time before a bunch of inadequates would enter the profession to make money in private practice.

This man describes himself as a "dying breed" and expresses much disillusionment with the demise of psychotherapy practice in the public

sector as he knew and experienced it. He expressed concern about the lack of community funding available for poor people. He worries about who will provide mental health services for those who cannot afford to pay for therapy and expressed strong feelings of distaste about the business-minded attitudes of current-day agency directors. He believes that lack of public funding, an uncaring societal position towards the poor and oppressed in addition to the success of private social work practitioners has been achieved at the expense of the public sector, representing a disservice to the chronically mentally ill and other less advantaged people who cannot afford to pay privately for psychotherapy.

The oldest female participant also spoke to this:

> What's sad is that it used to be that agencies and so forth provided therapy for people, but I don't know who's going to provide it for the people who don't have the money to pay for it. I'm very concerned.

Another states: "I don't know how much of a future there is in the profession of social work and that worries me".

Being raised in families where altruism and strong traditional social work values were present has presented some of these therapists with a number of ethical dilemmas about offering their services and getting adequately paid for the work that they do. Mostly the older participants expressed concern about cut-backs in funding, down-sizing, and the closing of agencies and public institutions. These changes represent a huge threat to their traditional social work values of helping the poor and promoting social justice and change.

Threats to Future Income

Only two therapists expressed direct concern about potential threats to future income as a result of health-care cut-backs resulting from managed care. The remaining participants however, did not voice such direct concerns. This was a surprise to this researcher but could be because she had chosen to interview senior, established therapists whose practices have not yet been affected by managed care. Most of these seasoned therapists continue to enjoy good referral sources independent of managed care and their practices appear to be currently extended enough for it not to matter. Although the majority of these private practitioners' incomes have not yet been impacted by managed care, some are apprehensive and voiced a fear and concern about the potential threat to future income. A male therapist expressed his concern: "I'm fearful, of course I am, I'd be an idiot not to be."

Success and Money

Only three participants, one male and two female directly addressed the issue of money as one of the rewards of the work. All three therapists have full private practices, are married to successful professionals, and each describe themselves as successful in terms of "making a good income", A female therapist reports:

> It's nice to say gee, I've had a successful practice and I've done good work and all, but I really think that I am seen as a specialist in an area that people are willing to pay for, and I have a reputation in that area. It feels good, making money feels very good too. I like money I've discovered a lot, and I have no hesitancy to charge a lot of money. . . . I am treating rich people's

> children and I put in a lot of time, and I do my work but there are things I don't charge for because I know that people wouldn't want to pay me to do them if they had to pay me for that but I charge a lot for my sessions and I don't have a problem with that. Would I be happy to do that for half the money, well it's hard, being at this point I don't know, but I would probably do it anyway.

In similar vein, the male therapist talks about his feelings of accomplishment, his excitement about making money, and speaks to the question "How do you measure your success?:

> On a very practical level, I think it's very gratifying to have a full practice, good referrals, a good working environment, to be able to support your family, put your kids in the right schools and live O.K. So that level is very gratifying, it's gratifying to find that there are areas related that you find success in and find enjoyment, the teaching part as well as the clinical it's also very gratifying. I can afford to teach and do private practice and I couldn't afford to do that working in an agency . . . it was exciting to be able to make money, and I loved the feeling of being totally responsible for the case and have full responsibility for the case and get away from the eternal supervision that seemed to be promoted in agency work. I couldn't make any money in an agency, I remember my first mortgage was 120% of my full-time salary, if I'd stayed there it was just impossible. . . . I am now serving the children of rich people.

The third speaks of her appreciation of the freedom that her married status has given her. Although she makes a good income herself, she relates being very appreciative of her husband's greater income which allows her to work part-time and enjoy a comfortable lifestyle. Being married allows her to be financially independent and to be free from the worry about the economic aspect of the work:

> I think being married gave me the luxury of not having to worry about financial security so that I could leave (the public sector) with no concerns. So it allowed me the freedom . . . and that's probably made a huge difference because I only work three days a week . . . so I would be probably burning out or having a harder time, I would be less satisfied if I was still working in the public sector. I consider it a luxury . . . when I think about what's had the most impact on my career, maybe it's getting married because it's left me freedom that I think if I were supporting myself or had to support a family I wouldn't have, so if someone asks me if they should go into this I think I'd say you have to work too hard to make a good living.

The two participants in this study who currently work in the public sector do not equate success with money. The male therapist commented that he was comfortable with his "modest lifestyle", and made enough money "to get by". However, he expressed ambivalence commenting that he occasionally thinks he should have gone on to study for a Ph.D. so the he could "be making $10,000 a year more". The female therapist from the public sector who also describes herself as "successful" did not directly address the issue of money. She talked about money only in terms of often not billing

her few private patients for co-payments. She expressed a distaste for the business aspects of her small private practice in marketing herself and collecting payment for services. She was not alone in this as several of the therapists in the private sector expressed similar concerns about the business aspects of a private practice. Although not as financially rewarded as the full-time private practitioners, both participants from the public sector view themselves as very successful in their work. As with the retired participant from the public sector, success for them is not measured by financial reward.

Threats and Hindrances to Autonomy and Meaningful Work

Several therapists in this study expressed a growing sense of fear, pessimism and concern about the current change of direction in the way that psychotherapy is practiced. Insurance companies whose concerns are primarily financial are increasingly dictating how therapy is to be conducted and who qualifies for treatment. In a "quick fix" culture, advances in biological treatment (such as advances in anti-depressant and anti-anxiety medications) threaten to turn psychotherapy into an indulgence for the rich. As therapists confront the current changing demands imposed upon them by third parties, some fear a loss of autonomy as they now know it. They perceive a threat to their social work ethical values, and a general threat to the satisfactions as they have always known them, to meaningful work. The data will be presented within the categories: "Loss of Autonomy: The Managed Care Threat", "The Stresses of Working With Difficult 'At Risk' Patients", and "Career Choice in the Nineties: Social Work or Psychology".

Loss of Autonomy: The Managed Care Threat

Participants indicated that a major source of career satisfaction in meaningful work is a sense of autonomy, which they define as self direction and the freedom to practice. These therapists have taken their autonomy for granted for decades and generally do not even question it. Yet they described their autonomy as at risk of being violated by third party insurance companies.

