Leaps of faith: Trainees' experiences of not knowing in psychotherapy

Rachel Francine Gottlieb

Follow this and additional works at: https://dsc.duq.edu/etd

Recommended Citation
LEAPS OF FAITH:

TRAINEES’ EXPERIENCES OF NOT KNOWING IN PSYCHOTHERAPY

A Dissertation

Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

Rachel F. Gottlieb, MA

December 2016
LEAPS OF FAITH:
TRAINEES’ EXPERIENCES OF NOT KNOWING IN PSYCHOTHERAPY

By
Rachel Gottlieb, MA

Approved August 19, 2016

Russ Walsh, PhD
Associate Professor of Psychology
(Committee Chair)

Jessie Goicoechea, PhD
Assistant Professor of Psychology
(Committee Member)

Leswin Laubscher, PhD
Associate Professor of Psychology
(Committee Member)

James Swindal, PhD
Dean, McAnulty College of Liberal Arts
Professor of Philosophy

Leswin Laubscher, PhD
Chair, Psychology Department
Associate Professor of Psychology
ABSTRACT

LEAPS OF FAITH:

TRAINEES’ EXPERIENCES OF NOT KNOWING IN PSYCHOTHERAPY

By
Rachel Gottlieb, MA

December 2016

Dissertation supervised by Russ Walsh, PhD

This study presents a qualitative analysis of four clinical psychology PhD students’ experiences of not knowing how to proceed in sessions with clients, and how they handled those experiences. A narrative analysis of each participant interview was employed, in which tone, rhetorical function, and identity work were closely examined. Participants took up the concept and the experience of not knowing in very different ways from each other and from the assumptions of the researcher, although sitting back and waiting in response to not knowing was a theme in common. Anxiety, uncertainty, and tension in various identity positions abounded within participant interviews, and not knowing exposed great vulnerability for each participant. Factors including training experience, theoretical perspective, personality, and identity characteristics such as race, gender, sexual orientation, and cultural background appeared to influence the way in which not knowing was experienced. The relationship between professional
knowledge and ethical decision making is taken up in the context of relevant clinical and
philosophical literature and with reference to recent problems of professional knowing within the
field of psychology.
ACKNOWLEDGEMENT

For the opportunities, support, and assistance offered to me by so many individuals as I have completed this dissertation and graduate degree, I am deeply grateful.

Thank you to all of the professors and students at Duquesne who have helped and influenced me over the past several years (and a heartfelt thank you to Linda and Marilyn for keeping it all running smoothly).

In particular, thank you, Russ: for being the voice of reason and balance, for your tireless cheerleading and support, for making things happen, and for teaching me so much. You have my deepest appreciation and respect.

Thank you, Jessie: for providing the most consistent example I can imagine of the kind of psychologist I strive to be, for your gentle and inspiring supervision, and for your personal and professional support.

Thank you, Leswin: for introducing me to exactly the academic influences I needed, for asking the impossible, and for never giving an easy answer.

Thank you, members of my cohort, wherever you are at this moment: José, Will, Ariel, Camille, Sean, Katie, and Jon, you have shaped my questions, my growth, and my sense of this work in a thousand profound ways. It has been a privilege to know and learn with each of you.

Thank you so much to the participants in this research, who agreed to share their vulnerable experiences so openly.

Finally, thank you to the family and dear friends who have defined and inspired me, and to Shannon, my helpmeet and delight at every step of the way.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iv</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>vi</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Review of Clinical Training Literature</td>
<td>4</td>
</tr>
<tr>
<td>Complexity of Attaining Competence in Psychology</td>
<td>4</td>
</tr>
<tr>
<td>Approaches to Psychological Knowing</td>
<td>6</td>
</tr>
<tr>
<td>Supervision and Trainee Development</td>
<td>10</td>
</tr>
<tr>
<td>The Clinical Situation Explored: Making a Leap of Faith</td>
<td>15</td>
</tr>
<tr>
<td>Method</td>
<td>17</td>
</tr>
<tr>
<td>Participant Selection and Characteristics</td>
<td>18</td>
</tr>
<tr>
<td>Data Collection</td>
<td>20</td>
</tr>
<tr>
<td>Narrative Analysis of Data</td>
<td>23</td>
</tr>
<tr>
<td>Results</td>
<td>27</td>
</tr>
<tr>
<td>Participant 1: Steven</td>
<td>28</td>
</tr>
<tr>
<td>Introduction</td>
<td>28</td>
</tr>
<tr>
<td>Stage 1: Reflexive engagement</td>
<td>30</td>
</tr>
<tr>
<td>Stage 2: Identifying narratives, narrative tone and rhetorical function</td>
<td>31</td>
</tr>
<tr>
<td>Stage 3: Identities and identity work</td>
<td>42</td>
</tr>
<tr>
<td>Stage 4: Additional themes</td>
<td>44</td>
</tr>
<tr>
<td>Participant 2: Jonah</td>
<td>46</td>
</tr>
<tr>
<td>Introduction</td>
<td>46</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>The personal nature of not knowing</td>
<td>141</td>
</tr>
<tr>
<td>The retreat to knowing what to do</td>
<td>144</td>
</tr>
<tr>
<td>Ambivalence about this defense</td>
<td>145</td>
</tr>
<tr>
<td>Limits of professional identity</td>
<td>145</td>
</tr>
<tr>
<td>Implications</td>
<td>147</td>
</tr>
<tr>
<td>Professionalism is not enough</td>
<td>147</td>
</tr>
<tr>
<td>Responsibility to the Other</td>
<td>149</td>
</tr>
<tr>
<td>A leap of faith</td>
<td>151</td>
</tr>
<tr>
<td>References</td>
<td>154</td>
</tr>
<tr>
<td>Appendix A: Example Recruitment Email</td>
<td>161</td>
</tr>
<tr>
<td>Appendix B: Consent Form</td>
<td>162</td>
</tr>
<tr>
<td>Appendix C: Interview Transcripts</td>
<td>164</td>
</tr>
<tr>
<td>Interview 1, Steven</td>
<td>164</td>
</tr>
<tr>
<td>Interview 2, Jonah</td>
<td>193</td>
</tr>
<tr>
<td>Interview 3, Avery</td>
<td>227</td>
</tr>
<tr>
<td>Interview 4, Mark</td>
<td>250</td>
</tr>
</tbody>
</table>
Introduction

“The instant of decision is madness”
- Jacques Derrida quoting Soren Kierkegaard

How could one learn what it is to be a therapist without seeing clients in therapy? Though theory and classroom learning is essential to clinical training, psychotherapy is like many fields in that the most important learning takes place in students’ attempts at applying what they know with an actual client. In my own training cohort, some of us viewed our first clinic appointments with dread and some with excitement, but for all of us, being someone’s therapist for the first time was an eye-opening experience. While the initial feelings of terror soon abated, we all continued to face scenarios and moments with clients in which we did not know quite what to do next, feeling whatever ground we had been standing on give way.

In other disciplines within the helping or healthcare professions, it seems that when first learning skills one joins a team, or shadows and assists a seasoned practitioner, so that one’s attempts to learn are directly monitored, supported, and corrected by those who know more. With the psychology field’s move toward provision of health services and competency based training and assessment, new Standards of Accreditation will soon take effect for psychology training programs which require some direct observation of a trainee, live or electronically, to ensure his or her progress toward measurable competencies (American Psychological Association [APA], 2015a). Still, however, it is common in psychology training to accrue direct clinical hours by sitting alone in a room with a client, who is speaking and working directly with the trainee. Supervision of this process is essential, but it often may occur in a mediated way, after the session in question is already over, through discussion of the session and/or review of video or audio recording. Ethically, clients must be informed and agree from the outset that they will be seeing trainees under supervision, and yet they are in many cases in direct relationship
only with the trainee, their therapist, to whom they confess their difficulties and who responds to them in the moment. This strikes me as importantly different from having a student physical therapist teach me exercises while her supervisor is across the room, or consenting to have my teeth cleaned by a student dental hygienist with the understanding that his supervisor will check for and re-clean any missed areas afterward. And I do not think this difference is an arbitrary one: the essential work of therapy is itself different, in that in addition to the skills, techniques, approaches, or attitudes a student psychotherapist must learn, help is offered through a direct, personal, intimate relationship.

*Not knowing how to proceed* is the topic of this dissertation, as well as an enduring feature of my experience while training to become a clinical psychologist. Often this not knowing has extended even to the clear articulation of my question and goal for this dissertation. When I have spoken with colleagues, professors, and the trainees who participated in my research project, for instance, in one way it is the easiest thing in the world to make myself understood, since everyone, and certainly every practicing psychologist, has had the experience of not knowing what to do but having to do *something* anyway. Such is a fundamental experience in the learning by doing we undertake in psychology training. But in another way, what I really want to know about is not merely the experience of *not yet having learned how to do something*, but instead something much harder to describe, akin to suddenly not knowing how to *be*, because the person sitting across from you has done or said something to which it feels impossible to respond. Something which implicates and addresses you, as a fellow person and not only as a therapist in training. Something to which a technical response almost feels out of place or inappropriate… and yet you certainly wish a technique would come to mind to let you off the hook. Through years of learning the art of psychotherapy and trying to help, perhaps the
technique or good enough response comes to mind more quickly, and we get progressively better at recovering from those moments of feeling painfully exposed. But I suspect for most of us those moments continue to occur, and I think they must be moments in which we happen to trip over a feature of the therapeutic relationship that is of course there all the time: that before the we in the therapy room are psychologist and client, we are simply two people sitting together acknowledging the suffering of one. Not knowing what to do next, then, for me, resonates at the level of being a psychology trainee who is unsure in the moment how to choose among many competing theories and techniques and how best to utilize any of them; at the level of being a person capable of being moved or even overcome when encountering the suffering of a fellow person; and at the level of wondering how ethically to be a psychologist who is also a person, or a person who is also a psychologist—where the balance might be between feeling and respecting the suffering of another, and responding with some kind of (authoritative or objective) expertise.

In my discussions with others, my dialogue with the clinical and research literature, my clinical quandaries, and my writing of this dissertation, I find myself constantly moving back and forth between these levels.

This dissertation, too, wanders between these various levels, as I have tried to understand something and make myself understood. In it I make an imperfect attempt to balance my own perspective with such different voices as the fellow trainees who participated in my study, researchers contributing to the literature on clinical competencies and psychology training, and the work of a few philosophers and religious thinkers important to the framing of my questions. It is from all of these levels, and in dialogue with all of these voices, that I have asked my questions: What is the experience of not knowing in therapy sessions like for psychology trainees? How do they handle not knowing? And what might we be able to learn from dwelling
with the experiences of those whose professional identity is not yet secure? In the end (and at the beginning, and in the middle), I do not take a firm and knowing stance on the question of how to understand not knowing, or how best to handle it. I do, however, insist on its significance. Without suggesting a solution to the problem of not knowing, this dissertation instead offers the writer and reader space and time to consider, and a personal perspective (or several) on an important experience.

**Review of Clinical Training Literature**

**Complexity of Attaining Competence in Psychology**

There has been a growing interest in recent years in ensuring that psychology training programs are producing competent professionals, and in defining what that means (Rubin et al., 2007). This conversation borrows heavily from discussions of competence in a medical context; according to Epstein & Hundert, writing for the Journal of the American Medical Association, competence can be defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served” (2002, p. 226). Few would argue that this general conception of effective practice to benefit one’s clients and community should not apply to clinical and counseling psychologists as to other health professionals, and the American Psychological Association (APA) Ethics code as of 2002 contains specific references to maintaining competence and to providing services only within the boundaries of one’s competence (Rubin et al., 2007).

Holding psychologists and training programs accountable to certain levels of competent practice is a more complex proposal, however, than merely agreeing that psychologists should be competent. For over a decade, increased attention has been paid to defining and assessing
particular competencies for psychologists, to be reached at certain levels of training and beyond (Kaslow, 2004; Kaslow et al., 2004; Rubin et al., 2007; APA, 2015a). Reflecting their work during the Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology of 2002, Rodolfa, Bent, Eisman, Nelson, Rehm, and Ritchie proposed a cube model for competency development (2005), in which competency domains are conceived of as distinct though interrelated. They distinguish the interpersonal and intellectual domains of foundational competency from domains of functional competency, or the knowledge, skills, and values necessary to perform the work of a psychologist, and they maintain that these foundational and functional competencies are differently assessed depending on the developmental context of the practitioner, or where he or she is in his or her training or practice. The six domains of foundational competency are (a) reflective practice–self-assessment, (b) scientific knowledge–methods, (c) relationships, (d) ethical–legal standards–policy, (e) individual–cultural diversity, and (f) interdisciplinary systems. The functional domains which depend on those foundations are (a) assessment–diagnosis–case conceptualization, (b) intervention, (c) consultation, (d) research–evaluation, (e) supervision–teaching, and (f) management–administration. The important stages of psychologist development include graduate education, internship, postdoctoral training or residency, and continuing competency, though these stages could be further broken down to ensure quality training; for instance, Hatcher and Lassiter have proposed a Practicum Competencies Outline to summarize expectations for student learning during the pre-internship practicum placement portion of graduate training (2007). Indeed, it has been increasingly recommended that benchmarks or thresholds for advancement be articulated at every step of training progression (Hatcher & Lassiter, 2007; Kaslow, 2004; Kaslow et al., 2004; Rodolfa et al., 2005), and now trainee impairment and/or problems of
competence are beginning to be more systematically addressed (Forrest, Elman, & Shen, 2008; Huprich & Rudd, 2004; Kaslow et al., 2007). Forrest, Elman, and Shen (2008), for instance, recommended that in instances where trainees’ competence is in question, more attention be paid to the training context, following Bronfenbrenner’s ecological model of development. The researchers who have been working on defining competencies and how they might be assessed maintain that clarity on these points will lead to greater accountability of psychologists to the public, regulators, and third-party payers, resulting in higher quality services rendered (Rodolfa et al., 2005). The APA has now revised its standards for training programs to receive accreditation, beginning January 2017, such that training must be shown to be competency-based (APA, 2015a).

**Approaches to Psychological Knowing**

One difficulty of defining and assessing required competencies is that training in professional psychology is at present such a heterogeneous affair, with different subfields and programs embracing different values, standards, and emphases about what professional practice should be. Reflecting this diversity, until now for a training program to be accredited by the APA, that program has had to define its training model and show how it went about providing the training it claimed to provide, rather than adhering to specific standards (Eby, Chin, Rollock, Schwartz, & Worrell, 2011). Examples of training models include scientist-practitioner, practitioner-scholar, and clinical scientist, all with differing values and histories (McFall, 2006). Partly this reflects psychology’s roots in philosophy and the tensions throughout its history between the study of the mind via empirical science or via introspective or interpretive methods, and between studying and researching human behavior on the one hand and being of service to human lives on the other (Eby et al., 2011; McFall, 2006). From the birth of psychology as a
science, dated from the founding of Wilhelm Wundt’s famous psychological laboratory in Leipzig in 1874, a distinction has been made between studying mind and behavior through the natural sciences, or *Naturwissenschaften* in the German language tradition, and through the human sciences, or *Geisteswissenschaften* (Burston & Frie, 2006). Today’s psychology training programs emphasize different traditions of scholarship, some focusing on psychology’s potential as a cutting-edge Science, Technology, Engineering, and Mathematics (STEM) discipline and others turning to psychology’s grounding in philosophical questions and human meaning (Burston & Frie, 2006; Eby et al., 2011). Programs also differ in whether they prioritize the acquisition of professional knowledge over the practice of scholarly research or vice versa, and the bodies of professional knowledge to be acquired continue to multiply (Eby et al., 2011). Psychological practitioners may hold a PhD, PsyD, EdD, or can affiliate with psychology through non-doctoral degrees in mental health counseling, marriage and family therapy, school psychology, and more; thus, according to Eby et al., “[t]he sheer number of degrees makes it hard to ascertain the evidence for effective practice, the methods for best practice, the place of meaning-making within psychology, and the role of science in training the practitioner” (2011, p. 58).

Training in empirically-supported procedures, or, according to the most recent standards, the integration of empirical evidence and practice, is required for a program to be accredited by the APA (APA, 2006, 2015a), and debates about empirically-supported procedures/treatments and evidence-based practice abound among researchers and practitioners in the field. As of a policy statement from August of 2005, the APA defines evidence-based practice in psychology as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.” As Spring (2007) notes, the APA’s definition of
evidence-based practice is an idiographic one emphasizing clinical decision-making in the service of an individual client, but evidence-based practice can also be understood nomothetically, as in the case of the advancement of empirically-supported treatments for an average client with a particular clinical issue. Many writers have addressed a current and longstanding gap between research supporting the use of particular treatments and practitioner adoption of those empirically-supported treatments (e.g., Goldfried, 2010; Hunsley, 2007; Kazdin, 2008; Morrow-Bradley & Elliott, 1986), both in training programs and once psychologists are practicing independently. A survey of currently practicing psychologists found that many practitioners value clinical expertise over research, partly due to a perception that psychotherapy efficacy research is not applicable to real-world clinical cases due to its tightly controlled nature that excludes complex cases from most studies and cannot adequately account for the human component of therapy relationships, and partly due to their difficulty integrating empirically-supported treatments into their current clinical framework (Stewart, Stirman, & Chambless, 2012).

Part of the discussion about evidence-based practice is the role of clinical expertise in the application of treatments that are supported by research. It was partly the rise of manualized psychotherapy treatments that enabled efficacy research to be carried out under controlled circumstances, and even among those who hail manualization as a great boon to clinical practice in “real-world” settings, controversy rules over how much flexibility and modification is required for the effective implementation of a manualized treatment. Many have characterized manuals as rigid and allowing no room for individuality of the therapist or the patient, but some proponents encourage clinicians to take them up flexibly, in an individualized and creative manner (e.g., Kendall, Chu, Gifford, Hayes, & Nauta, 1998). Friedberg, Gorman, and Beidel
underscore, among other things, the importance of embracing immediacy and potential negative emotions of client and therapist in session when applying empirically supported manuals or protocols (2008). Some, however, caution that deviations from protocol run the risk of straying too far from aspects of the treatment that had the support of evidence in the first place; for instance, Ruscio and Holohan, in their review of clinician decision-making in whether and how to apply empirically-supported treatments to complex cases, point out that deviations can have an unknown impact on the treatment’s efficacy (2006). Schulte and Eifert maintain that clinicians deviate too soon from established procedure in the name of process- or patient-oriented strategy (2002). However, it is agreed that rigid or stereotypical application of a manualized treatment is ineffective—and this caution is often first stated by the originators of the manuals themselves (Kendall et al., 1998). Making use of research in clinical practice, therefore, requires considerable judgment and expertise, expertise that must be learned.

In certain traditions within psychology, such as selected conversations within psychoanalytic literature, uncertainty or not knowing is explicitly embraced along with clinical expertise. Patrick Casement (1991), for instance, drawing heavily from the work of Winnicott and Bion, stresses the importance of learning to “bear the strain of not-knowing” (p. 9), and be willing to wait and dwell in uncertainty about what is happening with a particular patient until meaning begins to emerge. Casement cites Bion’s invocation of the importance of an analyst’s “negative capability” (p. 358), the poet Keats’ term for the creative capacity to entertain doubt, uncertainty, and mystery. Nancy McWilliams (2004) also acknowledges a long psychoanalytic tradition of accepting ambiguity and uncertainty as part of one’s exploration with a patient. She highlights the way in which humility about what they know of a patient or therapeutic relationship has been embraced particularly by analysts within the relational movement, who
have emphasized the regularity with which both patient and analyst are drawn into unconscious enactments, which then may be fruitfully and collaboratively explored (p. 12, pp. 18-19). As much as Casement and McWilliams highlight the value of uncertainty within therapeutic work, however, both of these contemporary clinicians also stress the importance of an analyst’s confidence or authority about the theoretical frame within which she is working. McWilliams (2004, p. 31) suggests that analytic therapists hold “authority about process but uncertainty about content,” much like a trailblazer or travel guide, and Casement (1991) notes that theory is necessary to ground any treatment (pp. 8-9), and that “therapists need confidence in the analytic process if they are to be able to tolerate the vicissitudes” of a therapeutic relationship (p. 28). This authority or confidence is hard-won, however: it is acknowledged that even after qualification as an analyst, a process which takes many years, there is a long period of consolidation before an analyst might fully come into his own voice (p. 32).

**Supervision and Trainee Development**

Epstein and Humbert augment their influential definition of competence by continuing, “[c]ompetence depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence. Professional competence is developmental, impermanent, and context-dependent” (2002, p. 227). Consistent with a conception of competencies as developmental (Rodolfa et al., 2005), much of the current literature on psychotherapy supervision has adopted a developmental perspective (e.g., Stoltenberg, 2005; though see Holloway, 1987, for an early critique). The clinical skills of attentiveness, critical curiosity, self-awareness, and presence are not acquired all at once, but in order to master take time, effort, and often a certain amount of failure and willingness to proceed in spite of uncertainty.

I welcome this developmental perspective on clinical training because it allows for an
appreciation of the messiness at stake. Much of this literature emphasizes the emotionally
difficult nature of becoming a therapist, as well as stressing the ambiguity and uncertainty
inherent in many clinical decisions. Such adjectives have been used to describe the feelings of
novice clinicians as “anxious, overwhelmed, fragile, self-doubting, unconfident, and insecure”
(Watkins, 2012, p. 189). Pica (1998), among others, has stressed the surprising experience of
ambiguity as a trainee, and some moves have been made to make ambiguity tolerance a specific
focus of clinical training (e.g., Levitt & Jacques, 2005). Skovholt and Rønnestad cite
performance anxiety, the illuminated scrutiny of professional gatekeepers, porous or rigid
emotional boundaries, the fragile and incomplete practitioner-self, inadequate conceptual maps,
glamorized expectations, and an acute need for positive mentors as potential stressors for new
clinicians (2003), and Kaslow and Rice detail additional stressors inherent to the internship year,
such as relocating to a new place and having to prove oneself all over again while still being
entirely unsure of one’s clinical footing (1987). As trainees struggle to learn the craft of
psychotherapy, narcissistic injury is common (Halewood & Tribe, 2003; Mollon, 1989). Many
may feel they are imposters who have fooled evaluators and gatekeepers into allowing them to
pass so far (Halewood & Tribe, 2003; Langford & Clance, 1993). Indicating that negative
emotions and uncertainty are not merely a feature of clinical training but extend across a
therapist’s professional development, some articles report on such topics as the therapist’s
experience of the unknown (Lawner, 1981), or of despair (Beck, Halling, McNabb, Miller,
Rowe, & Schulz, 2005). Zeddies (1999) emphasizes the personal nature of clinical work and
becoming a therapist, noting that the course of therapy can never be fully anticipated for a given
client and that quite essential to the work is the therapist’s capacity for emotional availability.
While he acknowledges that allegiances, such as to a supervisor, theoretical perspective, or
therapist, are necessary for clinical development, he also points out their obstructive potential insofar as they prevent a clinician in training from remaining available and present to the client.

Relatedly, many studies have researched the role of therapist self-reflectivity and self-awareness, indicating that sometimes reflectivity is essential but certain forms can prove disastrous to therapists’ remaining emotionally present and effective. Several authors (Binder, 1999; Lavender, 2003; O’Loughlin, 2003) promote the concept of reflective practice, a willingness to engage in the messiness of thinking deeply and critically about one’s work, drawn from the writing of Donald Schön about the potential for reflective practice across many different professions (1983). Others, however (e.g., Fauth & Williams, 2005), note that in-session self-awareness can be either helpful, such as an awareness of the therapist’s physiological or emotional response to the client, or detrimental to the therapist’s effectiveness, as in the case of negative self-talk. Williams, Judge, Hill and Hoffman (1997) studied the reactions trainees struggle with in session, such as anxiety, distraction or self-focus, frustration, and feeling inadequate, as well as the trainees’ strategies to manage those reactions, including focusing on the client or using self-awareness. Thus in their study becoming overly self-focused was a problem for the clinicians, but focusing on their awareness by, for instance, using their own feelings as a guide was also a potential help. Feelings of inadequacy or incompetence were clearly not an aspect of self-focus that was helpful to trainees; Thériault, Gazzola, and Richardson (2009), found that novice counselors often felt preoccupied and stressed by feelings of incompetence. The counselors in the study found some ways of coping with these feelings by, for instance, shifting their attributions and expectations or taking refuge in theoretical parameters and guidelines, but they were frustrated by the lack of receptivity to and validation of feelings of incompetence in their training programs that compounded counselors’ feelings of isolation and
Roeske’s (2014) dissertation examines the narratives of advanced clinicians in terms of the long process of shifting from unhelpful self-doubt toward an embrace of the uncertainty inherent in therapeutic work. Optimal therapist development for these participants involves the trainee giving up his fantasized ideal of what a clinician can know and offer, moving toward an acknowledgement and integration of conflict, ambiguity, and uncertainty into a personal style that incorporates the clinician’s own voice. Clinicians cited as problematic features of their early training years the great pressure they felt to know, the anxiety and discomfort involved, their attempts to defend against this discomfort such as by trying too hard, and their reliance on others or on theory to help assuage self-doubt. Clinicians acknowledged developing increasing faith as an antidote to self-doubt and a complement to uncertainty, such as faith in the unconscious, in natural processes of healing, or in uncertainty itself.

Watkins (2012) cites demoralization as a primary struggle for novice clinicians, in that they frequently encounter feelings of inadequacy to such an extent that they question whether they “have what it takes” to become a therapist. Trainees often feel fraudulent as they begin clinical work, and a task of supervision is to instill faith that they will someday feel like real therapists and help them bear the “confusion, ignorance, discomfort, embarrassment, and humiliation” that they may encounter as they continue their training (p. 191). Watkins sees demoralization as an expected developmental struggle for the trainee but also often an extended, painful one, and just as for Watkins a therapist must “persuade and moralize” her patients, so too a supervisor should persuade and moralize his supervisee during her time of doubt (p. 192). For Watkins, a primary issue for trainees is their initial lack of therapist identity, potentially an issue both when they first begin seeing clients and may feel the lack of the basic clinical skills they
need to feel comfortable, and later when their search for a theoretical orientation begins in
earnest and they may find themselves adrift and uncertain.

A trainee’s search for a professional or therapeutic identity seems to be an important
corollary to the developmental perspective on clinical training. Since psychotherapy training
forces students to confront their own vulnerabilities and problematic personality characteristics
as they learn to use their own self and lived experience in the therapy room, a student’s
professional identity development is for many an intensely personal trajectory (Bruss & Kopola,
1993; Gazzola et al., 2011; Watkins, 2012). Feeling secure in one’s professional identity also
takes a long time; until a psychologist’s career is well-established, she may rely heavily on
external sources, such as mentors and graduate program expectations, to know how she should
act as a therapist and to assess how she is measuring up (Bruss & Kopola, 1993; Gazzola et al.,
2011; Gibson, Dollarhide, & Moss, 2010; Watkins, 2012). Until identity has been consolidated,
anxiety, uncertainty, dependence, and discouragement abound in early trainees, to the extent that
some researchers emphasize graduate school’s role as a kind of “professional infancy” of great
vulnerability and turmoil (e.g., Bruss & Kopola, 1993). The stress and struggle of finding one’s
professional identity through graduate training is seen as expected and normative (Watkins,
2012), and professional identity seems to originate from the training process itself. Without the
development of this identity, “optimal and effective therapeutic practice” will not occur

As part of the 2002 Competencies Conference previously referenced, Elman, Illfelder-Kaye,
and Robiner (2005) suggest that professional development, a process whose outcome is
professionalism, is a foundational competency on which many others depend. Professionalism
appears to be an aspect of optimal professional identity development for these authors,
encompassing aspects such as interpersonal functioning and “thinking like a psychologist.” It is hoped and assumed that at entry to graduate school, students possess some of a psychologist’s necessary values and skills (e.g., emotional intelligence, critical thinking), and that training and continuing education throughout the career develop and hone these aspects of professionalism and address inadequacies as they arise (Elman et al., 2005).

Professionalism and consolidation of a professional or therapeutic identity are certainly important, but in many ways I am more interested in what is revealed in the gaps in know-how as novice clinicians are struggling to form their identities as practitioners. Though moments of indecision and lack of clarity occur regularly throughout a psychologist’s career, I believe that before professional identity is secure, these breakdowns in understanding have the potential to reveal profound existential quandaries about relating to others that are questions inherent to all therapeutic work but that may eventually get better covered over by one’s professional allegiance. Though it does not seem advisable to remain in the discomfort and anxiety of an inexperienced clinician-in-training for longer than is necessary, it seems a fruitful place for extended inquiry and curiosity, and one that can have the potential to speak even to experienced therapists about tensions inherent in the strange work of psychotherapy.

The Clinical Situation Explored: Making a Leap of Faith

While someone might seek psychotherapy in order to obtain expert advice and targeted treatment of symptoms of a mental illness, that is not generally the lens through which I understand a therapist’s work. More than a profession, it feels to me like a calling—clients bring their whole selves into the session room with them, and discuss issues that have implications for their sense of identity, their most intimate relationships, their innermost values, and the meaning they make out of their past histories, present strivings, and future possibilities. Because the work
seems so potentially important and value-laden, I worry about respecting the communications of clients and about what response or direction of intervention is most appropriate to who they are and where they want to go (not to mention the complication of where I think they should go: both in terms of my personal opinions about their lives, which is mostly beside the point, and in terms of my professional opinions about the nature of their suffering and what appropriate therapy goals would be, which must impact the treatment to some extent). Technical questions abound, since the work of therapy is complex and difficult, and yet they pale in comparison to larger questions about what the client and I are really doing together and what my role should be at any moment. It is in this context that I often feel paralyzed and unable to come up with anything adequate to say. Alone in the room with the client, any time I come forth from silent indecision and decide on a response, I am making a leap of faith.

Both Kierkegaard’s concept of the leap of faith in *Fear and Trembling* (1968) and Derrida’s reading of this text in *The Gift of Death* (2008) highlight rather than downplaying the gut-wrenching uncertainty and failure inherent in the ethical decisions we make. Kierkegaard vividly retells the biblical story of Abraham’s near-sacrifice of Isaac, emphasizing how horrifying the story is and should be—we should think differently about what we mean by faith if it is that without which Abraham’s willingness to murder his son is incomprehensible. Derrida’s reading of *Fear and Trembling* takes up the leap of faith outside of its strictly religious context and points out the relevance to our everyday lives of Abraham’s choice; as frightful as the story is, Derrida claims, it also represents “the most common thing” (p. 68). When Abraham faces his impossible decision of how to respond when his God asks him to ignore everything he knows about decency and ethics, his lack of understanding does not cause him to hesitate; he “accepts his responsibility by heading off toward the absolute request of the other, beyond
knowledge” (Derrida, pp. 77-78). His decision does not depend on knowing; in fact, Derrida asserts, every decision shares this property, that it “cannot be deduced from a form of knowledge of which it would simply be the effect, its conclusion or explicitation” (p. 78). A decision, in order to qualify as a decision at all, “structurally breaches knowledge” and is thus secret, personal, unjustifiable, “in the very instant of its performance” (p. 78). “The instant of decision is madness,” Derrida quotes Kierkegaard as saying (Derrida, p. 66), and we are so bound up in relation and responsibility to others that we exist in a world where “‘it’s my lookout’ even when I can’t see anything, don’t know anything, and can take no initiative, there where I cannot preempt by my own initiative whatever is commanding me to make decisions, decisions that will nevertheless be mine and which I alone will have to answer for” (p. 91). Being the person face to face with a client seeking help with life’s problems means that I have a kind of infinite and impossible responsibility—“whether accepted or refused, whether knowing or not knowing how to assume it, whether able or unable to do something concrete for the Other” (Levinas, 1985, p. 97). When it comes to the “authentically human factor” of “passion,” the ‘highest passion” being “faith,” Kierkegaard tells us, “whatever the one generation may learn from the other, that which is genuinely human no generation learns from the foregoing” (p. 130)—how exactly to make a clinical leap of faith and make your own always imperfect response to a client’s deeply felt need, cannot be taught. It is these deeper quandaries, as much as the difficulty of the skills I am trying to learn, that motivate my interest in the experience of not knowing.

Method

In order to explore how novice therapists handle not knowing what to do or say in session as they make the leap from classroom to practice, I interviewed four fellow clinicians in training from two area clinical psychology PhD programs. After conducting and transcribing each in-
person interview I conducted a narrative analysis to identify narratives and themes in each participant’s account, paying close attention to the participant’s active identity work in relation to clinical training. Once all the interviews had been analyzed I compared the analyses to one another and noted areas of divergence. Finally, I summarized the central findings, as well as examining my own perspective as a researcher and its influence on this project.

**Participant Selection and Characteristics**

In order to dialogue with fellow trainees in clinical/counseling PhD programs, I sent recruitment emails (see Appendix A, example solicitation email) to training directors of the clinical and counseling psychology PhD programs in the Pittsburgh metropolitan area, to invite doctoral students who had completed between 1 and 4 years of graduate training in clinical or counseling psychology to participate in research interviews about the difficulties inherent in moving from classroom training to seeing one’s first clients. I limited eligibility to those with between 1 and 4 years of clinical training/experience in order to interview participants with some substantial amount of contact with clients, but whose novice psychotherapy experiences were recent and easily remembered, and whose professional identity development was presumably still in the early stages (the competency development model of Rodolfa et al., 2005, for example, considers doctoral education to be a single basic stage in a clinician’s development). I hoped to recruit between four and six participants to interview for this small qualitative project, and stipulated that no more than two participants from any one training program should be selected, so that at least some diversity of training perspectives would be ensured.

When no participants volunteered in response to my initial request for participation, I sent out a second request. After the second request eight students in total volunteered from one nearby training program. I interviewed two of these students; of the others who responded, one
student’s experience exceeded the maximum 4 years, one student did not follow up to my request
to schedule an interview within the time span I waited for a response (5 days), and four
responded after I had already scheduled interviews with the maximum number of two
participants from this program. When I sent follow up emails to other programs, two students
from one additional program volunteered, and I was able to interview both of them. No students
from a program other than those two responded.

Demographic information for the four participants, collected via a follow up email after
the interview’s conclusion, was as follows (participants and their training programs are referred
to by pseudonyms): At the time of the interview, Steven was a 35-year-old second-year student
in Simone University’s qualitative research oriented, scholar-practitioner model Clinical
Psychology PhD program, a fairly integrative training program in which clinical faculty espouse
a range of theoretical and philosophical orientations and yet psychodynamic thinking is an
organizing theme. A straight white male from an upper-middle class background, Steven
disclosed no disability. He had a previous career as a teacher, and his previous clinical
training/experience included a month of embodiment work at a spiritual retreat center, and 18
months of training in a Gestalt institute. Jonah was a 27-year-old fourth-year student in Simone
University’s program at the time of the interview, with research interests in the impact of racism
and racist narratives on identity, psychological development and health. He identified as male,
heterosexual, African-American (also referring to himself as Black within the interview), from a
middle-class background and with no disability. Jonah had prior experience working for a year
and a half in wraparound services, as a Therapeutic Staff Support with autistic children. Avery
was a 25-year-old third-year student in Field University Psychology PhD Program’s Clinical-
Health track, focusing in behavioral medicine intervention. Field University’s program has a
strong research focus with a clinical scientist mentorship model, and its clinical training emphasizes Cognitive Behavioral Therapy (CBT), with the option for students to learn Interpersonal Psychotherapy (IPT) later in their course of study. Avery identified as female, heterosexual, Caucasian (non-Hispanic), from an upper-middle-class background with no disability. She had received training in Motivational Interviewing (MI), but had no clinical experience prior to beginning her graduate training. Mark was a 27-year-old fifth-year student in Field University Psychology Program’s Clinical track. He was male, heterosexual, Caucasian (non-Hispanic), from an upper-middle-class background with no disability. Mark denied having clinical experience prior to his graduate training; he referenced a strong interest in psychoanalytic thought and scholarship throughout the time he had been learning CBT and IPT in his graduate program.

Data Collection

With each participant, I conducted an individual interview between 1 and 2 hours long at the Duquesne University Psychology Clinic. Before the interviews began, I reviewed with participants an informed consent document (see Appendix B) so that they were aware of the kind of interview in which they would be participating and how data from the interview would be used. Interviews were audio-recorded once consent had been given, and later transcribed for analysis (see Appendix C).

After informed consent was obtained, I began with a version of the following prompt: “As we have discussed, in this study I am interested in learning more about students’ experiences as they are just beginning clinical work. Can you tell me about your experiences of not knowing what to do with a client?” The rest of the conversation followed from the participant’s responses, with no other questions prescribed in advance other than making sure to ask for a detailed
example of not knowing how to proceed with a client, and what the participant ended up doing, if the participant did not spontaneously offer such an example. Drawing on narrative methodological traditions, my questions for participants were intended to elicit their narratives about their experiences of beginning clinical work, to what kinds of things in sessions it was most difficult for them to respond, and how they were able to produce a response. Mindful that other trainees’ understandings and experiences of not knowing were likely to be different from my own, I hoped to give participants space to tell their stories and not force my own understandings onto their experience by setting too rigid a template for our conversation.

I wished explicitly to leave room both in interview protocol and data analysis for meanings to unfold unexpectedly. Since my research question was about those times when the way forward in a (therapeutic) conversation is unclear, I more or less welcomed and wished to attend closely to times when the way forward in these (research) conversations was unclear, surprising, or messy. I assumed that some aspects of the experiences I asked participants to articulate were not entirely consciously accessible—the experience of stumbling, of not knowing, of finding oneself unprepared or blindsided is necessarily difficult to thematize. Therefore, the implicit facets of the interview were as important as the explicit. Finlay and Evans (2009) stress the relational nature of qualitative interviews, and they point out many ways in which the skills of conducting therapy and conducting qualitative interviews overlap. While taking care to distinguish my role as researcher from the role of therapist, I used therapeutic tools such as reflective listening, attunement to themes and patterns, and demonstrated empathy to encourage participants to explore and explicate their own experiences. As a researcher, I hoped “to work flexibly and creatively in response to the question at hand” (Finlay and Evans, 2009, p. 6), dynamically co-creating research with the participants.
It is worth noting, however, the ways in which the problem of knowing that is the subject of this research project has also infiltrated the method at every point: for example, as much as data, meaning, or understanding was co-created during interviews, as telling were the ways it was co-obstructed. My familiar reluctance to adopt an active or knowing role in these research conversations (such that none of the participants seemed to be able to fully grasp what I was asking about, based on my prompts and questions) complicated the production of the “data,” creating unnecessary but perhaps also interesting layers of misunderstanding, anxiety, and defensiveness (explored at length during data analysis). The disinclination I felt to unduly influence the participants’ musings about their experiences of not knowing was in tension both with my need to explain (and re-explain) what I was asking them to talk about, as well as with my awareness that for my qualitative research project, I would be later sifting through, picking apart, and wondering critically about the participants’ narratives in a way they might not appreciate. Josselson (2004) points out an ethical quandary of research undertaken from a critical perspective: “Researchers have not yet discovered a means of explaining to participants that they, the researchers, will be taking interpretive authority in the final analysis; the customary informed consent form asks people to consent to something that they cannot possibly understand or foresee.” (p. 20). The uncomfortable disconnect I felt between my intention of keeping an open and welcoming attitude toward my participants’ perspectives, on the one hand, and my awareness of the analysis to follow, on the other, was not unlike the strange duality of warmly and empathetically inviting a client to share her story and answer questions at an initial meeting, and then writing an intake report whose clinical language and frank interpretations I hope she will not ever read. This tension between a relational and ethical impulse to honor another person’s perspective and my assumption that participants are not transparent to themselves (nor
am I) (Josselson, 2004; Walsh and Koelsch, 2012) has impacted my methodological choices at every stage of data collection, analysis, and discussion, as well as impacted the ways not knowing has cropped up for me at all of these points.

**Narrative Analysis of Data**

I transcribed the audio recording from each interview with careful attention to capturing each person’s words in the way they were uttered, including false starts, slips, stutters, and linguistic fillers (such as “um,” “like,” “you know,” and those ubiquitous therapist/researcher minimal encouragers, “mm,” “hm,” and “mm hm”). After the interview had been transcribed, I performed a narrative analysis in four stages. Roughly corresponding to stages 1 through 4 of Langdridge’s (2007) Critical Narrative Analysis, they were: engaging reflexively with the interview; identifying narratives, narrative tone and rhetorical function; summarizing identity positions and identity work; and describing additional themes.

In the first stage of reflexive engagement, I read through the transcript and attended to how the interview brought to light aspects of my own perspective and highlighted questions and problems for me. I thought through ways in which my particular presence and line of questioning in the interview had opened only some avenues of exploration for the conversation while closing others. I noted the challenges the participant’s view offered to my own, and critically examined my own reactions in light of my various identity positions. In this hermeneutically informed research, I acknowledge the impossibility of bracketing and thereby somehow setting aside or transcending my assumptions (Finlay, 2009; Walsh & Koelsch, 2012), and this reflexive step was intended instead as an attempt to grasp more clearly what and how I was understanding, so as to engage more productively with the participant’s different perspective (Walsh & Koelsch, 2012).
The next three stages examined the interview transcript directly, from somewhat different angles. In the second stage I identified narratives in the interview text, identifiable by new beginnings, clear shifts in content, and changes in setting or characters (Langdridge, 2007). I paid careful attention to the tone of each narrative as well as shifts in tone, and the narrative’s function or rhetorical work within the larger contexts of my interaction with the participant and the participant’s role as a clinician in training. From the combined effect of the smaller narratives I identified the participant’s overarching narrative (Langdridge, 2007)—in this case, what they were trying to tell me about their experiences as new therapists and their relationship to not knowing. From this second stage, I was able to translate the narratives’ tone and function into a summary of important identity work: what aspects of identity were alive or in tension for them, and what work they were doing to position themselves in relation to various influences in their lives (Langdridge, 2007). I was particularly interested in ambivalence, uncertainty, and conflict in the identities (many of them related to professional identity, given that my questions were about clinical training) being narratively constructed by the participant’s stories at different points in the interview. Finally, I analyzed each transcript in terms of participants’ major themes, organizing my marginal notes on important thematic elements from the narratives into clusters of meaning (Langdridge, 2007), and fleshing out those themes that had not already been adequately covered in the second and third stage.

By choosing a narrative analytic method and exploring identity work through an attention to tone and rhetorical function, I hoped to be able to examine some of the tensions most relevant to professional identity development for these participants (Bruss & Kopola, 1993; Gazzola et al., 2011; Gibson et al., 2010; Watkins, 2012). Some of my interest was in a phenomenologically informed exploration of the consciously lived, active identity positions and identity work in
which participants were engaged at the particular moment of their training when they spoke with me. I was also interested, however, in the implicit, the troubled areas, the gaps and tensions and problems in the identity work and themes I saw and interpreted as being at play for each participant. In terms of the tension between a hermeneutics of faith or restoration and a hermeneutics of suspicion or demystification, as described by Ricouer and explored in the context of narrative research by Josselson (2004), I find that I more often relied on a hermeneutics of faith, exploring meanings latent within the participants’ narratives in order first to better understand how participants were understanding themselves, and then to understand how I was understanding them. However, I was drawn to Langdrige’s (2007) narrative method from the outset due to its critical element, in which at several stages he uses a hermeneutic of suspicion (while maintaining an overall emphasis on understanding the narrative as presented). Langdrige employs an imaginative hermeneutic of suspicion through a critical engagement with relevant social theory, his critical version of a phenomenological imaginative variation (2007). He contrasts this imaginative hermeneutic method in which the researcher takes an alternative position with respect to the narrative (such as by critically examining what pressures from ideological structures and social discourses might need to be taken up differently in order for a participant’s narrative to work or resolve tensions in a different way), on the one hand, with a depth hermeneutic such as psychoanalysis on the other (2007). I have included in my analysis a critical acknowledgement and exploration of various aspects of participants’ and my identity positions, in the spirit of this imaginative hermeneutics. It is also worth noting, however, that I occasionally engaged with psychoanalytic thought as the best available way to understand an aspect of a research interaction or the work of a participant’s narrative, and so by Langdridge’s criteria employed a depth hermeneutic of suspicion as well. This is perhaps an inescapable aspect
of my own professional identity as a psychologist in training—after hanging out with psychodynamic-leaning professionals for several years, a psychoanalytic influence I can barely recognize impacts my habits of noticing and thinking, much as one could claim that the entirety of American culture is beholden to Freud more than most of us could acknowledge. While this perspective impacts my reading of these texts, however, I cannot know enough about my participants’ personal histories after one interview to really analyze them, nor was a psychoanalytic analysis of each participant the point of my research. And while I can recognize and acknowledge some of the personal psychodynamic influences on my own neurotic approach to this research, I am not naïve enough to believe that I am transparent to myself. Psychoanalytic thought merely serves as one influence on my hermeneutic reflections on the research data, in which I explored alternative readings in order to better understand the data.

In my presentation of research results, I have chosen to begin each interview analysis with an introduction that sets the stage for the reader, and the very important second stage of identifying narratives, tone, and function is presented in a chronological, narrative-like form. While I have not entirely presented the results as a story, as in narrative-type narrative inquiry defined by Polkinghorne (1995), I have chosen to make explicit, step by step, many of the contextual and interpersonal aspects of the research conversations, which were relevant both to the narratives’ direction and to my approach to analyzing them. While the focus is on the participants’ narratives, tone, and rhetorical choices, my contributions are often referenced to acknowledge their potential influence. In this way, the second stage of analysis sacrifices brevity and directness in order to allow for contextual complexity. In other stages, I chose to summarize main points instead. I have thereby tried to strike a balance of authorial authority (summarizing the points I have chosen as most important) with fidelity to the complexity of a relationship
(reporting my perspective on what happened).

Once each transcript was analyzed, my final step was to compare and note major themes, convergences, and divergences between all of the transcripts. I wished to make connections between interviews and draw out important similarities and differences, and yet since my focus was largely idiographic, this step was not extensive (Langdridge, 2007). In a table, I pulled together in a briefer and more organized way main ideas from every transcript, so that each participant’s data were summarized and could also be compared at a glance to the others’. Acknowledging my own impact on the research, after the comparison of all four analyses and the summarizing table, I summarized my own perspective, as it had been revealed and highlighted over the course of this research, as it had likely impacted data collection and analysis, and as it had been challenged by the research process.

**Results**

As described above, for each interview transcript I performed a narrative analysis in four stages: engaging reflexively; identifying narratives, narrative tone and rhetorical function; summarizing identity positions and identity work; and describing additional themes. An introduction to each participant analysis is also included. Results of the four analyses are presented with subheadings marking each stage. The analyses are then compared, as well as presented side by side in a table. Finally, central findings from the four analyses are presented, and a reflexive summary of my perspective and the ways it both influenced and was challenged by interviews and data analysis is offered.
Participant 1: Steven

**Introduction.** The first person to respond to my request to participate, Steven, was an acquaintance from a nearby doctoral program. Our first and only conversation before this was at a local networking meeting, at which I was a current graduate student in psychology and he was a prospective student seeking information. I recalled being caught on a bad day, and when in the course of our conversation I over-shared that I was feeling overwhelmed and “crazy,” he asked for more information in a way I experienced at that moment as invasive, and I (rudely) cut our discussion short. We had crossed paths only rarely since that occasion.

On the day of our scheduled research interview, therefore, in addition to the first-interview jitters I was feeling anyway, I was aware of feelings of gratitude, defensiveness and guilt. Gratitude since Steven had helped me by offering to be interviewed about the vulnerable topic of not knowing what to do as a trainee, defensiveness since this was a person who had rubbed me the wrong way when we first met, and guilt since in that meeting I had behaved ungraciously—as a current student in the field I should have been far more welcoming, and I wished I had not displayed my vulnerability so clearly to a stranger in the first place, so that I need not have been offended at his response. I had also made no effort to reach out to Steven since then.

As I waited for our appointment, I was musing about power. I wondered how much my initial reaction to Steven was because of our gender power difference—when I shared that I was feeling “crazy” and so he should take my perspective on the graduate program with a grain of salt, I may have seen his follow-up questions as an instance of male entitlement to questioning the feelings of a female, rather than remembering that as a prospective student, surely he would want more information about what might potentially make him crazy in the future. He was also
tall; I felt physically small in our conversation. In the months since, when I remembered my uncharacteristic rudeness, I was more aware of the power differential in the other direction: since I was a graduate student in the middle of my training while Steven was applying to nearby programs, I had power and therefore a responsibility that I had failed. I thought about power also in relation to our current situation, since I was several years ahead of Steven in graduate school. I was aware of feeling somewhat insecure and nervous about the interview. At the same time I felt a great responsibility to create a welcoming conversational environment—I worried that it would be easy to misrepresent my research questions as pertaining to trainees’ incompetence, rather than the not knowing that is a natural part of learning and of therapy. If I gave that impression or was uninviting or invasive in my questioning I knew I could easily evoke defensiveness or conversational lockdown.

Finally it was time for our interview; after Steven arrived he was gracious about my faltering and fumbling with the recording equipment and consent process, and then our conversation really began. The experience was much more comfortable than I had feared, and Steven’s perspective on not knowing was both similar to and intriguingly different from mine. I was surprised to note our similar conversational styles—informal, intuitive, with gesticulation in place of important concepts. At times we seemed exactly in sync, communicating well, but I was aware of many moments of disconnect, often when Steven interpreted what I intended to be clarifying questions in a way that was more challenging than I had meant (I started to feel as though I were inadvertently picking on him). At several points, when Steven was discussing the awkwardness of not knowing in a social situation instead of one where his role was clear, or the difficulty of remembering to tune into the gut when intellectualizing was more comfortable or familiar, I felt humbled and empathetic—here was an explanation for our difficult conversation.
so many months ago: Steven and I seemed to struggle with many of the same vulnerabilities. It had been a perfect, neurotic storm. I felt grateful for the aspects of our conversation that felt like a life lesson, resonant with many of the themes of responsibility, vulnerability, and willingness to see where things lead without jumping to a conclusion that inform my fascination with not knowing.

**Stage 1: Reflexive engagement.** The first step in my analysis was to read through the transcript and reflect on the understandings I brought to the topic of not knowing, as illuminated by this conversation. Steven’s initial emphasis on not knowing a word, or not knowing the explanation for an experience—intellectual not knowing—highlighted for me that the not knowing that is of greatest interest to me is about ethical action: it is often impossible to know what action or comment would be the most ethical response to a particular client in a particular moment. I noticed myself pushing throughout the transcript for Steven to speak more about not knowing how to proceed interpersonally, and to comment about what different clients or situations pulled for from him and how he decided how to respond. I was aware while reading through the transcript that I felt some insecurity and even envy at Steven’s apparent competence when he discussed his clinical work—his explicit embrace of not knowing in sessions appeared to be effective and powerful. I was also reminded of my hesitation: the charisma and energy with which Steven spoke about embracing not knowing and experimentation, and even which professors and supervisors he quoted, reminded me of therapists whose work I admire but who seem to be prone to boundary crossings I see as more dangerous than therapeutic. The potency of these therapeutic styles of pushing boldly into uncharted territory seems double-edged to me, as potentially destructive or exploitative as they are capable of opening new vistas of possibility and transformation for clients seeking to change. It is partly this awareness that often leaves me
feeling paralyzed. On the other hand, Steven admitted at one point in our interview that he interpreted one of my questions as an indictment of his own self-centeredness, as if I were accusing him of overlooking the contributions of his client as he focused on his own process—and perhaps my preoccupation with and dismay about the destructive potential of my own power is equally and unhelpfully as self-centered as he thought I was accusing him of being. As powerful as the role of a therapist can be, after all, a client is not helpless or without autonomous choice.

**Stage 2: Identifying narratives, narrative tone and rhetorical function.** In this step I went through the transcript to identify overarching and sub narratives within it. My opening question to him was specific and I asked questions throughout redirecting us to what I was most interested in, so Steven did not present one smooth narrative; however, all of the responses and stories he told in some way relate to the overall narrative of not knowing being an intellectually, personally, and professionally important concept for him. Steven’s many narratives about not knowing, only a few of them clinical examples, give the impression that he has worked hard to know how not to know.

In response to my initial question, Steven began the interview by presenting several brief stories in a row—about a book he read, a conversation with a friend, an experience at an intensive workshop, and his history as a teacher (lines 12-48). His tone was light, sometimes ironic and often self-deprecating as he demonstrated what he knows about the concept of not knowing—he seemed to be floating different lines of thought to try to give me what I was asking for and show that not knowing is something he has had important thoughts and experiences about, and yet as he sighed in the middle of one story (line 36), it sounded to me as if he was frustrated with his own efforts. When I pressed for more about relational aspects of not knowing
(50), Steven expressed how he enjoys the surprises and challenges of encountering others’ perspectives (55-62), and established his distaste for “asking a question that [he] already know[s] the answer to” (68) in a “disingenuous” (88) way. His reasoning about feeling bad for asking questions he already knows the answer to and about the value of getting a surprising answer to a question he *thinks* he already knows the answer to was logically confusing, and a sign to me that the literal content of the opinions he stated here was less important than the overall rhetorical message: Steven is okay with not knowing in clinical situations.

After a vaguely stated question from me in which I noted that we had begun abstractly (which Steven appropriated later as a critique), Steven spoke in quick succession about the “terrifying” (104) pull of a client looking to him for a response (a formulation of not knowing that is much closer to my interest in the topic), and how over the course of a year of clinical work he has learned to “step back” (106) in those moments to allow the client room to work rather than jumping in. His example was of responding with silence to a client’s report of miscarriage, avoiding participating in the mere social nicety of offering condolences (122-153)—he contrasted that important moment with the chitchat at the beginning of our research interview during which I apologized for my difficulty with the recording equipment and he said it was okay (134-140), an interesting meta-conversational rhetorical move. Steven then told another brief story, uncertain and a little nervous in tone, about a different client’s excessive talking, and contrasted his own sense that this client was “just nervous” (156) with his supervisor’s assessment that the man was a narcissist—he identified with the “digging in the sand feeling” (166) of not knowing what to do that he thought the man was feeling. In response to my question, Steven described his not knowing, with an ironic tone, as appearing like paralysis and feeling as if there is both far too much information confronting him and no information. He
returned to describing his strategy of sitting back (182) and waiting, telling a story of an intuitive question he was able to ask a client after waiting for something to come to him, a question that stumped her. The tone of this story was excited, triumphant, though at the end he added, “To me that strikes me as being a good moment,” (207) as if uncertain that it really was one or responding to a potential challenge. He ended the story with the statement, “I think there’s a lot of value in not knowing,” though in the example the client was the only one who ultimately did not know—Steven knew what intervention to make, after being able to sit back and wait for inspiration.

There was a shift to a more embodied focus for a while after this, in response to my questions about Steven’s process of sitting back (210). Steven articulated for the first time a split between the part of him that is comfortable sitting back and trusting his body and the part of him that intellectualizes (217-230), and as he spoke about this distinction he mockingly distanced himself from the part of him that trusts his gut, even as he endorsed that strategy (217 “If I was being a good Gestalt therapist,” 218 “Actually,” “I don’t know,” 220 “we should all just like tune into our bodies and they’ll tell us what to do,” 228 “Not to sound like George Bush.”). As I followed up, Steven responded by narrating what he was doing while he did not know how to answer my questions, another meta moment and a familiar therapist process-focused move. His analogy was to a Weeble doll, which he quickly called a Bandura doll (243), referencing famous psychological studies of children learning to imitate aggressive acts—as I questioned him about the analogy, he humorously acknowledged, “I realize, I gave you the, gave you the impression that you were the—the aggressive child” (255-256). With a confessional tone, he contrasted this grounded feeling of not knowing with trying to know: “clawing [his] way out of the sand pit”
(266-267), and with responding in a “canned” way, as in the beginning of the interview (272). He acknowledged the difficulty of staying with not knowing while reiterating its importance.

I changed the subject at this point by trying to bring us back to an interrupted discussion of power, and Steven regrouped with several stories from his teaching career, dramatic in tone and told with assurance. His story of crying with a class over a poignant news article hinged on power falling apart (319) in the face of a “real moment” (315) of togetherness and emotion that “there was no way of knowing what we were supposed to do with” (316). As in his first client vignette (122-153), silence was the only appropriate response to grief. Steven then clarified (in response to my question of what he did, and perhaps in response to a potential implication that he had not been adequately fulfilling his role as teacher) that nothing needed to be said because the students were “smart” and could “see past” the simplicity of the article (328-335). The theme of “there’s just nothing you can do with it” (335) was taken up again in the next brief story, of the day Steven’s own father died and he had to end class early—despite a moment of irony (“of course we’re doing Hamlet” (353)), the overall tone was serious and spare. The third story of this cycle pulled sharply back from such a personal note—although it was still about real risk-taking and not knowing what was going to happen, it was much more abstract, about the experience of teaching *Huck Finn* and initiating difficult conversations about race (379-390). A quote from a former professor about experimentation was still more abstract (390-394), and Steven ended this section with an attempt to get back to the subject at hand: “Um, and I really try, uh, as best I can, to embrace that, as a, as a clinician” (395). The tone was almost embarrassed, as if the reassertion of the main theme of embracing not knowing as a clinician was necessary to reorient away from a subject too vulnerable to discuss any further in a research interview.
In response to my next question contrasting the stories from his time as a teacher with his clinical vignettes, Steven suggested that, “because there is less of [himself] at stake” (406), not knowing is easier in clinical work than in teaching, an idea I found so surprising during the interview I had trouble grasping his meaning. He second-guessed whether this reflected his true feelings, possibly partly because of my obvious shock, and tentatively tested out several ideas about which mode, teaching or therapy, implicated his true self more (410-429). After a sigh (429), Steven seemed to land on a statement about which he was confident, saying “I’ll tell you this” (429)—his tone was confessional as he admitted that not knowing is only comfortable for him in the roles of student, teacher, therapist, or client, and not in some less structured social situation like a party. He then became interested and thoughtful that he had never thought to apply his enjoyment of the concept of not knowing to the experience of feeling awkward at a birthday party, for instance (433-462). There was a quick shift to a cynical, self-critical moment where Steven questioned whether “retreating” to his strategy of sitting back and waiting in therapy masks “genuine” vulnerability rather than embracing it—silence may simply be a way of avoiding saying the wrong thing (464-470). Steven pulled back from this abrupt shift by asserting, “I’m okay with that” (474).

When I asked him about his second-guessing, Steven acknowledged the way he is able to be vulnerable and spontaneous with some clients more than others (494-504), and discussed further what second-guessing or scrabbling to know feels like in sessions versus the more grounded sitting back and waiting (500-521). Steven interrupted himself (521) to speak to some of the personal dynamics he was invoking in the head-gut split he was again referencing, admitting how difficult it is to let go of intellectual knowing when intellectual knowing had been an important and rewarding source of identity (521-525). His tone was somewhat tragic as he
referenced this difficulty, but he quickly pulled back and redirected. Steven noted that he is living out a new story, having been encouraged by his Gestalt training to allow himself to sit in the chair as a therapist and trust the process (530-570). As he described some of these training components his tone was playful, excited, and at times full of awe at powerful experiences he has had.

This positive tone led into another story about the female client he had spoken about several times, the most extended single narrative from our interview. He brought up the topic carefully, hesitantly, admitting “she also, um, we’re [laughs] I don’t know how we ended up talking about the idea of, of smashing dish- smashing dishes?” (576-577). After that his tone became more playful and optimistic, as he discussed the negotiation around whether and how he and the client would break dishes as part of the therapy. When his lively description of his conversations with the client included the words (“responsibility” and “control”) he had previously indicated were major themes of this client’s therapy, I asked Steven whether his wording was intentional (656), and he replied that it was not but that many of his clients’ themes reflected his own concerns. In pointing out those words I had been assuming the resonance had worked in the other direction, i.e., that Steven was speaking that way when discussing the situation because he was partly putting himself in his client’s place and those are important words for her—but in his response Steven effectively took responsibility for the content of his clients’ sessions, suggesting that those are the themes of this client’s therapy because they are Steven’s themes. As he considered this, he said, “I don’t know what’s making me smile about this, but I like it” (674-675), and while I cannot know what was making him smile, if it were I it might have been a nervous reaction to the suggestion that, outside of my control, my themes were resonating through my clients’ sessions, making clear my own responsibility for the
direction of their progress. The harshness of Steven’s self-deprecating “Yeah, I know, I mean—this is all about my entertainment” (679) in response to my saying it was good that he liked what we were talking about also suggests that emotional storms might have been underlying that smile. This blew over quickly; my clarifications about the timeline of his sessions with the client and consultations with the clinic director moved us in a much more factual direction after that, as Steven rehashed his story. He also clarified a point with a narrative of an earlier exercise he and the client undertook together, and his tone was vulnerable and then optimistic as he admitted he had been anxious about trying the exercise for the first time (720-721), and described how it went (721-729) and how they now have an understanding of their roles in such experiments. Steven volunteered, hesitantly and almost tenderly, that his relationship with this client works well: “I’ve felt really really, like, um, like I’ve, like we’ve done really good work together, um, like uh we’ve got really good rapport, um and like uh I look forward to, to working with her, um, very much” (750-752).

After I asked about whether his attitude of openness had ever backfired (trying to get closer to my interest in not knowing not as a technique to employ in therapy, but as a problem), Steven told a story of a different client. Its tone was one of mild horror-suspense, shading later into regret. A story of dream work, it began in a somewhat dreamlike way, with Steven and his client independently intuited that they might talk about a dream, and then agreeing to do so. Steven’s assessment that they had gone “real deep real fast” (780) was reached in consultation with his supervisor as they watched the tape afterwards (793), Steven revealed slightly later; he seems to have accepted and internalized this interpretation. His linguistic slip as he discussed how they went too fast, saying that the discussion “triggered all of this stuff for her about her dad, that months later would come about” (781-782, emphasis added) rather than come up, along
with his use of the word “triggered,” suggests his concern over the possibility that the client was re-traumatized by the way these themes came up in therapy. Steven stopped himself from saying he was unprepared to deal with the direction that early session took, saying instead that the therapy relationship was unprepared for it (808-810). When I asked about his experience of bringing up with the client later the idea that perhaps they had moved too quickly, Steven defended himself: “I don’t really feel bad about it? Because I don’t… I mean… I don’t feel bad about it; I can’t explain why, but I don’t feel like I did something wrong” (823-824). The possibility that he should feel bad about this is clearly very alive for Steven; I may have inadvertently reinforced this by wincing and exclaiming in sympathy when he described the client cancelling sessions and then deciding to come every other week after this early session that proved to be too much too soon. As he described how he spoke to the client later about what happened during that dream analysis, his tone was knowledgeable and assured—perhaps partly as a defense against the not knowing that got him and the client in trouble. I wonder the extent to which what Steven described saying to the client (837-843) is spoken in his supervisor’s language rather than Steven’s, since Steven understandably appeared to lean on his supervisor for help during this perceived fiasco. Steven wrapped up this story by hesitantly stating, “so in that way I don’t really think it was… bad” (850) and admitting that he thinks someone with more experience might have handled it differently (851-852).

The story Steven paired with this one demonstrated the opposite problem—instead of opening up a dream in a way that went too deep too quickly, Steven described his choice in a Gestalt training dream discussion to pursue a direction that avoided the more intense or depthful avenue, he recognized in retrospect (855-885). When I suggested that the following of intuition was in this case partly defensive, Steven picked this up and described an “alchemy” between the
client’s words and his “spidey sense” (879-883) influencing his choices outside of his conscious awareness. This moved into a self-critical anecdote with which Steven illustrated “times whe—when like you’re convincing yourself that you’re being spontaneous and working from a place of not knowing when you really aren’t” (889-890); he called himself “hamhanded,” “disingenuous,” and “full of shit” in his response to someone within the story (891-901). When I asked, Steven guessed that he had acted that way because he had been trying to make the person “feel safe” (905). The analogous situation he offered up was his friends’ clumsy reassurances on the death of his father, when they had not experienced the death of a parent—Steven considered that they were trying to be compassionate and just didn’t know what they were talking about (929), and then offered the more cynical interpretation that the social niceties are just there to cover over hard truths like death so that we do not have to think about them (929-935). And through this analogy, he returned to his primary example, suggesting that he was either offering his “hamhanded” remarks to the woman in the story to “reassure” her or, alternately, so that he did not have to deal with something she had presented.

I had asked a series of questions at this point to try to get at the interplay between situational factors and his general approach that allowed or disallowed Steven’s effective embrace of not knowing; and because we had missed each other slightly every time, now I asked directly whether Steven paid attention when thinking back on situations about what the situation was allowing. He did not understand my question, and so I asked about the client he had talked about many times and whether he knew what it was about her that helped him feel comfortable with not knowing. As he responded to this question, Steven’s tone was wistful, poignant, and full of awe and appreciation for the client and the work they do—he did not come across as defensive even though later he admitted that his response to my question was to feel like a “self-centered
“jerk” (1053) for focusing in his stories on what he was doing rather than on the clients. Steven summarized his description of the ways this client helps him not jump to try to know by saying, “She’s in the not knowing space too” (991), and in contrast he brought up the “narcissist/not narcissist guy” he had discussed earlier, who “knows things, and I think he wants me to know things” (993-995). As he discussed being put in the difficult position of having to know, however, Steven represented himself as “knowing” that taking that position was needed, just as he “knows” it would be wrong to take that position with a different client who seemed to want him to know things (1002-1010). He seemed to realize this paradox as he noted, “it’s funny how often I trust, I trust my instinct” as a therapist or teacher but not in other situations (1012-1014). Steven finished that thought by hoping he could begin to trust his instinct more in those other situations, reiterating, “Cause I really do think it’s valuable… really do think. I think not knowing is a beautiful thing” (1015-1016). This juxtaposition highlighted the difference in his conception of not knowing (feeling free to trust his instinct and see where things go) and mine (feeling unable to proceed from one moment to the next). Steven’s need to reiterate this theme (how “beautiful” and “valuable” not knowing really is), however, suggests its fragility—especially as Steven admitted what an important topic this is for him, perhaps he was downplaying the difficulty he felt around not knowing.

I made an unclear attempt at a more process-oriented focus on what I had been inviting earlier that may have encouraged Steven to begin abstractly and then open up more, but he did not understand what I was asking (1018-1032); as I tried to clarify, we discussed what had made Steven feel comfortable speaking about not knowing. His tone became confessional again as he referenced having a “weird week” (1048) and shared that he had felt like a “jerk” in response to my earlier question (1053). As I continued with a convoluted attempt to point out Steven’s
ability to be reflexive and note his own defensive patterns, he responded to part of my question by explaining an aspect of his personality: his willingness to entertain all the possibilities. Steven tone shifted confusingly here, from lofty to dismissive to serious to flippant—I imagine at this point in the interview he was getting tired and I had made it unwittingly difficult to understand just what I was asking him to talk about, so this section comes across as though, similar to his very first responses, he was throwing things out to see what might stick. He ended up talking about teaching existentialism (1089-1103), with an optimistic, almost inspirational tone. Then, he described the experience of being thrown into clinical work (1113-1117), and his unique experience of being thrown into teaching, with his first day of teaching on September 11, 2001 (1122-1131)—the tone was one of awe at how powerfully the class came together for one another in the face of this intense experience. Our conversation at this point was skipping and skimming the surface of many stories as we wound down and tried to summarize. Steven spoke with a worldly tone about his pedagogical choices on his first day teaching psychology (1153-1167). I asked him whether there was anything else we should talk about, and Steven wondered what exactly I was looking for. My restatement of my question (how do you move forward despite not knowing) reminded Steven of a part in Waiting for Godot, but before he could fully explain his reference I interrupted him to return to something that had bothered me earlier: what would he have done if the bell had not rung to end class in his early example of being unable to do anything but cry together with his class in response to the news article?—Steven and I theorized together about how he made use of the bell as part of his role as teacher, and how I would do the same once our time limit was up for this conversation (1216-1220). Steven made another reference, this time to the abrupt ending of the movie No Country for Old Men, which he enjoyed while others did not (1224-1230). The tone throughout these brief interchanges was
light, as first one of us and then the other referenced Steven’s stories from earlier in relation to
the themes we were discussing: the bell again (1230-1242), and the conversation about breaking
the plate (1244-1249). Steven interjected a sorrowful, wistful tone when he admitted that for
some reason these conjectures were making him sad—he reinterpreted the question of how one
goes on as the question of grief (1251-1253), but before things could become too personal he
recommended that I read Beckett. We discussed whether Steven could email me later with
thoughts, and then he ended with a somewhat telegraphic, quite personal explanation of some of
what not knowing means in his life—he acknowledged, “I don’t know what I’m trying to
communicate to you other than that it’s really important to me” (speaking about the topic of not
knowing—1270-1271). This time it sounded as though he was repeating the refrain because we
touched on something important from a different angle, rather than because he needed to remind
or reassure himself.

**Stage 3: Identities and identity work.** In this conversation Steven is maintaining and
constructing identities as a certain kind of teacher and therapist, but much of his most active
identity work is around whether and how he values intellect compared to intuition or a bodily
feeling. Even as Steven sings the praises of not knowing, he begins by demonstrating his
credibility as a person who knows—about books, words, ideas, and even spiritual experiences.
He names himself shortly after this as an “intellectualizing person” (56), but later on clarifies that
he feels split between intellectual knowing, judging, and needing to know, on the one hand, and
sitting back, grounded in the body, waiting for an intuitive sense of what to do, on the other; this
conflict is evident throughout Steven’s narrative (217-228, 241-274, 500-525, 798-815, 875-886,
1012-1016).
Much like Steven establishes and provides evidence for his identity as a teacher being one who deemphasizes the power of his own role, he is constructing a therapist identity in which he is comfortable with not knowing beforehand and seeing where things lead in session, hence his repetition of this theme. Part of this therapist identity is constructed in opposition to other therapeutic strategies—for instance, he does not like to ask questions he knows the answer to lest he come off like a cop or lawyer (79). Though he considers offering condolences to his client who has miscarried, he resists the impulse to be the kind of therapist who jumps in with a social nicety (122-153). When his open-ended intuitive strategy backfires, Steven keeps his attitude of openness to what comes up and allowing the client to lead, but he tries on his supervisor’s more explicitly structured approach, naming what he thinks has happened, its importance and implications, and the best choices going forward (837-843). This appears to be a reasonably effective balance between the openness he espouses and the assistance he needs in this instance from an experienced clinician; his evolving therapeutic identity does not seem to be excessively threatened or compromised as a result of this difficult episode.

Steven notes that he is explicitly trying to move away from a self-concept that rests on intellectual knowing and achievement (521-525), and as noted he privileges intuition and bodily awareness as better sources of therapeutic skill. Rhetorically he often positions himself as someone who “gets it,” is smart, or sees through to a deeper layer, often by naming some other group or person, with whom he identifies, as smart or perceptive in this way, such as his favorite group of students (328-335), or the client of whom he speaks at length (977). Just understanding the importance of a stance of openness to not knowing is part of Steven’s proof that he gets it, as opposed to those who do not find it important to talk about (1101), for instance, or even those who hated the ending of the movie No Country for Old Men (1224-1230). In this way Steven’s
acceptance of not knowing appears to be in progress, and actively being worked through by assertions of his perceptive intelligence.

**Stage 4: Additional themes.** Many of the themes I identified in the interview, of course, have been already discussed in previous steps. One of the most important organizing themes, however, is grief: in this narrative, the ultimate lack of knowing is precipitated by death, and the only appropriate response is silence. This is apparent when Steven avoids offering social niceties to his client who has miscarried (122-154), since a “hollow nicety” (140) is “the worst fucking thing if someone is actually grieving” (142). Steven knows this from his own experience after the death of his father (908-934), when his friends tried to reassure him without understanding—he says to them, “It’s all right for you to say you don’t know what this is like. And actually I’d prefer that you would say that.” (921). When Steven and his class try to discuss the news article about the suicide of a student shamed for his sexuality, they are reduced to tears and silence (301-348), since there was “no way of knowing” what to do otherwise (315). Steven identifies a version of my very question, “how do we go on,” as the question of grief (1251).

Although no knowing is possible in response to death and grief, remaining silent and aware in the presence of other people (people who get it), can be an important way of feeling closer to and understood by those people. Steven’s class—very smart and able to see through the simple article (328-334)—built an amazing rapport and got a lot out of their experience (354-361) (they were also witness to Steven needing to go home on the day of his father’s death: 350-356). He noted the importance of “being together” several times as he described their weeping (315, 336). Steven’s client—who is “smart enough to know” (977)—only seemed to want silence from him (122-130), and they work well and comfortably together (749-760). The class Steven
mentions in passing with whom he experienced the breaking news of terrorist attacks on 9-11 “gelled” and “had each other” in a way Steven finds impressive (1127).

The silent surrender to not knowing that Steven describes as a response to tragedy and death is clearly something he returns to again and again; given the similarities to his general principles of therapeutic openness, it seems to be the ground upon which he builds. The bond he describes between class members as a result of those intense experiences is due to a kind of heightened presence in the face of those experiences: “‘Here we are,’” as Steven expresses it (1136). When during the interview Steven gets in touch with the open, grounded stance of not knowing he prefers to use, he describes being aware of his weight centered in his pelvis as filling the silence: “this sort of internal being here” (247). Explicitly he states that when not knowing is helpful, it is when, as he says, “I can stay present to my, my um, experience in, in the room, with another person, in that not knowing, in that silence, and have that be what it is, rather than trying to find my way out of it.” (260-264).

Steven clarifies that he does not like the feeling of not knowing in social situations, and instead only when he has a defined role such as student, teacher, therapist, or client (429-455). He notes that it is important that he know where he stand and be working from a foundation or framework (442-443). Specifically, it is explicit permission to be a therapist and embrace not knowing that he says has helped him do so (460, 550); he says, “somebody somewhere along the line said, “You’re okay to sit in this chair and be in this position, and uh, and part of actually what’s gonna help you, is not knowing what’s happening, um and trusting that things will be okay” (532-535). Mentors/faculty have been there for him to provide a safe container for exploration (543, 565), and he is able to see himself filling that same role for his clients (611). A limit or boundary seems important for free exploration—keeping boundaries is part of Steven’s
role in the experiments he encourages his client to undertake (740), and some of the most exciting work around the breaking dish experiment appeared to happen when there was the hard limit that they could break no dishes that day since Steven had not cleared it with the clinic director (623-627). Speaking about the day he and his students had sat crying over the news article, Steven emphasizes the importance of the bell ringing at the end of class: “We’re in this environment where there are these rules, and the, the contradiction, the friction between what we are doing in this room, right now and what we’re supposed to be doing in this room? in this school? Like that… grinding point? Those fingernails on the chalkboard? Is exactly what should have happened” (1238-1242). Without the boundary, however grating, the experiment is not safe and the experience not as meaningful. Perhaps if it is part of your personality to entertain all possibilities (1078-1083), it is important to have a well-defined and structurally reinforced role such as teacher or therapist in order to be able to trust your instincts (1012-1015).

Participant 2: Jonah

Introduction. I was glad when Jonah responded to my emailed request. I had met him before when we both presented our academic work at a local symposium for graduate student research, and it seemed to me that we shared a mutual respect for and interest in each other’s questions. I was very interested in hearing Jonah’s perspective as a Black student therapist, especially since his scholarly work was heavily informed by race theory. I was grateful that his participation meant that my small pool of participants would not be exclusively White, and also happy that his academic interests seemed compatible with my critical project.

I was looking forward to our conversation as the days led up to my interview with Jonah. I was also feeling cautious about assuming too much likeness in our perspectives, aware that just because Jonah and I had had a positive collegial interaction and seemed to have respect for each
other’s projects did not mean that understanding was assured. I also felt some concern that my appreciation of Jonah’s position as a Black clinical psychology student ran the risk of unfairly burdening him with my expectations that he not only discuss race but “represent” his race in a way that I would not expect a White participant to. On the other hand, if only White students had participated in my study I would have felt frustrated at the lack of diversity of perspectives, and I hoped that Jonah would talk about race and racism, since they were issues which I saw as hugely important to therapist education and about which he had some level of both experiential and academic expertise. This worry about how to think and talk about race in the upcoming interview was familiar to me, as I regularly engaged in multiple levels of circuitous thinking about race in my reading and musing about clinical work and other topics. Even more important to my understanding of this participant interview than my thinking about race and racism, though, was the emotional context for those subjects. This interview was conducted in early September 2014, a few weeks after the murder of unarmed Black teenager Michael Brown by a police officer in Ferguson, Missouri. It was only in 2012, with the tragic fatal shooting of Trayvon Martin, that I (like many white Americans, perhaps) had begun to feel, rather than know abstractly, the life and death consequences of implicit racism in this country, and this more recent incident was another that was horrifying to its core. I had been spending a fair amount of time online reading news reports as well as many authors’ essays and reactions to the events in Ferguson; reading about the anger and pain of others’ reactions was my only connection to this news story, but it was significantly (and negatively) affecting my sense of myself as a White citizen of the United States at the time. Both in cognitive and affective terms, I believe race in America is the hardest topic of conversation for me to engage in effectively (and probably for many others as well). All
of this was on my mind on the day of my interview with Jonah, in addition to looking forward to speaking with a fellow student I liked.

I felt more relaxed and comfortable beginning this interview than I had starting my first, but I soon faltered. I was quickly brought up short by Jonah’s formality in contrast to my casual beginning. He even sat in a very controlled, professional-looking pose, holding a cup of coffee carefully, almost as if it were a prop. Jonah answered my questions openly, generously sharing his thoughts even when admitting great vulnerability, but it wasn’t exactly a conversation: he was answering questions. The collegiality we had shared previously was missing. I noticed that I felt strongly at times as if I were doing the interview wrong—not matching Jonah enough, or missing the right response somehow. In order to make sure I was hearing him, I mostly stayed close to Jonah’s meanings, even when it was clear how differently he was taking up the notion of not knowing, and I did not push very hard for more examples of working through rather than avoiding not knowing, or for more detail in the clinical examples Jonah provided. At times I challenged his characterization of not knowing because not doing so felt so uncomfortable, as if in allowing his equating of not knowing and incompetence to stand I was allowing my dissertation project to be turned into a punitive one, the interview an inquisition. Jonah stuck to his conceptualization but was nondefensive and willing to follow my conversational gambits. We continued to have an interesting discussion, but not one I felt we were in together in some meaningful sense. After the interview concluded he politely excused himself, cutting off any further conversation or potential for chit chat. I left feeling a bit overwhelmed by our conversation and how different it was from what I expected; while waiting for the bus home I remember feeling profoundly sad.
Stage 1: Reflexive engagement. Reading through this interview transcript, I noticed that many of the things Jonah said in response to my questions about not knowing hit far too close to home for comfort. Whereas Steven took up not knowing as an exciting positive rather than a practical or ethical problem, Jonah usually spoke as though not knowing is only ever a problem, and a sign of therapeutic incompetence. I do not see it that way—I believe that sometimes “knowing” is impossible, and that recognizing that is important—and yet his descriptions and examples reminded me how uncomfortable and shameful not knowing can feel. His description of having no idea what to do as a beginning therapist was uncomfortably familiar to me, as was his account of how terrible it felt to be completely unprepared for a client’s transferential confession of attraction. Because his tone was so negative throughout, I asked Jonah a lot of questions about what he does know and what it feels like when things are going well therapeutically, both because the conversation otherwise felt uncomfortably judgmental of Jonah’s clinical skills, and so that I could get a better sense of his thoughts and values about therapy overall and where our opinions differed. At times I took up conversational positions that my own supervisors and mentors have used to argue with me about whether I was really as incompetent as I was suggesting—asking how Jonah could extend empathy and understanding to his clients having a hard time with transitions to new roles and not to himself, for instance, or pointing out how a therapeutic impasse he described was clearly co-constituted and not entirely Jonah’s fault. His responses echoed my responses about my own clinical shortcomings, though (isn’t that just a way of making excuses? and isn’t it the client’s job to create impasses in therapy that are similar to those he creates in life, and the therapist’s job to deal with it and help him change that pattern?), and so I had nothing left to counter with.
As much as I could identify with Jonah’s felt incompetence, I do not agree that competence hinges on always knowing what to do—in fact, I hated it when he suggested that. While part of me yearns to “know what to do,” it is far too threatening for me to consider that maybe there really is a right thing to do in most or all possible clinical situations, and I just do not know what it is. My interest in not knowing is not as a personal shortcoming, but as part of the human condition that regularly makes an important and potentially transformative appearance in therapeutic work. Talking to Jonah was uncomfortable, because he said out loud some of the worries in the back of my mind (e.g., maybe I am just making excuses for my own incompetence by latching onto some of the things I have heard senior clinicians say about the importance of not knowing).