The data suggests that some of the therapists are fearful that there may be no room for them in the new world of health care and that if they want to survive, they must quickly adapt and endorse the managed care philosophy. This would mean giving up their sense of autonomy as they now know it. They describe their resentment about being asked to join provider panels and adopt a perspective that favors medication and short-term problem focused therapy over long term treatment. They describe being asked to passively comply with the treatment demands of case managers, thus compromising and violating ethical standards and patient confidentiality. At the same time the H.M.O.'s are asking therapists to assume the financial and legal risks of undertaking therapy while giving up the deeper rewards of watching the growth of patients in long term therapy. Some of these therapists are fearful about the direction of change that managed care is advocating. They describe this as neither advantageous to the therapist or the patient. The following quote speaks to this:

> I've avoided managed care as much as I possibly can but I think I'm going to need to be more involved in it, but the few cases where I've been involved in it have been so unsatisfying and you know what I'm talking about, having to report to people

> who really don't know much about the work and yet are making decisions about the treatment, so all those principals we were trained in go out the window.

One participant, the female private practitioner, previously alluded to as "the variant case", was the most vocal in her beliefs about managed care. She expressed anger and disillusionment with the professional social work organizations for not taking a more actively supportive role in fighting to limit the continuing intrusion of profit motivated managed care companies. She describes feeling degraded and disillusioned, expressing a loss of interest in the work during the past five years. The following describes her feelings of disillusionment:

> I guess I'm disenchanted that people accept that what their insurance company tells them is their benefit is their expectation of what it is they need. . . . I don't feel very taken care of in what I do. I hear derisive things about myself as a therapist all the time that therapists want to create dependency, and they're doing it just for themselves, and they are just interested in the money; you get a lot of that kind of thing from the larger culture these days.

Many of the other participants alluded briefly to this subject, but none were as vocal or expressed as much outrage and concern as the "variant case" participant. Feeling disillusioned and betrayed; her prior satisfactions with the work now impinged upon, she states: "I loved my profession for twenty five years, but I now feel trapped". Believing she has no other means of

earning an income, she remains in the psychotherapy profession but has now decided to focus her time in training to become a psychoanalyst.

Other therapists in this study also fear the potential loss of control and autonomy in many aspects of their treatment with patients in the future. The most surprising finding to this researcher, however, was that a small number of the participants in this study appeared confident that they would not be affected by future change. This may not be indicative of the profession in general, but attributable to a sample problem of this study. One of the therapists who acknowledges that his practice is slowly being affected by managed care states: "I think everybody has been affected by managed care. . . . but I do only 10% of managed care but that could change . . . I'm fearful, of course I am, I'd be an idiot not to be".

Other therapists raised ambivalent feelings about taking money for services, as they talked about managed care:

> And I tend to be someone who would rather see somebody on a sliding fee scale basis rather than have to deal with managed care, so I'm much more likely to sort of give it away which I think is a problem social workers have. I'm much more likely to say 'oh you can't afford that, what can you afford, you know that will be fine'.

The managed care issue seems to bring up a struggle which may be inherent in charging so much for services and being unable to care for people who cannot afford it. Though managed care may be a partial solution for this in that short term treatment is now more accessible to a larger number of people, the therapist's autonomy: the freedom to decide about patient care, is

being taken out of the hands of the therapist and placed into the hands of insurance companies.

Several of these therapists view managed care as one of the only existing threats to career satisfaction, but it is a relatively recent occurrence. Some view it as a threat because it infringes on and threatens their values, their sense of autonomy, and freedom to practice as they have known it since entering the profession. Some of the therapists in this study are beginning to feel constricted and forced to compromise their moral and ethical beliefs and values. In sum, managed care represents the erosion of much of what has up to now been taken for granted by these therapists as a source of career satisfaction. Ironically, while one might expect these therapists to see autonomy as one of their greatest satisfactions, they mention it only when they see it as threatened by managed care.

The Stresses of Working With Difficult "At Risk" Patients

By far the most serious hazard and hindrance to meaningful work that the participants reported was the stress of working with "at risk" clinical populations. These include suicidal patients, patients with severe personality disorders, violent patients and substance abusers. Therapists in private practice who work without the backing of a clinical team perceived this clinical population as particularly difficult and stressful. They described having to hospitalize a patient without the support of a clinic as extremely difficult, stressful and time consuming.

The constraints of working with this needy population in managed care or in voluntary work, without the autonomy of fee for service, places therapists in a double bind as they cannot always do what is clinically needed or called for. This has grave legal, financial and ethical ramifications that

provide a potential set up for malpractice. Beyond the clinical issues of assessment, intervention, ethics and morality, the threat of malpractice liability creates excessive anxiety in therapists who treat suicidal patients.

Fears related to malpractice liability prompts some therapists to practice defensively and cautiously, and at times good clinical judgement and human needs may become secondary to overriding legal fears.

A number of therapists in this study spoke of their dread of suicidal patients. One described the shock of losing a patient to suicide. Therapists in this study who work in the public sector with the backing of hospitalization appear to worry less about "at risk" patients than those who operate in independent private practice. Private practitioners spoke of a sense of discomfort and resentment about having the enormous responsibility, imposed upon them by the larger society, of keeping these patients' alive. In addition they resented the intrusiveness and disruption of severely disturbed patients to their personal lives. They describe suicidal patients and patients with severe personality disorders as often oblivious of time, leading to disruption of therapists' weekend, night and early morning hours. This creates additional difficulties since therapists are ethically obligated to have someone cover for them at all times in their absence.

The data suggests that therapists, particularly those in private practice without the backup of a clinical team, would prefer to confine their therapy practices to patients' who are not suicidal, at risk, or a potential threat to themselves or others. Participants suggested that the responsibility of being on call twenty four hours a day to this kind of clinical population is one of the most stressful aspects of the work, and is by far the most serious threat to career satisfaction. This is particularly true in managed care where there is not the autonomy or the financial remuneration to balance the frustrations.

Career Choice in the Nineties: Social Work or Psychology

The therapists were asked if given their lives again, they would still choose the profession of clinical social work. Of the ten participants only three responded that they would choose the profession again, four would choose to become psychologists, and three would choose a different profession. One would become a lawyer and the other two did not specify what profession they would enter. Specific reasons they gave for not entering the profession again were in no way related to the failure of social work values, but to the difficulties of putting their values into practice. Another concern was the fairly recent curtailing of services, the financial cutbacks, down-sizing and closure of public mental health agencies and clinics. These therapists saw such cuts as a reflection of an uncaring contemporary society.

In answer to the question about entering the profession again, the retired participant reports:

> That's a very hard question. If the field was what it was when I came into it, yes, right away. . . . but I would probably not become a social worker today. It's a different world and I would find it very hard. I think I would get burned out too, depressed is what I mean.