Particularly in his discussion of client transference, Jonah’s account was painfully familiar. He spoke of being blindsided by a client’s confession of her attraction to him, and of handling it badly: not saying anything, and then overcompensating the next session by forcing an abstract discussion of the issue. I have very often been blindsided by transference and felt I handled it badly. With another, angry client, Jonah described doing absolutely everything in his power not to slow down their work or allow her to direct her anger towards him, though supervisors and readings encouraged him to use her reactions to him within the therapeutic relationship to help her recognize and manage her interpersonal patterns. The more Jonah described his avoidance tactics with this volatile client, the more I thought he was doing exactly the wrong thing—and probably exactly what I would have done, too. It can feel so risky to turn the therapeutic focus inward towards the relationship between therapist and client that I often have not had the confidence to do so.
The resolution to Jonah’s account of his client who admitted her attraction was striking to me. He noted that after his poor handling of the situation, the only way he was able to address the therapeutic rupture was to “fall back on” an attempt to “stop talking, and just like listen” and “go with the flow that way.” This reminded me of Steven’s embodied strategy of sitting back and seeing what happens—but although Jonah described this tactic as helpful, he noted that the conversation then went to a place he wanted to avoid, which he did not have the skills to handle, and in which he “could just feel” his “therapeutic position just like unraveling.” This statement reminded me of my poor reaction to male clients who have confessed transferential attraction to me: in response I have sometimes felt anger and vulnerability at being shocked right out of my professional role. Jonah’s words made me consider that it might be hugely important that my embodied presence and Jonah’s are raced and gendered—if the therapeutic position “unravels,” he is a young Black man sitting exposed in the therapy room, and I am a young woman. It is quite possible that accessing a more embodied way of being present in the room with clients is more dangerous or more personally vulnerable for each of us than it would be for a white male, because our bodies have both lived long histories of invasive and/or threatening attention from others in the world, reactions that could be echoed in the reactions of our clients. Since embodied presence is always colored by one’s own history and experience, perhaps it is not necessarily such an easy or uncomplicated basic therapeutic tool.

**Stage 2: Identifying narratives, narrative tone and rhetorical function.** There was one overall narrative to this interview: Jonah came from a very specific clinical background, many techniques and attitudes from which he had to unlearn upon starting graduate training, and so at first he had no idea how to be an individual therapist, and he still struggles with felt
incompetence in his clinical work. Within this overall narrative, he also offered three specific examples about his work with clients.

Jonah’s tone was initially fairly neutral or cautious as he first described the challenges of transitioning from technical work he understood to a much less directive and more open-ended therapeutic style, though he introduced some irony when he noted that his first experience of utter not knowing was as early as role plays for class (lines 31-33). He described a time when he received extensive criticism that he seemed to have more or less assimilated: about his more active conversational style in session, he said, “I guess, once I looked at the transcripts real—once the professors looked at the transcripts realized I probably shouldn’t have done this” (66-68), demonstrating that the professors’ realizations have become his. As he narrated how he came to understand through the criticism of professors that he had a lot to “unlearn” (27), Jonah’s cautious tone seemed to be about not appearing to assign blame to his professors or the program for criticizing what Jonah knew how to do without helping him replace those skills—he said that although it was very unclear what he was supposed to do, he could understand why that was the case (86). With his acknowledgement that the program’s approach did not work for him, however (93), he took a more confessional tone that underscored how lost he felt while beginning courses and clinical work. Jonah sounded almost exasperated as he discussed the ways in which role plays failed to be helpful, contrasting that with being able to shadow colleagues and see the model in action in his previous clinical work (145-175). He was wistful as he noted that while many of his fellow trainees had relevant previous clinical experience on which to draw, he did not, noting plaintively, “Whereas for me, um, I had like, a lot of stuff that was like behavioral. And what I do in graduate school isn’t behavioral” (140-141). In response to my suggestion that in some way what was being asked of him as a new clinician was “kind of crazy”
(184), Jonah dwelled on the way his work with his first clients seemed to fall apart, taking a sadder, more introspective tone as he noted that he lost many clients during this period and did not feel even with the ones who stayed that he knew what he was doing (195-209). He suggested that “maybe they were just sympathetic in knowing [that Jonah] was new” (205-206).

Perhaps for the next several passages Jonah was continuing to respond to my suggestion that as someone with no directly relevant clinical experience, he should not have been expected to know what to do—even when answering my questions about what he did know, or what did work for him, he emphasized how incompetent he felt. If my implicit position was that his lack of knowing was to be expected, he seems to have been countering that it was nonetheless unacceptable. He described how little success he had when trying to use video clips and supervisors’ suggestions as models (191-200), and feeling like an imposter who might soon be found out (232-236) when he was empathizing by latching on to some aspect of the client’s struggle with which he had personal experience. Even when therapeutic conversations were going well, he explained, Jonah felt his mind split between increased confidence in his listening on the one hand and self-critical thoughts that interrupted his focus on the other (268-292).

Attempting to think or write about his clinical work (for a real and/or imagined audience of professors and supervisors, I assume) further compromised Jonah’s short-lived periods of comfort in the therapist role by highlighting all that he did not know (293-298).

Due to my discomfort with the negativity of Jonah’s message, I continued to try to shift focus to what Jonah felt like he was doing right during his first clinical experiences, even though that was not at all my research question. Here he elaborated (312-352) on his gradually improving ability to hear/visualize relevant threads of a client’s history, and his tone was cautiously optimistic. He used the metaphor of reading a novel (331-339), and as he read gaining
a better understanding of the importance of various themes, occurrences, and interpersonal exchanges. In response to my question about his comment that he was still not well able to connect these themes to the way they might play out within the therapeutic relationship, however, Jonah talked about his difficulty having a sense of the whole picture and knowing how to intervene effectively, even as his understanding of the client increased (358-371). Describing his sessions as like a “very helpful conversation” (369), his tone became more pessimistic as he made it clear that that was not good enough. He recalled feeling as if, as a graduate student, he needed to know the “mechanisms” of psychodynamic psychotherapy within a few months of beginning his studies (375-385), describing the fact that he did not know “exactly” what he was doing as a “shortcoming” (382) either of his or of his clinical training. When I challenged his conceptualization of not having gained expertise within the first few months of graduate school as a shortcoming, Jonah could identify that he extends more sympathy or “benefit of the doubt” to others who feel that they do not know what they are doing than to himself (390-408). His tone was fairly tragic and condemning of his own “weakness,” and as he continued to speak he underlined his past and present problematic lack of knowledge more and more. I continued to challenge his stance, wondering whether any therapist knows as much as Jonah expected himself to (410), and then questioning the context of his use of the words “professional” and “competent” (420-421).

Jonah’s answer to this question was threefold, and provided some personal context for his expectations for himself. He explained that professionalism is connected to maturity for him (427-436), that he has picked up a sense from professors and supervisors of how professional psychologists think and behave (438-455), and that he also has a sense both from the workplace and “from the society at large” (470) that as a Black American, a certain level of professionalism
“increases [his] worth as a human being” (459). Jonah’s tone was unironic as he merely acknowledged the personal impact on his life of unfortunate stereotypes in the culture at large, stereotypes he hopes to “dodge” by attaining a certain level of professionalism (468).

With a tone at once ironic and confessional, Jonah explained, in response to my challenge, that he is both comforted by and suspicious of taking comfort in comments from professors that suggest that in fact he was not expected to know everything about conducting therapy when he first began (481-492). He confessed that he even doubts whether he heard or remembers those comments correctly (489-492). As I continued to challenge Jonah’s expectations for himself, which seemed to me unrealistic and rigid, he began to acknowledge that much of the pressure he experiences to have already reached clinical expertise is internal in origin (507-526), and that it is “exhausting” (530). He expressed resistance to relaxing his expectations and giving himself “the benefit of the doubt” (531), however, due to the nagging feeling that “there’s always something else that [he] could know” (533). Jonah considered the unhelpfulness of his high expectations and self-criticism, noting that while his high standards help motivate him toward continued achievement in the realm of his hobbies, (540-557), within his graduate program they have actively impeded his progress (559-572), spurring him to repeatedly return even to completed projects to edit and “fix” them (570).

Jonah then attempted to address the question of how this tendency plays out in his clinical work itself. Though his post-session habit of drawing a visual process map of the session has proven quite helpful to his clinical thinking (583-586), Jonah reported, noticing while he is drawing it up what he missed while the session was occurring triggers self-recrimination and an anxious, distracting attempt not to miss similarly relevant information during the next session (586-602). He expressed the belief that, if he were “clinically competent” (597), he would notice
and address these important themes in session and then be able to “just go about [his] day” (598). A particular example Jonah explored of themes he often does not anticipate and does not know how to address when they arise is transference material playing out in the therapeutic relationship (605-671). He recounted a story of a client unexpectedly confessing her attraction to him (617-667). His tone was self-deprecating and tragic as he described his struggle to respond to her declaration. The moment of optimism in Jonah’s story of falling back on listening when his other strategies have failed (659-661) quickly gave way to a tragic, pessimistic tone when he acknowledged that doing so opened up material he wanted to avoid, and which he felt his professional role unable to withstand (661-667).

Next Jonah addressed my questioning of the relationship between his clinical preference for more technical interventions and his choice of a graduate program with decidedly non-technical leanings (677-737). He highlighted his visual learning style, explaining that technical strategies clearly modeled are easiest for him to visualize. Jonah carefully acknowledged a contrary opinion to his: that some believe that without relying on a model, a clinician can be more “emotionally engaged” (690-691); Jonah noted that he could understand this viewpoint, but he did not engage directly with this idea other than to state that having a model is much more comfortable for him. He clarified that while he still appreciates and uses the more behavioral, technical approach from his previous training, he does not want that approach to be his “only option” (705); Jonah also confessed that much of what has motivated his switch to a more psychodynamic approach was his sense that it was more “appropriate” to work psychodynamically than behaviorally within his graduate program setting (713-720). When I questioned his use of the word “appropriate” (716), he explained that he would not have been able to pursue in depth training in behavioral methods in the program he chose, and so he has
focused on a dynamic approach (724-727). Jonah noted with a wistful tone that he expected to learn a model for working psychodynamically, but has only painstakingly and over time pieced together for himself what such a model would look like, and, adopting a self-deprecating, pessimistic tone again, noted that he thought he would “be able to handle” the transition to working psychodynamically better than in fact he had been able to.

Responding to my repeated challenge of his harsh attitude toward himself, Jonah considered at greater length what stops him from adopting a gentler perspective, with a more reflective tone (750-803). In an aside as he described his strategy of detachment, he defended himself against the charge that this strategy constitutes “depersonalization,” while acknowledging that “some people” would claim that it “borders on” depersonalization, and, in fact, he has received comments to that effect (750-752). Jonah’s introduction into his narrative of this clinical judgment on his tendencies could perhaps have been in response to my questions during this portion of the interview, because, in fact, in reacting to Jonah’s negativity, I had overstepped my role and asked increasingly more pointed questions in the way that a therapist might, rather than a researcher. When describing being able to take his own concerns seriously when he is able to “detach” and “distance” himself from them, Jonah’s tone became more objective, as if he were neutrally observing this tendency. He cited racial trauma and racial anxiety as examples of phenomena he can appreciate as relevant to his own situation when he stepped back and considered (754-755). Jonah mentioned the anxiety and expectations of transitioning to a new environment as another theme for which he could, with distance, appreciate commonalities between his situation and the struggles faced by some of his clients; he discussed, as he had earlier, that with this theme he has been successful in using empathy to guide his interventions (757-768). Jonah acknowledged, however, that when he tries to work
backwards and apply the generosity to himself that he is able to offer clients, it feels as though he is searching for “excuses” or playing “mind tricks” in order to let himself off the hook (768-779). Jonah described a dichotomy between the “clinical [self]” who can empathize with client struggles that are similar to his, and the “actual [self]” who leaves the session room and has his own work to accomplish and “real human problems” (790-794): for that self, he has “different standards” and does not accept the same “excuses” (795-796). The tone of this passage, as well, was objective as Jonah stepped back and described two sides of himself.

After sharing his assessment of his own harsh self-judgment, Jonah returned to a previous thought, adding a narrative layer and questioning one of his previous premises. In thinking again about the subject of his client’s confession of attraction, Jonah noted that he “just wrote about” the incident (for the comprehensive examinations in which he was required to describe his clinical approach) (797-799). He acknowledged that despite this fact, he “still” does not “know the appropriate way to go about that;” he confessed ruefully that in this case he does not “know [his] training” (799-802). For the first time, however, Jonah suggested uncertainty about whether the preparation and know-how that he so keenly feels he is missing is even possible: he noted with an uncertain tone that he is “not sure if there is training for that” (803). After repeating that he does not know, Jonah paused and then dismissed this thought, with an, “Oh well” (807) and a laugh. Since he gave me an opening, however, to discuss not merely the not knowing that precedes adequate training, but the fundamental unknowability of certain aspects of the therapeutic project, I intervened to agree that transference enactments seem to capture the “wildness” of therapy that cannot be accounted for ahead of time (809-814).

Jonah’s response to this comment marked a shift in our conversation: for a brief time, he said what I had been thinking (and perhaps implying by my comments and questions). It was as
if Jonah was acknowledging my perspective for the first time, having previously needed to convey the distress not knowing holds for him, and not yet having been open to my suggestions that a therapist’s not knowing is both unavoidable and essential. As Jonah began to respond, for the first time instead of simply answering my question, he elaborated on a line of thinking that our conversation had brought up for him. In pursuing psychology, he noted, he had always intended to work psychodynamically, and his behavioral work experience as a paraprofessional before entering graduate school had been a somewhat incidental step along the way (816-823). Jonah repeated that he felt the “appropriate” approach to therapy was a psychodynamic one, but this time he questioned this characterization just as I had a few minutes earlier: “I kind of felt like, but the appropriate way to do therapy, whatever that means, was to do this,” he said (822-823, emphasis added). Having established the primacy of psychodynamic thought for him in this re-narration of his professional background, Jonah suggested with a resigned tone and rueful laughter that his original decision to pursue a highly technical, behavioral approach may have been a defense against his terror of the unknown, represented by working psychodynamically (823-829). He framed his persistent attempt to “account for everything” in the therapeutic exchange before it happens as a misguided and counterproductive effort borne of discomfort, suggesting that a better goal would be accepting the inevitability of breakdowns of understanding, and being prepared to “adapt on the spot” (834-842). His statements were very close to my perspective on what Jonah had been saying. However, though our conversational dynamic so far had been for Jonah to represent himself as unacceptably lacking and for me to argue, in expressing an opinion that was much closer to mine, Jonah nonetheless was still painting a negative self-picture: characterizing his goal for professional progress as itself misguided.
His narrative seemed less rigid and more reflective, however, as he acknowledged the difficulty and desperation he feels when his plans “unravel,” in contrast to the unhelpfully sanitized, “perfect examples” he has encountered in clinical literature of breakdowns, “ruptures,” or “mistakes” that ultimately deepen and enrich the work (840-881). Though my own tone was hesitant and pessimistic (883-889), because Jonah seemed less stuck on recounting his own incompetence and was instead acknowledging his difficulty in handling the unknown, I finally took the opportunity, halfway through the interview, to restate my research question: what is he drawing on as he pushes through moments of not knowing (888-889)? Jonah promptly responded with things that have been helpful to him: readings that have informed his sense of how therapeutic conversations tend to refer to core themes and issues, supervision that has helped him examine his own work and better understand what strategies work best, and learning from his past experience of interventions, even the unsuccessful ones (891-900). He also noted that he has become more successful at quelling his own anxieties in session, though he still occasionally finds himself caught in a self-critical cycle that distracts him from the session (904-909). Jonah acknowledged that he has come to rely on pointing out what he observes, and has become more comfortable slowing down the pace of session and not feeling the need to respond immediately (910-919). His tone was both matter-of-fact and optimistic as he described this progress he has made.

Perhaps this optimism was too threatening to Jonah’s sense of himself as a developing clinician, however, because he then reiterated what a problem not knowing is for him, in the most tragic and pessimistic narrative yet. Having provided answers to my question about how he manages the unknown, Jonah clarified that, “as much as [he has] heard a lot of clinicians talk about how often they don’t know, like what it is that they’re doing,” he assumes that one should
never be “completely unaware” of a potential next move: having absolutely no idea is unacceptable (925-932). Jonah noted that in his behavioral training, the goal was to be able to adapt the skills one already knew to accommodate novel situations, and not being able to do so seemed “incompetent” (932-936). He clarified that he has come to understand his race as particularly important to the question of how competent he appears: Jonah stated, “I feel like um not knowing just makes me look really, really like underqualified” (938-939). And if he is caught without a “contingency plan” (942) and seems unqualified, it “damages everything” (939-940), opening the door for someone to question, “who’s this Black person who’s here” who does not “deserve” to be (945-946): this question could “unravel things” (947). Therefore, in moments when he does not have a plan, Jonah explained, he attempts to “buy time” by asking the client to say more or paint a picture so that he can better “visualize” the situation (955-964). If that doesn’t work and he still feels that they are at a “dead end,” he ashamedly admitted, he has changed the subject and reverted to a previous relevant topic (964-969). Jonah explored his unwillingness to sit in silence with a client: it “scare” and “terrifies” him to do so, even if “it may actually professionally be good” (976-977). Jonah noted the “pressure” he feels “to always do something,” to “perform,” and to “come up with something” or “say something” (985-988), pressure that seemed particularly acute for him as a Black student therapist.

Jonah then offered an example, in response to my request for one. His narrative about his work with a particularly angry client could only be described as ominous in tone, as he first objectively but haltingly described her presenting concerns and situation (1006-1027), then built to a description of her aggressive demeanor (1027-1048), and finally confessed his fear about what might happen in their work together (1053-1073). During his objective description of the client’s difficulties, Jonah made two Freudian slips which betrayed his anxiety before he named
it: he used the words “anchored” and “thread” several times during this example, but once instead he said the word “angered” (1022), and once he said the word “threat” (1045) (so striking were these substitutions that I noticed them in real time while Jonah was speaking, and they are also clearly audible on the recording). Jonah described the reading he has done on borderline and histrionic features as only helpful to a point: he can anticipate how easily this client could direct her anger and hate toward him, but he cannot be prepared for how that might look or what he should do in response (1048-1073). With a horrified tone, Jonah noted how frightening it was, in his readings on “transferential hate,” to encounter descriptions of “volatile” and “aggressive” comments in which a client tried actively to “like undermine the like therapist’s uh like authority” (1065-1068).

Jonah acknowledged that his strategy with this client was to “divert” potentially dangerous topics (1078) in an effort to avoid her ire. He stated that although he knows “these books” and his supervisor would suggest a direct approach (1085-1086), he has instead been trying to “extinguish any s- any thread that could um actually relate to the therapy or relationship too” (1061-1062). As he described his strategy, Jonah realized that he is also much less comfortable slowing down with this client or tolerating silence, in fear that if he leaves an opening, she will use the opportunity to “undermine” him (1126-1130). Throughout his description of not being confident he can handle this client’s rage if she turns it on him, Jonah made reference to an uncertainty about interventions that we then explored in more detail. He confessed that he does not know what it will “mean” if he makes the “connections” with her history he thinks are relevant—whether she responds “‘Yeah that’s true,’” or “‘No, that’s a pretty stupid comment and I don’t agree with it,’” he reported not being sure what is supposed to happen after that (1079-1088). He wondered what would happen if “the link is made on her end
or on my end and then it just doesn't go anywhere” (1120). When I encouraged him to elaborate, Jonah noted with a wistful tone that in his understanding of how interpretations function he feels there is “a piece missing” (1158). Whereas in his behavioral analysis role it was clearer to him what interventions to make at what times and to what ends, it is not clear to him what to do with a psychodynamic interpretation that “wraps up all these things” other than “set it out there” (1175-1176). Jonah made repeated reference to a “missing element” (1183) he assumes would enable the interpretation to “lead to all these places,” (1178), but while he guessed that “timing” or phrasing both could be used to “strengthen” the interpretation, he acknowledged not knowing exactly what that would look like (1185-1188). Jonah assessed that he generally ends up saying either too little or too much as a result of his uncertainty about the mechanism of psychodynamic interventions (1189-1191).

At this point in our conversation I took some time to summarize that, as many times as I had asked Jonah how he handles the experience of not knowing, he had elaborated in detail on how he avoids not knowing in session, and makes every attempt he can to be prepared (1196-1216). Jonah agreed, noting that he tries to use extra preparedness to “compensate” for how often he does not know (1218-1219), feeling that “accounting” for almost everything is the “mark” of a “competent professional” (1220-1221). I then asked Jonah directly whether he has an understanding of “competently handling actually not knowing” (1231), to which he replied, “No” (1233), he has “no idea of like, what that means” (1237).

Jonah was then reminded of another case example, and he related a confusing narrative about his work with a military veteran (1240-1366), quite tragic in tone. Jonah made it clear that this is the therapeutic relationship, more than any other, in which he feels most incompetent and has the least clear sense of what to do (1280-1284, 1291-1326), and yet I was confused about
what exactly he meant by the lack of connection (1283) and direction (1302) in this treatment, and my attempts to clarify during the interview were unhelpful. Some of the issues Jonah did identify were that the client tended not to wish to dwell on the themes most relevant to his presenting concerns and would “shrug off” conversations and interpretations, and that when Jonah tried more cognitive-behavioral strategies the client would dismiss them as unlikely to be of help (1246-1274). Jonah noted that at this point he can keep therapy going when he feels “stuck” merely because he has so many years of history with this client to reference (1276-1280, but he was clear that this kind of “technical” response, in the absence of knowing “how to connect with someone, in a very, like real way,” is uncomfortable (1282-1286). Poignantly, and with a tragic, confessional tone, Jonah admitted that because he has been working with the client for so long, and has so little sense of direction, he cannot ask for help from a supervisor now or he would be admitting his incompetence (1303-1326). Jonah explained that it would seem like he was “playing with someone’s life” (1305), and is actually an “imposter” (1321), “taking on like a certain identity or taking on a certain approach” (1322) as a “dress” (1314) or a “suit of knowledge” (1324) rather than taking them on “fundamentally” or “personally” (1315), and in order to “compensate for the fact that maybe [he has] no idea what [he is] doing” (1323).

In response to my suggestion that the client himself is making his own treatment difficult, Jonah noted that while that might be the case, it is his responsibility as the therapist to find a way to reach him (1331-1366). In fact, Jonah’s metaphor was that he should be able to “break through” to the client, coming up with a “tool” to find a “fault” or “crack” to “strike,” as if he is a geode waiting to be opened (1332-1334). It is because Jonah has not yet found the “fragile point” in the client’s manner of expressing himself, he believed, that he has been unable to “connect” with him (1358-1361). Jonah then spoke more generally about his conviction that the
therapist is responsible for finding a successful treatment. He attempted to cite the notion, familiar to him from behavioral training, that a client does not fail treatment, but instead the treatment fails the client… but instead, Jonah said, “the client never fails the treatment, the treatment always fails the therapist” (1378, emphasis added). Jonah did not notice this Freudian slip; to my mind it implies the extent to which Jonah’s training has failed to give him the practical or emotional tools he needed to withstand the experience of becoming a clinician. Jonah proceeded to personalize this lesson he had attempted to cite, discussing his situation with this difficult client as if it were the “person who like provides the treatment” who is “failing,” not just the treatment itself (1378-1380). Jonah then made a logical leap that since it is his “job” to work with the “resistances” and difficulties that the client brings in, it is therefore “not really an option” to avoid a particular clinical population, issue, or modality (1380-1389). He did acknowledge, however, when I teased him, that “it’s very hard to use it as like a motivator of when like the goalposts are always moving” (1395-1395); Jonah could recognize that his expectations were unhelpfully unattainable.

I then asked Jonah about his experience when his clinical work is going well, acknowledging as I asked the question that he had “completely depressed me” (1400-1415). With a much more optimistic tone, he drew an analogy to his hobbies, including drawing, in which when things are going well, without believing his work to be the pinnacle of expertise, he nonetheless “like[s] it,” and can see it as a “stepping stone,” a “personal success,” and something he can use to “visualize” a “personal goal” (1417-1429). Jonah spoke about using small clinical successes similarly, in order to inform his next sessions with the client (1436-1439). Jonah described with quiet confidence the “clinical clarity” of sensing the “moves” to make, “how much pressure” to apply, being able to “make the connections” and “trace the threads” and yet

65
feel more comfortable waiting to interpret until it feels like the right time (1451-1464). He acknowledged that even if they were probably not “the best moves to make,” his choices at those times were “good enough,” and the insight he and the client found “works for them” (1473-1479). Jonah acknowledged with a laugh that when he can achieve this kind of success, he can “go home happy”… until the next day (1481-1483). After this touching final description, Jonah did not linger: he asked if I had any other questions, then ended our conversation by expressing his hope that he had “answered [my] question the way that [I] wanted [him] to” (1491), and that I could adequately hear the recording (1512). Since I prefer to leave things open-ended for as long as possible and tend to delay endings, I found Jonah’s exit abrupt. Perhaps my offhand, half-joking confession that I had found Jonah’s responses depressing did not help him feel welcomed to elaborate further.

**Stage 3: Identities and identity work.** The identity Jonah is actively working to maintain over the course of our interview is of a trainee whose particular background and learning style have set him back, but who is slowly finding his way towards greater competence. Jonah both explains and demonstrates that he is a visual thinker (165, 190, 321, 349-361, 584-590, 824-829, 960-963, 1428-1445, 1454-1455, 1475-1476), and he notes that in the clinical position he held prior to graduate school, whose highly technical approach, modeled for him by senior colleagues, was better to suited to this visual learning style, (685-687, 170, 172), after some time he “knew what it was that [he] was doing” (24). Much of Jonah’s speech throughout our interview is devoted to explaining why he does *not* feel that he knows what he is doing in his current clinical work, and emphasizing what a problem that is for him. Jonah explains that he had to “unlearn” (27) many of his previous clinical skills as a new graduate student, in contrast to his colleagues with relevant prior experience (120-125, 129-140), and while supervisors were clear
about what he should stop doing (59-72), he did not have a clear sense of how he should be speaking with clients within this new modality (29-42, 46-81). This lack of clarity was partly due to the abstract nature of class discussions (115-120), and the unrealistic nature of role plays (146-164) and clinical examples (856, 866-869). Jonah also explores how the values of a psychodynamic orientation privilege elements of therapeutic interaction that cannot be “anticipated” (830) or technically accounted for (847-848), noting that he has heard some suggest that less theoretical preparation (88-93), or less reliance on a model (691-692), is somehow more “honest” (92) or allows the clinician to be more “emotionally engaged” (692) (though he notes that such lack of preparation has the opposite effect for him). Despite this lack of fit between Jonah’s learning style and his current learning environment and clinical orientation, however, Jonah has internalized, from his original academic background in existential-phenomenological (20-23) and psychodynamic (46-48, 380-381) psychological theory, that a psychodynamic clinical approach is the “appropriate” one (714-721, 823), and so he considers himself a psychodynamic therapist (46).

Presumably partly in response to my stance that not knowing is both understandable and important (admittedly, as a fellow psychodynamically oriented clinician, I privilege the emotional honesty of messy interpersonal moments that cannot be fully anticipated), Jonah repeatedly underscores the unacceptability to him of his experience of not knowing. When just starting out, Jonah described knowing so little that he had no sense of how to be professional or competent (95-96): and professionalism is absolutely essential for Jonah. He acknowledges that professionalism is related to maturity for him (428-437), and that he has absorbed expectations from supervisors and professors of what is required of a professional clinician in terms of duties such as keeping up with paperwork and also in terms of clinical preparedness (439-456). Most
important to the primacy of professionalism for Jonah, however, appears to be the fact of his race: he notes that, “being a Black American,” attaining a certain level of professionalism in some way “increases [his] worth as a human being” and demonstrates that he “hold[s] more value as a person” (458-463).

Having clarified the huge stakes, Jonah elaborates many times on how vulnerable he is when a lack of knowing how to proceed destroys his fragile sense of professionalism. When he cannot account for everything or his plans fall apart, Jonah explains, “things unravel, and it’s really hard for me to try to like put things back together” (845-846). In his clinical example of “missing” the signs of a client’s strong transference reaction (618-630) and feeling blindsided when she confessed her attraction, Jonah explains that he did not know how to talk about it with her (631-635) and felt that no readings or classes had prepared him (635-641) for this important moment he should have been able to address (629-630). In the moment, “everything that [he…] held onto before kind of like falls apart” (611-614), and, remaining silent, he “kind of just feel[s], uh, [his] mind, just kind of like falling apart” (644). After a failed attempt in the next session to be more “directive,” take “control,” and “force” a conversation interpreting her attraction in an “intellectualized” way which, Jonah reports, forces a rupture (647-656), he eventually feels he must stop talking, fall back on listening, and “go with the flow” (660-662)—but even as he does so, he “could just feel [his], like, [his] therapeutic position just like unraveling” (666-667). Even the therapeutically appropriate move—to fall back on listening in order to address a rupture—here feels dangerously exposed and unprofessional. Later in the interview Jonah describes his clinical progress in terms that suggest he has become at least somewhat more comfortable with moments of not knowing: he has become better able to quell his anxiety, willing to go slower in session and not feel as pressured to jump in with an interpretation, for instance (905-920). He
clarifies, however, that he still feels that “completely being unaware of what it is that you’re supposed to do” or of “the move that you’re supposed to make” would not be acceptable (930-932). He notes that some of the pressure he feels to “account for the unknown” or arm himself with “plans 1-24,” “just in case things happen,” is because he is Black (938-949). If he appears “underqualified” (940), then since on some level he must “represent” (463) his race, he risks “affirming Western stereotypes” (468). Looking unqualified “damages everything” (940-941), opening himself up to a race-based judgment: “‘Here’s, who’s this Black person who’s here? Who he, he doesn’t really deserve to be here because they really have no idea what they’re doing’” (946-947, emphasis added), an indictment that is “one thing like that can kind of just unravel things” (947-948).

Therefore, even if he acknowledges a need to be more comfortable with silence (917), less quick to jump in with an intervention (919-920), or more willing to let go of his plans and adapt to new developments (837), Jonah does not feel free not to know what to do in session, partly because of the impossible pressure of being a Black man in America. When I try to clarify the difference between my research question and Jonah’s interpretation of not knowing as incompetence by asking him if he has an understanding of what it would mean to competently handle not knowing what to do, he says he does not (1228-1238). For Jonah, the unknown is mortally dangerous to the professionalism that is essential to his identity.

**Stage 4: Additional themes.** Jonah stresses throughout our interview how much he does not know about doing clinical work, and the primary theme of his narrative is how hard he works to avoid not knowing. Jonah’s visual metaphors are helpful to my understanding of his prioritization of seeing what to do next: for Jonah, competence is being able to clearly visualize what is going on (194, 321, 349-353, 359-363, 356, 910-913, 960-963, 1428-1429, 1443-1445,
1475-1476), to see the threads in the client’s narrative (322, 339, 350-352, 1046, 1049, 1454-
1455) and to be able to make connections (198, 238, 261, 361, 368, 766, 913, 1080-1082, 1268,
1279, 1292-1294, 1358, 1454). When he faces a clinical moment he did not anticipate, or when
he does not know what to do next, things feel unclear (86), foggy (113), and dark (614). To
competently (i.e. being able to picture clearly) handle not knowing (i.e. being in the dark) is
incompatible with Jonah’s organizing metaphor, and perhaps that is why he cannot imagine such
a thing (1228-1238).

A strong theme throughout our conversa-
tion is Jonah’s anxiety and self-criticism. He
acknowledges that his excessive, anxious self-criticism hurts his work (293, 565) by distracting
him from being able to attend to important themes in session (283, 587-603, 909) and/or
encouraging rigid or overly intellectualized interventions (647-657, 1285-1287). However,
though he acknowledges some progress in suppressing his anxiety (285-287, 905-907), often
when he tries to give himself the benefit of the doubt, appreciating a clinical accomplishment or
making allowances for not yet having achieved perfect expertise (532, 751-775, 1331), he
worries that he is merely making excuses or rationalizing (399, 482-493, 777-780, 796-797).

Jonah also acknowledges how high his expectations are for himself; and yet they are not
merely his expectations, but those he has heard from supervisors and professors (439-453, 1085-
1088), as well as demands of the clinical situations in which he finds himself. Because Jonah
feels as if he always needs to know more than he does (396-416, 508, 926-949, 1382-1389), he
describes feeling as though the “goalposts are always moving” (1396) and the “bar” moving
“higher” (511-512), so that even if he makes it “just short of the finish line” (512), he sees it as a
“failure” (513). A repeating theme along these lines is Jonah’s refrain that he does not know
“enough” or is not able to offer “enough” (198-200, 510, 514, 626, 878-880). There are times
when Jonah references that his training or the information available in a particular case was not enough for him (168, 359-363). A few times, at my encouragement, Jonah also describes what it feels like to have enough detail to visualize what is going on (334), or enough competence and confidence (684-685) to appreciate when his therapeutic “moves” have been “good enough” (1475), or whether the insights he and his client have reached “work” and are “good enough” (1478-1480). Jonah’s attempt to grasp at knowledge or planning in the hopes that it will be enough, however, opens him up to feeling like an imposter (234, 1321). For the long-term client with whom he has the least sense of connection or direction, for instance, he is afraid to ask a supervisor for help since he feels to do so would “highlight [his] incompetence” (1312), showing how he “took on all these approaches and [...] theories” as a “dress” rather than “fundamentally” or “personally” (1313-1315). Another description Jonah gives is that he has taken on an “identity” or “approach” in order to “compensate” for not knowing what to do, like donning a “suit of knowledge” “to make it look like [he] know[s] what [he is] doing” (1321-1324).

Jonah seems to grasp at this suit of knowledge so desperately because he needs the protection, as if he is at war. He is able to use a lack of skill or knowledge to motivate him in the realm of his hobbies, Jonah explains, because he does not “need that at all” (552); but he feels overwhelmed by not knowing within clinical psychology because there is “so much riding on” obtaining his degree and achieving professional status (560-562). In his sessions themselves, Jonah also seems to experience work with clients as remarkably adversarial when things are not going well. With his client who is angry because people in her life do not love her “enough” (1019-1020), Jonah is frightened that she will turn her anger toward him (who seems to feel, as previously noted, that he himself does not offer “enough”). Both this client and the client who declares her romantic attraction to him seem to Jonah to possess the power to “unravel” or
“undermine” his therapeutic position and make him fall apart (611-614, 643-644, 666-667, 940-941, 947-948, 1068-1068, 1130). Since he feels that he does not have “enough” to handle their direct attacks (635-642, 1064-1065, 1080-1086), his strategy is to avoid confrontation and buy time to become more prepared (647, 956-957, 1062-1063, 1079, 1093-1096, 1120-1123, 1130-1132, 1145-1149). With the angry client, Jonah notes that has “set up a blockade” (1145) against any discussion of the therapeutic relationship, including acting to “extinguish […] any thread” that could lead in that direction (1061-1062), in order to “buy time” to “gather all [his] thoughts, to gather enough material or enough strategies” to anticipate and “account for everything” (1146-1149). Jonah explicitly invokes military strategy to explore his relationship to not knowing, citing a famous military general’s quotation, “‘Plans rarely survive the encounter with the enemy’” (834). Jonah acknowledges, however, that in spite of expecting and allowing his plans to “fall apart” and being prepared to adapt (835-837), instead he tries to plan for everything (838-844, 941-945). With the third difficult client Jonah mentions, who is ironically a military veteran (1244), Jonah seems not to be able to come up with a viable plan; he has no sense of “direction” (1303). Instead of presenting this client as undermining or unraveling Jonah’s position, Jonah characterizes himself as the aggressor, unsuccessfully attempting to circumvent the client’s attempts to “shrug […] off” (1249, 1251, 1263) or “toss […] away” (1272) important themes or interventions, by trying to identify the “fragile point” (1360) in the man’s defenses and forcibly break him open (1333-1334, 1359-1361). In Jonah’s mind, it seems that when treatment is not going well, one of the participants must be failing: and since it is not the client’s fault (1357, 1380), it is therefore the therapist’s responsibility (1364-1366, 1374-1380). Jonah’s slip as he distorts the adage, “‘the client never fails the treatment, the treatment always fails the therapist’” (1377-1378) suggests, however, that despite taking responsibility for his own work and his
difficulties, he is feeling somewhat let down by the tools or treatments available to him in the threatening war he is waging with “the enemy” (834). It strikes me that going into battle, one would properly be wearing armor—but Jonah’s metaphor of the veneer of professionalism or therapeutic position he feels he is wearing as an imposter is of a knitted garment: a “dress” (1314—interestingly, here he refers to a feminine garment) or “suit of knowledge” (1324) that easily unravels (667, 846, 948) and is knit back together only with great difficulty (668, 846).

In my research question, I am asking Jonah to dwell in the moments in which he has not known how to proceed with clients—but Jonah expresses a preference for being able to move forward and move on. Seeing the clinical picture clearly and knowing what “moves” to make that will be “good enough” and will “work” for the client (1422-1484) is how Jonah is able to “move forward” (1422, 1431-1432, 1436). Rather than dwelling in the unknown as a means to be more “emotionally engaged,” Jonah prefers to rely on a technical intervention and “move on” (692-694); competently addressing important themes and then being able to “kind of just go about [his] day” (599), and eventually “go home happy” (1482). And indeed, if Jonah’s plans fall apart, he feels as though his position or flimsy protection is unraveling, and he imagines being exposed as “unqualified,” a person who does not “deserve” to be where he is because he is a “Black person,” and in society’s eyes, “‘they really have no idea what they’re doing’” (945-947).

Moving forward is in contrast to stuckness (1281) and unhelpful, circular cycles of self-criticism (283, 908), but Jonah’s references to going about his day and going home also put me in mind of racial anxieties appropriate to living as a Black citizen of the United States. While it may be partly his own neuroticism that contributes to Jonah’s anxiety about knowing the way to keep moving forward, perhaps he is also reacting to the fragility of knowledge and professionalism as
a defense against White America’s hostility. There is perhaps no guarantee that Jonah, as a Black man, can move through every day unimpeded and make it home safely.

**Participant 3: Avery**

**Introduction.** I was very happy to receive my first response from a second graduate program when Avery agreed to participate. I was also glad to see a female name, since my previous two participants had been male. When we scheduled our meeting I provided directions and provided my phone number and the Clinic’s, but on the day of our interview Avery had trouble finding the building once she parked. I missed a phone call from her and then called back, staying on the phone and leaving the building to direct Avery to the right place. We named what we were wearing so that we would be able to identify each other: she in a brown dress and red cardigan, and I in a black dress and magenta cardigan, as we approached one another I marveled at our similar interpretations of Female Student Therapist Doing Business Casual. By the time we met up and walked back to the Clinic together, I was feeling quite awkward, and guilty that the building had been hard to find. Avery was much more composed, and if she seemed slightly annoyed at the complications of her journey, she was nonetheless gracious and polite.

Despite the similarities in our dress that day, I was very aware of our differences as the interview began. While my familiarity with Avery’s program was limited, I knew Field University as a highly research-focused program, whose clinical component was comprised of evidence-based treatments, fairly strictly interpreted. My prejudice was that their clinical approach was rigid, and I guessed that their training might be highly structured and directed. I wondered whether this was actually the case, and how whatever real differences there were between our two programs might have impacted Avery’s experience of not knowing as a student
therapist as opposed to mine. I also wondered what she knew or thought about my clinical program, and whether my small qualitative research project would strike her, a Field student, as elementary or even a waste of her time. Though Avery came across as both poised and pleasant, I was not starting off on the best foot in this interview, and part of me wished to be out of the conversation before it even began. Things became somewhat more comfortable as we spoke. However, I was impressed to the point of intimidation with Avery’s seeming competence throughout the interview. I found our conversation interesting and somewhat puzzling, as I noted how differently we approached certain basic concepts about therapy, and yet how similar her experience sounded to mine in other ways.

**Stage 1: Reflexive engagement.** As I listened to our conversation and reviewed the transcript, I was happy to have had the opportunity to speak with Avery. What struck me is how apparently different our underlying assumptions are, both about clinical work and about the nature of knowledge. In her role as an “advocate,” Avery seems to strive to offer her clients support and teach them useful information, such as skills and new ways of thinking, to help mitigate the influence of their mental health disorders on their lives. Not knowing what to do, for Avery, is generally an indication of a “deficit” in training or of a lack of expertise due to inexperience. She portrayed her own lack of knowledge as an inexpert trainee as sometimes either rendering her interventions awkward, or leading her down an inefficient or unhelpful treatment path, so that the client’s treatment was “extended” past the optimal length. She acknowledged that nonetheless she is doing her best to help, and that the relationship she is offering clients is valuable. I think this is a very reasonable, helpful, humane way to approach a career in the helping professions.
I do not think I am constitutionally capable of such a straightforward conceptualization. For me, therapy is a messy, sacred act of witnessing, an encouragement for a suffering human being to convey something important about their pain to a stranger (another human being, also suffering, as all human beings are). Any therapeutic approach or intervention, it seems to me, proceeds from an implicit theory of how to lead a good life—about which, knowledge is essentially impossible. At least, with regard to this question I believe there can be no privileged understanding, and no course of study that could access such a truth. Therefore, the therapeutic project, as I understand it, is on some level: one, a lost cause, since about life each human being is as clueless as the next, and substantive understanding between people is likely impossible; two, a violence, since a person’s relationship to living and suffering is her most private concern for which only she bears inalienable responsibility, and attempts by another person to change that relationship fail to honor this fact; and three, a sacred duty, since a fellow human being, facing the same impossible quandaries of living and relating within a brief, brutal, and inherently meaningless existence as you, has come to your office seeking help.

If this characterization is a bit over-the-top, it is nonetheless part of my outlook: involved in this understanding are some of the basic principles, core values, and first principles of my philosophical lens on the world that I cannot change at will. At the same time, when I allow a melodramatic manifesto like this one out of its corner, it exposes a stubborn combination of humility (I know nothing) and hubris (but I’m pretty sure I have the entire universe figured out, and nobody else knows anything either) that gives me pause. So, taking a step back, I wonder first, what about my conversation with Avery provoked a tirade from me about Therapy and Life? and second, what has encouraged and allowed me to adopt such an understanding of my chosen profession?
Upon reflection, I believe talking to Avery was somewhat more narcissistically wounding than I first realized. As a fellow female student, but one attending a graduate program whose emphasis and approach was radically different from mine, she seems to have provoked my sense of competitiveness, which was intensified the moment I saw her dressed in an almost identical outfit to mine (it was even more problematic that the context for this initial sighting was outside while I was awkwardly trying to give her directions over the phone—anxious, guilty, and feeling very far from living up to my professional role as researcher). I think I was also hoping that, as a third year student, she would appear less competent than me (a fifth year student at the time) in some identifiable way, so that I could appreciate my own progress or ability level. Instead, it sounded like Avery is really good at what she does, and she seemed able to recognize her own limitations and room for growth without being overly neurotic about it. So I have been feeling particularly defensive as I contemplated the differences in our clinical philosophies, overstating the impossibility of meaningful clinical knowledge in order to mitigate the threat to my self-understanding of Avery’s seeming competence.

What else becomes clearer about my perspective from noticing these differences—what informs and enables this outlook? Avery described being raised in a very rural farming community with little access to mental health services, and she referenced her goal of returning to a rural area to offer her services to those who need them. The way she talked about the differences in attitude and lifestyle between rural and urban populations reminds me of the possibilities opened and closed by one’s background (cultural, racial, class, and community). In my own suburban, white, middle-class background, lack of access to mental health services or excessive stigma around mental health issues was not a problem: the people I knew who needed or wanted therapy generally sought it. Growing up, I knew a few psychologists and other mental
health workers, and almost everyone in my world was well-educated, in mostly white-collar jobs. Because of my race and class and other aspects of my background (such as being raised in a fairly urban community, or belonging to the Millennial generation), I have the privilege of sometimes approaching my career as if it is an exercise in self-expression or an extension of my unique values. Instead, I could take the more utilitarian (and community-oriented) approach of identifying and attempting to fill a societal need, as Avery seems to have done. Although I know little about Avery’s history and have no indication that this is actually the case for her, I wonder if she feels some added pressure, due to her background, of having to prove that she can succeed in a career that is a valuable alternative to an agricultural life. As a white, middle-class woman raised in an community of educated, white-collar professionals, I have made an unexceptional career choice in clinical psychology, and in that sense I have little to prove. I am reminded that perhaps allowing myself to dwell in not knowing and existential angst is a luxury; systemic forces and accidents of personal history can make a focus on efficiently learning specific, career-oriented skills more pressing (or at least differently pressing) for others.

**Stage 2: Identifying narratives, narrative tone and rhetorical function.** Avery’s overall narrative was one of learning the skills of her chosen career, with reasonably helpful training to that end, and with a few understandable hiccups with clients along the way. Her tone was generally optimistic: even when she was discussing her mistakes, the story was always one of progress. Although our conversation was cordial, Avery and I never quite seemed to be discussing the same phenomenon: her answers were about difficult clients (lines 30-35, 66-74, 80-89, 93-217) and skills with which her program had not yet adequately armed her (230-279, 649-670, 910-919, 981-982), while I was instead trying to ask her whether in response to a client she ever felt utterly at a loss and unequal to the task of being that person’s therapist. Though
throughout the interview I tried to restate my research question (not very clearly) several times (7-11, 25-26, 62-64, 76-79, 159-161, 226-228, 288-299, 409-410, 709-712, 793-794, 984-994), by the end I had mostly given up, and asked questions related to her training program and what she might like to change about it (836-839, 857-860, 892).

In response to my opening question, Avery described the “basic skill sets” she falls back on when she is not sure what to say, skill sets she learned from her current program as well as from previous training in MI (14-23). In effect, she was describing what she knows in answer to my question about what she does not know, perhaps because of the vulnerability of answering questions about not knowing posed by a stranger who is a fellow student in one’s field. As I questioned her in many different ways about how and when these strategies fail, Avery’s answers often focused on how clients sometimes fail to take up treatment correctly (28-89), such as by misunderstanding her due to lack of insight (30, 81-85) or unfamiliarity with the CBT framework in which Avery is being trained to work (66-74)—they might “go off on a weird unhelpful tangent” that Avery does not “want to hear about” because it is not “relevant” (30-35). When I asked if things ever feel “unbridgeable” to her when she is struggling to communicate with someone (76-78), Avery enthusiastically agreed, saying “those are the most difficult people” (80). Avery occasionally acknowledged her own responsibility for missteps, such as at times when she asks “ambiguous” questions (34), or questions that are a “stab” in the dark in an attempt to get to something useful (50-53), when even she does not know what she “wanted to learn” by asking a particular question (41-44). For the most part, however, her tone was distanced. In this first part of the interview, perhaps because of the vulnerability of her participant position, she included very little to implicate herself within the narrative she was relating of clinical strategies breaking down: it was almost all about the client.
As Avery clarified that some of the clients most difficult for her to communicate with have been uninsightful and some have simply been “defiant” (80-89), she offered an example of working with a “defiant” client that helped Avery and me understand one another better, fleshing out Avery’s experience of not knowing what to do or say (93-219). Avery described a client who came to therapy in order to be prescribed medication, but treated Avery with open hostility, stating her dislike, refusing to elaborate in her answers to questions, and looking “daggers” at her (93-100). Avery characterized this “animosity” (127) as a result of the client’s background as a member of a cult whose attitude toward mental health treatment was quite negative (117-121). She noted that the client on some level seemed to want to “start working through… her issues” (125), but was “conflicted” about working with a therapist (121-128). With an optimistic tone, Avery described a helpful “therapeutic rupture” (133) in which she framed the client’s cooperation in therapy as a prerequisite for their continued work together and her continuing to receive medication (130-133); Avery noted that the therapy had been “going a lot better” since her ultimatum (135). When I asked whether Avery took any of the client’s animosity personally, she humorously acknowledged the difficulty of the client being “mean” to her (143) – unlike any of Avery’s other clients who were generous to her because of her student status, she suggests – and calling her names such as “quack” and “idiot” (150). She described seeking support elsewhere in order to be able to “tolerate” the client’s abuse (153-154). When I probed about Avery’s experience of sitting with the client’s initial hostile remarks, she described remembering a supervisor’s advice: “‘If you ever get a defensive client, you know your first line of defense is to like uncross, [uncrosses arms and legs] you know, and appear, like, nondefensive’” (166-167). She described uncrossing her arms and legs and asking the client for more information about how she felt; Avery optimistically characterized her focus on assuming an open pose as helpful
because it “distracted” her (168-175), even though the client was not “forthcoming” in response to her query (173). She noted that the supervisor also emphasized empathically “identifying with where the pain is coming from in these people” even if the therapist is finding it difficult to “like” them (185-188). Avery suggested that although she understood the difficulty of her background, she did not like this client initially, dreading their weekly meetings, but that she likes her now that their relationship is good (188-194). Avery’s tone throughout this narrative was occasionally self-deprecating or humorous, but for the most part optimistic as she noted the continuing progress of this therapeutic relationship. Rhetorically, she was highlighting her own capability of handling this difficult client, and showing her balanced perspective as she acknowledged many aspects of their interactions.

I acknowledged the basic skills Avery is able to fall back on, but asked again about “gaps” she might need to fill in, and she responded with a story of not knowing what to do with a suicidal and homicidal client (230-369). This story was less optimistic in tone; Avery acknowledged that she was still not sure about the best way to handle suicidal clients, and her narrative was much more tentative. With some defeatist humor, Avery acknowledged that, “again,” like the defiant client, this man failed to indicate during screening the features that made his case difficult (236): in this case, that he had an active plan to kill three other people and then himself (303-305). Avery described finding this out in the initial interview, and with a sober tone confessed that she “had no idea what to do” and did not know if she had any option other than letting him leave the clinic (240-244). She noted that it was “upsetting” not to have enough background to handle this situation with confidence (244), armed with only a brief classroom conversation about suicidality (232-235, 278-280) even though, as she pointed out, “ultimately, suicidal patients are going to come through the clinic” (245-246), despite attempts to screen them
out. Avery shared several details about the situation that highlighted her difficulty in knowing what to do: he was only the third client she had seen (255), his was a late evening appointment and he confessed his feelings at the end of the appointment (238), the Clinic Director had left for the day (239), and no senior clinician was reachable for consult (242). I asked her exactly what she said in response to this client, and Avery responded with a deep sigh and a resigned tone: she “knew enough” (301, 307) to question him about whether he had a plan, but was unsure about her legal responsibility or appropriate response after that (308-310). She described excusing herself from the session room and asking him to finish completing intake paperwork, while she consulted with the clinic assistant, an advanced student (315, 351). After unsuccessfully trying to call the Clinic Director (242) and trying to research online what the responsibility of their clinic was (318), Avery reported that they decided to let him leave and “left it to fate” (319). She described returning to the room and asking the client to think about their discussion that night and expect a call from Avery in the morning to check in about his thoughts of harming himself and others, while giving him the number to a local crisis line if he needed to speak with someone sooner (321-331). While her tone was more hopeful when describing how this plan showed that she would “hold him accountable” (326) and that she cared enough to “make sure that he was okay” (342-343), Avery quickly lapsed again into a sober tone, with a burst of humor when she described calling the next morning and being told that the client “still wanted to kill these people” (329). While Avery previously described letting the client leave because she did not know what else to do as “upsetting” and “uncomfortable,” (244, 320) finally she was at a loss for words: she ended, “but, it was…” long pause… “Yeah.” (331-333). As she acknowledged her own anxiety and uncertainty about this situation, Avery also rhetorically implicated her training program as somewhat responsible for her lack of preparation.
As I questioned Avery about the support she experiences, her supervision, and her style with clients, Avery’s answers were generally measured and optimistic in tone. She cited “a lot of support” (381) from peers and clinic assistants, finding conversations with other students often more helpful than those with supervisors, who “vary in their um… skills as supervisors?” (382), Avery carefully suggested. She explained that while her first supervisor was collaborative and supportive (391-395), her second was overly “concrete” and inflexible (395-398), and her current supervisor is not supportive, but instead “blunt” and “not nice” (400). Avery was careful to highlight her supervisors’ strengths and skills even as she acknowledged the frustrations she has experienced in working with them. She cited being helped to feel that “we have… some clue as to what we’re doing?” (405-406) as the most helpful aspect of supervision (something she seems to have experienced through her first supervisor’s approach). Avery called her own evolving approach to treatment more “abstract” than “concrete” (412-413), and described a conversational, personable style that is flexible to client needs instead of wedded to the language of CBT (412-437, 454-459, 482-504). She reported that this conversational style has been acceptable to some supervisors, but a problem for her second supervisor, who suggested that it was not “helpful for the learning process” (453) to stray too far from manualized forms of treatment. Avery’s tone sounded more personal and less distanced as she emphasized her desire not to sound “condescending” to clients by “trying to like, educate them constantly” (456). While some clients like working in a more structured, concrete way, she acknowledged (482-494), most of her clients are, she supposed, “more like [Avery]” (502), in that they “don’t want it drawn out in front of them” (503), and “don’t like being lectured at” (509).

Perhaps inspired by Avery’s acknowledging what works best for her in a more personal way, I then asked her directly what had drawn her to psychotherapy and what her goal is in
treating clients (542-544), and Avery responded with an optimistic story that was not too personal, but helped me appreciate how she understands her work. Avery explained that she is from a Midwestern “farm town” of 800 people in which mental health issues were widespread but treatment was both inaccessible and stigmatized (546-550). She became interested in psychology, ultimately deciding to pursue both psychotherapy and research (551-555), with a goal of returning to a “rural setting” and offering specialized treatment (562-578). With an inspirational, optimistic tone, Avery described wanting to be an “advocate” for her clients, someone they can trust to “want what’s in their best interest,” who cares about them so that they can “be their best” and “feel better” (573-580). When I invoked ways in which she and her supervisors might disagree over who she should be to her clients, Avery referenced research that indicates that untrained, empathetic listeners can be “good therapists,” concluding that if one is “present with” clients and seems to care, the specific techniques are less important, and even a “weird blend” of MI, CBT, and IPT can be effective (590-596). I affirmed this, and recalled the helpfulness of her demonstrating caring to her suicidal and homicidal client (598-601), then asking whether Avery finds that it is often personal elements “extra” to the therapy that are helpful (605-607). She agreed, describing her attempts to ask about clients’ lives, laugh in session when appropriate, and seem “personable” and “approachable” (609-622); Avery reported that her professors and supervisors leave such stylistic elements to the discretion of the students, and that she and her colleagues are on a “gradient” in terms of their desire to appear professional vs. relatable (626-632). While maintaining command of her professional tone, here Avery was emphasizing her relatability and relaxed approach. Though she seemed just slightly defensive about it when she cited research about even “nice math teachers” being able to be helpful
therapists (591), it seemed important to her to be seen as a therapist who allows a very human conversational element into her therapeutic work.

After I restated my research question about not knowing, Avery suggested that one could always have “something in your back pocket” to fall back on in session, even in the absence of knowing how to handle a specific clinical issue (649-651). She highlighted a perceived lack of training in specific disorders before she and her colleagues began seeing clients, her tone somewhat accusatory towards her training program, even as she acknowledged that it is “hard” to “train everyone in how to treat everything” (652-670). Avery described eliciting verbal feedback from clients and attending to their nonverbal signals as a way of finding her way when supervisors were not experts in the disorders she is trying to treat, as well as falling back on manualized treatment protocols when she did not yet feel comfortable working with a particular issue (682-696).

In response to Avery’s discussion of not knowing as simple lack of expertise with particular disorders, I recalled her defiant client’s presentation and asked about times Avery may have felt herself question the very ground on which she has been working and had to switch tactics (706-712); Avery told a somewhat strained narrative of failure in response. She described her defiant client asking to work through feelings related to a sexual assault in college, and because Avery’s supervisor at the time had “no background in treating trauma patients,” Avery recalled, she advised Avery to try “doing exposures” to help the client overcome her avoidance of men (726-732). She reported that this did not work well, and was “too fast too soon” (732-735); now that she had switched to a new (“not so nice” (736)) supervisor experienced in trauma work, that supervisor is “upset” with Avery for doing exposures with the client (735-737). With a confessional tone, Avery described the awkwardness of having to “backtrack” and admit to the
client that she had “made a mistake” in pursuing exposure therapy for this issue (743-749). She noted her fears that the client would call her an “idiot,” drop out of treatment, and consider her prejudices about mental health treatment confirmed (750-751), but described instead a process of backtracking and working on underlying issues (752-755). Avery ruefully attributed their interrupted course of treatment to her own “inexperience,” and admitted that it has “extended treatment,” but it was “the best [Avery] could do at the time” (757-760). With some optimism, Avery acknowledged that the client was “amenable” to backtracking, and willing to talk through her feelings about Avery not knowing what she was doing (764-775). In response to my affirmation, Avery acknowledged as positives her own attempt to give the client space and the client’s gaining experience in doing exposures.

Avery then restated my question about feeling the ground shift beneath her (706-712) as a question about “switching… techniques” (790-791), and I clarified that doubting what one had been doing was closer to where my interest lies (793-794). Avery affirmed that the client she had been speaking about is the one with whom she has felt the most doubt, although she could think of several clients whose “avoidant” style or lack of understanding made CBT not the best fit (796-807). Avery admitted that not being able to offer them a different type of treatment made her “feel bad” (803), but dismissively concluded, “but… what can you do” (807). I wondered what she would have done with those clients if she were not in a structured CBT training program (809-810), and Avery responded tentatively that she would have “dropped down” to MI, to keep the treatment closer to the clients’ own language and concerns, or would have transferred them (812-819); she waffled about how “useful” the experience was of doing as much CBT with them as she could (820-829). Perhaps in response to Avery’s seeming discomfort with her inability to fully help these clients, I asked what her advice would be to
training programs about how to help trainees with their early missteps and uncertainties (836-839), as if I were trying to highlight the extent to which her not knowing how to help was entirely understandable. Interestingly, Avery responded with a version of what I sensed she needed to hear right now: that even when it seems like a client is not making clear progress in treatment, they are usually getting something from therapy, in terms of “structure,” “some new way to think about things,” and a “supportive relationship” (841-845). Her tone was very optimistic, in contrast to the uncertainty of a few moments before. When I asked if she wished her training program had allowed more flexibility with the clients for whom the treatment was not a great fit, Avery related a brief, understated narrative about her “weird” beginning with her first client and their shared responsibility for the disconnect (862-865). She said it was “helpful for [her] to stick with it” and learn that in therapy “you’re not gonna ultimately help everyone,” but the client could still derive “some small benefit” and keep “coming back for a reason” (862-870).

Avery and I talked about her experience of training for several minutes, and she repeated the “deficits” she sees in the training she has received, while acknowledging that she is “not unhappy” with how she has been trained (878-890). She related the sequence of didactic clinical training in relation to seeing her first clients (894-919), calling the experience “rushed” (905, 910, 918). With an offhanded tone, Avery acknowledged not knowing “how prepared you can feel for, you know seeing your first client,” saying “you have to like do it” (913-914). I agreed, but then suggested that Avery seemed like a person who has done particularly well in her training program and at adapting to feeling unprepared, and I asked her if any of her colleagues have in contrast not done as well or “freaked out” (929-934).
Avery acknowledged that some others in her program have not found that therapy came easily, relating with a distanced tone a damning story about a young colleague who was, in Avery’s assessment, admitted for her potential as a researcher without the program taking into account her likely clinical skill. Avery explained that the young woman is a “prodigy” who entered the program very young, without the “socialization” and “social skills” necessary to “bond” with adult clients (937-947). While she acknowledged that her colleague manages well with child clients and in structured test administration situations (947-950), in Avery’s opinion she should not have been admitted to the clinical program (938, 952-954). She explained how sometimes those admitted to the joint research and clinical program will realize they need to “drop down” to research only after encountering the complexities of clinical work (956-959), and sometimes those with little clinical ability were clearly chosen on the basis of their research skills (960-961).

I concluded from Avery’s story that a successful trainee must be able to draw on certain “personal strengths” in order to make use of clinical training, and she agreed (965-968). As we discussed “life experience,” Avery suggested with a reflective tone that clients “can tell” when a therapist does not “get” something they are trying to offer, or when it does not “make sense” to them (970-975). Sensing that the conversation should wind down, I asked for any final thoughts from her, and she asked to clarify my research interest, wondering whether I was attempting to correct gaps in the training process (981-982). I said “kind of,” added a further explanation, and affirmed that hearing the perspective of someone from a program so different from mine had been quite helpful (984-994). This effectively ended our conversation, and we thanked each other and I apologized again for the trouble Avery had in getting to the Clinic (996-1013).
Stage 3: Identities and identity work. Throughout our interview, Avery acknowledges the importance of her identities as a person from a rural area (546-568), a researcher (554, 566), and a clinician (554, 566, 938-963). The primary identity being articulated throughout the conversation is as a clinician who has a solid skill foundation (14-23, 165-175, 650-651, 812-815, 900-903) and developing expertise in specialized treatments (15, 594, 653-670, 731-758, 916-918), and who is comfortable taking a flexible, egalitarian, and conversational role in sessions (340-345, 412-444, 454-456, 496-518, 573-580, 592-596, 609-632). For the most part, Avery is not working so hard to maintain this identity that she comes across as uncertain or defensive.

An aspect of her description of her therapeutic approach that emerges as a fairly active site of identity work for Avery is her personal style in session. Avery cites socialization and social skills as lacking for some other students in her program, making it difficult for them to “bond with clients” (946); she acknowledges that clients often respond poorly if they sense the therapist does not “get” what they are saying, and appreciate “when you appear relatable” (972-974). Avery prides herself on her own relatability; in her perception, she privileges an egalitarian, warm relationship more than many of her colleagues or supervisors, who prefer either a more professional or hierarchical relationship or a style based more strictly in treatment protocols (395-398, 451-454, 626-630). Avery calls her style less “concrete” and more “abstract” (412-444), which she explains as less directive and more conversational or driven by example and imagery (431-435). She explains that it feels “more natural” to her to avoid technical terminology and try not to come off as if she is trying to “educate” her clients “constantly” (454-458). Avery notes that she tries to “seem interested” in clients, asking about important events or wishing them well, and that she is comfortable laughing and using jokes in sessions to seem
more “personable” and “approachable,” and to “let [her] personality come through” and establish that she cares (609-622). She describes her program as leaving up to students’ “discretion” how “personable” or “professional” they prefer to be (626-629). Her interest and skill in cultivating a fairly personal relationship with clients, therefore, appears to be an important element of Avery’s therapist identity.

Importantly, however, the relationship with the client seems to be important as a prerequisite for applying therapeutic techniques rather than as an end in itself. When Avery describes using an inappropriate technique with a client on the advice of an ill-informed supervisor—pursuing exposure-based therapy “too fast too soon” with a client who had experienced trauma—she talks about treatment being “extended” with that client because they had to “backtrack” (742-760). When I ask about the client’s reaction, Avery describes her as “amenable” but somewhat disparaging, and goes on to describe their processing of the client’s reactions to Avery’s not knowing “what [she] was doing,” and Avery’s compliments on the client’s progress, so that the issue would not “ruin [the client’s] hope” in Avery (764-775). While I interpret this as an exciting relational interaction potentially far more important than the therapy techniques Avery has been talking about, she seems to see it as damage control; the positive outcome she identifies from her mistaken use of exposure therapy is only that the client “learned how to do exposures” (785). Earlier in our conversation Avery has identified the turning point she experienced in her relationship with this client as resulting from Avery’s insistence that she cooperate with therapy or cease being able to receive her medication (128-133). It is important to Avery that her clients feel that she is providing a supportive relationship (575-580, 590-593), but instead of thinking about the relationship itself as a vehicle for important therapeutic movement,
she merely acknowledges that there are “a lot of different routes” to helping clients—such as MI, CBT, IPT, or some combination (594-595).

**Stage 4: Additional themes.** Many of the important themes that emerged from this interview have been adequately addressed in other stages of the analysis. Other themes of note, however, include Avery’s understanding of therapy as technical, her desires from her training program and what she has found most helpful, her own sense of her clinical style and how it differs from stricter interpretations of CBT in her program, and the tension she sees between cultivating a relationship with clients and presenting as professional.

In many of Avery’s examples of not knowing what to do, she often seems to lay the blame for these breakdowns on either the clients/their fit with treatment (30-35, 66-74, 80-89, 93-217, 799-807), or on her program for not yet having provided her the necessary skills (230-279, 649-670, 888-890, 910-919, 981-982), in a way that suggests a straightforward view of therapy as essentially technical. For Avery, in order to become a therapist, one must learn some basic foundational skills for talking to people in a helpful way (14-23, 165-175, 650-651, 812-815, 900-903), and more specialized treatments for treating particular mental health problems such as suicidality, OCD, PTSD, ADHD, or a personality disorder (15, 230-247, 653-670, 731-758, 916-918). When I ask her about gaps in her preparation or knowledge of what to do, she gives the impression that any gaps that exist can be filled in by more reading or more training (649-670); in fact, she ultimately interprets my research question as being about “gaps… in training” (981). As Avery is hedging one of her critiques of the preparation her training program has offered her, she acknowledges that “it’s hard to, I realize train everyone in how to treat everything” (662-663)—but she seems to believe that such a thing is theoretically possible. Avery does not speak about gaps in knowing that perhaps cannot be filled in by greater learning.
or expertise, which is what I keep trying to ask her about. What “mental health” is does not seem
to be a question for Avery at all: she speaks of mental health diagnoses as if they describe actual
diseases for which there are clear, effective treatments she merely must learn how to apply in
order to restore her clients to health. When she speaks of her identity as a therapist, as an
advocate for her clients’ best interest (573-575), she does not question or explain how she knows
what is in their best interest, and she describes her go-to technique of MI as a process of “getting
them you know to get to the change talk, to realize what needs to be changed” (813-814), with no
uncertainty apparent on her part about what should be changed. She describes MI as “essentially
you’re just restating everything they say” (814-815). She does not voice any sensitivity to the
value judgment and application of therapeutic influence inherent in the choice to restate, reframe,
or highlight one aspect of a client’s statement over another, answering one of my questions about
her basic skills falling apart (25) as if the only way restatement could break down is if clients do
not understand her, either because of their lack of insight or the ambiguity of her statement or
question (28-44). Throughout our interview, Avery and I are speaking about very different kinds
of not knowing: I keep trying to talk about the deeply personal, existential doubt exposed by
trying to help a client, and she keeps talking about not yet having learned enough.

There is an interesting tension between the support for her emerging clinical style Avery
wants from training/supervision on the one hand, and the directive instruction she desires on the
other. Supervision she cites as most helpful provides “support, in like feeling like we have…
some clue as to what we’re doing” (405-406), as her first supervisor seemed to provide by
soliciting trainees’ own ideas (391-395). She also appreciates “support” and “commiseration”
from other students (350-356, 375-387). Avery struggles somewhat when she is paired with a
supervisor whose very “concrete,” by-the-book style means that she does not welcome Avery’s
looser interpretations of how best to apply CBT skills and concepts in session (395-398, 451-454). She acknowledges that difficulties in “supervision match up” have been an issue in her training (880-882), and that for her, a less clinically “concrete” supervisor is better (476-478). Her current supervisor’s unpleasantly “blunt” (400) style is also off-putting to Avery (403-404), who understandably does not enjoy the experience of constantly being told she did things wrong (404), and is frustrated when the supervisor becomes “upset” with her for following the problematic clinical advice of a previous supervisor (735-742). Despite wishing for support in her own clinical choices, however, Avery still overwhelmingly views clinical training as a process of building skills, and she wishes her training program and her supervisors to be very active in helping her hone them. Avery acknowledges the many skills with which her program and her previous training have both provided her (14-23, 164-181, 230, 884), but she has sometimes felt the lack of adequate instruction in treating specific kinds of problems (231-235, 652-656, 880-882, 900-919). She has made an effort to train herself by finding relevant reading or using a manualized treatment when she does not have enough expertise to treat a particular issue (660, 666-668, 691-696). Avery has sometimes felt frustrated without explicit guidance, however, feeling like she is on her own (661-670), and disliking the feeling that “I have no idea if this is good… or bad…” (669). She wants directive comments from her supervisors (401), and is frustrated by her “concrete” supervisor’s inability to tell her “a straight answer of where to go with someone” (398) when Avery was faced with a complex case in which it was necessary to “bend the rules” or “adjust” (397), as well as feeling let down by the supervisor’s lack of trauma expertise that led treatment astray (674-676, 726-735). Even allowing for treatment digressions and personal style, a “straight answer” from an authority figure about what treatment choices are “good” or “bad” is essential.
As for her clinical style itself, Avery feels she offers therapy that is somewhat less strictly interpreted than some purists might prefer. She mentions her previous training in MI several times (19-20, 442), suggesting that because of that training she practices a “weird, like bastardized version of CBT” (442), which she thinks might look quite “different” from “what you’d see in like a CBT transcript” (437). Avery defends her unorthodox style by citing research that therapy is effective “whether you’re doing MI, CBT, IPT, or like a weird blend of all of those” (594). She indicates that she often begins treatment with more explicit CBT language, (522-533), letting some of it go after she and the client have been working for a while, a pattern she hesitantly describes as “probably—normal” (532-533). For an extended period in our interview, Avery tries to describe her clinical style as “abstract;” she questions at one point whether “abstract” is the best word (428), and she seems to be using it idiosyncratically. For Avery “abstract” is defined in opposition to her second supervisor’s and others’ more “concrete” interpretations of CBT. Avery defines her work as abstract because she is “not directly doing or saying like the CBT techniques” (413-414), using and defining CBT terms (414-415), or taking a more “directive” approach such as suggesting “‘let’s go do a pros and cons list over this,’ ‘let’s draw this up on the board,’ ‘let me make a flow chart for you,’” (431-434). Instead, with most clients she describes preferring to use examples and imagery (434-435), as opposed to concretely “breaking it down” (497) and “stopping every five seconds, and drawing these connections, and making it really clear” (516-517). Avery describes one client who “loves” the graphs, flow charts, and explicit connections of CBT (482-503), but she suggests that most of her other clients are more like Avery, in that they do not appreciate “having it broken down to where it’s so simple I’m just like—‘I get it,’ you know like ‘I can make this connection, um, myself” (510-513). Late in the interview Avery completely switches her usage of “abstract” and “concrete” in
a way that makes more sense: while previously “abstract” has described Avery’s looser, less jargon-heavy, less explicitly directive style and “concrete” has described the CBT skills, terms, and exercises one might find in a manual, here she suddenly describes CBT as problematically “abstract” and theoretical (816), as opposed to MI, which stays “concrete” and close to clients’ experience by “using their own words and their phrasing” (815-818).

Related to the theme of Avery’s less formal or directive clinical style is her sense of a tension between professionalism and prioritization of a relationship with the client. Avery explicitly values creating a relationship with her clients (e.g., 843-845), but she seems occasionally worried about admitting it: she hesitantly names as important to a client’s treatment “just having, you know, a relationship, albeit, you know, a professional one, um you know with someone who seemingly cares about them, and who wants them, you know, to ultimately be their best, um, and to feel better” (577-579). She claims that “it means a lot when you appear relatable” (974), and relatability appears to be one of the reasons for her looser (“abstract”) clinical style, to avoid coming across as “condescending” (454) and to prioritize a more natural conversational flow (454, 515), instead of sounding like she is reading from a textbook (418). Together we suggest the importance of being “someone who seemed to care” (342) in relation to her suicidal/homicidal client, enough to want to check in with him the next day and make sure he was all right. The seeming to care seems to be what is primarily important to Avery, however, and she describes a process of hiding certain reactions in the service of the treatment, until a more genuine relationship is possible. With her “defiant” client, for instance, whose “mean” name-calling and denigration of therapy made it difficult for Avery to “tolerate” her and increased Avery’s anxiety and discomfort (143-156), she made use of a supervisor’s advice, namely: “If you ever get a defensive client, you know your first line of defense is to like
uncross, *uncrosses arms and legs* you know, and appear, like, nondefensive”” (166-167). The appearance of reacting nondefensively is a good enough place to start—but in fact it is acknowledged as a defense (“first line of defense”) itself. Avery describes being encouraged to have empathy for clients’ pain, whether or not she likes them (186-187), but after she accepted that she “probably was never going to care for” the defiant client, she found that later they developed “a really good relationship” (190-192). Avery describes feeling as though she “won her over” (109) and earned the client’s trust (135). When Avery realizes she has made a mistake in pursuing exposures to address the client’s trauma history, she describes trying to compliment the client’s progress and make it clear the change of plans is not her fault, as well as processing the misstep in the hope that it would not “ruin” the client’s “hope” in Avery (764-775). While keeping things professional is important to Avery and she feels somewhat unsure about the extent to which her more relaxed clinical style is acceptable in her program, she makes it clear that a comfortable working relationship in which the client feels that she cares is essential.

**Participant 4: Mark**

**Introduction.** Mark was the fourth participant I was able to schedule for an interview. I was quite happy that he responded so that my project could move forward, but I also wished I had had willing participants from more than two graduate programs. When Mark responded in September, we agreed on a November interview date, since I anticipated soon becoming caught up in internship applications. By the time our interview was approaching, I was in a different mental space than for my first few interviews. Throughout the anxiety-provoking process of applying to clinical internships, I was far more attuned than usual to evaluation of my own competence in discrete skill-sets and feelings of competition with imagined other students applying for limited positions. During this time I had also been feeling increasingly over my
head in my employment at a former practicum site, conducting therapy with a difficult client population. It was challenging to try to make room for a less pressured contemplation of and conversation about inevitable and interesting moments of not knowing, when for almost two months I had been highlighting everything I could conceivably claim to know in a long string of essays and cover letters (and, of course, feeling more or less like an imposter the whole time).

Also, Mark had mentioned that he was a fifth year student—like me—and so I wondered if he too had been completing the application process. Was I in direct competition with Mark for an internship placement? We did not discuss internship applications at all as we spoke, and so this possibility was never highlighted, to my relief.

I was less nervous in anticipation of this interview, perhaps because I had slightly more experience conducting research interviews, and additionally because my anxiety about the roller-coaster ride of applying for internship and waiting to hear about interviews had temporarily reduced my investment in other concerns. I found myself waiting to speak with Mark with more curiosity than anxiety—I was about to meet another student from Avery’s program, and I wondered what his perspective would be like. In the email in which he had volunteered for the study, he had said, “talking about therapy is my favorite thing,” and so I was curious what he meant by that, and what he might be like in person (was that comment an indication of his passion? friendliness? narcissism? I was not sure.).

When Mark actually arrived, though there was a bit of awkwardness in our initial interactions, he came across as very friendly, as well as eager to speak at length. In response to my lack of clear direction about what I was most interested in, Mark gave me a lot of information on many subjects related to training and not knowing—providing a comprehensive description of the sequence of his training program, for instance. He also spoke very quickly as
he delivered all this information, a facet of our conversation I became much more explicitly aware of when I had more difficulty transcribing this interview than any other. In person I had the experience of not always being able to keep up with all that Mark was sharing, or being able to pick out what seemed most relevant to me. I was also trying to figure out, especially throughout the first part of our interview, how to place him: he was speaking at length about relational factors in treatment in a way I did not expect from a student of such an explicitly CBT-oriented program. When Mark explained his dual interest in psychoanalysis and clinical research, exploring in more depth the influences on his clinical thinking and style, I understood better where he was coming from. My experience of Mark was that his thinking and speech was very logically organized; I sometimes felt that I was hearing in equal parts a report of Mark’s experience and a report of the theoretical frame by which he understood it. I was particularly excited by the times he noted not having a neat ending to a story he was telling, or not particularly knowing why he felt pulled to bring up a certain example. I felt that in our interview we were working hard to understand one another, and Mark was attempting to meet me in the spirit of my inquiry into not knowing. I appreciated his willingness to offer his perspective.

Stage 1: Reflexive engagement. While Steven interpreted not knowing as an exciting possibility, Jonah highlighted the fear of seeming incompetent, and Avery spoke about not yet having received the training to handle specific presenting problems, Mark elaborated on the difficulties inherent in translating skills learned in the classroom to a relationship with a flesh and blood client. At one point he voiced a belief that the relational dynamics of therapy are what challenges most beginning clinicians. I could identify with many of the difficulties Mark describes, and I suppose my own core challenges are with not knowing that is in some sense relational—but while Mark seemed to be talking primarily about the challenge of figuring out
how to implement a treatment plan with someone who is making it difficult, I think my most problematic choice points are usually about the direction of treatment itself. Often when I am at a loss for what to do, I see many possibilities for how to view what is going on, such that any potential response could be problematic in terms of effectiveness and/or ethics. Sometimes I am questioning what right I have to be playing an active role in a narrative the client is creating about his struggles and his place within them—even if it is clear that is why he came to me in the first place. I begin to feel paralyzed when I wonder, for instance, what factors are influencing whether I choose at a certain moment to help a client accept and adapt to a limit, or choose to help her hold her own and fight to change her circumstances, a choice point that arises frequently. Having spent a few years studying various ways personal and societal factors influence thoughts, feelings, and behavior outside of a person’s awareness, I am as suspicious of my own choices as I am of my clients’, and my awareness of the client’s vulnerable position and my role of authority gives me pause. It is easy to play out problematic personal patterns or participate in oppressive systems without meaning to, for instance. Rather than feeling most challenged when clients’ styles make helping them difficult (although I also experience those challenges), my primary problem is often with getting lost in the big picture implications.

Mark’s clarification throughout our conversation that he considers himself neither a CBT therapist nor an analyst, but has folded aspects of both ways of thinking into his own model, puts me in mind of my own reluctance to claim a theoretical orientation. In his push-pull relationship with needing his supervisor’s help, I see a similar pattern to my own wish to be provided a direction when I feel lost versus my reluctance to accept that direction when it is offered. I recognize as part of the difficulty of using supervisors’ advice my narcissistic need to forge my own path—perhaps like Mark’s vision of authoring a book of his clinical discoveries, although I
do not feel anything approaching the confidence in my abilities that Mark claimed in his. Even more familiar, however, is Mark’s description of how an attempt to follow his supervisor’s instructions (with which he disagreed) felt awkward and disrupted his ability to stay present with the client in session. I feel a primary responsibility to stay present with the client that often makes supervisors’ advice, or even a theoretical framework, feel somewhat far away in the moment. Mark spoke approvingly of internalizing past supervisors’ perspectives so that he does not feel so alone with the client, but to me sometimes that feels uncomfortably distancing in session. It often seems to be my desire to register as fully and empathically as possible clients’ concerns that evokes my uncertainty about what to do—as they describe the ways in which they feel stuck or despairing, perhaps I become too convinced by their descriptions. The similarities and differences I see between Mark’s perspective and mine help me make some guesses about my own trouble with not knowing—these moments perhaps happen both when I am feeling too close to a client’s issue, and when my perspective is unhelpfully global, as when I feel paralyzed by the potential political implications of any available therapeutic choice.

Stage 2: Identifying narratives, narrative tone and rhetorical function. Mark’s overall narrative was about the extent to which his training has prepared him for clinical work, and what he would make sure to offer trainees when he himself has the chance. For the most part, his tone was measured and authoritative, and he spoke from a position of knowledge: in fact, almost every time I asked him about not knowing, he insisted on first relating what he does know. At many points, however, Mark was willing to speak vulnerably about his experience of feeling lost and deeply uncertain about not only what to do, but also whether he is able to do it. Mark’s speech was organized and methodical, and he explained his “model” of therapeutic responses over the course of our conversation; during a point in the interview when I may have
inadvertently appeared to criticize that model, the tone shifted in a deeply uncertain, tragic
direction before being painstakingly righted again. While only a few points within our
conversation actually stuck to the topic of not knowing what to do, Mark seemed to demonstrate
clearly his pattern of responses to not knowing.