The oldest female therapist who is on the verge of retirement states:

> What's sad is that it used to be that agencies and so forth provided therapy for people but I don't know who's going to provide it for the people who don't have the money to pay for it. I'm very concerned, and I keep saying over and over thank God I'm not having to come into the field now.

A female therapist with a successful private practice stated that she too would not enter the profession of clinical social work today but would probably become a lawyer:

> I would not recommend to anyone at this point to become a therapist. I don't like what is happening with managed care and I just don't like the economic climate around it because the very reasons I went into it has to do with I don't do those things well. I can't market myself, I can't advertise, I mean can't, that's an unfair word, but I don't want to, and I'm not comfortable. The shy inhibited side of me just can't compete and I wouldn't want to do it because that's not my nature . . . so it wouldn't be the right profession for me now.

The only three participants who responded that they would definitely become clinical social workers again were the two therapists working in the public sector, along with a male therapist working successfully in the private sector. The school social worker describes becoming physically tired with her work from time to time as she ages and thinks often about retirement, but states that she never thinks about entering any other profession "because there isn't anything else I could imagine myself doing".

The male hospital administrator expresses some ambivalence towards money:

> Would I do it again? I think I probably would do exactly what I'm doing. Sometimes I think why didn't I try to get a Ph.D. in psychology because I could be making $10,000 a year more, but

> not really, I'm making enough money, I'm comfortable enough with what I'm doing.

A male therapist with a Ph.D. in a successful private practice states that he would choose the profession of clinical social work again because social work offers a more well-rounded approach to human behavior:

> Well I'd still be a therapist, I guess a clinical social worker, I think the broadness of the education also allows you to take in information in a more all-inclusive way than say psychology, which is too microscopic in focus.

The remaining four participants suggested that they would become clinical psychologists if they had their lives again, mostly for reasons pertaining to the perception that the profession of psychology offers added income, status, esteem and respect by the professional and lay community. The following excerpts illustrate this:

> I don't know how much of a future there is in the profession of social work, and that worries me. There have been times when I have felt that I should have gone on in psychology. I've felt at times that I wasn't as respected as somebody with a Ph.D. and I could have, would have earned more money, and maybe people listen to you and give you more respect as a clinical psychologist or psychiatrist.

> I wouldn't advise someone necessarily to be either a social worker or a psychiatrist, I might advise them to be a psychologist

> in a really good clinical program, but I'd say be a social worker before a psychiatrist today.
>
> I do not think I would be a clinical social worker again. I think knowing what I know now I think I would do something very different, I would want to maybe be a development psychologist and really know observational research well, and then go into psychoanalytic training. I think I would go that route, it's the broader kind of social work stuff I didn't find interesting.

The fourth participant, the variant case, also said she would choose psychology over social work today, believing that if she were a psychologist she might be immune to the current threats from managed care that she currently experiences. Her thoughts reflect her ambivalence:

> I'm complaining I guess (about managed care) about how things have been in the last five years but it's not that I want to be doing something else, it's this kind of crisis I'm going through right now . . . maybe I would have been a psychologist or something instead if I was to do it now, maybe that would be the slight difference, but I don't know. I like social workers you know, as a field, there's something about it that appeals to me very much.

Interestingly, out of the ten participants, none would choose to become a psychiatrist today. Two of the participants who teach psychotherapy in psychiatric residency programs noted that psychiatrists may be experts in psychopharmocology, but have very limited training in how to conduct

psychotherapy. Clearly all these participants enjoy the actual practice of psychotherapy.

Of the four participants who stated they would become psychologists today, two had originally preferred to be psychologists. One has a Ph.D. in clinical social work. The same two also state that they serve a more affluent population and express a love of money. Their practices have not yet been affected by managed care. The other two social workers who would choose psychology today are therapists whose practices have been greatly impacted by managed care. They believe that being a psychologist might render them immune to the negative effects of managed care.

In summary, the data suggest that these therapists, measure success by their sense of accomplishment with their patients, their sense of success within the professional community, and for some, the amount of financial remuneration. Although not every participant stressed the importance of earning money, the data from this study suggests that at least some of these therapists enjoy the potential financial rewards that a private practice can offer. However, their modest descriptions of their sense of accomplishment and their ambivalence about money reveal some conflicts between the love of their work and their notion of success.

CHAPTER V

DISCUSSION AND IMPLICATIONS

The study investigated long term career satisfaction in experienced mid-to-late career clinical social workers. Specifically the study examines why clinical social workers remain in the profession of psychotherapy and how they perceive the overall satisfactions of their work. Any dissatisfactions of the work are addressed as potential threats to career satisfaction. The study looked for common features in life and work experience which may have contributed to the individual's capacity to remain satisfied in practice. It also examined the elements of the work that sustain the seasoned therapist.

Contrary to the popular perception that therapists are dissatisfied with their careers, which is supported by the literature, these clinical social workers were satisfied. When asked to describe career satisfaction, the social workers in this study consistently describe experiences which interweave their personal and professional development. They describe features of their work experience and modes of relating to their work (see Chapter IV) which reveal that they perceive a good fit between themselves and the work they do. The work is described as an integral part of their lives. They choose to speak about their work in terms of emotional and intellectual gratifications.

Further they experience their work as relevant to their development as persons and thus as an integral part of their lives. They also describe their personal involvement on the level of values which they identify with and which they perceive as associated with the work. They maintain strong peer relationships both as a way to share these values and as a strategy for mutual support. They also do not make a hard distinction between collegial and

personal relationships - further emphasizing the personally relevant nature of their work. "Connection" is a word that the respondents use to talk about their relationships with their colleagues, their patients, and their work. Where they are dissatisfied or express fears that the nature of the work is changing, they describe what appears to be a threat to their sense of connection.

They chart a process of development that interweaves their professional and personal lives. This is made clear in their sense of emotional growth from the ingenuous desire to help based upon early experience to a more professional understanding with regard to the nature of the work. They describe themselves prior to entering the field with a certain sensitivity and social consciousness and desire to be of help to others. This raw material they perceive as having been refined in the process of their own personal therapy, the supervision they sought, and their on-going clinical work with patients, such that it has been transformed into psychological-mindedness and a more sophisticated understanding of their work. They describe a personal development arising from the nature of their work with people and professional development for which they have striven. This, in spite of their negative feelings about early professional training and a sense that their chosen field was second best to psychology.

It has been suggested that social work is a profession based on altruistic values, and it is the concrete manifestation of these values which sustain its practitioners (Henry, 1966; Henry, Sims & Spray, 1971, 1973). The evidence of this study suggests that there may indeed be something unique about the way social workers have approached their profession which allows them to maintain a basic kind of optimism about themselves and the work that they do.

The components which make this work satisfying to the participant therapists can be summarized as five overarching themes. They are: "Opportunities for Emotional and Intellectual Growth"; "A Sense of Connection"; "Transforming Features of the Work": "Manifesting Values and Evolving Mastery" and "Acceptance of Self and it's Limitations". These themes which have evolved from the descriptive categories in Chapter IV tell a story of intertwined personal development and growing professional mastery.

These findings parallel those of Cottle (1987), who in a study of women and work, looked at the nature of "meaningful work". She identified the components of meaningful work as: "growth"; "expands and develops gifts and talents"; "helps clarify values"; "increases self-awareness"; and "nourishes vitality" (p. 71).

It seems that what these social work therapists are telling us is that their work is not just satisfactory but is meaningful to them, that their work is an important part of their lives.

Discussion of the Findings in Relation to the Literature

Discussion of the findings will be presented with respect to the overarching themes and specific points of relationship to the literature. The role of money and instances of career dissatisfaction will also be discussed.

Opportunities for Emotional and Intellectual Growth

This study suggests that clinical social workers perceive their career as offering numerous opportunities for intellectual challenge, stimulation and emotional growth. Consistent with the impressionistic literature (Goldberg,

1981; Guy, 1987; Guy, Stark & Polestra, 1987; Marston, 1984), these creative aspects of the work continue to be very positive motivators for entering and remaining in the profession.

In response to the challenge of becoming competent, the therapists in this study began very early to seek advanced training as a strategy for overcoming feelings of inadequacy first experienced in their graduate education and early social work placements. In prior studies, (Henry, Sims, & Spray, 1971, 1972; Skovhalt & Ronnestad, 1992), psychotherapists from all mental health disciplines report dissatisfaction with training programs and excessive anxiety upon entering the profession. The social workers in this study speak about the grave responsibilities that their work entails and their desire to be professionally competent. They all describe how they pro-actively sought supervision and further training in order to improve their understanding and develop their abilities to do the work. They continue to spend much time, money, and energy in pursuit of further learning and growth.

The data reveal that the more powerful influences in the development of these therapists occurred long after formal training was complete. This is consistent with the findings of Skovholt and Ronnestad's study of therapist career evolution (1992). Their desire for continued learning reveal a striving for mastery which has remained constant throughout their careers.

One of the most interesting findings in the present study was the extent to which these therapists personally receive from their relationships with their patients. In contrast to the traditional analytic literature which describes the consequence of a therapeutic relationship as benefitting only the patient (Greenson, 1966), the majority of the social workers in this study report that

they enjoy a real sense of sharing and closeness with their patients which is sustaining for them.

This suggests that for these therapists, the therapeutic relationship is a two-way process which is described as "joint discovery", where growth is experienced as mutual and reciprocal. This finding parallels and may reflect a recent trend in the field towards a more relational, intersubjective approach to psychoanalysis (Natterson, 1991; Stolorow, Branchaft & Attwood, 1987) as well as the contemporary interpersonal feminist theories of psychotherapy (Jordan, Kaplan, Baker-Miller & Stiver, 1991).

The social workers in this study perceive the profession to offer numerous opportunities for diversification which they equate with furthering their development, fostering their growth and maintaining their interest. They describe opportunities to balance their clinical work with activities such as teaching, mentoring, research or completing further education. The clinical work itself appears to provide them with opportunities to utilize and learn from many varying theories of therapy and psychological development, which further serves to fuel their continued interest in their careers. Berger (1995), Guy (1987), and Tyron (1983), report similar findings.

In addition, the therapists in this study speak of the privilege that their work offers through encounters with a variety of people of all ages and from different walks of life whom they would probably not encounter in any other life situation. Since these therapists greatly enjoy people, this aspect of the work is a very sustaining feature which is also reflected in Guy's observations.

Their people-oriented modality and love of diversity, is further reflected in their curiosity and fascination with the subject of psychology and

psychotherapy. In keeping with other studies (Di Raffael, 1990; Farber, 1983; Henry, 1966; Sharaf 1960), these therapists report an on-going curiosity about themselves and others. They attribute the source of their psychological-mindedness to exposure to certain early experiences, both positive and negative, in their families of origin. These provided the seeds for the development of their skills and the on-going passion for their work. Berger (1995), Burton (1972), Menninger (1957) and Sussman (1992) report similar conclusions.

The participants in this study describe themselves as intellectually curious and some liken themselves to detectives in their therapeutic work with patients. Consistent with the impressions of Greben (1975), Guy (1987), and Sharpe (1947), these therapists are fascinated by their patients' stories and intrigued by the mystery that is unravelled in therapy. Their profession allows them opportunities to legitimately satisfy their curiosity about other people's lives, while at the same time providing information that allows them to continue to learn vicariously about their own psychological process.

This curiosity and psychological-mindedness has also been fostered by the impact of personal therapy and being "helped" themselves, which has further increased the desire of these social workers to help others. The majority entered their own therapy in adolescence and value highly the impact that therapy has had on their own lives which is consistent with the impressionistic literature (Burton, 1972; Guy, 1987).

These therapists report that personal therapy has promoted a high degree of emotional stability, healing and personal growth in their lives. It has also increased their level of self-awareness, empathy and compassion for their patients, which has added to their level of emotional sensitivity. It has helped to sustain them in the face of potential adversity throughout their

careers and for many it continues to be a very sustaining component of their lives. This aspect of career satisfaction was not addressed in Berger's (1995) study or the studies of Farber & Heifetz (1981, 1983

The notion that professional functioning of therapists may be enhanced by personal therapy, however, has not been established in the literature. Results from existing studies linking personal therapy with treatment outcome are contradictory and inconclusive (Buckley et.al. 1981; Greenberg & Staller, 1981; Prochaska & Norcross, 1983). Nevertheless, the therapists in this study attribute more importance to personal therapy than to formal training in their evolution as competent professionals.

A Sense of Connection

The social workers in this study view their connection with people, whether they be patients, colleagues, peers or mentors as an integral component of their lives and their work (see Chapter IV). They describe themselves as people-oriented and express a need for closeness and intimacy with others. Many describe lonely, isolated, childhoods where there was a yearning for connection and closeness with another that was not always forthcoming. This was also found by Burton (1972), Henry et.al. (1971, 1973), Menninger (1957) and Sussman (1992).