In response to my opening question, which Mark interpreted as “pretty open-ended” (line
13), he described at some length the structure of clinical training in his graduate program (17-
100). A few times he recalled his reaction to various elements of the training, such as finding
role plays stressful and anxiety-provoking (33-40), or feeling that his first therapy case was a
quite difficult one (62-64). Mark’s speech was peppered with signposts about how he was
choosing what to say and organizing his response: he was explaining the structure of his clinical
training (18), and thinking carefully about what specific details he wanted to “give” me (100)—
he referenced things he could “tell [me] a lot about” later in the interview (74-75), and noted that
he would “get into” his own experiences, but first he wanted to provide an “overview” (53-54,
99). During his explanation Mark offered his assessment of how well his program did in various
aspects of their preparation of student clinicians (35-38, 48, 61-62, 78-79, 87, 92). As he finished
his overview and tried to think of what else to mention (99-100), Mark checked in to clarify my
question, asking, “So, is the idea to sort of improve—um, how training is done? or just to
understand better what people’s experiences are? or…” (103-104). Possibly Mark was choosing
to clarify because he sensed my impatience so far at the level of detail he was offering about
objective facts about his graduate program, in which I had much less interest than in getting a
sense of his own experience of not knowing. I found it striking how willing he was to take
control in response to my vague beginning, and how much work he did to provide relevant
information before coming back to see if he understood the question. When in response I tried to
re-articulate my research question with an emphasis on the personal (106-111), Mark actually interrupted me when he had gotten the gist, saying that he now had a better idea of what to talk about (113-114).

Mark resumed with a narrative that was now much more about him and his own experience than about his program. With a wistful, reflective tone, his narrative owned his own “neuroticism” (117) and acknowledged how unprepared he had felt to begin clinical work, both because, as Mark agreed, it may be the case that many aspects of psychotherapy cannot be learned in advance in a class (120-121, 125), and also because Mark felt some aspects of his training could have been more helpful (122, 126-128). In fact, what he described wishing for more of from his program was a space for conversation about the fact that not everything can be learned in advance and that one cannot be fully prepared—“talking about what that’s like” (127) instead of implying that the program (131), or the manual (129) will teach students everything they need to do in sessions. Mark would have appreciated explicit permission that “you don’t need to walk into this first session—ever, you know, like ever and with this client—and have a complete plan” (173-174). He acknowledged that a common (potentially problematic) response to the anxiety of not knowing is to “want to sort of control everything” (181-182)—and from what he described and demonstrated it seemed that this is a way Mark’s own “neuroticism” manifests.

When I noted that Mark had reflected my question about not knowing what to do as a question about not knowing if you can do this (185-186, referencing 180-181), he responded by telling a sad, vulnerable story about his confidence being undermined before he saw his first client (189-245). He recalled having trouble maintaining eye contact during role plays (200-202), and getting feedback from the intimidating clinic director that eye contact was essential “if
you’re gonna be a therapist” (205), making him feel much less confident and struggle even more with eye contact (208). Mark suggested that offering encouragement would have been more helpful (212-214), with a reminder of priorities to focus on in the first session (215-217) and other things not to “worry” about (217). With an expansive tone, Mark discussed how the “actual context” of a “connection” with a client in session enabled him to make “great” eye contact (228-231), and then he clarified that in the first “two minutes” (239) of the session he may have struggled, before finding his footing with the client, after which “for 48 minutes, there’s no problem” (243). His need to clarify exactly when he has struggled with eye contact and rapport (231-232), however, suggests that this early feedback is still a touchy subject for Mark.

When I asked what Mark remembered specifically about times he did not know what to do, after a moment’s reflection he clarified that he would eventually speak to not knowing (259), but first he described what he has “figured out” about what to do if he does not know what else to do: try either empathy or curiosity, or in other words, either “validate what they’re feeling,” or “try to get more information” (258-276). He suggested that it would have been helpful to have these tactics explicitly suggested to him from the beginning instead of having to find them out himself (272-274), and he noted that he has shared his hard-won understanding with beginning clinicians in his role as a peer supervisor (274-276). Mark’s authoritative tone emphasized what he has gained and learned in the course of his several years of training and experience. Only then did Mark acknowledge with a confessional tone that before having these tactics to draw on as a “mantra” (268), he experienced near-panic (278-280), as well as some resentment at his clinical director for not adequately preparing him (283-287). While Mark recognized that expecting the director to “anticipate everything that could happen” was unreasonable (284-286), he expressed the discomfort of wanting to exclaim, “‘Augh, you told me I was ready for this—and I’m not
ready!” (286-287). As he tried to remember the period before he relied on empathy and curiosity, Mark guessed he was using something like those tactics, in addition to “trying to introduce more structure in response” to not knowing (298), and redirecting the session. Mark suggested that he often avoided difficult moments in session rather than exploring them, as would have been ideal (300-307), but he softened this observation of his having missed opportunities by noting that important opportunities for exploring process generally reoccur many times (304-307).

Mark then shared an example of the kind of important “processy things” (310) he had referenced, by speaking about his work with his first client (312-394). The optimistic narrative hinged around Mark and his supervisor eventually pinpointing the relational dynamic that had been making progress impossible, and Mark began his story by identifying the metaphor by which he eventually came to understand what was happening: skeet shooting (313). He explained that the client would come in and describe seemingly insurmountable problems, pulling for Mark to toss up problem-solving suggestions that the client would then shoot down (312-324). Mark described his frustration at feeling like nothing he was doing was working (326-329), and his supervisor’s helpfulness in his eventually successful attempt to shift the dynamic (329-341), by helping Mark use his countertransferential reaction (351-367). Mark confessionally recalled his initial hesitation to admit the difficulty he was having to his supervisor, the clinic director: at first he hid his feelings entirely, cherry-picking positive examples to discuss in supervision (377-379), then he was willing to ask for help with isolated incidents (380-382), and finally worked up to being able to admit that he felt “lost” with this client (382-384), and begin to name their pattern (384-388). The narratives of Mark’s evolving working relationship with his supervisor and Mark’s evolving working relationship with his client unfolded almost in tandem; the “we” and
“us” Mark referenced switched without clear indication from describing him and his supervisor to describing him and his client by the end of his story (392-394), so that I had to clarify his meaning.

After Mark had shared this example I asked a series of questions to try to understand his unexpected way of speaking about his clinical work (e.g., his use of the term countertransference) in the context of his CBT-oriented training. He clarified that he is “anomalous” among his peers in his program, because he tends not to “go by the book” (448). Mark’s tone was almost embarrassed as he explained that this tendency is partly due to his personality (449-450) and partly because he is in his own analysis and he “believe[s] in that kind of thing” (450-451). He acknowledged that it has taken a long time for him to become comfortable with how he thinks about clinical issues such as the importance of interpersonal process in the therapy room, and to learn how to talk to a CBT-oriented supervisor about those issues (452-453). Suggesting the importance of gradually “finding your style” (458-468), he described how struck he has been by noticing master therapists’ “big personalities” in video clips of therapy sessions (463-464). Mark reported considering himself an artist in his therapeutic work (471-477) as opposed to a scientist as in his research pursuits (470), but he interrupted himself to guess that his supervisors might not be happy that he is thinking of therapy as an art (472). With an optimistic, confident tone, he described attempting to learn all he can from each supervisor (478-455), in the way an artist learns from and appropriates techniques and styles from other artists while finding his own style (473-477). Mark reflected on how he has had to learn to “translate” the way he is thinking about a clinical concept from more psychoanalytically informed terminology to language “more palatable” to his CBT supervisors (491-496), though with a measured tone he added that while he has become more comfortable translating, his
supervisors have also become more comfortable with him “using [his] own language” (496-497). In addition, Mark noted carefully, he does not in any way consider himself to be an analyst/analyst in training, citing his “eclectic” use of CBT, IPT, and analytic concepts (498-501). When I asked, Mark estimated that he has been reading about psychoanalytic concepts since around high school, but has only “delved into it” in earnest since he began graduate school, so that he has been learning CBT and psychoanalytic concepts concurrently (510-513). Then I asked a question about which I had been growing increasingly curious—if he values analytic concepts, why did he choose such a CBT-heavy, “constrained” “ecosystem,” as he put it (503-504), in which to be trained in psychotherapy (515)? With a sigh, Mark admitted that his road at Field has been difficult, suggesting that if he had only wanted to practice psychotherapy, he might have chosen a program more like my institution (517-520)—but since he wishes to be a researcher as well, his choice was based on the rigor of Field’s research program (517-518, 521-523). Mark appeared to remember in the middle of his statement that he was participating in a research interview with a student of a program whose research curriculum he was denigrating by implication, and so he hastened to assert abashedly that he “like[s] qualitative research as well,” but wanted to pursue quantitative training (521-523). Rather than being offended by his explanation, however, at this point I felt satisfied that I understood better how to locate Mark’s perspective on therapy.

Mark then suggested that he has been trying to think of examples from early in his training, since he assumed that it is the “earlier stuff” I want to hear about (539-543), and when I clarified that my interest was also in moments of not knowing throughout training (and beyond) (545-549), he briefly described his relatively successful work with a few clients (551-561) before he elaborated at length on a client he is currently seeing whom he finds very challenging (563-
This narrative was more vulnerable and confessional in tone than previous ones, and Mark acknowledged that since he is still struggling to work effectively with this client, the narrative was in progress: he did not have “like a bow to put on this story, like here’s how we fixed it” (572-573), nor had he yet devised a metaphor (639) to describe the problem. Mark began by describing the work as “ego-bruising” (565), but he made several references to the confidence with which he began. In a linguistic slip, Mark explained that he felt he should be able to handle anything because he is “towards the end of [his] career” (566, emphasis added), rather than near the end of his training. He spoke about the beginning of his work with this client, before he realized “the extent of her dysfunction” (590), as going well from his perspective (592). However, he described having a “clash” with his supervisor over the case (589)—while the supervisor was “harassing” Mark to establish clear therapeutic goals with the client (598), Mark disagreed about the urgent need for goals, citing his psychoanalytic knowledge base: “you don’t really have goals in analysis, like, you know I mean I think you do, but they don’t need to be explicit” (600-601). So at the beginning of this narrative, Mark emphasized his confident start and his knowledge, being towards the end of his training (“career”) and feeling able to disagree with his supervisor based on a theoretical difference. Mark described his eventual realization that in fact the therapy was not progressing well; he attributed this therapeutic impasse to the client’s personality disorder (579, 619), her guardedness (583, 643, 691-692) and lack of affect in session (641-647), her rigid mental constructions (647-648, 692-705, 790-792), and her “passive aggressive” refusal to engage fully in therapy and related tasks such as completing required assessments (649-650, 650-665, 674-685), all of which Mark summarized as “resistance” and “noncompliance” (607, 610, 650). He described some shame at having to admit to his supervisor that he did not know what was happening and was uncomfortable (569-571), reminiscent of his
confession about feeling lost with his very first client (568-569). Once Mark told his supervisor, “‘No, you’re right. There is a problem here’” (611), they were able to work together to try to address the problem: in his narrative Mark immediately switched to the word “we” to describe him and his supervisor working together on the problem (612-615), a rhetorical move he had used before to lessen his vulnerability (it was not just Mark, but “we” who were “still figuring it out” (615)). But then, Mark began to describe his supervision in a more differentiated way (618-634), confessing with a reflective tone that because he wanted to help the client, he had been getting “down on [him]self” (621), feeling that “there has to be a way to do this” (620) that he just was not understanding or executing (622), or that he was simply not good enough (621). He cited his supervisor as helpfully disagreeing, reminding him how difficult the client is making it for Mark to help her and suggesting that she may not be ready for therapy at all (623-626), so that his goals for their work might need to shift (626-630). The next time Mark mentioned supervision, instead of only invoking the united front of the pronoun “we,” he acknowledged that “[his] supervisor sort of helped [him]” challenge the client effectively (669-670). Again, the narrative of Mark’s not knowing how to proceed with the client unfolded together with his narrative of admitting that he does not know to his supervisor, and receiving help.

In the process of explaining what is particularly difficult for him about working with this client, Mark clarified aspects of his usual clinical style, with a somewhat hesitant tone. He spoke about his problem developing rapport with this client, realizing that he usually takes rapport for granted (580-583). In Mark’s evolving clinical style, he explained, he “hit[s] the alliance really hard at the beginning” (715), developing a strong relationship that he can later “leverage” (716) to challenge or make requests of clients. Without being able to develop a strong alliance with this client, he confessed, “now I just feel like everything, um—like nothing, none of the edifice I’ve
erected above that foundation can, can work” (721-722), leaving him feeling “out of place” (723). Mark was unsure whether it is therapeutically possible to “get her to open up” and “engage with [him]” (765), as he wished, but he knew that he had not yet succeeded in doing so (767). He identified that he is struggling in his quest to become “more flexible” and develop another way of working with clients when a strong alliance is not possible (733-735). For now, Mark acknowledged that at times he is “stubbornly just go[ing] through with my style anyway” in the absence of a strong relationship (773-775), such as offering a gentle challenge as he usually would (775-798). Mark ended with a mix of optimistic and pessimistic tone as he suggested that his challenge may have “slipped in edgewise” (797), and that he was “hoping that’ll go somewhere. Um, but, it’s tough” (798).

During the next section of the interview, Mark made an attempt to speak to other aspects of therapy in which he remembered not knowing what to do, and yet the emphasis of the long list he provided was on all that he has learned in his years of training and experience, rather than an in-depth exploration of what it was like before he learned the techniques (810-936). As he initially responded to my point that he had so far described primarily relational difficulties, Mark seemed to be interpreting me as suggesting that relational aspects are a “weakness” of his, and he noted that he feels he is overcoming this weakness as he gains more experience with different clients (810-827); perhaps this inference from my question helps explain Mark’s defensive recitation of what he has learned over time. Mark explored the process of determining how much structure he was comfortable with in sessions and how directive he wanted to be, mainly through experimentation (835-851). He also shared that he has “never been good at” assigning homework (853), and that he eventually gave up (856), deciding that for his own style asking a client to complete homework was not worth the “leverage” or “sacrifice” of the alliance (868-873). Mark
then described the process of building a “repertoire” or “vocabulary” of therapeutic responses or questions (880), through role plays, supervision, and his own thinking about what wording tends to be most effective (881-891). He acknowledged that he uses something like “complicated pattern matching” (896) in sessions, in which he responds with particular wording to specific scenarios; for instance, when “exploring ambivalence” he uses the language that “part of you” feels one way and “part of you” feels another (900-914), and when “debriefing success” he often runs through a set list of questions to explore how and why something worked and what might make it more likely to happen in the future (916-930). Mark has found these discoveries so helpful that he acknowledged that his “grand vision” is to collect these and other tips in a book in order to help others (932-934), since it has “taken [him] years to sort of identify a few of them” (935). Mark’s tone throughout this section was enthusiastic, and yet as he discussed filling a book with what he knows, I became more and more aware how far our conversation had strayed from my interest in not knowing.

I tried to restate my research question at some length in order to redirect the conversation, and for a while Mark and I spoke fairly abstractly about moments when knowledge break down. What I said to Mark was not particularly clear, but I was trying to evoke something important as I described my interest in the “soup” one plays around in as an early therapist before discovering one’s style (944-946), and then moments even after a personal style is solidified “when the bottom falls out once in a while” (947) to the extent that one might even sometimes wonder, “is it appropriate to be a therapist at this moment” (950-951). The association with which Mark somewhat playfully responded was the phenomenon of humans being “primed to see faces everywhere” such as in a cloud (955), which he called “sort of man’s way of trying to impose structure onto sort of a chaotic, challenging world” (956-957). He likened this to the attempt to
identify patterns and erect structures in a therapeutic context (963-964), suggesting that the challenge in a long career is to “maintain flexibility to keep learning” (966), and not leap to see a face where there is only a cloud (968-969). With a reflective tone, Mark acknowledged that there are therapeutic moments when a response from one’s repertoire might work for a different client, but with the particular client in this moment, it would not be effective, or there might be in fact “something deeper that you need to go after” (971-973). Mark suggested that such a moment may inspire “new principles” in the therapist’s model, or else might need an ideographic adjustment for that client (976-979).

While I was interested in the kind of breakdown of models that Mark was discussing, I wanted to hear about his own experience rather than his theories, and so I pushed for him to connect what he was stating to the case he had just discussed (981-982). He clarified that empathy and curiosity, his go-to responses to uncertainty, are still effective tools with that client, but he is looking for more in the way of an intervention to “drive therapy progress” (987) and make her “better” (985). As he spoke about what is needed, Mark felt the need to revise his model of therapy, saying with an uncertain, chastened tone, “Um, but yeah, I guess that, I guess maybe there’s, it’s a three-part model, where you have um empathy curiosity and then intervention” (993-994), acknowledging that intervention “obviously is a huge category” (994). At this point I felt somewhat frustrated that Mark continued to belabor his “model,” which was not what I was asking about, as well as feeling guilty that he had felt the need to modify or justify the model as a result of my questions. His clarification seemed unnecessary: empathy and curiosity were originally Mark’s suggested responses to not knowing what to do, not constitutive of an entire model of therapy, as he seemed to be trying to outline now. In my response I tried to sidestep his discussion of interventions by pondering times he might have had to tweak his
application of curiosity and empathy (998-1000)—for instance, I wondered what conveying empathy is like with his client who does not show affect (1000-1004). My intent had been to redirect us from an uncomfortable conversational moment in which it seemed like Mark was tying his pet theory into knots of uncertainty, but I ended up making both of our discomfort worse: he responded with a flat “yeah, that’s really interesting” (1005) that shut down the conversation. I suspect that my inquiry came off as a challenge either to his methods (as if he had been empathizing with that client incorrectly) or to his theory (as if he needed to re-work the concept of empathy). At this point I was squirming with discomfort at how badly I was communicating with this fellow student.

Mark and I had to work fairly hard for a time to save the conversation: I started by empathizing with his difficult role as therapist, responding that the task of trying to empathize with the affect-less client “sounds hard” (1007). Mark agreed and noted his own “high conscientiousness” and perfectionism, citing his professors’ caution about research, “don’t let perfect get in the way of good” (1012), as also applicable to therapeutic models. It sounded as if he was convincing himself that it was all right that over the course of our conversation his theories about therapy had been somewhat bruised. With an uncertain tone, he offered what sounded like a counter to fears about what it might mean if his model broke down: “you know, of course they’re gonna break down sometimes. And um, and yeah, and it’s okay… [laughing slightly] you know it doesn’t necessarily mean you’re like a bad therapist, or that your model’s um, valueless, it’s just that uh of course like any model, it has its boundaries of, of applicability and usefulness” (1014-1018). Again, abashedly, I tried to empathize with Mark’s difficulty, suggesting that the model’s unhelpfulness in the case of this client “doesn’t feel very nice” (1021). Mark was then able to articulate something about the function of his model that sounded
very true: he said with frank vulnerability, “the point of erecting these models is to, to escape I
guess the terror of… of the unknown. And of, of lack of control. And I think that in those
moments when your, when your models break down, you return to that fear and that, uh
powerlessness” (1027-1030). Though again he was speaking in an abstract, theoretical manner,
Mark was beautifully owning how difficult having to work without his model is.

Mark then pivoted out of this vulnerable topic to a discussion of his strengths and how he makes use of supervision. He noted as a strength his “meta-awareness” (1035) in session, in that he thinks explicitly about what he is choosing to do and say, as opposed to some of his colleagues who seem to work in a “more intuitive” manner (1038-1040). Mark’s tone was fairly self-assured, though he hedged his statements several times to allow for differences in style (1044, 1049, 1058). He asserted that he feels it is important to make his strategies explicit in order “to then understand the limits of it” (1043-1044), noting that he is essentially trying to “operationalize things” (1050). Mark noted that his most helpful supervisors have been those who think explicitly about therapeutic strategies, in that it is then easier for him to incorporate the insights he gains from them into his model (1055-1062). With an optimistic tone, he shared that being able to internalize supervisors helps him feel more confident: when he feels uncertain he can imagine and appropriate a response one of his supervisors might have given, and in that way “feel a little bit better about because it’s not—it’s not just me” (1072-1073), quickly clarifying “I suppose it is just me, but you know, it feels like it’s me and that person” (1073-1074). Interestingly, here Mark explicitly named the pattern I had noticed in his rhetoric about clients, in which when uncertain he claimed unity with the more powerful figure of his supervisor by slipping into the plural “we” as he discussed conceptualization and intervention planning.
The next narrative on which Mark embarked was a clinical example he felt was important to relate, even though he did not “have a real plan for sort of what to take away from this story” (1088-1089). I was excited when Mark introduced the story this way, since this marked such a shift from his former organized, methodical manner of sharing, into the more intuitive territory he had named as less comfortable for him. While not exactly about not knowing how to proceed in session, the example, both contemplative and sad in tone, was one which only made total sense when told in retrospect, with knowledge gained at the end (1109-1111, 1135). Work with this client proceeded fairly well for a year and a half, during which Mark may have had some sense of an element missing (1091, 1097-1104, 1129-1130), and then his conceptualization of what had been happening in therapy shifted (1182-1184) when finally the client disclosed as she ended their work together that a past sexual assault had been a key factor in her presenting concerns (1114-1118), and she was now ready to embark on an intensive course of trauma-focused treatment elsewhere (1126-1128, 1152-1153). Mark explored his reactions to her sudden realization: hurt that she had not felt able to tell him sooner and that she was leaving treatment (1146-1148, 1186-1190); self-blame, such as thinking, “‘God I’m such an idiot, like, how did I miss this’” (1124); empathy with her reluctance to disclose the assault and her decision to transfer (1148-1149, 1187-1188); and gladness that she had ultimately been able to open up (1125-1126, 1149-1150) and to assume an active stance toward her needs by setting up a new course of treatment to address the main problem (1151-1158). Mark mused about times in their work together when they explored topics that felt somewhat beside the point (1177-1180); in this overall example Mark’s “not knowing” was related to what the client was not yet able to tell him. He had worked to reconceptualize her eventual disclosure as a major outcome of their work together (1167, 1182-1184, 1198-1203), and yet Mark sounded deeply uncertain about whether
or not this clinical example was a successful one (1175, 1177, 1184, 1190). He ended by noting with some pathos that, “it’s interesting how few of the cases go—the way you expect them to” (1207-1208).

I then pushed Mark for a specific example of a moment of not knowing how to proceed in session and how he pushed through it, and he spoke about the case of his current, “noncompliant” client and his struggle to push them to define treatment goals, as his supervisor felt was necessary and Mark did not (1230-1340). He acknowledged that this difficulty did not feel entirely like not knowing in which his model was breaking down (1237), but instead felt anxiety-provoking (1238) because of pressure from his supervisor (1241) and resistance or fragility from his client (1243-1244, 1301-1302, 1311). His tone was frustrated and almost defiant as he spoke about the difficulty of trying to clarify goals with the client (1248-1250, 1254-1255, 1269-1270, 1280-1284, 1305-1306), and his power struggle with his supervisor (1334-1335), of whom he felt somewhat resentful for “keeping [Mark] out of this moment” when he should have been able to feel present with the client (1335-1336, 1339-1340). Mark described as tactics he used in the face of this not knowing, first reaching into his “repertoire” for different wording to help inspire his client to identify goals (1288-1300), and eventually returning to supervision to assert that what he had been asked to do was not working (1259-1261).

For the remainder of the interview, our conversation was winding down as Mark made a few more attempts to determine what I wanted him to talk about, and shared a few more thoughts with me about what he would have wanted more of in training. He asked if there were particular themes that had come up in other interviews that he should speak to (1414-1415). Mark assumed a fairly worldly, authoritative tone as he spoke about the importance of discussing therapy, opportunities for which were not always taken advantage of in his program (1419-1429). He
noted that he would particularly appreciate more discussions of therapeutic process and how to address it (1434-1441), acknowledging that exploration of process is one of the aspects of psychoanalytic literature he particularly values (1442-1444). For some reason, as he mentioned this Mark felt the need to clarify again that although he is in analysis himself, he would not wish to become an analyst: he “like[s] [his] format more” (1445). This conversational position in which Mark was expressing judgment on the deficits of both his training program and his reading and experience in psychoanalysis was a strikingly authoritative one: he was using this opportunity, as our conversation drew to a close, to share his expertise. Mark then acknowledged that his judgments were only drawing on his own experience (1451-1456); he actually expressed envy of my opportunity to interview multiple students and hear other perspectives (1450-1451). Mark shared that in training he would have liked to be able to see tapes of more advanced clinicians or supervisors conducting therapy, with the ability to hear them explain the thinking behind their choices at different moments (1465-1495). Ending on a somewhat more vulnerable note, he expressed that he would also have liked senior clinicians to “set that expectation” that, “‘You’re gonna be lost sometimes! It’s okay’” (1492-1493), as well as providing examples of techniques for students to draw on when they do feel lost (1494).

**Stage 3: Identities and identity work.** Mark pays particular attention throughout our interview to defining aspects of his style or identity as a therapist. He seems to be striking a careful balance between the influence of his primarily CBT-oriented program and the influence of his psychoanalytic reading and experience as a client, as well as balancing an artist-like appreciation for nuance and personal style with a strong tendency toward proceeding methodically and thoughtfully, like a researcher. Mark defines his clinical orientation as an “eclectic mix of CBT, IPT, and analysis (499-501). He names himself as anomalous in his
program for being unlikely to “go by the book” (448), instead valuing therapeutic process due to his affinity for analytic thought (450-451, 1434-1441, 1442-1444); he notes that he often feels that he needs to “translate” his clinical thinking into terms his CBT supervisors can appreciate (452-453, 491-496), particularly before his main supervisor became comfortable with Mark using his own language (496-497, 586-588); and he admits that if he had chosen a graduate school primarily for clinical training rather than for research, he would not have chosen as he did (517-520, 517-518, 521-523). However, he distances himself from being a psychoanalytic practitioner just as much as he has distanced himself from being only a CBT therapist: twice, when he has been explaining the influence of analytic concepts on his thinking, he clarifies that despite his reading and his participation in his own analysis, he does not consider himself an analyst (498-499), nor would he want to become one (1444-1445), instead preferring his own “format” (1445). Mark also claims that he considers himself an artist rather than a scientist in his therapy work (470-471, 1380), suggesting that his supervisors might not approve of such a statement (472); he notes that, like an artist, on the way to developing his own style he has emulated and learned from all of his supervisors (473-483). What Mark shares about his personal clinical style is that he works hard to build a strong rapport and alliance from the beginning of therapy (232-233, 580-583, 715), so that he can then choose how to “leverage” the relationship (716, 868-873) to challenge clients and help them progress (717-720). While Mark values the therapeutic relationship and has developed his own style, however, it appears that his approach is far more scientific than artistic: he references an experimental process of hypothesis testing to determine how much structure worked best in sessions (848-851), and notes that he thinks explicitly about his therapeutic choices, in contrast to some of his more “intuitive” colleagues, in order to “operationalize” his interventions (1050) so as “to then understand the limits of it”
(1043-1044). He even describes the process of articulating his own style as a process of decreasing his “variance” (417-419, 458-461, 1369-1382).

Alongside Mark’s work to define his therapeutic identity as an eclectic clinician and an artist/scientist, he also seems to be working out whether he is good at therapy, although the overall narrative progression seems to be from an identity position of uncertainty to one of expertise. Mark acknowledges how unprepared and almost panicky he felt when first beginning therapy (119, 278-280, 286-287), attributing these feelings to his own neuroticism (117) as well as a few training experiences and clients that undermined rather than built his confidence (195-208, 414-422). At one point he inflects my research question about not knowing what to do as instead about “not… knowing if you can do this” (180-181), perhaps reflective of his own worry. On the other hand, much of the way Mark speaks about therapy reinforces the expertise he has gained over time, or what he has “figured out” (258). He references his many theories and tips about clinical work that he currently imparts to less advanced peers (87-88, 260-276) and hopes to share with others someday in a training role or by writing a book (137-140, 893-936). He speaks about his strengths in rapport-building (232, in contrast to his difficulty making eye contact at first, 228-231) and “meta-awareness” in sessions (1035-1036). In fact, at one point Mark describes himself as being “towards the end of [his] career” (566), instead of at the end of his training—and the tone of expertise he has adopted in several sections of the interview sounds more appropriate to a mid-career professional than to a graduate student trainee. Mark makes this slip, however, when he is describing the pressure he felt to be able to “handle” a client he is currently struggling with (565-566); despite his confident tone about his current level of expertise, Mark still acknowledges many cracks in his armor. He notes times quite recently when he has berated himself for missing an important element of treatment (1124), or not being good
enough or understanding the situation well enough to find the way to get through to a difficult client (620-622). Mark admits that a breakdown of the “model” that is the fruit of his expertise is to be anticipated since it has limits of applicability (1014-1018); he says, “you know it doesn’t necessarily mean you’re like a bad therapist, or that your model’s um, valueless” (1016-1017), but it seems as though occasionally such assessments are still an active concern for Mark as he constructs his identity as a clinician.

**Stage 4: Additional themes.** One important theme throughout Mark’s interview is his relationship with his supervisor, which is referenced with as much drama and nuance as his relationships with any of the clients he mentions. For the most part, when Mark references his supervisor he is talking about one person: the clinic director, whom he suggests keeps assigning Mark to his supervision group because, compared to other supervisors, the clinic director is the one “most comfortable” with Mark’s “eclecticism” (587). At first Mark feels shamed by this man, when he gives Mark insensitively presented feedback about his lack of eye contact during role plays (200-208). Mark ascribes his difficulty making eye contact in that setting partly to his own “issues” with “male authority figures” (203-204), expressing frustration that the director’s feedback about Mark’s anxious interpersonal response served to decrease his subsequent confidence rather than increasing it (196, 205-213). Despite this rocky start, Mark notes that “now [they] have a fantastic relationship” (374-375). He begins supervision by hiding his negative feelings about sessions, afraid and ashamed to admit how lost he feels (371, 377-379), but after testing the waters (380-382), Mark is eventually able to admit what is not going well and ask for help (382-384). This pattern of avoiding admitting to the supervisor that he does not know what to do repeats with Mark’s most recent client (569-571), since he seems to feel he should be far enough in his training to feel more competent (565-567; again, however, he is...
eventually willing to seek assistance (611, 1259-1261). This time, however, Mark has disagreed with his supervisor for a time over how hard to push goal-setting with the client (600-601); he describes their disagreement as a “clash” (589), with Mark feeling that his supervisor is “harassing” him (598, 1241) and causing disruptions in the therapy (1335-1336, 1339-1340). Mark eventually comes to the realization that his supervisor is right (611), and Mark is able to be helped by his caution not to take too personally what feels to Mark like a failing treatment (618-630). He states clearly that his supervisor helped him be able to challenge the client about her unproductive behaviors (669-670). This differentiated account of Mark’s and his supervisor’s holding different perspectives and clashing, and then Mark changing his mind and being able to receive help from the supervisor, takes a strikingly developmental trajectory, like a teenager rebelling and then assuming a more adult position in relation to a parental figure. This narrative about Mark’s supervisory experience with this current difficult client is in contrast to other times he speaks of helpful supervisory guidance as if he and his supervisor have merged into one (392-394, 612-615); he acknowledges that internalizing his supervisors’ patterns of responses helps him feel less like he is facing the responsibility alone of responding to a client, but instead as if the supervisor is with him (1072-1074).

Mark may spend a considerable portion of our conversation speaking about anything but not knowing, but in fact he clearly indicates (as well as demonstrates) what he tends to do when he does not know: attempt to seek structure and assert control. He suggests that wanting to “control everything” is a common response to not knowing (181-182), and describes the helpfulness of beginning with a structured intake session as opposed to the wide open arena of a 50-minute session (215-224, 226-229). Mark speaks about the temptation to see patterns even where there are none as “sort of man’s way of trying to impose structure onto sort of a chaotic,
challenging world” (956-957). His own approach to clinical work involves a repertoire of responses somewhat akin to “complicated pattern matching” (896), he appreciates picking up additional strategies from supervisors who plan in a similarly explicit way (1055-1062), and over time he has learned to consciously keep in mind as a “mantra” for times he does not know what else to do, the two “default states” of curiosity and empathy, which he feels are “never wrong” (260-271). Mark directly acknowledges that, “the point of erecting these models is to, to escape I guess the terror of… of the unknown. And of, of lack of control. And I think that in those moments when your, when your models break down, you return to that fear and that, uh powerlessness” (1027-1030). The factor that appears to complicate this strategy of using a model or structure or explicit plan to combat the fear of not knowing what to do, however, is that, as Mark acknowledges, a relationship with another person is at the heart of his work, underlying any technique he might employ. With the client he most struggles to develop a foundational relationship with, he confesses, “now I just feel like everything, um—like nothing, none of the edifice I’ve erected above that foundation can, can work” (721-722). With this Mark clarifies the way in which his structural attempts to control the anxiety provoked by not knowing intersect with his overall style of clinical work, which he has identified as privileging and relying upon the therapeutic relationship (232-233, 580-583, 715).

Comparison

The four interviews I conducted and analyzed for this research were strikingly different, and each participant took up the concept of not knowing in a different way from each other (see comparison table at the end of this section) and from me. For Steven, not knowing is a positive opportunity to be embraced (and the very ground on which genuine therapy can take place), whereas for the other three not knowing is a problem. To Mark and Avery (the students from
Field), it is a problem that can be solved—for Avery by more training to cover more and more specific clinical situations, and for Mark by more thinking, as well as emotional support from professors/supervisors and peers (including permission not to know, confidence-building, and open forums for conversation about therapeutic difficulties). In fact, both Avery and Mark seem to think that I am researching what graduate programs should do differently in order to address gaps in training. Jonah seems to hold a fantasy of attaining perfect competence and thereby assuming a professional identity that could fully protect him from racist attacks, but he acknowledges that in reality he is never able to know enough.

The tone of most participants’ narratives is fairly variable, seeming to fluctuate (sometimes dramatically) in response to the direction of my questions. Understandably, it does not appear to be comfortable for these individuals to discuss their own moments of deepest uncertainty with a fellow trainee. In my attempt to ask very open-ended questions and follow the participant’s lead, my input often appears to confuse participants and activate their anxieties or strike a nerve—and while this was not my intention, these reactions help me get a sense of what worries my participants about not knowing, and how they are positioning their own evolving therapist identities in relation to others (such as in relation to me, or their supervisors, or others in their program). Avery’s is the narrative that seems most straightforward in content and tone, as she tells an optimistic story of her knowledge increasing through additional training, with a fairly objective tone. She appears to be less impacted by my input than the others, or else I have a harder time seeing ways in which her tone varies or my presence and questions are affecting her story. Steven’s tone varies the most, and it varies wildly, as he at some times seems to be throwing out stories and lines of thinking in an effort to produce what I am asking for. His stories often have a heightened, dramatic tone, and he appears to throw himself into the telling of them
and allow them to unfold in unexpected directions, much as he describes not knowing where things will lead in session. Steven uses an explicit focus on interpersonal process within our interview (such as later referencing a social nicety in which we engaged early in our meeting, or using his in vivo experience of not knowing how to respond to my question as an opportunity to notice and describe how he responds to not knowing), and to me he appeared to be more reactive to small interpersonal cues than the other participants. Jonah’s tone is cautious at first, as he appears to be attempting to avoid blaming anyone, including his training program, for how unprepared he felt to begin clinical work. The overall tone of his narrative is pessimistic, however, and as I counter with questions and comments that challenge this pessimism, the negativity of his tone only increases. For a time in the middle of our conversation he speaks more reflectively and openly, then shares stories that are both tragic and vulnerable in tone, before ending on a fairly guarded note (perhaps responding to my halfway-teasing remark that he has depressed me). Mark initially takes control of our conversation in response to my vague beginning, providing an extensive overview of how training works in his program as well as a running commentary on what he will speak to at what point in our conversation—his tone is authoritative throughout much of the interview. As I redirect him, his tone varies more, including shifts into the personal, uncertain, and playful. At one point Mark responds to my inadvertent challenge of the therapy model he is attempting to describe with a painfully tragic and uncertain tone, before we work to restore equilibrium to our conversation.

All four participants are engaged in active identity work, as they rhetorically position themselves in relation to competing influences from training and personal style and in relation to their peers and supervisors. Jonah, Avery, and Mark treat their previous or extra training in behavioral, Motivational Interviewing, and psychoanalytic approaches as both an important and
valued source of difference, and also sometimes a problem as they navigate their current
graduate programs and communicate with supervisors. Steven describes a tension between his
lifelong identity as intellectually gifted and his recent choices to pursue clinical training that
privileges a less heady or intellectual and more body-oriented, intuitive style of relating. Steven
sees himself as moving away from intellectual knowing in order to pursue therapeutic moments
of “not knowing” like the ones I am asking about. In his descriptions of valued others and
himself, however, he highlights both intellect and willingness to pursue and explore not
knowing—Steven is attempting to establish himself as someone who knows… and one of the
things he knows is how important not knowing can be. Steven speaks in some detail about his
pre-graduate Gestalt training, but he does not elaborate on his graduate training or his
supervisors. Jonah describes a trajectory in which he was trained to think in terms of
psychodynamic theory as an undergraduate, then took a very behaviorally oriented
paraprofessional clinical job, and has had a hard time unlearning aspects of that technical
approach as he has been trained in a psychodynamic graduate program that privileges the open-
ended. His values around a psychodynamic approach being the “appropriate” one are in tension
with his understanding of his own learning style being better suited to technical approaches
which can be clearly modeled (important because he is a visual learner). Even more important,
however, is his identity as a Black American for whom seeming competent is of utmost
importance as a way of proving himself to be of value, in response to racist societal messages
that he does not deserve to be here. This pressure to appear competent means that he takes to
heart supervisors’ criticism but has been unable to accept their permission not to know what he is
doing; that when he feels lost or unsatisfied with therapeutic progress he is often too ashamed to
seek help; and that in sessions he often avoids opening conversations that might lead to
threatening uncertainty and a breakdown of his plans and preparedness. Avery sets herself apart as a clinician by highlighting her relationship-oriented, “abstract” clinical style, influenced both by her previous MI training and by her personality. She notes the tension between this style and some supervisors’ expectations that trainees use CBT language and concepts more explicitly in session, and she also contrasts her emphasis on relatability with certain (primarily research-oriented) peers who do not appear to have the social skills or life experience to connect with clients. Avery references her personal identity of having been raised in a rural farming community as important to how she sees her career—she wishes to be an advocate in session for clients’ best interests, and practice clinical psychology in a rural area in order to increase the community’s access to mental health services. Mark’s identity work is primarily in relation to his theoretical orientation; he calls himself eclectic and considers at various points how his approach has been influenced both by his psychoanalytic reading and personal analysis and by his CBT and IPT graduate training. Mark declines to be defined by these influences, instead elaborating his own approach to therapy, in terms of how much structure he likes to introduce in sessions, his conscious reliance on empathy or curiosity in moments of uncertainty, his privileging of the therapeutic relationship and process-oriented interventions, and his repertoire of responses drawn from many sources. Mark also considers carefully his identity as a scientific researcher versus his more artistic approach to clinical work (although he uses scientific, empirical language to describe his clinical methods). He references his primary supervisor with great frequency, appearing to be engaged in a somewhat cyclical and developmentally important struggle between feeling too ashamed to admit that he needs help, then asking for help and incorporating the supervisor’s insights and perspective in order to feel less alone when facing clinical uncertainty, then feeling enough of an increase in his confidence and expertise that he can disagree with and
resent the supervisor’s suggestions, and feeling ashamed again when he realizes he still needs help despite his advanced status. Despite Mark’s tone of authoritative expertise throughout much of the interview, he seems to experience moments when his ability to be a therapist is entirely called into question: he reinterprets my research question about not knowing how to proceed as not knowing if one can do this work, and when his model breaks down, this appears to be still an active question for him.