Participants exhibited a concern for others and a desire for closeness while at the same time desiring a special structure and special limits in which to exercise such closeness. Being psychotherapists allows them to create such a structure in their work and enables them to learn the most intimate details of a person's life without having to reveal their own. In keeping with the literature on therapists from all mental health disciplines (Berger 1995), the findings suggest that social work is a profession which enables people to

connect with others in such a way that many personal needs for intimacy and connection are met through the work .

Psychotherapy has been portrayed in the literature as an inherently lonely profession (Bermak, 1977; Deutsch, 1984; Freudenberger & Robbins, 1979; Hellman, Morrison, & Abramowitz, 1986). The participants in this study report that they have all devised ways to counteract and avoid loneliness by pro-actively arranging their lives so that they connect in many ways with peers, colleagues and mentors. Although very senior clinicians themselves, many have continued to seek further collegial and mentoring relationships throughout their careers. These relationships are described as providing a sense of community, support and "emotional check points". This may be unique to the social work profession in which historically supervision has always been an integral part of agency work (Specht & Courtney, 1994). Supervision is seen by all the participants in this study as a necessary strategy for avoiding burnout.

Connection with colleagues serves not only a necessary supportive structure, but is also a way for these therapists to gain external validation that may not always be forthcoming from patients. Patients cannot, and should not, directly gratify narcissistic needs of the therapist, and in the transference relationship, patients often need to express feelings of anger and hate towards the therapist (Freudenberger & Robbins, 1979; Winnicott, 1958). The rigid protective ethical boundaries that are so necessary in clinical work do not exist with colleagues. Same age peers and colleagues become trusted life-long friends offering intimate understanding and a sense of "professional camaraderie". These sustaining features of the work found in the present study are consistent with the major finding of Berger (1995) and Henry et.al. (1971, 1973).

In addition to the importance attributed to connections with patients, peers and colleagues, these therapists also refer to the importance of a rich family life and to friends outside of the profession for personal support. This finding concurs with the impressionistic literature which suggests that a rich family life is an important strategy in avoiding therapist burnout (Bermak, 1977; Cray & Cray, 1977). They also expressed a need for creative, non-intellectual leisure activities and hobbies, both solitary or with friends and family to allow for psychic healing as a counterbalance to the interpersonal stress of the work. Consistent with the impressionistic literature (Freudenberger & Robbins, 1979), this study suggests that to avoid burnout, it is necessary for social workers to return regularly to a world that is not replete with problems, conflicts, pathology, and giving to others. The data show that the lives of the social workers in this study are saturated with relationships: patients, peers, mentors, family, friends, and supervisees and suggests that these intense interpersonal relationships are critical to their professional development and career satisfaction.

Yet another aspect of the context of the work in connection is that being a psychotherapist avails people the opportunity to use the positive features of their personalities: intuition, warmth empathy and compassion as tools to help others. This notion is strongly supported by contemporary feminist theories of therapy (Brodsky, 1976; Brown, 1990; Cantor, 1990; Gilligan, 1982; Jordon et.al., 1983, 1991; Kaplan, 1984), and social work is perceived as a profession that promotes a role for such personal capacities and feminine attributes (Henry, 1966, 1971, 1973, Jordon et.al. 1991).

Most of the participants described a congruence or a "good fit" between their perceived personalities, emotional sensitivity, psychological-mindedness, capacity for self-awareness, capacity for empathy, and the nature

of the work (see Chapter IV). In concurrence with the findings of Berger (1995) the findings of this study suggest that the authentic use of oneself and one's personality in the work, is a sustaining component of career satisfaction. These findings are consistent with studies of "professional empathizers" (Di Raffael, 1990) and therapists who are "optimally responsive" (Bacal, 1985; Estrella, 1993). These findings also confirm the impressions of Brown (1990) who posits the notion that a therapist without authenticity, basic social skills, and the capacity for empathy, is no more than a "behavioral technician" (p. 234).

Transformative Features of the Work: Manifesting Values & Evolving Mastery

One of the key arguments used to justify psychotherapy as a legitimate social work specialization has been that social workers do clinical work differently than psychologists or psychiatrists (Goldberg, 1996; Henry Sims & Spray, 1971; Specht & Courtney, 1994). This is attributed to perhaps subtle but profound differences in the values implicit in social work training which are based upon an appreciation of the importance of reciprocal interaction between the individual and the larger social environment (Hollis, 1966; Towle, 1936).

The majority of the participants in this study were raised in Jewish families where social activism and helping others was valued highly. Historically, psychotherapists have tended to be disproportionally Jewish (Henry, Sims, & Spray, 1971). Most recalled a conscious motivation and early passion of wanting to "help people" when they first entered the profession. This desire was reinforced by members of their families of origin and other significant role models who held strong beliefs about social activism and

serving the community. This is also reported by Burton (1972), Henry (1966, 1973), Kafka (1989) and Specht & Courtney (1994).

These initial altruistic values and desire to "help" do not seem to have diminished through many years of doing the work. They stress the value to them of "making a difference" by helping others in varying states of psychological pain to get on with their lives. This desire to "help" is congruent with the way they view their own histories, values, and beliefs about psychotherapy and social work. Becoming a social worker has allowed them to extend and manifest their personal values and beliefs in the form of a meaningful career.

An underlying principle in the field of psychology of work is that people tend to be drawn to careers that are congruent with their psychological needs (Sussman, 1992). Most of the therapists in this study mention significant childhood experiences, both positive and negative, that led to an interest in social work as a career. Empirical studies and impressionistic papers seem to agree that a major determinant in the choice of therapy as a career can be attributed to early psychological pain and conflicts in childhood (Burton, 1972; Goldberg, 1991; Henry et.al. 1966, 1971, 1973; Maeder, 1989; Sussman, 1992; 1995).

The majority of therapists in this study do describe difficult childhoods. They now believe these early experiences may have left them with a certain residue of impotence in the face of human suffering. They consciously recognize how this feeling of not being able to help enough may have propelled them to enter a helping profession as a way of gaining mastery over feelings of helplessness when one cannot help enough.

In the process of many years of personal therapy, intensive clinical training, and helping their patients overcome similar issues, the therapists in

this study appear to have transcended these negative experiences. They feel they have gained a perspective on such personal issues and that this gives them a double edge of unusual insight and emotional sensitivity when functioning professionally in their work. There was no sense that these therapists continue to act the role they assumed in their families, or that their practices were dominated by personal issues from their childhoods. It appears that whatever psychological concerns may have fuelled their original interest for the work have been understood and worked through. Through the process of personal therapy, doing the work, and experiencing life, these therapists appear to have overcome earlier difficulties in a manner which renders the profession meaningful for them. Consistent with the findings of Sussman (1992), and Berger (1995), the work is personally fulfilling but there is a sense of professional purpose in the therapeutic relationship.