Many of the clinical examples participants cite are of not knowing how to respond to a difficult relational moment or pattern, although since each participant interprets not knowing in his or her own way, other examples differ dramatically. Mark states directly that he believes relational factors are what induce uncertainty in most clinicians, and his examples are of not knowing how to help clients when they are relating to him in a way that renders him therapeutically ineffective. These include a client who shoots down any suggestions he makes; a client who pretends not to understand what is required, does not comply with requests to complete assessment tasks, and engages in therapy conversations only superficially; and a client who was unwilling to disclose the sexual assault that was crucial to clinical understanding of her presenting problems until their therapeutic relationship was ending. While Jonah speaks about not knowing how to be a therapist as absolutely pervasive throughout the beginning of his clinical training, and his process of understanding how to identify themes and make important connections as uncertain and painstaking, his primary examples of not knowing also feature difficult relational dynamics. He describes not knowing how to handle a client’s disclosure of her attraction to him (which in retrospect he feels he should have anticipated); a client who spews rage at most people in her life and could turn that rage on Jonah next; and a veteran client who refuses to dwell on topics of greatest relevance to his presenting issues, dismisses Jonah’s
interventions, and generally does not seem to want to open up or connect in therapy. One of Avery’s main examples is explicitly relational, in that she is surprised by a new client’s open hostility towards her and towards the “quack science” of psychology during intake and is at first uncertain about how to proceed and how to emotionally tolerate the client’s glaring, name-calling, and defiant attitude. Her other examples she presents as mainly related to a lack of technical proficiency: a new client confesses a plan for killing three other people and then himself, when consultation with the clinic director is not possible and before she has learned enough about her legal and ethical position to know what to do; and she must backtrack with the defiant client she has been treating, when a new supervisor takes issue with the treatment plan she developed under the guidance of a previous supervisor without expertise in trauma. Many of Steven’s examples of not knowing are nonclinical, related to his personal life or his previous career as a teacher—and a number of them feature death and grief (such as having to respond in the classroom to breaking news of the September 11, 2001 terrorist attacks, to a news story about homophobic bullying and suicide, and to the impact of his own father’s death). One of his clinical examples is also about grief: Steven wonders whether to respond with condolences when a client reports experiencing a miscarriage, but decides not to engage in what feels like a social nicety. In other examples, he does not know how best to interpret a client’s nervous talking; and when asked by a client whether she can try smashing dishes in session, he does not know whether the clinic would allow it. Another example is of a different kind: Steven’s allowing himself to follow his intuition to see where it leads backfires when he encourages a client to explore an aspect of a dream that related to disturbing themes she was not yet ready to consider; later he has to work to repair the therapeutic relationship.
Between what they state explicitly, the narratives they share, and important themes and patterns from the interviews, each participant gives a different answer to my research question of how they handle not knowing in session. Steven mostly speaks about the not knowing that is a response to what is essentially and existentially unknowable, such as how to face mortality and loss. Steven feels very comfortable trusting his instincts and not knowing where a session will lead, as long as he is within the safety and boundaries of his role (such as teacher or therapist). He represents himself as working against his own tendency to intellectualize and struggle to know, and he describes using a process of silently sitting back, feeling grounded in his lower body, and waiting for his own intuition or the client to offer something. Jonah, on the other hand, discusses not knowing as feeling lost in the dark rather than seeing things clearly. Jonah tends to think of clinical knowledge as like armor, and competence and professionalism as protections against race-based attacks (though he acknowledges that no matter how much he learns, his level of competence is never enough). He enters sessions armed with many plans, and avoids any direction in which he might not know what to do or might be vulnerable. Jonah cannot imagine what it would look like to competently handle not knowing. At one point, however, he admits that he has become somewhat less anxious over time when the way forward is not clear, and he is now more willing to slow down and wait rather than attempting to jump in immediately. In one clinical example, Jonah recalls that when his highly directive plans to manage and interpret his client’s attraction to him made the situation much worse, he ultimately had to fall back on listening in an attempt to repair their working relationship—Jonah, however, was not at all comfortable in this grounded listening, feeling as if his therapeutic position was unraveling as the client took the session in a direction that left him horribly exposed. Similarly to Jonah, Avery sees herself as accumulating knowledge toward increasing competence, but she does not
acknowledge any similar vulnerability or despair along the way. Avery appreciates those supervisors who help her to feel as if she knows what she is doing, and who support her conversational clinical style, but she wants explicit direction from them as the experts who are helping her increase her knowledge. For Avery, not knowing can make sessions awkward or inefficient, but it does not seem to bring up the crises of confidence that Jonah and Mark name. When she does not know what to do, she focuses on appearing nondefensive, caring, and calm (such as uncrossing her arms and legs, asking for more information with an empathic manner, or calmly making an excuse to leave the room and consult), and buying time until she is able to consult with a supervisor, read literature relevant to the clinical issue, or perhaps find a manualized treatment to use with a specific concern. Mark speaks about not knowing as feeling lost and not knowing if he can be a therapist, somewhat like the way Jonah describes it, although without any similar sense of personal vulnerability as a result of race or any other identity. For Mark not knowing is very threatening; he wishes his supervisors had given him explicit permission not to know, but unlike the way Steven speaks of being encouraged to embrace and explore not knowing, Mark wishes for this permission to feel like he does not know what he is doing to be coupled with explicit suggestions of techniques to fall back on, so that he does not feel so uncertain. The saving techniques Mark has discovered for himself and made a point to share with trainees in peer supervision are attitudes of empathy and curiosity. Whereas he once responded by changing the subject or introducing more structure when he did not know what to do, now he employs validation (empathy) or information gathering (curiosity) instead, to explore what is not making sense to him or has made him feel stuck.
<table>
<thead>
<tr>
<th>Steven</th>
<th>Jonah</th>
<th>Avery</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main narrative:</strong>&lt;br&gt;Not knowing is and has been important to Steven, in his personal life, his previous teaching career, and his therapy work so far.</td>
<td><strong>Main narrative:</strong>&lt;br&gt;Habits from Jonah’s previous training have been actively unhelpful to his current training; he felt and still sometimes feels incompetent.</td>
<td><strong>Main narrative:</strong>&lt;br&gt;Avery is steadily learning the clinical skills she needs, with a few setbacks along the way.</td>
<td><strong>Main narrative:</strong>&lt;br&gt;Having been only somewhat prepared by his own training for the challenges of clinical work, over time Mark has developed a model for responding and a repertoire of responses he is eager to share with others.</td>
</tr>
<tr>
<td><strong>Overall tone:</strong>&lt;br&gt;Shifts quickly, including ironic, uncertain, serious, dramatic, confident, tragic, cynical, self-deprecating, self-assured, etc.</td>
<td><strong>Overall tone:</strong>&lt;br&gt;Begins cautiously and with some variability, but becomes increasingly pessimistic</td>
<td><strong>Overall tone:</strong>&lt;br&gt;Objective and optimistic, as well as occasionally humorous, self-deprecating, sober, etc.</td>
<td><strong>Overall tone:</strong>&lt;br&gt;Authoritative and methodical, as well as occasionally vulnerable, uncertain, tragic, playful, etc.</td>
</tr>
<tr>
<td><strong>Important identity work:</strong>&lt;br&gt;- Needs to clarify to what extent he values intellect/mind vs. instinct/body&lt;br&gt;- Seems to want to be someone who knows a lot of things, including how important not knowing is</td>
<td><strong>Important identity work:</strong>&lt;br&gt;- Needs to clarify to what extent he wants to work in a technical way (better suited to his learning style/strengths) vs. an open-ended psychodynamic manner (the “appropriate” approach)&lt;br&gt;- Claiming a “professional” identity serves to increase his worth/value, as a Black American within a racist society</td>
<td><strong>Important identity work:</strong>&lt;br&gt;- Wants to be an advocate for her clients’ best interests and to practice in a rural area in order to increase mental health access&lt;br&gt;- Prides herself on being able to appear relatable to clients (but the therapeutic relationship is a prerequisite for applying techniques rather than an important aspect of treatment itself)</td>
<td><strong>Important identity work:</strong>&lt;br&gt;- Defines himself as an eclectic therapist influenced by both CBT and psychoanalysis, claiming he approaches therapy like an artist but talking about it like a scientist&lt;br&gt;- Whether he is capable of being a competent therapist appears to be implicitly still an active question, though he emphasizes his own expertise</td>
</tr>
</tbody>
</table>
Primary clinical examples of not knowing how to respond: a client
- Reports a miscarriage
- Talks excessively, nervously
- Asks to smash dishes in session
- Seems to experience a dream exploration as overwhelming

Plus many non-clinical examples, many of them related to the impossibility of knowing how to respond to death

Relationship to training, supervisors:
- Previous Gestalt training explicitly privileged the unknown
- Disagrees with supervisor’s opinion that the excessively talkative client is a narcissist
- Realizes in supervision that dream work with other client was too much

Mentions supervision rarely and only in passing

Primary clinical examples of not knowing how to respond: a client
- Unexpectedly confesses her attraction to him
- Expresses relentless anger and aggression
- Shrugs off important topics/interventions—will not connect or open up

Primary clinical examples of not knowing how to respond: a client
- Is openly defiant and hostile to the idea of psychotherapy and to Avery
- Acknowledges a homicide/suicide plan
- Has not been helped as a result of the wrong technique having been recommended by one of Avery’s supervisors

Primary clinical examples of not knowing how to respond: a client
- Pulls for Mark to problem-solve and then shoots down his suggestions
- Refuses to comply with administrative requests and does not affectively engage in therapy
- Discloses only at the end of their work the sexual assault which was the crux of her presenting concerns

Relationship to training, supervisors:
- Previous behavioral training mostly had to be unlearned when beginning graduate program
- Being thrown in to clinical work before much classroom preparation was unhelpful
- Supervisors’ encouraging words about not knowing are perhaps just making excuses
- Supervisors’ critiques have sometimes been helpful
- Thinks his supervisor would suggest directly

Relationship to training, supervisors:
- Previous MI training gives her skills to fall back on and contributes to her unorthodox style when using CBT
- Her program did not provide enough guidance for clinical issues such as suicidality or specific disorders
- Her first, helpful supervisor helped her feel that she had an idea what she was doing
- Her second supervisor was unhelpfully concrete and her inexpertise with trauma led her to

Relationship to training, supervisors:
- Provides a detailed, methodical overview and assessment of the sequence of training in his program
- Has concurrently learned CBT from his program and psychoanalysis from his reading and own analysis, sometimes having to work harder to translate concepts in supervision
- Primary supervisor’s feedback and advice has evoked discouragement and resentment
working with his angry client’s anger, but he is not willing to
- Feels too ashamed now to ask supervisor for help with client he has been working with for over a year

Supervision/training is only occasionally helpful, often experienced as punitive

recommend a problematic direction of treatment with Avery’s difficult client
- Her third supervisor has shared helpful knowledge but is not nice, has been upset with her for the second supervisor’s mistake

Fit in supervision is important, as well as a balance of building Avery’s confidence and providing expert direction

- Has hesitated to admit he needed help due to shame
- Often emphasizes collaboration/unity with supervisor in order to feel less alone in clinical uncertainty

Narrates the complex and longstanding relationship with his primary supervisor in as much or more detail than client examples

Important themes:
- Grief. Death provokes the ultimate unknowing. Presence-ful silence is the only appropriate response to grief, and can result in a strong connection, bond.
- Role/boundaries. A role such as therapist allows Steven to be comfortable not knowing, as does the explicit permission of his Gestalt-oriented training. Boundaries such as clinic rules and hierarchies and session/class ending times allow

Important themes:
- Avoiding not knowing. He equates not knowing with incompetence, though with some acknowledgement that his attempt always to be prepared may not actually be best.
- Not enough. He almost never feels like he is enough, or like he has learned enough. He feels like an impostor wearing his role like clothing, which easily unravels.
- Therapy as war. Jonah feels vulnerable to attack (from society, clients),

Important themes:
- Technical skills. Therapy is understood as a straightforward application of technique.
- Support vs. direction from supervision. Avery wants both encouragement that she knows what she’s doing, and explicit direction from expert supervisors.
- Abstract vs. concrete. Her interpretation of CBT is looser, less concrete, than some supervisors might like.
- Professionalism

Important themes:
- Push/pull relationship with his supervisor. Wants to internalize him so as not to feel so alone, but sometimes feels resentful or too ashamed to ask for help.
- Structure and control. Both within our interview relationship and in the examples he describes, Mark responds to uncertainty by attempting to exert control and impose structure. A good working relationship, however, is an


<table>
<thead>
<tr>
<th>attempts to let go of intellectual knowing and trust his instincts.</th>
<th>and feels responsible for military-strategy-level planning for sessions. Knowledge as protection. If he can somehow read or learn or prepare enough, the fantasy is that he would be protected.</th>
<th>vs. relatability. Avery privileges appearing relatable to clients, but staying professional at the same time.</th>
<th>essential foundation for any structure he introduces.</th>
</tr>
</thead>
</table>

**Not knowing is in general:**
- a promising opportunity for therapist and client to trust their instincts/bodies.
- a dangerous indication of incompetence that leaves the Black therapist vulnerable to attack.
- an indication of training deficits or inexperience, to be addressed simply by learning more.
- a terror-filled, powerless, lost feeling through which trainees should be supported.

**How do you get through not knowing?**
- Sit back, become aware of your body, and wait for the client or your own instincts to provide a direction.
- Avoid as much as possible allowing the session to head in a direction you do not know how to handle. Always have multiple back-up plans. When plans fail, fall back on listening, slow down and wait.
- Buy time, appear nondefensive and caring, and consult as soon as possible (ask supervisors, read further, follow a manual).
- Avoid not knowing, or try to introduce more structure (not always ideal). Try adopting an attitude of empathy or curiosity.

**Summary of Central Findings**

One of my primary conclusions as a result of conducting these interviews and analyses is that each one of my participants takes up the question of not knowing in a different and personal way (and, of course, so do I). Not only were the interpretations of what in-session knowing and not knowing signify personal and somewhat idiosyncratic, but in addition, in every one of my
conversations with the participants, things got weird. These were not neutral issues being discussed, and each of us seemed to react anxiously or defensively much of the time even if we seemed to be trying not to. For several participants, the experience of not knowing seems to indicate incompetence or unpreparedness, occasionally even calling into question whether the participant is capable of being a therapist at all. In other cases, not knowing can undermine the therapist role, opening the therapist up to personal or identity-based attacks. On some level, however, each person acknowledges that not knowing is unavoidable, at least in a trainee role.

While it may be impossible to assert why each participant has the particular perspective on knowing and not knowing that she or he has, I notice some factors that might be relevant. Aspects of personality or personal style seem to be key factors in these differences. (For instance, Steven’s intellectualizing tendencies, social discomfort, vigilant interpersonal style, and ability to hold open possibility all appear to shape the particular way in which he privileges not knowing and following intuition in session. Jonah’s visual/technical way of thinking and harsh self-critical streak shape the way he is quick to interpret not knowing as incompetence. Avery’s matter-of-fact solution-focused outlook and her preference for a relatable, easygoing manner in session impact the manner in which she is continually seeking additional training in order to handle more and more complex or specialized clinical situations with efficiency and without awkwardness. Mark’s acknowledged high levels of neuroticism and conscientiousness contribute to a somewhat obsessive style in which he has amassed a repertoire of potential responses, as well as a mantra to ease his anxiety in those times he still does not know what to do.) In addition to personality, identity factors also appear to play a role, such as race, gender, and cultural background (e.g., having been raised in a rural community). Certain areas which appear to be taken for granted rather than active sites of identity work for participants, such as sexuality,
cisgender identity, class background, and ability status, are likely also relevant to the ways in which participants feel enabled to know or not know. In addition to personality and identity characteristics, it seems as though prior clinical or professional training and the focus of each participant’s current training are inextricably bound up in how they view knowing and not knowing. The extent to which their previous or additional training is relevant to the work they are being asked to do or is in tension with it clearly impacts participants’ confidence and comfort in their skills and knowledge, as well as how they understand what it means if they do not know what to do. The emphasis of their current programs also has an obvious effect: although only two graduate programs are represented, the research focus and technical/concrete leanings of the latter participants’ training stands in stark contrast to the more open-ended, less prescriptive, often intellectualized but not as scientific emphasis of the others’ program.

Finally, although their perspectives are so different and impacted by such different backgrounds and personal factors, their answers to my question of how they proceed when they do not know what to do in session are nonetheless important, and similar. There are ways of handling not knowing which they acknowledge as unhelpful: avoiding not knowing or trying too hard to know, such as by changing the subject, becoming too directive, or being overly prepared to the point of rigidity. Each participant also acknowledges a more helpful stance towards not knowing, which involves backing up, slowing down, or allowing themselves a moment to feel grounded in some way. While one participant (Avery) seems to think of her strategy as mostly buying time until she can acquire the knowledge she needs, she nonetheless attends to appearing nondefensive, caring, and calm in the moment when she does not know what to do. The others explicitly allow themselves to slow down, listen, and explore what is happening rather than feeling that they must jump in with an answer or intervention immediately, and one participant
(Steven) makes an effort to lean in to the feeling of not knowing, by falling silent, grounding his awareness in his body, and then allowing himself to trust his instincts and see where they lead.

Reflexive Summary

Some of my own assumptions about not knowing in therapy have been made clearer by the process of interviewing others. Like many of my mentors and colleagues, I feel that the work of psychotherapy is about more than learning and applying effective techniques. My personal perspective is that there are times in a psychotherapeutic relationship when one cannot know what to do—and that perhaps the salient moments in which this is particularly true merely highlight an impossibility that is there all the time. I think about the therapeutic relationship as involving a sacred witnessing, but since the therapist and client are similarly clueless, struggling humans, responding to a client’s implicit or explicit search for a better direction in life with guidance based on some kind of privileged information is impossible. About the most important questions, psychology has no answers (because, I believe, no objective answer to these questions exists). But, the authority and power of the role of psychotherapist can be both a means of helping clients positively transform their lives and at the same time a means of leading clients intentionally or, more likely, unintentionally astray. In speaking with others about their experience of learning from supervisors or readings and assuming their own professional identity, I recognize my own nervousness about too fully embracing the identity of psychologist, or therapist, or clinician of any particular theoretical orientation. I am wary of accepting as truth the expertise of others (some of it contradictory) or the boundaries of a clear and circumscribed professional role (including those aspects that are unclear or embattled), without critical examination. After all, the history of any helping profession is riddled with abuses and oversights, many of them sanctioned or justified by people performing their roles as they
understood them. Whereas it might be dangerous to blindly trust received knowledge, however, uncritically trusting one’s own instincts seems equally problematic and ripe for interpersonal misreadings and misunderstandings, as well as self-delusion about one’s motives, and potential abuses of power.

Much as I have guessed about some of the factors influencing my participants’ outlooks, I can consider a few things that are likely shaping my own perspective. I certainly see the impact of personality on my philosophical understanding of the therapeutic project and the problem of not knowing, since these themes are part of a recurrent characterological issue. I have always hesitated to take necessary leaps of faith. I have also sought out and been shaped by educational and training experiences that have emphasized a questioning, critical attitude toward knowledge and skills, and highlighted the human and ethical elements at stake in any undertaking. Class and racial privilege have contributed to my being allowed the time, space, support, and permission to dwell with an open-ended questioning attitude in my training while also trying to learn the skills and standards of my chosen profession. There are other ways, however, in which my various identity positions make things harder or sensitize me to particular dangers. For example, the grounded sense of embodiment that some participants reference relying on when they do not know has been threatened for me when I am reminded in the therapy room of ways my feminine body is routinely taken up as an object in the world. In addition, my identity as a non-heterosexual person has rendered me more sensitive to the field of psychology’s participation in dehumanizing and arbitrarily culture-bound distinctions between what is normal and what is a sign of illness. While the discipline of psychology has taken great pains to distance itself from its former consideration of homosexuality as a mental illness, for instance, this recent history is a reminder of the slipperiness with which prejudice and oppression shape our professional
knowledge and well-meaning attempts to help. To me it seems of little comfort that the line in the sand is now being drawn in a different place, and I am on a different side of it—my sexual identity draws my attention to the way that making a distinction between mental health and illness is a problematic aspect of my professional role, even though it may in some ways be an essential one.

It is important to explicitly acknowledge ways my own assumptions and style impacted my data collection and analysis. While my participants all interpreted not knowing and its importance in different ways, my interpretation is equally idiosyncratic, and not a single participant talked about it like I do. In several ways I redirected conversations with participants toward my own interests, such as asking Steven to focus more on interpersonal not knowing, challenging Jonah’s assessment of his not knowing as evidence of incompetence, asking for specific examples, or restating my research question in different ways. However, I think I most profoundly influenced the conversations through my own hesitation about influencing too much. My questions were confusing and open-ended to a fault, so that I not only asked about but essentially induced not knowing for my participants. My own hesitation to take on a role of expert researcher (one who knows) and my interest instead in staying close to participants’ perspective and language sometimes translated into reflections or questions that were additionally confusing, and which occasionally seemed to be interpreted as critical. While perhaps some of the content and much of the neuroticism, self-questioning, defensiveness, and narcissistic inflation on display both by participants and by me as the interviewer and data analyzer seem to have been instigated by the particular context and players of the interview situation, I think it also serves as a beautiful illustration of some of the complicated emotions not knowing can evoke in a trainee attempting to find his or her way as a clinician. It is something of
a reminder to me, however, of the ways in which sometimes my hesitation about influencing others can compromise my effectiveness while not necessarily decreasing that influence. In terms of data analysis, I acknowledge that my qualms about knowing have reverberated through this research project profoundly, both in terms of what I see as most important about participant interviews (uncertainty, anxiety, and doubt on all sides), and my choices in analysis and presentation that disrupt and subvert what can be known from the project. Another researcher analyzing these interviews might have come away with clear, actionable suggestions for students or training programs about how to better handle not knowing (as both of the participants from the quantitative research-oriented graduate program assumed was my goal). For me, however, any solutions to the problem of not knowing must be secondary to a dwelling with the problem. (In a lovely bit of parallel process, this is similar to the main suggestion I took away from distilling participants’ perspectives on what to do when they did not know what to do: first, sit with it.)

My assumptions about not knowing have been challenged by this project in several important ways. I am reminded of the ways in which overstating the impossibility of knowing what to do in clinical work can, of course, be an unhelpful distraction from learning as much as possible about the craft of psychotherapy. Competence, as emphasized by several participants, is absolutely an important part of the picture. While I do not believe competence means always knowing what to do, making an informed and knowledgeable choice of clinical direction is part of being a competent psychotherapist. An emphasis on epistemological humility is often not the most relevant response to clients’ needs—they come seeking a specific service from a person in a professional role. While I believe in the underlying importance to the treatment of an element of sacred witnessing within a messy human relationship, performing the professional role is what is primarily required. I fail to be helpful when I am feeling too close to the client’s issues and
thinking about things too globally. Also importantly, while I do not think the power differential in the therapy relationship should ever be discounted, the client’s autonomy within the treatment is an essential element to remember. My response to the client might be an important aspect of psychotherapy, but the client’s response to me is even more important. Clients’ autonomy and freedom to respond as they choose is a particularly comforting aspect of voluntary treatment, when repercussions of pushing back, disagreeing, or terminating treatment are minimal (in contrast, my experience working with mandated clients was particularly troubling for me, and has colored my understanding of the ethical problems of therapeutic power). In summary, participants’ perspectives have challenged me to let go of at least some of my existential angst about not knowing. These challenges, however, although helpful, do not negate what I feel is still the primary importance of acknowledging the problem and the importance of not knowing, while professional identity development is still in its early stages and beyond.

**Discussion**

My intention in conducting this project was to attend closely to the experience of clinical psychology trainees who are seeing clients before their professional identity is consolidated. I wished to explore what it is like for the participants not to know what to do, and to examine how they handle not knowing. In this discussion I will review what I discovered about how participants handled not knowing, including the participants’ discomfort and the personal way in which they took up not knowing. I will highlight the way in which participants appear to retreat into knowing as a kind of defense against feeling uncomfortably exposed and vulnerable, even as they, like me, feel some ambivalence about this defense. In light of recent cautionary tales within the field, I will argue that gaps and tensions in one’s professional identity should remain long after the identity is secure, and that professional identity and knowledge are not enough for
ethical practice. I will then revisit the question of how knowledge relates to a decision, using the work of Kierkegaard, Derrida, and Levinas to explore what is required to make a leap of faith such as the ones we are constantly required to make in our response to clients.

**Discussion of Participant Data**

**The discomfort of not knowing.** One answer to my research question of how psychology trainees handle not knowing is that the participants I interviewed do so with angst, anxiety, and occasional despair, as much of the literature on trainees’ experiences has suggested (Beck et al., 2005; Fauth & Williams, 2005; Roeske, 2014; Skovholt & Rønnestad, 2003; Thériault et al., 2009; Watkins, 2012; Williams et al., 1997). Worries about incompetence (Thériault et al., 2009), about not having what it takes to be a therapist (Watkins, 2012), and about being an imposter (Halewood & Tribe, 2003; Langford & Clance, 1993) were salient implicit and explicit features of the interviews. Our early attempts to take on this professional role do not appear to be comfortable, as we constantly face all that we do not know.

**The personal nature of not knowing.** Another answer to this question is that each seems to handle not knowing in his or her own style, at least among the handful of participants I interviewed. While participants and I agree that as a trainee in psychology one cannot know what to do in every clinical situation, we have fundamental disagreements about the nature of not knowing (e.g., is not knowing essential? a problem? is the problem fixable?). The professional identities we are struggling to construct are likewise very different. The two training programs represented by participants clearly vary greatly in the way they frame psychological knowledge and skill for their students, and participants’ other training experiences also appeared to have influenced their thinking and the tensions within their developing identities. Since such variability has long been noted within the field of psychology’s and among psychology training
programs’ approaches to knowledge (Burston & Frie, 2006; Eby et al., 2011; McFall, 2006; Spring, 2007), it is unsurprising that different training experiences would greatly influence how trainees take up not knowing.

Despite these important differences in how they conceptualize not knowing, most of the participants agree that avoiding anything they might not know how to handle, or when it does come up, trying too hard to know, are not helpful or satisfying strategies. Instead of jumping in or running ahead too quickly, it is more helpful to spend time in the unknown, such as by exploring the clients’ concerns, and/or sitting back and waiting or listening. Sitting with not knowing is important, and some participants explicitly try to ground themselves in their bodily experience, or attend to keeping their bodies and body language open, as they listen and explore. This space of not knowing appears to be in some ways the most personal and vulnerable for each psychotherapist (cf. Bruss & Kopola, 1993; Gazzola, De Stefano, Audet & Theriault, 2011; Watkins, 2012; Zeddies, 1999). In this space, participants feel most vulnerable to the existential realities of death and grief, for instance, or to attacks on their personal or professional worth as influenced by a racist context, or to insults hurled by clients, or to the uncomfortable feelings clients might be experiencing. Who the participants are, such as their personalities and racial, gender, and sexual identities and backgrounds, influences how they take up a stance of not knowing and how it feels to them.

It seems important to emphasize the vulnerability that trainees can experience due to this highly personal nature of the experience of not knowing. Nowhere is this vulnerability more apparent than in Jonah’s testimony about the way he feels his race in the room in moments when he does not feel confident about what to do. The clinician’s race did not explicitly come up in other interviews, which is unsurprising given the invisibility of whiteness as a racial category in
our societal discourse, particularly when there are only white people (in this case, the researcher and the participant) in the room (see Dyer, 1997). Whereas sitting back and slowing down was understood by all participants as helpful when they did not know what to do, a focus on embodiment such as Steven espoused was explicitly more vulnerable for Jonah, who felt his professionalism unravel when he was forced to sit back and listen instead of actively managing a relational rupture. Jonah’s descriptions of the moments when he feels racial anxiety are reminiscent of Fanon’s (1967) phenomenology of black embodiment under the white gaze, in which a previously untroubled kinesthetic corporeal sense of embodied selfhood is arrested and fixed by the inescapable historical and political weight of white prejudice, and he feels himself to be objectified and made to represent not a man among other men but a black man (pp. 109-113). Jonah’s account emphasizes sight and vision to such an extent that I am mindful of Fanon’s vertiginous descriptions of bodily schema being replaced by a “racial epidermal schema” (p. 112), so that what can be seen has been made to seem suddenly more important than one’s own subjectivity. If one is constantly on the receiving end of prejudice based on a difference that can be readily seen, then sight is important indeed. Though minority representation in psychology is increasing (APA, 2015b), it remains a disproportionally White discipline with a whitewashed history, and because of this fact, perhaps being able to tune into the body as one’s own seat of subjectivity and intentionality when one does not know what to do in session is a privilege often reserved for those students who can more readily remain oblivious of their own race: that is, white students. Again, the vulnerability of a position of not knowing seems to expose each clinician in a different way.
The retreat to knowing what to do. Reaching for professional knowledge is a way for each of us to feel less vulnerably alone in our response. Turning to the knowledge and skills of one’s field is, of course, a necessary part of learning and practicing any profession, but is worth noting the way that every participant in my research acknowledged the relief of being able to rely on this received wisdom (such as a model, technique, back up plan, theory, ethical principle or legal guideline, evidence base, mantra, or instruction from a supervisor), and the discomfort of remaining without it. The way this looks with each clinician might be quite different: Due to differences in personality, personal identity, or background, some developing clinicians may wish to adopt a more knowing and authoritative stance in session than others. Training programs’ or supervisors’ emphasis on the science or the art of psychotherapy, understanding suffering in a more medical or a more humanistic-existential-relational manner, or pushing the practicing of skills and techniques or the adaptation to client needs, all influence the tone and content of a trainee’s interventions and responses. Relatedly, a clinician’s chosen theoretical orientation has an important effect: for instance, a behavioral or cognitive-behavioral therapist is likely to be comfortable in a more authoritative or didactic role in which offering knowledge is important, while an existential, humanistic, or psychodynamically oriented therapist might be particularly interested in exploring ambiguity and uncertainty (cf. Roeske, 2014). But even Steven, the participant in my project who talked about not knowing as an essential aspect of his approach, for example, instead consistently described the way he closes up and retreats from the kind of personal and exposed not knowing I am most interested in: he had been trained (at an institute and by his supervisors) in a set of principles and practices for approaching clinical material in a less intellectual/“knowing” and a more bodily/intuitive way. When faced with not knowing what to do, he too, like the rest of us, reached for a tradition and a technique.
Ambivalence about this defense. And yet, though we all described a reliance on learning and using the tools of our profession (and how could we not?), we each expressed some hesitation about applying these tools too automatically. Participants’ understanding of not knowing may have been very different from mine, but we appeared to have this hesitation in common. They expressed concern about the extent to which they might be “retreating” into their role, masking “genuine” vulnerability, covering over or avoiding uncomfortable topics, falling back on technique or theory in a less “honest” or “emotionally engaged” way, using preparedness or technique as a “defense,” adopting the trappings of theory without taking them up “fundamentally” or “personally” and so being unable to “connect” with a client in a “real” way, following supervisors’ instructions instead of being fully “present” in the “moment” with clients, or adopting as mechanical an approach as “pattern matching.” Even Avery, who seemed most aligned with a training goal of learning a technique to apply to every conceivable type of clinical situation, rather than privileging relationship or responsiveness to the individual as important in itself, was concerned that she appear “relatable” rather than “condescending,” often preferring to stick close to clients’ own words rather than more strictly interpreting the techniques she was meant to be applying. Despite profound theoretical differences in our training and orientation, we seem to share some questions about how to allow ourselves into our work with clients while still using the knowledge and skills in which we are being trained.

Limits of professional identity. Being able to make use of the knowledge and skills of a profession is one part of assuming a professional identity, and professional identity is essential to becoming a psychologist (Bruss & Kopola, 1993; Elman et al., 2005; Gazzola et al., 2011; Watkins, 2012). In these trainee accounts of not knowing our anxiety and discomfort, as well as our somewhat desperate attempts to rely on professors, supervisors, readings, etc., before our
identities as psychologists have been consolidated, are clearly displayed. While the anxiety of 
being in such an early stage of our professional development can actively impede our ability to 
be effective, however, I believe there is still something of greatest importance in the tensions and 
gaps in our professional identities, and the personal, vulnerable ways in which we are 
encountering not knowing.

For example, Avery related how troubling it was for her to face the questions raised by a 
new client’s homicidality and suicidality. She worked actively to seek support from colleagues 
and supervisors and research legal requirements in order to come up with an appropriate 
response that balanced respect for client autonomy with an attempt to keep him and others safe. 
Such a process of leaning on the professional supports available and abiding by standard practice 
guidelines and legal requirements is essential in such a situation: trying to “wing it” or rely only 
on the therapist’s own instincts is not acceptable when the consequences are potentially life or 
death. And yet, to focus only on the letter of the law or on the guidance of professional superiors, 
at the exclusion of engaging with the client on some personal level, would be to risk ignoring the 
important communication of deepest distress from one person to another. The client’s disclosure 
was not only a test of this trainee’s professional knowledge and support system, but also a 
profound ethical interpersonal moment. Avery found her lack of preparation and knowledge 
about what to do upsetting—a justifiable reaction. I would argue, however, that all the 
professional knowledge and skills in the world do not change the way in which a client 
communicating a desire to end others’ lives and his own should upset us, and leave open at least 
some uncertainty about how best to respond.
Implications

**Professionalism is not enough.** During the period in which participants and I have been pursuing psychology training, it has come to light that the APA, the primary organization representing our profession in the United States, released ethics guidelines intended to protect psychologists involved in the planning and implementation of torture (APA, 2005b; APA, 2015c; Risen, 2015; Shaw, 2016), with some suggesting that previous changes to the APA ethics code itself may have been motivated by these interests (Pope, 2011; Teo, 2015). A few psychologists used psychological knowledge in order to harm and manipulate detainees in the interest of national security (Risen, 2015; Shaw, 2016), and the authority of the profession of psychology was used to justify that the interrogation techniques employed were not intended to be detrimental to mental health and therefore did not qualify as torture (Pope, 2011; Teo, 2015). And in fact, psychologists involved in these nefarious abuses of human rights could claim to be acting within the bounds of professional decorum, due to the pragmatic nature of ethics guidelines (Teo, 2015) that may well have been rewritten with financial and prestige incentives in mind (Shaw, 2016; Teo, 2015). Most psychologists, however, did not engage in such abuses and were horrified to learn of the morally permissive attitude of certain influential APA leaders at the time (APA, 2015c; Kaslow & McDaniel, 2015). A principled stance, such as that taken by the majority of psychologists made aware of these developments, requires both critical thinking and a sense of moral and ethical commitment beyond a legalistic adherence to professional codes or a reliance on professional leadership (Pope, 2011; Shaw, 2016; Teo, 2015). Each person (psychologist) is responsible for her own (professional) actions (Pope, 2011; Shaw, 2016; Teo, 2015), and the corruptibility of professional codes, practices, and associations merely reminds us of this fact.
These ethical violations with disturbing implications have become public around the same time as furious debate regarding the newest edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM 5), the diagnostic system widely used by psychologists and other mental health practitioners. Criticism has targeted diagnostic category revision being undertaken as a bureaucratic rather than a scientific process (Greenberg, 2010), beset by huge financial conflicts of interest (Cosgrove & Krimsky, 2012; Teo, 2015), and minimally responsive to calls for further research and a more mindful decision-making process (Frances & Widiger, 2012; Khoury, Langer, & Pagnini, 2014). When we see psychological knowledge being decided by committee in a highly contested process, clinicians in training should be further encouraged to be mindful of our hesitations as we learn the tools of our trade.

While occasionally exposed as to a certain extent arbitrary, or at least historically, culturally, and financially shaped (Teo, 2015), psychological knowledge is nonetheless powerful. The well meaning endeavor of distinguishing between normal and abnormal, healthy and pathological behavior for the sake of intervening to help those who are symptomatic can be potentially oppressive, as in the case of homosexuality’s official inclusion as a disorder in the DSM until 1986 (Downing & Gillett, 2011; Greenberg, 2010), which gave mental health professionals the authority to employ measures such as institutionalization, extreme behavior modification techniques, and psychosurgery in attempts to treat non-heterosexual and non-gender-normative patients (Riggs, 2011). Diversity in sexual and gender identities has been championed by psychology since that time, and yet when it comes to pathologizing particular ways of being, “[t]he question may not be where we draw the line, but on what basis we believe it is right to do so; at what cost that decision is taken; and in the name of which ideologies lines
get drawn at all” (Downing & Gillett, 2011, p. 12). Some questioning of this sort as part of a criticism of one’s own professional identity is essential to ethical practice of our profession, in my view. Prior to our professional responsibility to categorize and treat, to use psychological knowledge towards specific ends, there is something about the work of facing a sufferer other which should give us pause.

**Responsibility to the Other.** Let us return to the quotation with which this dissertation began: *the instant of decision is madness.* We cannot know how to decide. Undecidability, in Derrida’s view, should not be understood as “paralysis in face of the power to decide;” but instead, he suggests, “there would be no decision, in the strong sense of the word, in ethics, in politics, no decision, and thus no responsibility, without the experience of some undecidability” (1999, p. 67). For “the paradoxical condition of every decision,” he notes elsewhere, is that “it cannot be deduced from a form of knowledge of which it would simply be the effect, its conclusion or explicitation” (2008, p. 78). Or, in other words, “if we knew what to do, if I knew in terms of knowledge what I have to do before the decision, then the decision would not be a decision. It would simply be the application of a rule, the consequence of a premiss, and there would be no problem, there would be no decision” (1999, p. 66). A true decision, such as Abraham’s decision in Kierkegaard’s reading, is made with fear and trembling, “when the general categories have to be overcome, when I am alone facing a decision” (Derrida, 1999, p. 67). And in the absence of this “terrible” experience, this undecidability, “there would be no decision, there would simply be the serene application of a programme of knowledge” (pp. 66-67).

A decision occurs when we are face to face with the other. For Levinas, with whom Derrida is deeply in dialogue and to whom he is indebted as he reads Kierkegaard’s *Fear and
Trembling, ethics is primary, and the relationship with the other is the condition of our very subjective constitution. Prior to any attempts at understanding or calculation or choice, is our relationship with the other “face to face.” Facing another person, seeing her face to face as a person is “signification without context,” having meaning in itself (1985, p. 86). The meaning contained in the face of the other is, Levinas says, “thou shalt not kill” (p. 87); “[t]he face orders and ordains me,” he states oracularly, which I take to mean in part that the other calls to me in such a way that I cannot refuse to respond (p. 97). The tie between me and the other is only responsibility, not knowledge, Levinas maintains—responsibility “whether accepted or refused, whether knowing or not knowing how to assume it, whether able or unable to do something concrete for the Other” (p. 97). We have no choice but to respond to the call of the Other: this relationship is already there. In that sense, it is wrong to say that I make whatever terrible decision with which I am faced. “‘I’ never make a decision in my own name,” notes Derrida; instead, “for a decision to be a decision, it must be made by the other in myself” (1999, p. 67). Indeed, “I am passive in a decision, because as soon I am active, as soon as I know that ‘I’ am the master of my decision, I am claiming that I know what to do and that everything depends on my knowledge which, in turn, cancels the decision” (p. 67).

That on some level it is not I who makes the decision does not absolve me from my responsibility; my responsibility to the Other is total (Levinas, 1985, 96-101). And additionally, the structure of experience in which I am responsible to the “wholly other” exposes “an aporia, scandal, and paradox” (Caputo, 1997, p. 207) in which any action I take is a betrayal. “I can respond to the one (or to the One), that is to say to the other,” Derrida asserts, “only by sacrificing to that one the other. I am responsible to any one (that is to say to the other) only by failing in my responsibilities to all the others, to the ethical or political generality” (2008, p. 71).
Whatever response I make privileges one path, duty, request, or call, at the expense of any other. In this way, for Derrida, and for Kierkegaard, “our duties clash in irreconcilable conflicts, awash in incommensurability, and that obligation begins to move only when one is paralyzed by the aporia in which one is caught” (p. 207)… an aporia structurally similar to the impossible decision facing Abraham in the biblical story so haunting to me. Levinas suggests that responsibility to the Other takes as simple and profound a form as “to say: Here I am” (1985, p. 97). “Here I am” is a response with thousands of years of religious resonance, and the only response one can really give to the call of God (or, here, to the Other). At the outset of the story of Abraham being commanded to sacrifice Isaac, Abraham responds to God by saying “Here I am,” and he likewise responds with “Here I am” when at the moment of the sacrifice his hand is stayed by God’s messenger. Strikingly, however, Abraham says “Here I am” one other time in the story: in response to Isaac. Isaac has called out to his father to ask where the lamb is for the burnt offering they will make, and while Abraham does not confess that God has commanded him to make Isaac himself the burnt offering, he nonetheless begins with, “Here I am, my son.” This is the almost unfathomable example of faith which renders Kierkegaard’s narrator sleepless—Abraham does not flinch from acknowledging his responsibility toward even the one whom he is prepared to sacrifice.