Participants talked of more recent painful experiences with divorce, loss, and difficulties raising their own children. These stressful experiences seem to be instructive to them in their clinical work, providing them with a more personal understanding and increased empathy for their patients' problems. Although recent personal difficulties create stress in their lives, the data suggest that there is a sense of resilience which has evolved in these practitioners over the course of their careers. Far from insulating them as some previous research has suggested (Bermak, 1977; Deutch, 1984; Freudenberger & Robbins, 1979; Tyron, 1983), focusing on the emotional impact of life stresses has protected and sustained them both inside and outside of work. This was also found to be true of the therapists studied by Berger (1995) and Sussman (1992).

As other studies have suggested (Di Raffael, 1990; Farber, 1983,) the therapists in this study are highly attuned to affect. They appear to have

transcended the personal pain that may have initially propelled their interest in the profession and replaced it with a philosophical tolerance for life's emotional stresses. The data suggest that over the years they have become highly tolerant of pain and psychopathology in themselves and others. This lifelong transformative feature is a sustaining feature of the work that enables them to remain vital in the profession.

Acceptance of Self and its Limitations

The participants in this study were chosen for their seniority and their extensive clinical experience. In spite of difficulties in seeing themselves as outwardly successful (see chapter IV), paradoxically, the most predominant expression in these therapists was an acceptance of self and the limitations of self. Affective elements of this acceptance include a sense of security, humility and confidence.

The tremendous effort that has gone into building themselves professionally has produced an acceptance of themselves as competent professionals. At the same time they accept that they cannot help every person and family they see. This contrasts with the beginning of their careers where self-imposed pressure led them to perceive themselves as failures if therapy was not effective with all their patients. As seasoned therapists they now report an increase in self-confidence, self-reliance, introspection and emotional sensitivity in their own lives as a consequence of promoting a similar change in the lives of their patients. Consistent with the findings of other studies (Farber, 1983; Skovholdt & Ronnestad, 1992), they perceive accumulated wisdom and acceptance of one's limitations to be a consequence of this self development and find the work more satisfying now than ever before.

The more senior clinicians in this study no longer practice according to a strict theoretical model. They approach their work in a more relaxed, authentic manner, seeing the patient as a working partner. This parallels the newer intersubjective, relational, and feminist theory approaches to therapy (Jordon, Kaplan, Baker-Miller, Stiver, 1991; Natterson, 1991; Stolorow, Branchaftt & Attwood, 1987).

Long years of clinical experience and increased self-confidence have enabled these therapists to develop a personal theory of therapy that they call their own. Although some were embarrassed to admit it, the more senior participants in this study devote little time to reading theoretical literature. They no longer feel the need to constantly keep pace with the literature and do not appear to be influenced by "new" theories of therapy. They have developed a level of comfort and confidence about what works for them. They no longer see therapy as a "cure" but more in terms of "helping a person reach their potential".

These seasoned therapists have a continuing sense of faith in the process of therapy. This faith has been fuelled by personal experience with their own therapy and long years of clinical experience. Their personal values, beliefs and deep commitment to the work has helped get them through potentially disillusioning periods in their careers.

The Role of Money

The data reveal a split in these therapist's attitudes towards financial remuneration as a reward for their work. Some viewed the potentially lucrative nature of their work to be a very important component of career satisfaction, but that was far from true of the majority. Most therapists implied that making money was important to survive economically, but that

financial reward was not necessarily important for career satisfaction. The role of money is not addressed in the existing empirical research on therapist career satisfaction, with the exception of Tyron (1983) who reported "high income" to be an important component of career satisfaction in psychologists. Berger's (1995) findings were similar to mine in that he sensed a general discomfort in his respondents in discussing the subject of money speculating that "it was not discussed because it was not seen as a significant sustaining influence" (p.308). In the impressionistic literature, Guy (1987) refers to "financial rewards" as a "fringe benefit" inherent in the work of psychotherapy. Guy's observation is closer to the findings of the present study.

The Dissatisfactions of the Work

Given the positive responses discussed above, the aspects of this data which reveal the presence of dissatisfactions must be discussed. The dissatisfactions derive from confrontation with the issue of managed care and from a comparison of social work with psychology.

A certain disenchantment is suggested in the responses of participants when asked "Given your life again, would you still choose the profession of clinical social work?". This question was also asked in prior studies of therapist career satisfaction (Kelly, Goldberg, Fiske & Kilowski, 1978; Norcross & Prochaska, 1982). Only three participants in this study definitively said they would choose to become social workers again, two from the public sector and one in private practice. This was a surprise to me given the nature of most of the data. However, in order to understand this apparent contradiction, one must look closely at what they gave as reasons for such a position. The two most senior clinicians would not choose social work again because of the

"changing political climate", "financial cut-backs", and the "lack of societal interest in addressing community problems". Four participants said they would become clinical psychologists if they were to enter the field today. These apparently satisfied social workers are to some degree discouraged, envying the status and prestige they perceive to be accorded to clinical psychologists and psychiatrists.

Despite the success of the participants, there remains an apparent envy of the status of psychologists. Some of these social workers mistakenly believe that being a psychologist or psychiatrist would render them immune from threats of managed care, and that they would be treated with greater respect and earn more money. However, this view is at odds with the empirical research which tells us that despite the additional status, psychologists are more disillusioned and burned out than social workers (Kelly, et.al. 1978; Goldberg, 1992; Prochaska & Norcross, 1983). None of the participants in this study would choose to be a psychiatrist. This may be because psychiatrists today are viewed primarily as experts in the field of psychopharmocology and therefore not objects of envy.

One participant referred to in Chapter IV as the "variant case" gives voice to concerns about the potential threats of managed care to her sense of autonomy and her ability to earn a decent income. She fears that her freedom to practice, as she has always known and taken for granted since the outset of her career, is now being impinged upon by outside sources. In contrast to the other participants, she speaks candidly of her disenchantment and of not wanting to help patients who accept without question the managed care philosophy. Prior to talking about the managed care issue, however, this therapist also expressed the same positive beliefs and value components regarding career satisfactions as did the other participants. It may be that

autonomy in practice has been taken for granted by these therapists, and is considered only in relation to potential threats.

Summary

Many of these existing studies of therapist career satisfaction are restricted in scope, are surveys, and provide limited information. For example, Farber (1983) reports "promoting growth" as a major finding in his study as if it were a trait or an attribute. Henry, Sims & Spray (1971, 1973), did make an attempt to distinguish social workers from other mental health professionals and reported findings similar to mine. They found that people enter social work because they wanted to "help" people, "achieve affiliation with others" and to "benefit individuals through social change". Psychiatrists, on the other hand, were more interested in "gaining professional status" and "gaining an identity", which were of least interest to the social workers (p. 112). The survey methodology of this study does not address experiential aspects of career satisfaction.