A leap of faith. A decision cannot be deduced from knowledge. My decision is in fact not really mine, but instead it is in some way from and for the other, the other who calls me to respond. No response I make can absolve me of my responsibility, the responsibility to the other which is the structure of experience. And in fact any response is a betrayal of all the other others, the other choices, the other calls to which I could respond. The only way to proceed is by acknowledging my infinite responsibility to all others, as I find my way without knowing how.
Not being able to know—facing the madness of the instant of the decision—is “not only a problem,” clarifies Derrida, “but the aporia we have to face constantly” (1999, p. 73). “For me, however,” he continues, “the aporia is not simply paralysis, but the aporia or the non-way is the condition of walking: if there was no aporia, we wouldn’t walk, we wouldn’t find our way; path-breaking implies aporia. This impossibility to find one’s way is the condition of ethics” (p. 73).

An impossibility of knowing is the condition of the decision, of responsibility, of ethics. This impossibility, however, does not mean that we remain ignorant: the decision “must be prepared as far as possible by knowledge, by information, by infinite analysis” (Derrida, 1999, p. 66, emphasis added). This is, of course, where clinical training comes in, and professional knowledge, and professional development. They are indeed essential. But they are not enough.

“Even if it is grounded in knowledge,” Derrida says, “the moment I take a decision it is a leap, I enter a heterogeneous space and this is the condition of responsibility.” A leap of faith will always be required.

How to balance our professional roles and psychological knowledge with an appreciation for the limitations of those roles and knowledge as we respond to the suffering persons in front of us is, for me, somehow a religious question. We enter the sphere of “religious passion,” preaches Caputo in a remarkable articulation of a religious sense uncontained by any particular faith tradition (2001), when “we are pushed to the limits of the possible, fully extended, at our wits’ end, having run up against something that is beyond us, beyond our powers and potentialities, beyond our powers of disposition, pushed to the point where only the great passions of faith and love and hope will see us through” (p. 8). “Religion on my telling,” he says, “is a pact or ‘covenant’ with the impossible” (p. 15). And this pact, which I am continually making and unmaking, advancing and retreating on as I flail about on the uncomfortable journey
of learning to be a clinical psychologist, is one in which I am supremely aware of all I do not know, do not control, and cannot get “right” given all my various responsibilities to my fellow humans, but one in which I show up and offer what I can. The “condition” of Caputo’s religious passion, he says, is “non-knowing,” “a learned or wise ignorance, that knows that we do not know and knows that this non-knowing is the inescapable horizon in which we must act, with all due decisiveness, with all the urgency that life demands” (p. 19). “For life,” he continues, “does not take a break, it does not let up its demands on us for a hour or two while we all break for lunch and a bit of a nap. We are required to act, but our decisions are covered by a thin film, a quiet and uneasy sense, of unknowing” (p. 19).
References


Appendix A
Example email to Pittsburgh area Clinical and Counseling PhD program Directors of Clinical Training

Subject: Research Participants

Dear Program Director,

My name is Rachel Gottlieb, and I am a clinical psychology doctoral student at Duquesne University. As part of my dissertation research, I am currently recruiting participants for interviews on their experience of becoming a therapist. I am hoping you can help me get in touch with potential participants by forwarding this email to your graduate students.

I am seeking PhD students in clinical and counseling psychology in the Pittsburgh area with between 1 and 4 years of clinical training/experience. The interviews for my research into participants’ experience of the transition to seeing clients will be between 1 and 2 hours long and will take place at the Duquesne University Psychology Clinic.

Please consider forwarding the email invitation below to the PhD students in your program. Thank you in advance for your help.

Sincerely,
Rachel Gottlieb, M.A.
Clinical Psychology Doctoral Student, Duquesne University

Dear Students,

Are you interested in speaking about your own experience of the difficulties inherent in moving from the classroom to seeing your first therapy clients? Please consider sharing your story with me.

I am seeking PhD students from Pittsburgh-area clinical and counseling psychology programs to be participants in a qualitative research study I am conducting as part of my dissertation research. Interviews will be between 1 and 2 hours and will take place at the Duquesne University Psychology Clinic in downtown Pittsburgh.

If you have between 1 and 4 years of clinical training or experience and you think you might be interested in talking about the process of becoming a therapist and contributing to my research, please let me know! Even if you do not have time right now but are still interested, please take a moment to call or email so that we can set up a time to talk later; I will be conducting interviews over the next several months.

You may contact me at ----------- or ----------- (please leave a message). Thank you for your interest!

Sincerely,
Rachel Gottlieb, M.A.
Clinical Psychology Doctoral Student, Duquesne University
Appendix B

Consent Form

DUQUESNE UNIVERSITY
600 Forbes Avenue Pittsburgh, PA 15282-0202

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Leaps of Faith: Trainees’ Experiences of Not Knowing in Psychotherapy

INVESTIGATOR: Rachel F. Gottlieb

ADVISOR: (if applicable:) Russell Walsh, Ph.D.
Psychology Department
412-396-5067

SOURCE OF SUPPORT: This research is being conducted in partial fulfillment of the requirements for Clinical Psychology doctoral degree at Duquesne University.

PURPOSE: You are being asked to participate in a research project that seeks to clarify students’ experiences of becoming a therapist. You will be asked to participate in one interview with the researcher. During the interview, you will be asked to talk about your experience of times you did not necessarily know how to proceed as a new therapist, and what you did at those times. As you respond to the researcher you may be asked follow up questions to clarify and expand on your response. The interview will be approximately 1-2 hours in length, and will take place in the Duquesne University Psychology Clinic.

This is the only request that will be made of you.

This interview will be audio recorded and transcribed. The transcription will be used as a research protocol.

RISKS AND BENEFITS: There are no known risks beyond those of everyday life. A potential benefit is increased insight regarding your experience of clinical training, and contribution to the clinical training research literature.

COMPENSATION: You will not be compensated for your participation in this study.

CONFIDENTIALITY: Your name will never appear in any of the research documents, including the transcribed protocols for this study, their interpretations, or in any part of the final dissertation document. You will be referred to by a pseudonym. If you refer to any persons during the interview,
they will also be referred to by a pseudonym in all written documents. Any other identifying material of you or anyone you talked about will be deleted or disguised.

Audio recordings will be used by the researcher for the sole purpose of aiding transcription of verbal and nonverbal contents of the interview. All audio recordings, consent forms, and written documents will be stored in a locked file in the researcher’s home. All material will be destroyed after seven years.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent at any time.

SUMMARY OF RESULTS: A summary of the research results will be supplied to you at no cost, upon your request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project. I understand that should I have any further questions about my participation in this study, I may call Rachel Gottlieb, M.A. (-----------), Dr. Russell Walsh (412-396-5067), or Dr. Linda Goodfellow, Chair of the Duquesne University Institutional Review Board (412-396-6548).

SIGNATURES:

________________________________________   __________________  
Participant's Signature                        Date

________________________________________   __________________  
Researcher's Signature                         Date
Appendix C

Participant Interview Transcripts
Interview 1, Steven.

Notes: Interruptions/encouragers, important nonverbal communication (in italics), and clarifying information included in brackets. R: indicates Rachel (interviewer), S: indicates Steven (participant)

R: So as, as I sort of outlined, maybe in brief, I’m um interested in learning more about the transition into clinical work and the moments when you just don’t know... what to do, but you keep going anyway. Can you tell me a little bit about what those experiences, what that has been like for you, what that brings to mind?

S: Um, the first thing that comes to mind is actually not at all related to n—well, it is related, directly related, is a collection of essays by a, um, by an American short story author, Donald Bartleman: it’s called Not Knowing. [R: Uh huh] I’ve always loved that title, and I cannot for the life of me remember any of the essays in the book. [R: M hm? Hm] But not knowing, as an idea, has really been something that has... come up for me a lot; [R: Hm] it was one of the reasons that, that I volunteered. [R: Uh huh?] [Laughs]

And, I think it goes back to, and it goes back to, you know—I was explaining to my, a friend of mine, the other day that uh, I find the experience of not having the words for something to be ecstatic. Um, and it’s either a really wonderful thing, like, this sort of, almost orgasmic, like, um, moment, or it’s this like feeling of falling off a cliff, and I don’t know what to call this. Or you’ve—we’ve examined this idea to the point of, like... I think we were talking, we were talking about something really nerdy like, ah, whether—whether it was possible to act other than in accordance with your beliefs, so whether your beliefs were best seen in your actions. And it was this sort of moment where we, I think we both got to this point where we’re like, wait, what do we mea- what is—what is a belief, then? [R: Hm] You know and this sort of like moment where ti—for me, the experience of not knowing generally is like, time kind of... space expands and time stops, and there’s this sort of, uh. The best way I can put it is sort of unity? to things— but no names for anything. [R: Uh huh]

It’s a little bit like, I did—I was at Esalen for a month, and I did, in that time I was part of a Lakota sweat lodge. Which is, you know, like four hours of being in an enclosed tent, with smoke, and incredible heat [R: Yeah], and it’s kind of, more or less like, from a natural scientific point of view it’s, you know, you’re inducing hallucination through driving people’s temperature [R: Yeah] way up, and dehydrating them. Uh, [sigh] but this guy, who was leading the whole thing, told a story. “Somebody asked, in the middle of a sweat lodge very much like this one, what’s the secret? basically. And the guy says—don’t know.” And, and I’ve used that in a paper for one of my professors... [R: laughs... Uh huh] but I’m gonna hold onto it for, for other reasons as well.

I was a teacher, before I went back to school. [R: Yeah.] And, not knowing as an, in a, and being in a position where I’m supposed to know something? [R: Yeah] which I think is—kind of one
of the avenues that you’re potentially playing with here—that’s where that really became a problem. It’s one thing for me as a student, for a teacher to ask me, “What is a belief?” and me to go, [shrugs, puzzled look] “huh?” and it’s a different thing I think, um, [R: Yes.] if you’re the teacher and a student asks you, “What is a belief” and you say: “I don’t know.” Um. [R: Right] There’s something about power in that.

R: I was going to ask about the, or, it occurred to me to ask about the inter- an interpersonal context and whether that changes the getting to the edge of what you have words for, that abstract sense for you? [S: Mm hm] Wha- how relational is it? Or, how does it change if it’s… [trails off]

S: I think it’s easy?-er? to get to that edge [R: Mm hm] with another person. [R: Mm hm.] Because I find, as the intellectualizing person I know myself to be, [laughs] that if it’s just me, I’ll let myself off the hook. [R: laughs Yeah.] Right, and I’ll be like, [R: Yeah] oh, this is just like that other thing, you know—insert program here—and then solve for x. [R: Mm hm] Um, with another person, they might ask you something that’s surprising. [R: Yeah] Um, or… Yeah, sur- disarming, surprising, um… they might answer a question you’ve asked in a way you had not anticipated. [R: Hm.] There’s a—I’ve thought a little bit about, in therapy, the value of asking questions you already think you know the answer to. Or asking questions that you, where you don’t have answers. [R: Yeah.] You know, they’re very different kinds of questions.

R: Yeah. Do you mean that as a therapist? or a client?

S: As a therapist. I haven’t asked a lot of questions as a— as a client. [R: Hm.] Yeah, I always feel a little bad about asking a question that I already know the answer to, except in those cases where the answer is not the one I had anticipated, when somebody says something like, totally—I’m trying to come up with an example. [R: Mm hm] It just sort of like, reframes the whole… conversation. [pause] I wish I could come up with a better—an example. Any example.

R: Hm. [pause]

S: No, can’t come up with anything.

R: What is the feeling bad? for asking if you think you already know?

S: [pause] I feel like a cop on Law and Order or something. [R: Huh] [both laugh] You know? Or like a lawyer. [R: Hm.] You know? Um, ‘cause there’s nothing—and, and I think… I think people can tell. I think, when some-- I know when somebody’s asking, I feel like I know when somebody’s asking me a question they already think they know the answer to and it’s just, I’m— either they’re asking for my confirmation, or they’re asking so that I say it and I hear it for myself, and then I have a revelation about it.

R: And that feels… [S: it feels] false? [false.]

S: Uh it feels… disingenuous. On the other hand, um, just reframing those questions as statements can sometimes be presumptuous. [R: Yeah.] Or cruel! [R: Yeah.] Yeah. There are
probably some extreme—extraordinary examples of... “Do you feel” — I’ll use the cliché one—“do you feel angry at your mother?” as opposed to being, “So you’re mad at your mom.” [R: Mm hm. Yeah.] You know, “You’re pissed.” Um, they have different—I mean there’s a whole lot other ball of wax around that, like um, the relationship that’s already been formed or is being formed between two people, between the client and the therapist, and how that’s influenced by if I ask a question versus making a statement and how that, how much space I take up versus how much space the other person takes up. [R: Yeah...] Yeah.

R: So is... we’re kind of talking a little bit abstractly; [S: Sure] is that part for you, of, of moments of not knowing therapeutically? Or is this...

S: I can only talk about this sort of, like retro- [R: Yeah.] spectively, right? [R: Mm hm] In the moment, I think, it’s more like, uh, there’s yeah there’s either that going over the cliff feeling of... [R: Yeah] Either I have no idea what to say, or what I should do at this moment, and, um, and it’s terrifying, ‘cause you know, we’re at—something’s happening. [R: Yeah] I need to say something, do something. They’re looking to me—to say something, do something. I’ve gotten a lot better, even in a year, at, in those moments of, ok, what I first need to do is... step back for a second. [R: Hm.] Because they’re also, you know the other person is also doing something. [R: Hm.] And, uh.

R: So it’s a, a pulling back into yourself and, and also a, like a refocusing on you and them? with the breathing and the remembering that they are also [S: Mm hm] over there?

S: Yeah, and the—that they’re doing something right now, and that it may not—it may not be my place to jump in; [R: Mm hm] I may be enacting a kind of social nicety. [R: Mm hm] Where, you know, silence is uncomfortable, and [R: Mm hm] um.

R: Ca- can you think of a, of a like: they’re looking to me, like that kind of pull? An example of that?

S: Mm hm. Give me a second. Um... [pause]

I had a, I have a client who, um, has been trying for a long time to get pregnant. And she did. And she found out she was having twins, and then she miscarried. Um, [sigh] this is not necessarily the example of her looking to me, because I don’t really think she was looking t—she tells me things. Silence. And with her, I’ve, we have a long... [interrupting himself self-deprecatingly] “Long.” As long as we’ve worked together, there’s been a pretty good relationship around silence. [R: Mm hm] We’ve had a pretty good relationship with silence. And I’ve been able to sit back and, and she usually takes the lead. Because I don’t necessarily want to take us where I wanna go; I wanna see where she wants to go. [R: Mm hm] And then I had the impulse to, to [sigh] the impulse to say something like, I’m so sorry to hear that, or um, I don’t know, what would you say, like in—that’s such an intimate thing to reveal that you wouldn’t do it, it wouldn’t happen on the street, you know. [R: Mm hm] And it’s that sort of...

When you when you turned the recorder on and put it down, you apologized for not knowing how to operate the application, [R: Mm hm] and I’m like, oh it’s okay [R: Mm hm]—you,
laughs] I mean, that exchange was, was. [R: It’s just what you do?] It’s just what you do, right? [R: Yeah] It’s not really—no more than you were like deeply sorry for having not known how to use the app… [R: Mm hm] Um, I was not, like—you didn’t need me to reassure you, I don’t think. [R: Right…] I don’t think. ([R: laughs]) And so my re- my reassurance was just, it was really, [R: Mm hm] It was a hollow nicety…

And that is the worst fucking thing if somebody is actually grieving. Just to make one of these sort of…

R: Yeah. And they’ve come to the place where they’re supposed to be able to actually grieve.

S: Yeah. And I don’t, I mean I didn’t—I think what she was looking for there was not for me to step in and do something but rather to not. Was for me to, to let her statement sit in the air.

R: Hm. So it was definitely calling for some kind of response, but you felt like silence was appropriate?

S: Silence—was the response. [R: Yeah] Yeah. Um.

I have another client who never shuts up. My… my supervisor was convinced that he had—he was a narcissist. And I thought he was just nervous. [R: Hm] He would come in, and this was the like uh, you know the standard interview, and then the assessment thing, and we’re doing, I was having him do the Bender-Gestalt or something ridiculous. My first client. And um, and he, he’s just talking. And it’s just, he’s getting faster and faster—and he’s saying, like ridiculous things, that don’t really make—he was talking about how, you know um maybe we could do an IQ test because he thinks that maybe he should be in Mensa and all this kind of stuff. And like, the guy, I mean—well I don’t think he was—I probably have the tape somewhere, but I don’t think he was sweating from the face, but there was that kind of like… [R: Hm] And to me, I’m like—this guy is really [R: Yeah] working something out, here. Um, and he does that; like, that’s his… [pause] Now I guess I’m really talking about how a client’s not knowing what to do, what to say is a sort of digging in the sand feeling… And I have that too—like, I didn’t know how to—how to interrupt him. How to, how to ease his anxiety. [R: Yeah] If that’s what it was.

R: Yeah. Well did, what form does your not knowing take; what does it look like.

S: I mean paralysis. [R: Huh, yeah.] I just sort of—I probably look like I’m stoned or something. [laughs] I, um, I feel simultaneously like there’s too many things, too much information, too much input [R: Mm hm] and also like there’s no input, there’s no—where to go.

R: Mm hm. So, are you—considering different things to say or do, does it get to that level? or is it that you’re just sifting through what’s coming in?

S: More like—yes, um both of those things. Neither of them in such a way that I would call it conscious. Or, um articulable. [R: Hm.] Little snippets of—a phrase or image or something kind of passing by. [R: Hm] I, I sometimes feel overwhelmed with the number of different directions that we could go at any particular moment. [R: Yeah] My strategy now with the opposite feeling
of what do I do—not having anything to do—is usually to [demonstrates sitting back in chair] sit back. [R: Mm hm] and sort of wait. Um, which is not easy, [R: Yeah] but it seems to work.

R: You wait… for them?

S: I will wait for anything. [R: laughs Uh huh] Often they save my ass. Um, o- sometimes… [pause]

Uh, here is an example. Client X. She has an eating disorder. Although at this point in the therapy we really hadn’t, she hadn’t named that for me; she knew it for herself, but was like reluctant, was new, as a transfer. [R: Mm hm.] Um, she was talking around food. And, we were talking about, her feeling like she had all of this responsibility. But no control. Responsibility for her own actions, her own behaviors, her own meaning. But she had no control. She says, “I have no self-control.” And I kn- and I know, like I get this kind of, like—huh. There’s something—there’s something here. But I don’t know—and like I could have jumped in and said something; [R: Mm hm] I don’t know what I would have said, but. But it was a moment where I’m like, I don't fully know what I, what I make of this; there’s something to it. So I—I sat back, and I just sort of waited. And she did the same. She didn’t say anything. And eventually it just sort of—this question came to me: I mean, I don’t know how, maybe I got a vibe or som-thing, [R: Mm hm] and I said “Well, if you have, if you have no control—if you have no self control, who’s in control?” And that wouldn’t have come to me, and it wou—and it—[chuckles] speaking of not knowing: she couldn’t answer that question, which I thought was a really, like… if we had variable-length sessions, this might have been the place [R: Mm hm] where I was like, okay, this might be a good place to stop. But—but it was a place where I didn't exactly know how to proceed, so I stopped and waited, something came to me and I gave it to her; she didn’t know how to proceed. [R: Mm hm] To me that strikes me as being a good moment. [R: Yeah.] Because I think there’s a lot of value in not knowing.

R: Uh huh, yeah. Wh—do you know where it came from, the something that came to you, that question. Were you—pondering? Were you—where was your focus? Do you know?

S: Hm.

[pause]

If I was being a good Gestalt therapist, [both laugh] um… the f—you know, the focusing stuff? [R: Mm hm.] That Gendlin does? Actually makes a lot of sense to me… I don’t know. Like I have this really big split between the part of me that’s like really into that, [R: Uh huh] and thinks we should all like just like tune into our bodies and they’ll tell us what we should do, [R: Right] and then there’s this, a whole other part that’s—lives up here. [gestures to head] Um

R: Right. And that makes a lot of—sense [gestures to head] to you…? [laughs]

S: And by—wha—how does, how do—when we say that something “makes sense,” [R: Uh huh] do we—with this? [head] or with this [gut]? [R: Yeah] You know. Um—I think that was an
instance where I didn’t think. [R: Uh huh.] Where it came from my, from my gut. [R: Hm. Yeah] Not to sound like George Bush.

[pause]

R: When you were sitting, in the silence, do you know what was filling the silence? Was it her words? It sounds like a…

S: Yeah, that’s a really interesting question.

R: It’s a hard—i- I don’t know how to ask the question of what were you aware of. [S: Right.] That doesn’t fit into words very well. But—do you think you were focusing on, on words? Or feelings? Or—

S: Well, I’ll tell you what I’m doing right now. [R: Mm hm?] Um, and because this is a question I don’t know how to answer. [R: Yeah.] Um, I’m… you know those, um, what do you call them. Weebles. No—the Ben—the Bandara, the Bandura, Bandura dolls? [R: Oh, yeah. Mm hm.] They’ve-- they’re sandbagged in the ass, [R: Right] and you knock ‘em over, and like I feel a little bit like that, um. [R: Huh.] I’m pretty aware of uh, of my weight being kind of centered back in my pelvis, and that’s what’s been filling the silence, is this sort of internal [R: Huh] being here? Um

R: Are you a—a still doll? Or

S: Uh—no, yeah

R: Rebounding?

S: No, I’m pretty—no, I’m not, I don’t think I’m… I realize, I gave you the, gave you the impression that you were the—the aggressive child. [both laugh slightly] No, um, no it’s a steel, it’s a still, good, grounded feeling… [R: Mm hm.] Um, I am where I am, and that’s okay, and that’s good. And this is the place from which I can speak honestly, and not really have to worry about what it means. [R: Huh.] Which is a whole… I mean—now we can do my thing! [laughing] That’s my thing. [R: Oh, huh.] So for me, I think in that, in those moments, where the, where not knowing, where not knowing is useful and good, [R: Mm hm?] um, or leads to something useful and good, are for me when I can stay present to my, my um, experience in, in the room, with another person, [R: Uh huh] in that not knowing, in that silence, and have that be [R: Yeah] what it is, rather than trying to find my way out of it. If I try to find my way out of it, I often feel like I’m, like, trying to—[scrabbling at air] I use this gesture a lot [R: Hm]—clawing my way out of the sand pit. [R: Mm hm, yeah] Like a mole, or something. [R: laughs Uh huh.] Blind, maybe—um. [R: Yeah] So that’s… [R: Hm.] I’m trying to stay with that, in this conversation with you.

R: Yeah—the, the feeling?
S: The feeling of not knowing, and not answering in a way that is, um… canned. [R: Hm. Yeah] A lot of that stuff I said at the beginning I think was pretty canned. [R: Hm.] I sort of knew, oh yeah, I’ll mention this thing [R: Mm hm?] I’ll just kind of—

R: Well you, before—I maybe interrupted us at a certain point pretty early when you had been talking about your experience as a teacher, and the not knowing being different when a student asks you as teacher that question. And you brought up power? Also maybe in relation to a therapeutic context—do you feel? so th—that was a switch? for you? [S: Mm hm.] Do you feel that… differently? do you still feel… the power of your role… as a, as a demand?

S: Hm. [breathes in and out, audibly] [speaking quietly:] It depends on the—person. [R: Hm] I don’t like feeling that demand. [R: Mm hm] As a teacher, I actively [laughing, resuming previous volume level] go about popping that, that bubble. [R: Mm hm] Um, and in- and introducing, or allowing for moments of not, not knowing because I thought it was important for the people I was teaching to see that I didn’t know. [R: Mm hm] Um. I—

R: Can I interrupt you?

S: Yeah, absolutely.

R: I—So I’m wondering whether there’s a—difference between not knowing the answer to a question and not knowing how to respond as a teacher? Were there moments when you didn’t know how to be a teacher.

S: Yes.

R: …that felt different than—confidently admitting to your students that you didn’t know the answer because you wanted to model that for them?

S: Do you remember when, um, there was a boy, at Rutgers who killed himself because his roommate had videotaped the- the boy ha- having a sexual encounter with another boy?

R: Hm, maybe.

S: This was, maybe not even five years ago.

R: Yeah, that sounds familiar.

S: So there was this, and there was, um, and there was a debate about whether this was—whether the, the roommate with the video camera, this hidden video camera, should be charged with a hate crime, [R: Hm] and all this. Um. And, uh, I brought this, um, an article about this into my class, [R: Hm] and in the process of reading it I, I broke down and started crying. Um. As did several students, because they were so—ah… [sigh] it was just so heartbreaking on so many different levels. Um. And there was a real moment where we were all there together and there was no—no—there was no way of knowing what we were supposed to do with [R: Yeah] the emotions in the room, the article [laughing slightly], our anger, our fear, our own experiences,
um, all of that stuff—was there. [R: Yeah.] And there was—suddenly there was, it was just a bunch of people in a room, [R: Hm] grieving. And the power thing just kind of fell apart.

That was a moment where I—and I didn’t expect it. Um [laughing] I didn’t, [R: Right] that was not my intention; I thought we’d have a good old debate about hate crimes, or something. [R: Yeah.] But... um

R: Do you remember what you—did?

S: We sat there and we cried. And, um... that was it. [R: Hm.] There wasn’t, I mean there really wasn’t anything else we could do. [R: Yeah.] Because we, I mean these were sm—this was a like an AP Lit class, I mean these were s—these kids all went to Yale, Harvard, and like they were super smart, super mature, they could see past the very simple, you know, article, the way the article was set up was this very simple, like—you know, anti-bullying position [R: Uh huh] that then you know, there’s all this other stuff that’s like—so, we were—and there, people were crying not only for the boy who killed himself, but also for whatever had driven this one other kid to, to tape record. [R: Mm hm] You know, what the hell he must be going through. [R: Yes] I mean, there’s just nothing you can do with it. Other than just be there together.

R: Feel the resonances?

S: Yeah.

R: Yeah. So how—like, how does class end? [S: laughs] Like, wha—if this were a movie, it would

S: The bell rang!

R: Yeah? (laughs)

S: Really, I mean th- that was it. [R: Hm] Or, I or, um... [R: Yeah]

Yeah, I mean a similar thing, when I—I tried to go—uh, the day my dad died, this was four years ago, uh I tried to go to work. [R: Hm.] So, [laughing slightly] I got this call from my brother that morning, like six o’clock in the morning, and then you know nine o’clock I’m in my classroom, and of course we’re doing Hamlet. [laughs] Um, [R: Gosh] and of course we’re doing the ghost scene, and I am trying to teach, and I’m like, “Guys, I can’t do this.” The same class, actually—we had an amazing rapport. But, I was like, “I can’t do this, um, I’m sorry. I don’t know what to say.” Um. And I told them my dad had died and I needed to go, and I left. [R: Hm.]

Um... there’s a real, like there’s—there was a lot of danger. There was a lot of danger in my teaching that way. Um. I think a lot of good came out of it for the—well, for everybody, for me too, as a teacher. At least I think that there was a way I needed to be vulnerable in front of people? Um, which, I think they—I think they got a lot—I know they got a lot out of that class.

R: But it was, [S: But it’s diff-] That was actually moments of, of vulnerability, not
S: Oh, oh yeah. It’s not the—

R: ‘Let me puncture my image so that you can…’

S: Yeah… I mean, I don’t—I don’t think so. Um, I really don’t—there’s no way I could have prepared [R: Yeah] for this. Um. There have definitely been other kinds of moments where someone asked me a question I don’t have the answer to, and I’ve said, “Well, [laughing] why don’t you—you’re clearly on the computer here, like—just look it up and tell—teach us!” [R: Uh huh] You know, “teach me, I don’t know this.” Um, and that’s—in, for the student-teacher relationship, that’s empowering and useful in a different kind of way. [R: Yeah.] Um.

R: Not as dangerous.

S: Not as dangerous. [R: Yeah.] Not as dangerous at all. Um—you know I think, the other, with teaching the other one I would bring up is, um, teaching Huck Finn. And going into the classes and being like, okay, so what do I—I mean… I’m—let’s say I wanted to read aloud a passage from this novel to you. [R: (laughing slightly) Yeah. Good luck.] How the he—you know, how is that gonna work? Um, and getting into a conversation about—and having no idea what was going to happen—about the n-word, and about, like what we do with this. And having some classes say… you know, and just sort of, like popping that bubble of, of dealing with, well, we’re gonna have to talk about—race, we’re gonna have to talk about, you know, how do people feel about race in this room, in this [unintelligible], and having people. you know, having students get very angry at me and having other students surprise me by being like, “No, it’s actually, it’s really interesting to hear; it would be interesting, I wanna know what it feels like.” [R: Hm] You know, not something. So—[R: Yeah] so that was a different kind of risk-taking and not knowing, like—how is this gonna go? [R: Yeah. Yeah.] I had a—um—when I was studying writing, I had a, um, professor, and I did an independent study on experimental fiction with him, and his motto was basically, if you’re not experimenting, you’re just following a formula. And—so you don’t, if you know what the outcome is going to be, it’s just an exercise. [R: Hm] It’s not an experiment ‘til you don’t know what the hell you’re doing. [R: Hm.] Um, and I really try, uh, as best I can, to embrace that, as a, as a clinician. [pause]

It’s not easy.

R: [breathes in] Hm. So… those, those stories seem to come more easily from your, your teaching career. [S: Yeah.] From—from know—I’m guessing—but, knowing what it feels like to be in command of your role, um, and to play where you know what’s likely going to happen, and to play where you feel comfortable, versus stepping unto an emotional depth that’s actually scary and has the potential for something really more interesting. [S: Yeah] Do you, do you know as well? what that feels like in your therapeutic role? [pause] Is it murkier?

S: In some ways, it’s um. In some ways it’s easier, because there’s less of me at stake.

R: Easier in—teaching?
S: Uh, in—no, in, as a clinician. [R: Hm.] Because there’s not, I mean, [R: Hm.] there’s a way you can, I can show up as a clinician that doesn’t really reveal much of myself at all. And I can still be empathetic, and—and all that good stuff, without really like, giving much away of myself. [R: Mm hm.] Um… actually, now that I say that I’m not sure that it’s true. But—[laughing slightly] we’ll go with that for now. [R: (laughs) Uh huh]

Um, and yet, in another way—with teaching you can always retreat to the fact that, like we’re dealing with… no, but really we’re talking about Huck Finn, so [R: Hm] so we can kind of, we can paddle back to dry land really quickly. Um, whereas, you know, if I walk into this room, one of these rooms, you know, this is the place. This is the place where, you know, where it’s supposed to be… where vulnerability’s encouraged. [R: Mm hm] Um. And to not step into that depth is actually…

R: Doing it wrong?

S: Kind of, [R: Yeah] I mean there’s this—we definitely put a premium, and I saw this in my Gestalt therapy training, [R: Uh huh] there’s so much this premium on the, on the cathartic moment, [R: Hm] the, you know, the crying, and are there tissues?, and that kind of thing. Um—the breakthrough. [R: Hm.] And we pri—I think we privilege that, in, in sometimes in a dangerous way. [R: Mm hm] Um… [sigh] It’s so much—I’ll tell you this, it is so much more comfortable for me not knowing here—as a clinician, or as a client, or as a teacher, or as a student—than it is outside of these environments. A-at a party. [R: Mm hm.] Right? [laughing] [R: Hm] Uh—or in a social situation, where I’m like I just don’t, I don’t know what to say, and I’m scared. [R: Huh] ‘Cause I—this is a different—it’s always a bad feeling—and and I don’t know why I’ve never approached it from the point of view of, like: I don’t know, and I like that feeling in other contexts, so—you know, why can’t I just enjoy that feeling in, right now, [R: Yeah] um

R: Huh. So the, the abstract idea that you started with, that is interesting to you, that you’ve thought about a lot, is when you are… safely in a role.

S: Yes. Yeah, yeah, and I think um, I think, you know just personally I think that’s very important for me to know where I stand. [R: Hm] You know, um—and that I’m working from a—a frame—[laughing] I’m working from a foundation, a sort of theoretical framework, in which it is okay to not know. [R: Mm hm. Yeah.] And I’m in a position where not knowing is, sort of… within the bounds. [R: Mm.] Uh… whereas, if I am in a situation where I don’t know my position, or I don’t know whether not knowing is in bounds, then I get… spooky. [R: Uh huh]

R: What i—do you know what the fear is? what’s the—what kind of fear is it?

S: It’s similar, actually, um: the feeling is, I don’t know what to say, um—I should know what to say, normal people know what to say, [R: Hm] um, this must be something wrong with me. Um, I must look like a total weirdo to these people. [R: Hm] And that’s bad. (laughs) Um, which is always a tip-off, right? Uh.
R: *(laughing slightly)* Yes, my therapist self says, “That’s bad?”

S: *(laughs)* Yeah, you know it’s, there’s, like I know there’s certain, like I could, you know, around here, right, in the room with the couches, not knowing, and sort of going, “Uh, um, eh…” [R: Hm] You know, that’s—that’s at least acceptable, if not expected of me from certain people, so you know that’s fine, but um. [R: Mm hm] It’s—I don’t know, at somebody’s birthday party or something like that, I’m like ugh, not knowing is totally not okay.

Um… *[pause]* like now I’m wondering how much of my not knowing I mask in a therapy session, if I… if there’s a way that I say I sort of retreat to, like *[mocking]* ‘silence and I sort of sit back and wait;’ whether that’s just like, me masking, by retreating into this position of, oh yes, it’s totally okay for the therapist to sit in the position of silence; that doesn’t necessarily reveal their vulnerability so much as their letting the other person work it out, [R: Mm hm] or you know, whatever. When really, it’s… part of it could be a fear of incompetence, or… my feeling of incompetence. Of saying the wrong thing.

R: So it’s not entirely clear whether it’s masking vulnerability or allowing vulnerability.

S: Right. Right. I’m okay with that.

*(Both laugh)*

R: Uh huh

S: Just for the record!

R: Yeah! *(chuckling)*

S: Um, Yeah, yeah, I’m okay with that, that not knowing whether it’s one or the other; it’s probably both, I guess, but um… It’s so, it’s so difficult to be genuinely vulnerable, even in a situation where like the ground rules are: we are going to be genuinely vulnerable here. [R: Yeah] At least one set of ground rules.

R: Uh huh. Is that something that you feel in session? Uh, “Am I really being—?” You mentioned, uh, maybe something like it [S: Mm hm] with the not liking to ask questions you think you already know the answer to, but the surprise is, but that does—is there a… Do you push yourself to be vulnerable?

S: No. No, but I know I’m more vulnerable with some people than with others.

R: Some clients?

S: Some—yeah, for sure. Some clients. [R: Mm hm] Well, yes, with some—people in the world, [R: Right, yeah] but definitely with some clients much more—and by, and what I mean by vulnerable is… um, *[pause]* unchecked. Un- not second guessing? [R: Yeah] Ugh, a terrible phrase. But like, that—allowing myself to do the sort of Bandura doll sitting back, [R: Yeah] but
not doing it in a kind of, thoughtful way, it’s just oh, this is what we’re doing. Something’s sort of happening here, and that’s, there’s no—what is it? to trust the process, I guess, [R: Mm hm] um

R: And that happens when you’re—centered and— sitting back [demonstrating]

S: Yeah, more centered, yeah, the—absolutely.

R: Where does the second-guessing happen? [gesturing around body]

S: Oh, that happens up here. [head] [R: Yeah] That happens from about here [shoulders] up. [R: Uh huh (laughs)] Most people, my shoulders are in my ears. Yeah. That’s—the second-guessing happens all up here. [R: Mm hm.] And the second-guessing is usually a response to, um, [sigh] not breathing, feeling tight in my chest, in that area of my chest. [R: Yeah] Uh.

R: So are there two types of not knowing, then? The not knowing that is centered, and the not knowing that is… panicky?

S: Mm hm. Yeah, um I think one is, um, I think not knowing that’s panicky and kind of in my head is an attempt to know, [R: Huh] uh and is… um, active? [R: Hm] Going towards something? The centered, sitting back is a more passive, receptive not knowing. [R: Yeah] And I’m not trying to get somewhere. Um, whereas this [head] not knowing has a kind of urgency to know. [R: Yes] Um. Gah, this is so—I mean I, sorry, there’s also all this, some personal stuff that’s coming in, like ‘yeah, well of course—you know, you’ve spent your entire life being sort of rewarded for your intellectual knowing of things, that’s been your defense, that’s been your, you know that’s how you’ve gotten by, that’s that’s you know why you’re here, [R: Yeah] and like all that, so of course that’s like, you know, you’re in the, in a place where you feel unstable, and you don’t know the answer, that’s just gonna increase your anxiety about it,’ [R: Yeah] Um, yeah, sorry, this rolling out of your bounds,

R: Yeah… but the, so the therapist role helps by allowing that not to be as foregrounded? Privileging something else?

S: Yeah? Um, yeah I think you could say that, like um belief—belief (laughing)—faith, [R: Hm] that I actually trust in the process, all that good stuff, is part of that—part of that, is given that privilege by the role. [R: Yeah.] Um, somebody somewhere along the line said, “You’re okay to sit in this chair and be in this position, and uh, and part of actually what’s gonna help you, is not knowing what’s happening, um and trusting that things will be okay.” [R: Hm]

And that’s the de- that Gestalt therapy training has been super helpful in um, just—we the way we did our practica, um we have, so uh, you know, a group of three people and a faculty member. So, you know—you, let’s say you’re my therapist, I’m person C’s therapist, and they’re yours, and you take turns and you have twenty minutes apiece, and there’s also the faculty member who gives feedback and every once in a while might stop you and say, “Okay, what are you thinking about, [R: Mm hm] what if you said this,” and there’s this, sort of open but closed? closed to the four people, [R: Mm hm] but it’s open amongst, so everybody knows [R: Right, everybody’s therapy, yeah] what everybody’s talking about. Um, and, so having the
faculty member there was nice, because it’s like, well, if shit gets really out of hand, I’m sure they’ll step in. [R: Uh huh] Um, but so much of the good that happened in those sessions, both as a client—as a client, as an observer, and as a therapist—[R: Yeah] was in the moments of not having any idea what we were doing. Like, ‘okay, I guess we’re sitting here and we’re breathing together.’ [both laugh] ‘And now we’re laughing about it!’ Like, ‘is this therapy—it feels good. I mean, wha? Okay, what is that all about?’ Or… because so much of it was unknown, and that—that unknown was so privileged, so much, [R: Mm hm] um, that we were sort of like, you know pushed toward it.

R: Yeah. And the permission was very explicit.

S: Right. And this idea that I, that I tried to hold to, of the safe emergency, [R: Hm] this idea that, you know, we’ve got a, we’ve created a safe container here, in which um we’re gonna, it’s safe enough that we can try new things. And if it goes too far we can come back. But I’m gonna, we’re gonna push out to that—you know, what the uh zone of proximal development, [R: Mm hm] whatever it is. And we’re not gonna get too scared, but if we get too scared, we’ll come back, it’ll be fine. That um, the safe emergency and the experiment, [R: Mm hm] these two, like cornerstone things in Gestalt, and that’s so, has been so… helpful. Um, in in being in any of those chairs. Um, I’ve had—I’ve had some really weird experiences as a member, as a member of a process group that were completely unplanned experiments, that, that came out of nowhere that I could name. Um, they seemed like, they seemed like dreams. In the sense that there’s, that they make sense, without a narrative kind of language. The still—there’s a logic, there’s a coherence to it, but it’s not narratively bound. And a lot of that happened in that space between like, ‘this is really risky and scary for me; I don’t really know what I’m saying or why I’m saying it, but I’m saying it,’ [R: Mm hm] ‘but I feel, like, held, by these other people.’ [R: Yeah.] Yeah, and that’s been, that was really, really super helpful for me as a, as a

R: To have those experiences to fall back on, to feel them in your background, somehow.

S: Yeah, and um, as a, as a clinician, as a client, [R: Mm hm] just watching other people work, [R: Yeah] um… what do I call this? I don’t know what to call this, [R: Hm] but it’s something. [R: Mm hm] Um.

R: And so that’s part of what the word ‘therapist’ holds for you? [S: Yeah] The role?