A recent and informal qualitative study (Berger 1995) did have findings which parallel this study. Berger interviewed ten senior psychotherapists representing all mental health disciplines. He examined the sustaining aspects of a career in psychotherapy and found that his respondents valued highly: opportunities for intellectual stimulation, challenge and growth; connections with patients and peers; and valuing their "psychological sensitivity".

Berger and I found that all senior clinicians interviewed had overcome former life difficulties which had fuelled their original interest in the field, and had developed a sense of authenticity and acceptance of self in their work. In addition their faith in the process of therapy and a continuing sense

of importance of their professional efforts were strong sustaining factors in their work lives. From the perspective of the present study, confirmed by Berger, it would seem relevant to approach the issue of career satisfaction by looking at the connection between life and work.

Contributions of the Study

This study explores and suggests answers to the question of what sustains social workers who remain in the profession and how they view the satisfactions of their work. The findings expand upon and confirm the results offered by other studies that psychotherapy can be sustaining, and that in particular, social work values are a major source for sustenance.

This present study reveals that clinical social workers who are satisfied with their careers have moved to a more mutual therapeutic stance in their relationship with their patients. This echoes the Stone Center's relational approach to therapy which grew out of the position that existing developmental theories of separation-individuation which have dominated psychodynamic practice theories have led to a misunderstanding of women. The core ideas of the Stone Center "self-in-relation model" are that women (and also men), grow through and in connection with others, and that psychological growth occurs in relationships that are mutually empathic and mutually empowering, (Cantor, 1990; Jordon et. al; 1991; Natterson, 1991; Stolorow, Branchaft, and Attwood, 1987; Walker, 1990;).

Limitations of the Study

This was not a random sample study. It is exploratory, phenomenological and descriptive for the purpose of generating theory. The

respondents were selected through personal networking for their ability to function as informants who could provide descriptions of phenomena under study.

Explanations or hypotheses that were generated by this study must be accepted or rejected on the basis of conjecture and subjective interpretation of the data. Such explanations, however, may not be generalizable or representative of all people who are social workers and psychotherapists. This sample represents a sub-category of social workers who could be described as the "elite" of the social work profession. They are representative of white, middle to upper class in socio-economic status, mostly Jewish, experienced clinical social workers who subscribe to a psychodynamic theoretical orientation and express satisfaction with their careers.

The phenomenon under study is by nature transitory. As in any exploratory study, the findings remain open to reinterpretation in the light of new findings or evidence.

Directions for Future Research

From the perspective of the present study, it does seem relevant to approach the issue of career satisfaction and the sustaining factors of therapeutic work in a holistic rather then fragmented manner. Looking at themes of growth and development implies a connection between life and work.

Most of the empirical research on career satisfaction to date has provided little information on these important aspects of work. Both my study and those of Berger (1995) and Cottle (1987) suggest that work must be

seen in terms of one's life, and the presence or absence of congruence and connection as compared to disaffection and alienation.

The few empirical studies of therapist career satisfaction that do exist in the literature have never been duplicated. A major limitation of these studies is that the researchers have examined all the mental health disciplines together, or have focused on psychologists who are mostly male, or on psychologists with limited experience. Very few women have been studied empirically.

The extent of career satisfaction found in this study of social workers implies that further research should attempt to isolate and study the variables of gender, age, geographic location, theoretical orientation, personal therapy, supervision, professional work settings, and professional discipline. For example, studies which relate to any one mental health discipline could determine whether or not the emphasis on values is uniquely sustaining in the career of clinical social work.

The respondents in this study all expressed satisfaction with their career - it was a prerequisite for acceptance in the study. It might be informative to study a group of similarly experienced clinical social workers who had not been previously screened for their opinion about career satisfaction. It also seems important to apply the results of this study to a much larger sample of clinical social workers.

Since results of this study suggest that career satisfaction increases with maturity and level of experience, a longitudinal study would provide information about the evolution of a social worker and levels of career satisfaction as they move through their careers. Results of this study and further research could inform people considering a career in clinical social

work of the positive characteristics and anticipated rewards associated with the profession.

There have always been controversies in the literature about the value of different theoretical approaches of therapy. Most of the social workers in this study speak of moving away from the strict traditional psychoanalytic drive theory paradigm that they were trained in to a more object-relational, intersubjective, or feminist approach to therapy, which has been expanded in the literature during the past two decades (see above).

The conclusions of this study generate questions about whether therapists who adhere to a more strict theoretical drive theory paradigm of therapy, which Kohut (1977) refers to as "experience distant", experience less satisfaction than those therapists who subscribe to a relational paradigm, which is referred to by Kohut as "experience-near". This implies a question about the relationship between schools of thought and career satisfaction: Do satisfied therapists take a more mutual, not so distant approach with patients in their therapeutic work? A further question relates to current trends in the field and, by implication, to training. The current wave of interest in solution-oriented therapies opens up the danger that therapists will not be able to sustain the levels of interest in their work that my respondents demonstrated.

APPENDIX A

Patricia A. Penn, L.C.S.W., B.C.D.,
451, Los Gatos Blvd., Suite 207, Los Gatos, CA. 95032
Telephone: (408) 356-0689

Date:

Dear_____,

I am currently involved in the dissertation phase of the doctoral program at the California Institute for Clinical Social Work, Berkeley, California. I would like experienced clinical social workers such as yourself, to participate in my research project and am writing to you as part of my recruitment effort.

My study will examine career satisfaction in seasoned psychodynamically-oriented psychotherapists. Specifically it will examine why clinical social workers choose to remain in the profession of psychotherapy during the course of their careers and how the overall satisfactions and gratifications of the work are perceived. A limited amount of empirical data on career satisfaction does exist in the professions of psychology and psychiatry, but we know very little about career satisfaction the clinical social work profession.

I will be conducting a number of tape-recorded 60-90 minute interviews with licensed clinical social workers to be arranged at a location and time convenient for them. I hope that you will be interested and available to participate in my research, or if not available, could nominate a colleague to me who meets the criteria for my research project. Your participation is, of course, voluntary, and the interview would be confidential.

I would like to interview clinical social workers of psychodynamic or psychoanalytic orientation, who have been in clinical practice in either private or an agency/organization for a minimum of 15 years since licensure, who have experienced their own personal therapy or analysis, and who are satisfied and gratified with their chosen careers.

If you meet this criteria and are available and would be willing to participate in this research project, please complete the enclosed Personal Information Form (which will take approximately 5 to 10 minutes). Please feel free to add any additional comments if you wish using extra paper if necessary. At the same time, one word or one sentence answers are also quite acceptable. Please return it to me in the enclosed pre-addressed stamped envelope within the next three weeks. I will then contact you regarding your potential participation in this project.

Please feel free to contact me at the above telephone number if you have any questions. Also if you are interested in receiving a summary of

results of this study, please add a note to that effect. Thank you in advance for your cooperation and participation.

Sincerely,

Patricia A. Penn, L.C.S.W.,
Doctoral Candidate

Enclosure: Personal Information Form

APPENDIX B

Personal Information Form

If you are interested and would be willing to participate in this research project, please complete this questionnaire and return it to:

Patricia A. Penn, L.C.S.W., B.C.D.,
451 Los Gatos Blvd., Suite 207, Los Gatos, California, 95032
Telephone: (408) 356-0689

Thank you so much for your cooperation.

NAME:_____AGE_____

ADDRESS:_____

_____

TELEPHONE
(DAY):_____(EVENING)_____

HIGHEST DEGREE EARNED:_____

NAME OF INSTITUTION AND YEAR
OF GRADUATION:_____

_____

NUMBER OF YEARS IN PSYCHOTHERAPY
PRACTICE:_____

_____

CURRENT PRACTICE SETTING:
Private Practice _____%
Agency/Organization _____%
Educational Organization _____%
Other _____%

MODES OF PRACTICE
Psychotherapy/Clinical Work: _____%
Consultation/Supervision: _____%
Education/Teaching: _____%
Research Writing: _____%
Other: _____%

THEORETICAL ORIENTATION:
Psychoanalytic: _____%
Psychodynamic: _____%
Behavioral: _____%
Cognitive: _____%
Other: _____%

NUMBER OF YEARS IN PERSONAL THERAPY/ANALYSIS:_____

DO YOU DERIVE SATISFACTION FROM YOUR CAREER AND EXPERIENCE CLINICAL WORK AS GRATIFYING AND WORTHWHILE?

_____

_____

_____

WHAT DO YOU FIND THE MOST DIFFICULT ABOUT PRACTICING PSYCHOTHERAPY?

_____

_____

_____

WHY DO YOU REMAIN IN THE PROFESSION?

_____

_____

_____

HAVE YOU EVER CONSIDERED LEAVING THE PROFESSION AND PURSUING AN ALTERNATIVE VOCATION?

_____

_____

_____

HAS YOUR EXPERIENCE WITH PERSONAL THERAPY/ANALYSIS IMPACTED YOUR ABILITY TO REMAIN IN THE PROFESSION FOR AS LONG AS YOU HAVE AND CONTRIBUTED TO YOUR FEELINGS OF CAREER SATISFACTION?

_____

_____

_____

APPENDIX C

Patricia A. Penn, L.C.S.W., B.C.D.,
451 Los Gatos Blvd., Suite 207, Los Gatos, CA. 95032
Telephone: (408) 356-0689

CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

INFORMED CONSENT FORM

I_____hereby willingly consent to participate in An Exploratory Study of Career Satisfaction in Seasoned Clinical Social Workers, research project to be conducted by Patricia A. Penn, M.S.W., L.C.S.W., under the direction of Sylvia Sussman, Ph.D., Principal Investigator and research faculty member, and Gregory Bellow, Ph.D., faculty member at the California Institute for Clinical Social Work.

I understand the procedure to be as follows:

1) A 60-90 minute audio-taped interview will occur in a private, confidential setting to be arranged between myself and the researcher. I will be talking about my thoughts and feelings as an experienced psychotherapist in relation to career satisfaction in clinical social work.

2) I am aware that there is little risk for emotional discomfort involved in participating in this study. However, if this should happen, I will be able to contact the researcher who will make provisions for me to receive professional help for a reasonable and limited time.

3) I understand that I may withdraw from this study at any time. I also understand that this study may be published and that my anonymity will be protected unless I give written consent to such disclosure. Otherwise, no names or individual identifying information will be used in any oral or written materials. The audio tape will be erased at the completion of data analysis.

4) I understand that I have the option to receive feedback from the results of the study. Please send me a summary of the results at the address below.
Yes_____No_____

Signature:_____Date:_____

Address:_____

WITNESS:_____

APPENDIX D

Interview Guide

Introduction

"First I want to thank you for helping me with my research. The interview will last approximately 60 to 90 minutes. During this time I hope you will talk candidly with me about your experience of career satisfaction in the field of clinical social work.

The career of psychotherapy has been portrayed by some as difficult or emotionally draining work. As an experienced social worker, could you tell me about your experience of being a therapist, what the satisfactions have been, what particularly gratifies you about the work, and what initially attracted you to the profession of clinical social work?"

Satisfactions and Gratifications

1) How do you see yourself as a therapist?
2) What is it about the work that really captivates your interest? What are the pleasures of the work?
3) What ingredients or life experience did you bring to your work that may have contributed to your being a good clinician?
4) Were there any significant personal or professional events or incidents in your life that altered the course of your career?
5) What else has played a role in your staying in the profession? (Allow participant to answer in any way he/she pleases, but if participant does not specifically address issues listed below, the following will be asked):
6) I have a checklist and want to make sure I ask you in what way, if any, the following may have impacted you staying in the field. Could you

say how _____(below) may have played a role in your staying in the field:

a) Theoretical orientation.

b) Formal education.

c) Professional training.

d) Personal therapy.

e) Professional setting.

Difficulties of the Career

1) Were there difficulties? If so, what were they and how did you manage to overcome them?

2) How do you sustain yourself?

Reasons for Remaining in the Profession

1) How do your perceive your reasons for remaining in the profession compared to those for entering it in the first place?

2) Have you ever considered any other career?

3) Given your life again, would you still enter the profession of clinical social work today?

4) How do you measure your success?

Effect on Personal Life

1) What impact has being a therapist all these years had on your personal life?

2) Has this work changed you? If so, how?

3) It has been suggested that the career of a psychotherapist is a commitment to a lifestyle, and is much more than just an occupation. Would you agree?

Vocational Choice

a) Reflecting back over the span of your career, is there a disparity between what you thought you might find in your initial expectations of the work and what in fact you did find?

Conclusion

a) Finally, are there aspects of this subject that I've not covered that you think are important and that you would like to speak to?

b) Do you have any final thoughts on the question or anything to say about the experience of the interview?

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