S: Yeah. Yeah. I um, (laughs) speaking of not knowing, um—since we are—I have a, this, the client who was, we’ve been talking about pretty much the same client, with one exception—she mis-, the miscarriages, she uh has the eating disorder, which really makes the whole thing complicated—[R: Mm] she also, um, we’re (laughs) I don’t know how we ended up talking about the idea of, of smashing dish- smashing dishes? um, but I brought it up, several months ago, I think, with a, you know, ‘do you ever, do you ever break dishes and things like that, in anger.’ And said something like, ‘do you want to?’ (laughs) And—so we kind of concocted this whole thing where—well and she actually it sort of dropped, and then she, and then I was surprised because she brought it up again, maybe a month or two later. [R: Hm] ‘Did you ever find out whether we, you know, we could break dishes?’ [R: Huh!] ‘No I didn’t ever find that out, I didn’t know you were interested in that!’ (R: laughing) Um, and so here’s a number of not-knowings: a) can we do this here in this space? b) … should we? is there any value in it? c)…
why here? You know, um, so we played around with these things. [R: Mm hm] And then it ended up with me writing an email to the Clinic Director, Hillary: ‘Can we break dishes in the—? Is that okay?’ She’s like, ‘Well, what’s the rationale?’ (both laugh) ‘What the hell are you doing? Why?’ you know, she says ‘that’s a great question, what are you—what’s the, what’s the theory, what’s the idea behind it?’ Um, so we talked about that.

R: ‘We’ you and Hillary, or ‘we’ you and the client?

S: Well, both. [R: Mm hm] Uh, I talked to Hillary—actually, I had that session with the client right before I went to talk to Hillary, and I’m like, ‘so here’s the thing: they wanna know why we’re gonna do this; why do you, why do we want to do this?’ Um, and I really kept coming back to, in my head, like ‘okay, what you’re doing, what I’m doing, is I am creating this space where it’s safe to try new things. That’s it. Um, what does she think she’s gonna get out of that,’ [R: Mm hm] ‘um, okay, we can talk about that, but it may not be what we get out of it—it may not—we may not do the thing that we think we’re—what we think is gonna happen. It may not happen. It may be—something else. But what, my job,’ and you’re talking about—this is part of ‘being a therapist’ [R: Mm hm]—‘my job is to create—or one of my jobs—is to create a space that’s safe enough that, that my client and I can try new things.’ [R: Mm hm] And those new things or those new ways of being in the world, often they involve, you know, new ways of being vulnerable with other people, you know, um. But they don’t necessarily have to maybe just be [unintelligible]. Shit, I’ve been in workshops where people have, as part of these experiments, like, ‘I’ve always wanted to know what it feels like to walk and shake my hips as I walked. What that would feel like.’ And that’s the experiment: ‘okay… Do it!’ you know? (both laugh) Or, do—how do you want it? Do you want us to like, do you want us to see you as you… what feels right, what feels like too much, too little. And it’s never in—sometimes it comes out in, like it becomes this whole other thing, but—my job is to create a container that’s safe enough that you can try new things, um, and see what happens. [R: Hm] Uh, and a lot of, there’s a lot of not knowing what the hell is gonna happen. [R: Yeah] Like, that you’re—that part of creating that container is, there’s a certain amount of trust that needs to be developed and vulnerability, [R: Yeah] and a lot of that trust and vulnerability has to be around the areas of not knowing the outcome of something. [R: Yeah] You know, not speaking from a place where what you’re saying is totally canned, and prefab…

R: Right, right. So you—when she, when she asked whether, whether you had asked whether it was okay, [S: Yeah] you immediately had these ‘oh! wow! I don’t know—I don’t know this, this and this.’ Did—

S: Well, we—well I mean I knew… what did I know. I knew I hadn’t asked Hillary, and that we couldn’t do anything—[R: (laughs) Uh huh] I wasn’t gonna do anything without getting the okay on that. [R: Uh huh!] Um, I said, ‘I—uh, no I haven’t talked to her,’ uh, and I, my mind went to: all right, for, like safety reasons, and for, you know, logistical reasons I need to talk to Hillary about this; I absolutely need to do that, and that’s—we’re not going to break any dishes today. [R: Hm.] She brought the dish with her. [R: (laughing) Ah ha!] Which was awesome. And she had taken it one step further; she had written down all these terrible things that people had said to her, which was a whole other topic of conversation. My thought process was something like, okay, we can’t—we can’t do anything with this right now, but we can talk about it. [R: Mm hm]
And uh, then see what happens. And in the process of talking about it, I started to wonder about—Should I be there? What would be the value of me being there? And we- we ended up talking about these things. And, and, then after I talked to Hillary, I, we kind of thought about it: you can’t really like—[gesturing around the room] well, you—you’re not gonna break a plate throwing it into these floors, [R: Mm hm] so we could do it outside, but that is—raises all kinds of issues about privacy and all this sort of stuff, uh, and this person is really careful about that… Um, so it ended up, the client is going to break the plate, she’s gonna take a day off of work, ‘cause nobody knows she’s in therapy, she’s gonna take a day off of work and she’s gonna break this plate! in her basement, which has a concrete floor, and you know she can… cause Hillary’s solution was to put the plate in a pillowcase and break it with a hammer. [R: Huh] Which I proposed to the client, I—and she was like, [horrified face] no no no no, that’s too violent, [R: Huh!] that’s, that’s not what she wanted. And I was like, this is really interesting! [R: Hm] So that got us into talking about what she wanted out of it, but it was like, these little things that you can’t really account for, that aren’t really anybody’s responsibility, like, you know, the floors not being concrete, [R: Hm] alter the experiment. Hillary’s idea of breaking it with a hammer—alters the experiment. [R: Hm] you know, the—now the client’s gonna do this at home; I’m not going to be there—that alters the experiment. [R: Yeah.] The whole thing changes because of all this stuff that’s outside of our control. [R: (laughs)] Um and stuff we couldn’t have predicted in the first place. You know, but affect the—affect what happens. The ba—the, the uh—it’s not just that the balls are in the air, it’s that they’re all in motion relative to one another all the time, [R: Mm hm] so there’s no, there’s no center point from which you can measure the rest of them, you know. Um, uh—so. what’s that line about the universe having—the center is everywhere, and having no edge, or some type of thing. [R: Hm. Yeah.] Um.

R: Did you mean to use those words, ‘responsibility’ and ‘control,’ were you thinking about… her?

S: Hm. (laughing slightly) No. Not consciously! (laughing) Um, no but that’s great, right? [R: Hm. Yeah.] I mean all of this stuff is like, it’s there, it was, [R: Yeah, it was] it’s, it’s you know. [R: Mm hm.] I mean, if I have no self-control, who is in control? [R: Hm.] Circumstances, in some cases, right? [R: Hm.] No, I did not consciously use those words, but they are-

R: (interrupting) Because I got really distracted. [both laugh]

S: Yeah, I mean… you know, it’s such a—those two ideas… so much of other people’s, so much of what comes up, in any particular therapy, is the product of… is mine. Is mine as much as it is the other person’s. [R: Yeah.] Um, but boy, it’s—responsibility and self-control, or just control, would have been—I mean that’s so, it seems they’ve been so figural in all of the, the clients I’ve worked with, even just in this one year. [R: Hm.] And access… to… access to um, registers, emotional um… aspects of being human. [R: Hm.] Like anger. Um—you know, to be the kind of person who would break a plate. Um, blocking off access to those things because of, of a fear of a lack of control, acknowledging a responsibility for breaking a plate. [R: Hm.] For smashing a plate with a hammer. [pause] Hm. [pause] Hm. I don’t know what’s making me smile about this, but I like it.
R: (laughing slightly) Oh good. (both laugh)

S: Yeah, I know, I mean—this is all about my entertainment.

R: I – [checking that S was not being interrupted] did you, were you gonna—?

S: I, no, I was, it was a pleasant little ‘I have no idea.’

R: (laughing) Okay. Um, so the—I think… I think… I’m wondering about the timeline, because it seems like maybe there were a couple of, a couple of moments in this, in this story, in the way it unfolded? Because… you and the client had discussed it, long ago, and then in the one session, she brought up the question, and you didn’t know. [S: Mm hm.] And that was a fruitful not knowing, [S: Mm hm.] it bounded the session in a certain way because you had not asked, and so you could not… [S: Right] you did, there was the decision, ‘No, we cannot.’ [S: Right] ‘So let’s talk.’ And that freed up a lot of interesting things? And then, you sent an email? [S: Mm hm. And then I met] And set up an appointment, and met with [S: Yeah] the client again before you saw Hillary?

S: Yes, and then I think I’ve met with the client once since then. [R: Hm] Because we could talk about the hammer, and all that stuff. [R: Mm hm] After the meeting with Hillary.

R: Right. Okay.

S: I mean, if you want like a detailed timeline, I can pull it up from the, my notes, but I think you’ve got it roughly accurate. [R: Yes] A couple months ago, the idea was floated, it comes back, [R: Yeah] two weeks ago, let’s say, and ‘No, we can’t do anything with it, I’ve gotta go talk to Hillary,’ [R: Right] sent an email to Hillary that day, meet with Hillary the following week. have, I think one meeting with the client on either side of that meeting with Hillary. [R: Uh huh] Which I think is what you described, [R: Right] and now it’s sort of like, I see her on Wednesday. And then—I don’t think she’ll have smashed any plates—[R: (laughing) Uh huh] she might have!

R: Yeah. Hm. W- so in the, in the session… what was it, the um. [haltingly] I was wondering whether there was—it sounded… safe –er. The session where you knew that because you hadn’t asked, there were many reasons why you couldn’t do anything that day. [S: Right.] But then, there was—either the session before you asked, or the um, or the next one, I… heard something that sounded like there was some… you knew what your job was, the creating the safe space. but the questions about what this exercise would do, or what it was meant to do, what it was meant to accomplish… were you unsure whether she knew that was your job? [S: Hm] Was there something between you that was…

S: We had done—this might help answer the question, because we had—this is not sort of the first experiment that we’ve done, [R: Yeah] we did a little—little. it was a—uh, it was a big deal for me, and I think it was a big deal for her, um—we did a kind of empty chair thing, um, which I’d never done before, um, so that was new for me, and sort of anxiety-provoking. She’d never done anything like that before, where she—she had a bunch of things she wanted to say to her
sister-in-law that she’d never gotten a chance to say to her sister-in-law, or you know had the courage to do it or whatever… and so we just sort of did this, you know, empty chair thing where she could tell her whatever she wanted to, you know. And we discussed leading into that, like: ‘Okay, my role: here’s how I imagine my role,’ um. And I sort of explained that, uh, you know, I’m here, however she wants me to be here for her in this. I see myself as someone who’s crea- helping to create a container in which we can try something new, um, and I’m right here if you need me in any kind of way, um, and I’m gonna, just bear witness to this. Um. So we kind of already, like, worked out, like okay this is how we do these experiments, [R: Hm] um and we, and I talked a little bit about turning, you know, grading things up or grading them down, depending on how comfortable she felt, um, you know, where I would say ‘Well what if,’ uh, I’m trying to think, if she was super reluctant about the plate, uh, if like, “Well, you know, you don’t wanna smash it with a hammer, but would you be willing to throw it against the wall,’ or something. ‘Or talk about smashing it with the hammer,’ or something. You know, help scale it back or scale it up. Depending on how she wanted you to do that. Um. So we’d already kind of contracted something? [R: Hm] So I think that, when we talked about the plate, breaking the plate, uh, I think there was an implicit sort of r- set of rules that we had established about—you know, what my, how I was gonna help facilitate this. [R: Uh huh] Um. That I was kind of keeping boundaries. S- but it was never made explicit. [R: Uh huh] To—I think that was your question.

R: Yeah… Yeah. Wha- yeah. (hesitating, shaking head)

S: I’m not sure what you’re— if there’s anything

R: I don’t remember what I heard. (laughs sheepishly) Um.

S: This wa—I mean, like I have been, with this particular client, and I don’t know which is the chicken and which is the egg, or even if it really matters, but I’ve felt really really, like, um, like I’ve, like we’ve done really good work together, [R: Mm hm] um, like uh we’ve got really good rapport, um and like uh I look forward to, to working with her, um, very much. Um, and I don’t know whether uh, whether that’s the ground on which I feel comfortable trying new things and not really like, worrying too much about not knowing, and sort of saying okay well it’s gonna work out, let me just trust this. [R: Uh huh] Uh or whether all of those things that I’m describing, and feeling like we have good rapport, like we’re doing good work, and looking forward to working with her, is because I’ve kind of come in with this a- this open attitude of, I don’t know what’s going to happen and that’s okay. [R: Uh huh] Um, they’re re-I feel like they’re related, but I don’t know which one ends up on the bottom, [R: Hm] and which one ends up on the top. Uh… [sigh] And I’ve been more reluctant with other folks.

R: Yeah. Have you—have you ever had the experience of that attitude turning out badly with—is there anyone who has punished you (laughing) for, for that?

S: You know, I had a—I had a client who um was my second client, [R: Mm hm] and she… we did the intake, we did the assessment, and the next, and I had mentioned something just in passing, that like dreams were interesting to me, and within a, maybe one or two sessions in, and I… I came in, and for some reason I had been thinking, I had been wondering in my head as I
was walking over here, ‘whether, you know, you had had any dreams,’ and she said ‘Really, I had been thinking the same thing, like I wonder if we’ll talk about dreams’ [R: hm] ‘today,’ and I was like, ‘Well, let’s talk about a dream!’ And she had two, and we sort of worked with them in um a Gestalt therapy kind of way, which would involve retelling the dream, visualizing, and st— trying to stay in that space in your head and kind of developing new territory. So in her dream she um is standing under a set of bleachers at a high school, talking to a little boy, um but she can’t hear the little boy because this voice in her head is kind of mumbling in a way that isn’t making any sense but is causing interference with what the boy says. [R: Hm] And so I kind of, you know had her retell the dream and kind of you know describe, you know describe what— how old you are, what you’re feeling like, what you’re wearing, what’s the—you know, are you, is there grass, what’s the ground like, are you wearing shoes, just develop the scene. And uh, and the scene around you. And um, this went real deep real fast. Too fast. Too deep, [R: Hm] I mean it was just [snaps fingers] triggered all of this stuff for her about her dad, that months later would come about, about her dad, um, [R: Hm] having a very odd relationship with his daughters. And—nothing was ever talked about explicitly so I don’t know, then she left. [R: Hm] The client left. But

R: Months later when she talked about it? Or

S: Well, we have this session, [R: Uh huh?] she mentions in passing, after talking about this dream, that her sister had brought up in a conversation, the idea that their father had touched them inappropriately, but she didn’t give that any weight. [R: Hm] She cancels the next week, [R: Ooh (wincing)] comes in the week after that, [R: Uh huh] wants to go to every other week, [R: Oh!] Like, you know. [R: Yeah!] And in supervision, I talk about this, we talk about—we, I had it on tape, we watched it, and it was clear, like we had just gone real deep. [R: Mm] It was too much. [R: Yeah] And I scared her. Um so, eventually, maybe a month or two ago, we come back to this issue of her father, um, she reveals some things about her relationship with him that have impinged upon her current [R: Hm] relationship with her fiancé, um… and it’s the last session we have together. Because she’s moving. [R: Oh.] Which, I mean, who knows what, [R: Yeah] all that. But it was a situation where I went with what—what I thought—with my instinct, [R: Right.] which what I thought was a good idea, and it turned out that maybe I should have checked that a little bit. Um, ‘cause I had no idea what I was walking into.

R: Right, you j- followed something really not knowing where it would lead

S: where it was going. Yeah

R: And then it

S: And it went somewhere, that I was—I wouldn’t say I was unprepared to deal with it, but I would say that the relationship, [R: Yeah] the therapy was unprepared to deal with it at that juncture. [R: Yeah.] Um… it scared the shit out of me. [R: Yeah.] Um, because as she’s telling me this dream, I’m getting… I hate to quote my supervisor. You know, I’m—the hair on the back of my neck is standing up, [both laughing] and I’m, like this is just making me really uncomfortable and there’s something not right about this. [R: Yeah] And then when she mentions her dad later in that session I’m like, okay this makes a kind of intuitive sense, but I
can’t really, like—I don’t know what to do with it. [R: Right.] And then, and then she got scared. And I got scared, and I—I don’t know… we we came back to that. I brought, I wa—I came later in our work together, I explicitly said I feel like we went too fast, I think I scared you, and that’s why you come every other week, um, and she—I don’t think she said, ‘Yes that’s exactly it!’ [R: Uh huh] but she did say, [R: Yeah] ‘That makes some sense.’ [R: Yeah.]

R: How did it feel to say that then?

S: Honest. [R: Mm hm] I mean it was, um… I don’t really feel bad about it? Because I don’t… I mean… I don’t feel bad about it; I can’t explain why, but I don’t feel like I did something wrong, I feel like

R: Don’t feel bad about the…?

S: About the, about conducting the session the way that we did, or or her

R: With the dream?

S: getting scared. Yeah, with the dream. [R: Mm hm] Um.

R: And so bringing it up later was… an airing of something?

S: was just like, this is what I think—I think—we were at a point in our therapy where we were like, okay, here’s what we can do. You’re thinking about leaving the area, [R: Mm hm] um, we have potentially this many sessions left, we can talk—we can do some behavioral stuff and talk about like, you want to drink less often, we can do something like that. Or, we can look into this thing that came up, [R: Hm] way back when, [R: Mm hm] here’s what I think happened, does that fit for you, [R: Hm] you know, this is one of our options, [R: Yeah] I think—I think it’s, I think this is serious stuff here that you’re both drawn to and afraid of, [R: Mm hm]

R: So it was a moment of renegotiating. And bringing it back up was

S: Yeah. And that was part of the renegotiation. [R: Yeah] Um, I think that that renegotiation was really important because it eventually got us to a place where we could talk about both the drea-the, what was going on for her in talking about that dream, [R: Right] uh and also open up some new territory. [R: Uh huh] Um, so in that way I don’t really think it was… bad. I think (laughing slightly) probably somebody with more experience would have handled the whole thing [R: Hm] differently. Um. But that was a place where not know—I mean where not knowing could have been read as blowing up in my face. [R: Mm hm. Yeah.]

I’m trying to think of other ones. I mean I’ve had, like in… I’ve gotten scared in Gestalt practica with, in that setup I was describing before where… interesting, this was also with a dream. Um where I followed one line of interest, and and I knew… well, I mean I didn’t know. I followed that line of interest I think because I was afraid to follow a different line of interest that might have been more fruitful, that was of more interest to the client, but it was more dangerous. Um, and I, looking back, was a little bit safe with her, and that was the feedback that I got from the
faculty, was like, ‘I think she wanted to go over here,’ [both laughing] ‘and you went over here cause you were scared, does that fit, and I was like, ‘Yeah, actually that does fit,’ [R: Hm] and I checked it out with the client, who was also, ‘Yeah, I wanted to go over here.’ [R: Hm] ‘And I was disappointed that we did it this way.’ [R: Hm] Uh, I don’t know that that’s really blowing up in my face, or not working out well, [R: Hm] but I mean it’s... two roads diverged in the wood, you know [R: Hm] and you can only go down one of them at a time, so. [R: Yeah] Uh [sigh]

R: So the, the not knowing was in the the choice of what to follow? or you really did have a sense that there was more... unknown territory... in the road that you didn’t take.

S: Not until... after. [R: Yeah] It was something like, you tell me the dream, and I ask you about something in the dream, [R: Mm hm] because I’m going this way with it, [R: Yeah] and uh. And I don’t really know why I’m going this way with it? [R: Mm hm, mm hm.] So looking back on it

R: It’s an a—a following of intuition and not knowing where that’s going to lead that was perhaps partly defensive, [R: Yes] or

S: Yeah, I gue—that’s exactly. [R: Yeah] That’s exactly how I’d put it. And it’s defensive, I mean, I mean there’s something going on between your telling of the dream and my, [R: Yeah] my, whatever, spidey sense [R: Uh huh] kind of picking up on what you’re interested in, that scaring me a little bit, [R: Mm hm] and me saying, ‘Well, let’s hedge our bets a little here,’ [R: Yeah!] but none of that ever getting to the level of me being consciously aware of it. [R: Yeah] until like looking at it and saying, ‘Oh, yeah I did feel a little weird about that.’ [R: Mm hm] Like, ‘I didn’t wanna talk about how you were the chocolate bar.’ [R: Mm hm] Um, whatever. [R: (laughs)] Um, I think that’s actually what it was, but! (laughs)

[pause]

I think there are times whe—when like you’re convincing yourself that you’re being spontaneous and working from a place of not knowing when you really aren’t. Like I’ve definitely, uh, I’ve (laughing) definitely been—this was in, I remember this example was from my very first experience as a participant in a Gestalt workshop, where somebody was talking about something and I gave them some feedback and I got halfway through talking about—like they were talking about their experience and I was, I was trying to join with them about it, and be like, ‘Oh I know what that’s like,’ but I was doing it in such a like, hamhanded, like disingenuous way, [R: Mm hm] and I really don’t know why I was doing it that way. [R: Hm] I got halfway through it, and I’m like, ‘I’m sorry, I am just full of shit. And like, I’m—I don’t know, am I telling you what I think I, what I think you wanna hear, or trying to prop myself up in some way? or something like that? but I’m really sorry.’ [both laughing] And that was that—that was the whole thing. [R: Hm] And somebody else was like, ‘Yeah, that—that was kinda...’ [both laughing] ‘Yeah.’ It struck me as kind of oddly discordant [R: Huh] or whatever.

R: Wha—What do you do with... that. Looking back on it, how do you... make use of that

S: I was, you know what I, I think I was trying to make her feel safe. [R: Hm.] With something that... that I really...
So, uh, whe—I was the first of my group of friend group to lose a parent. And uh, people would... offer their condolences, and um. And it would al—and it would feel kind of hollow, because it’d be—because I—because it—God, you know when I think back and imagining what it would be like to lose a parent, it like totally didn’t match up with what my experience was, so I know that there’s a disconnect between the imagining of the thing and, and the experience itself. And I, my my with the response I kept having in my head is, ‘I... um. I could never have imagined it would be like this, it’s both better and worse than I would have thought. Um, and nobody else really can, like get that?’ And I think that’s what I was doing, I think I was trying to like, reassure somebody about something that, that I really had no business reassuring them about. [R: Hm] And um, and I remember feeling, um, when my friends would reassure me, both sort of resentful? of their reassurance, like, ‘you know, you—I understand what you’re—you’re trying to make me feel better, I get that, but you don’t—you have no f—clue what you’re talking about, and you know—that’s okay, I love you anyway... but, you know. It’s all right for you to say you don’t know what this is like. And actually I’d prefer that you would say that.’ Um [deep breath in] So I think that it’s a little bit like...

R: Yeah. Catching yourself in a social nicety. [S: Yeah...] And backtracking for the sake of honesty?

S: Yeah, or or, um you know the intention is good, [R: Yeah] I mean, the, I really don’t think people are like, trying to win points or something by being, um, with those social niceties, I think they’re really trying to, I think they’re really trying to be... compassionate. Um. Although there’s a whole other line, part of my brain, part of me, (laughs) that says, no actually what we’re doing is trying to cover up those places where, that are difficult to talk about, and that we really, we’re ju—what we’re doing, we’re just—we don’t wanna deal with death, and so we’re just gonna [R: Yeah] plaster it over and pretend that it’s not there, and so we’re—we use these social niceties as a way of skipping. [R: Mm hm] I think that’s also true. Um. But I don’t really think it comes from a place of... nastiness in any way. Um. Yeah, so that’s what I think I was doing, is I think I was trying to like either cover over something I didn’t wanna deal with? Sort of like why I chose to go in this direction [R: Mm hm] with the dream, over that direction, [R: Mm hm] or I was just trying to be reassuring [R: Yeah] that it was okay, in a way that really the other person didn’t need.

R: Yeah. Yeah. Do you look, when, so your process I guess of looking back at the, at the, at your choices, you are looking in retrospect for—into you, into how you are responding to the situation, analyzing motives in a particular way; do you look at what the situation is allowing?

S: Mm hm. Allowing? How do you mean?

R: Well, so you—when you when you said that with this particular client, you had been more spontaneous [S: Mm hm] and you had a good rapport [Sure. Yeah, yeah] with her: which comes first? Do you look for anything in, in her or what she’s doing? that allows that in you?

[pause]
I haven’t really thought about it like that. Um. There are cert—I think there are certain um things about her that are, that are, ring true for me as well, like… (laughs) like, there’s some part of me that like really wants her to smash the plate, so I can vicariously experience that! Um… she- you know it’s funny, she sits—and I realize I’ve been spending most of the time talking to this electric socket here—[R: (laughs slightly)] she sits, um three-quarters to me, and um and her hair is long and so she wears it [motions in front of his face]—she doesn’t, she never makes eye contact. Um, so it’s not something about feeling like she’s… you know, receptive in the ways that we’re [R: Mm hm] taught to understand receptivity. Um. She… she’s been, she’s been vulnerable with me. And I mean she was, she was a transfer, I got her from somebody else, and they’d worked together for a long time. So I wa—I was a little scared, like oh, am I gonna live up to this, this person’s you know um, previous work, and [R: Mm hm] they have this rapport already, and all this sort of stuff, and… and I don’t know whether it was something about me that allowed her to be (laughing slightly) vul—you know, whatever. [R: Yeah] Or what sort of magic happened, but she has been, sort of gutsy… with me in ways that are really impressive. [R: Mm hm] And I think that’s part of what draws me in working to- with her, and sort of being like, ‘All right! Well,’ [R: Mm hm. Yeah.] ‘You know, if you’re gonna bring your A game, I gue—!’ (laughing) [R: Yeah] ’ss I gotta bring mine! [R: Mm hm] Um. She’s um… I have hope. And I have no reason to have any hope. Um. [R: Hm.] [pause] Yeah, I don’t know. [pause] Maybe that’s it. Maybe that’s- that she’s so reluctant to hope. For herself… you know, it’s sort of like, I asked her—we were talking about her daughter, and like we… if you have an eating disorder, and you have a daughter, and you know—you’re smart enough to know what this culture shoves at little girls… well, all women really, I mean you know, like, shit, man, like that’s a… that’s… there’s a lot there, right? So, I mean, and she’s… like well ‘How are you—what are you gonna do with your kid?’ Like [R: Mm hm] ‘How—do—you want you want your, their relationship with food to be different than yours,’ [R: Yeah] and we talked about, we talked about that, and uh, and she said ‘I want to believe that it’s possible… I want to believe that it’s possible for me to have a different relationship with food.’ And it was that, like that flimmer of… maybe. possibly. this is possible. [R: Hm.] And… and somehow that was really like, just heartening for both of us, like, this possibility here, and uh, and I think that’s—that moment was one of those things where I like, when I think about her and I think about working with her and I think about, what is it about her that allows me to work, [R: Hm] more openly, let’s say, more spontaneously, it’s stuff like that. Like her willingness to be like, ‘I don’t even know if it’s possible for me to think about this differently, but I want [R: Hm] to be able to think about that being possible. (both laugh slightly) I’ll take it! [R: Yeah! (laughs)] Um… yeah. That’s, [R: Yeah] that’s about it, for her. She’s at the edge of something. [R: Mm hm] She’s in the not knowing space too, and so it’s easier to, to go there [R: Yeah] with somebody who’s willing to go there. It’s harder with somebody who’s got it all figured out. Uh, the narcissist/not narcissist guy. He’s got a lot of answers. You know, and I think that’s part of the reason that, um, it’s harder for me to work with him. ‘Cause it’s just like… he knows things, and I think he wants me to know things? (laughs) [R: Mm hm] And, uh… uh, and there were times when I was like, ‘You want—’ yeah I think he wants me to to take some sort of greater space, um. Which would be a different kind of not knowing. [R: Hm] For me. You know, how to take that ser-
R: To assume the role of the one who knows?


I have another client who wants me to know things and I know that that’s absolutely the worst thing possible for me to do. [R: (laughing slightly) Hm] Like I’m not going to be another guy in your life telling you, you know, what—what’s up, [R: Mm hm] like, no. Just not doing it. [R: (laughing) Uh huh.] SO, you know, we’re gonna—you wanna know if we’re gonna—you want a map? A roadmap of therapy? Okay, well we’ll draw it together. [R: Mm hm] Here, you have the pens. [R: (laughs)] We ended up making a blank map, so… that’s good.

Uh… it’s… you know, it’s funny how often I trust, I trust my instinct in [R: Mm hm] these, in, as a clinician or as a teacher. When I don’t trust it at all, um in other scenarios. [R: Right] You know, um. There’s probably a lesson in there. You know, uh, I think I my hope is that it bleeds over. Um. ‘Cause I really do think it’s valuable… really do think. I think not knowing is a beautiful thing. [R: Yeah.]

R: I asked partly, um, whether you ever wondered about the, like what she was calling out in you, you- your client. Um, because you had uh, sort of self-deprecatingly owned your own abstraction at the beginning [S: Hm] of our discussion. [S: Hm] I wondered whether you thought and didn’t voice? or whether it didn’t occur to you to- to wonder what I was inviting?

S: What were you inviting?

R: Uh-Ah-I don’t know! [S: Oh] (laughs) Bu- but your

S: I’m sorry I don’t understand the question.

R: Your focus was on what you said, [S: Yeah] and not how I invited you to, to say it? and whether there was as much halting-ness there in the elicitation as in the response? From you. [S: Hm] I- I go—I was thinking about that again because I was wondering whether there’s a role of being a research participant? [S: Uh huh] That allows or disallows a

S: OH! Oh, okay, now I gotcha, okay.

R: (haplessly) Do you? (laughs)

S: No, I think I do! Um, so—I know you’re interested in not knowing. And I, and I mean, we— you and I have not really interacted very much. [R: Mm hm] Um, this [patting the consent form] is the most I can say I know about you. [R: Hm] Um, and I know, and, and the fact that you’re interested in not knowing is enough for me… to feel comfortable talking about not knowing. [R: Hm] In a fairly open [R: Yeah] way.
R: Reasonably comfortable, tentatively comfortable, comfortable [S: Yeah] as far as you know. [S: Yeah, sure] Yeah.

S: Yeah. This is, um… [R: Mm hm] I mean you kin- like, this, this is turning out to be a really weird week for me? So I think some of that’s kinda clouding what’s happening. Um, but um… yeah, what position am I in?

I te—when you add, here’s my reaction was when, when you asked me about (laughing slightly) um, whether there was something in her that was drawing [R: Mm hm] this out of me I was like oh my god, I am such a self-centered jerk, all I think about is [R: Ah] like how I, what I’m doing in the room, [R: (laughs) Ah.] and oh, there’s this whole other, you know part of the equation. But that’s, I mean, that’s old news for me, that’s… stuff I do.

R: But my question triggered a: ‘Oh, shit, I’m doing it again!’

S: ‘Oh God!’ Yeah… and ‘I’m such a selfish jerk.’ [both laugh] Um. [R: Hm.] Yeah.

R: I was—I was putting together a few parts of our conversation because you, um—can with a, with—can freely, it seems like, and with reflexivity, talk about, uh, on many different levels, the not knowing; and you were able to circle back and say, ‘Well I began abstractly’ or ‘I began, in this, you know intellectualized, blah blah blah’ [S: Right] ‘I knew what I was gonna say, it wasn’t really’ [S: Right] about not knowing, um, but that

S: It was a set piece on not knowing, yeah.

R: Hm. But the, but but you’re, but you’re comfortable circling back, or you’re comf- you’re comfortable in this space of not knowing, more or less, and I was wondering whether the, the topic, the, the role of being invited to come here [S: Yeah] as a participant to talk about not knowing [S: Right] is, is part of… something that, that helps.

S: Yeah… ‘Helps.’ Helps me be able to talk about it?

R: Yeah.

S: Yeah. Yeah, uh… I, I um. I’ve been known to drive people crazy, because I can entertain all of the possibilities and don’t really feel much of a need to like settle on any particular truth about, and, [R: Mm hm] you know just like ‘Okay, well this story leads us to this… direction.’ Um, my, my wife has come close to hitting me on several occasions because she will say, ‘Well this person did this because of that,’ and I’ll say, ‘Well, or this.’ And it doesn’t really matter. Uh, to me. [R: Mm hm] Um, like settling on one particular narrative for something—other than perhaps in this case that not knowing is a valuable thing—[R: Hm] um, is is a comfortable place? [R: Hm.] I actually like it because I, um, [deep breath] I feel comfortable, because in part because it’s hard to pin me down. [softly] And, um, I think, uh, I also think there’s something incredibly valuable for me [R: Mm hm] just in general, [R: Yeah] and I’m glad, somebody’s talking about, [R: Hm. Mm hm.] I mean… [R: Yeah] ‘Cause it’s frickin’ scary! For a lot of folks, I mean, including me. Um, but it’s also… Huh. Um, thinking about teaching, uh, um… like Intro
to Philosophy, to high schoolers. [R: Hm. Mm hm.] Good fun. [R: *laughing slightly*] And we’d always, like we’d always do a unit on existentialism, ‘cause, there’s—there’s nothing high schoolers like talking about more than *laughing* than their own freedom. Uh, and uh, and we’d talk about, you know, the—sort of like meaninglessness and absurdity of human existence and… and they’d get this look in their eyes, like ‘Oh my God, really nothing means anything,’ and… and it was always, the hardest thing with that was always, like ‘Yeah, but, okay, that’s the, like—we need, that’s the precondition for being able to talk at all about any personal meaning-making that you can do. Like, you’re, you’re you’re not free until you confront this scary thing over here that says there isn’t necessarily anything meaningful. [R: Hm. Hm.] Do you—so, so the beauty of not knowing, the beauty of meaning-making, is only like really possible in a, at a kind of confrontation with the terror of it. Um, and, and I wished we talked more about—not you and I—but I wish [R: Yeah] that, as a department, we talked more about that. [R: Uh huh] more about like, yeah you don’t know what you’re doing. [R: Mm hm] Yeah, it’s scary. [R: Uh huh] Um… but just keep going, [R: Mm] ‘cause there’s something there. [R: Yeah.] And.

R: Well, and the explicit emphasis on those themes in your, in your training before, is part of what helps you, it sounds like.

S: Yes.

R: Actually having that conversation, and, and hitting right up against those, those themes is what—

S: Hm. And I think that’s what’s valuable about some of the early experience—the clinical… practice—[R: Mm hm] that we get [R: Uh huh] is: ‘Okay, you’re in the room! And [clap] door’s closed!’ [R: Uh huh] ‘Camera’s on! or not!’ [R: *laughing*] And uh, [R: Yeah] [*mimics uncomfortable, expectant fidgeting*] [R: ‘Go!’] ‘Three, two, one!’ [R: *(laughing)* Uh huh!] You know, ‘action,’ [R: Yeah] you know, it’s uh… Some of the, some of my cohort is teaching for the first time. [R: Mm hm] Today was their first day. [R: Yeah.] You know.

R: I remember that.

S: How does it go, [R: Uh huh!] How’d it, how’d it go!? I re- the first time I—talk about not knowing! Um, uh, my first day of teaching was September 11, 2001.

R: Whoa.

S: 9:30, 10 o’clock in the morning, in Boston. And uh… [pause] The, ah—what do you do? [R: Yeah.] You know? [R: Yeah.] So I think I got a, a good crash course there. [R: Yeah!] I—and I’ve never seen a class, you know, like that semester, that class, like gelled. [R: Yeah…] They had each other. In a way that was really powerful. [R: Right. Sure.] Um, and I was totally terrified. [R: Mm.] Um.

R: Yeah. And the other class, that, that those two moments you talked about, were—you talked about the rapport that you had with them, too.
S: There’s something about… [R: Yeah] ‘Here we are.’ [R: Mm hm]

R: Being in the not knowing together.

S: Yeah. And, so I do think that explicit… well certainly the—it’s gonna happen. [R: Mm hm] Right, I mean this, these experiences are gonna happen. And I think that people, learn to swim in them. Um, you have the two fish going along, and… you know that story?

R: I don’t think so.

S: So two fish are swimming along, two young fish, and this older fish comes swimming the other way, and he says, uh, ‘Good morning, how’s the water?’ And the one young fish looks at the other fish, you know he says, ‘What the hell is water?’ [R: Uh huh! Yeah] That story. Um, yeah so we learn to swim in the not knowing. Um, [R: Hm] and uh, but I think an explicit, like I think explicit training about it is, is probably useful? It’s helped me, I think. [R: Yeah.] Um, or at least acknowledging it. Um.

I was thinking about, uh, like uh, I had my first class today, teaching Psych 101, and I don’t know! anything about teaching psychology… Uh, and I said, ‘You know, there’s a lot of stuff in here that we don’t actually, like—this is a nice story, and all, but like, if you asked somebody, “So how exactly does the, you know, charge jump the synaptic gap?”’ [R: Mm hm] ‘You’d get a lot of pretty pictures, but there’s some… something happening in there that nobody really can explain.’ [R: Yeah.] You know. I always…

R: How did they like that?

S: Well they were sort of like… ‘Ohhh-kay.’ You know, the consciousness section [R: Mm] in many Psych 101 textbooks [R: Right] is always amazing. Because it has no answers.

R: Mm hm. Yeah. ‘Why do we sleep?? Uhhh…’

S: ‘Ummmm… … … Here’s how dreams work!!’

R: Uh huh! [laughs]

S: Um, okay! Um, yeah, not- not knowing is incredibly important to me. [R: Mm hm] So I’m really glad you’re asking about it. Or, I’m really glad I [laughing] responded to your… [R: Yeah!] invitation.

R: Yeah, me too.

S: Uh, uh it’s… I really, I wanna, I wanna read what you come up with.

R: Mm. [laughs] So do I. [both laugh]

S: You can’t know!
R: Uh huh! (*laughs*)

Is there… so… we should wrap up in the next few minutes, but is there, is there anything else that’s… niggling at the corners of your mind, or anything that you think I should have asked? or.

S: I don’t know, uh—I’m, I wanna… so what are you after? [R: Hm. (*laughs slightly*)] Are you, I mean are you trying… ‘Trainees’ experiences of not knowing in psychotherapy:’ when you asked about [R: Mm hm?] whether an expl- sort of making explicit not knowing as part of my experience in training, [R: Mm hm] um, the thought occurred to me, like, ‘Hm.’ Are you going after some sort of like, practical thing? Where it’s like, well, maybe we should make this more explicit? or maybe we should use this? Are you just try—are you trying to… are you trying to be descriptive? or…

R: I, I, I was—it seemed like a theme. Um, my question is really… so there’s the gap, there’s the abyss, there’s the not knowing. How do you go forward? Because you have to. [S: Mm hm] Usually. Um.

S: Have you read Beckett?

R: Not a lot, no.

S: Okay, have you read *Godot*?

R: No.

S: Okay. That’s, I mean we, um—or is it *End Game*?—one of the two. [pause] [R: (*laughing slightly*)] They go on. [R: Uh huh?] Right? [R: Yeah] And, there’s a really awesome moment in, in in *Waiting for Godot*, where um the character [*laughing*] who’s um uh, gotten everybody to stand up… and he’s uh, he’s a sort of caricature of uh a capitalist pig, you know sort of. And um, he can’t figure out how to sit down again, [R: Mm hm] because there’s no, like there’s no appropriate invitation for him to sit down again [R: Yeah] and so they’re just stuck [R: Yeah] in this ice

R: [*interrupting*] I am really wondering what would have happened if the bell hadn’t rung. In your class.

S: Me too!

R: ‘Cause I guess that’s part of the role, right? that the bell’s gonna ring.

S: Right. Right, well we’re gonna hit six o’clock here, right?

R: Yeah. [*laughs*] right.

S: And that’s, and then we’re gonna go, you know, and then we’re gonna go out in the world, or you’re gonna, you’re gonna cut it, [R: Mm hm] or whatever, and there’s gonna be some sort of [R: Right] like, [R: Right.] You know and we hate that… um, Oh god, they—people loved the
movie *No Country for Old Men*, but they hate the ending? I don’t know if you saw it? But he’s telling a dream, um the main character’s telling a dream, in the living room, and it’s, he’s just telling this dream, and he says, ‘And then I woke up.’ And then the screen goes black. And— and—I loved it! it was my, [R: Uh huh *laughs*) it’s my favorite ending [R: Uh huh] in any movie ever! Um, and people—like this was the thing people hated about this movie. ‘Cause there’s this… what? [R: Yeah] Um. [R: Yeah] Yeah, I would love to know what would happen if the bell didn’t ring. [R: Yeah, yeah.] Or how, or how you…

R: Right. Right, because I think my question is what do you *use* to go on. [S: Mm hm] And maybe in that, in that example you used the bell ‘cause it was there, and it happened. Because you can’t sit and cry with people forever. You have to do the next thing.

S: Well the bell is—the bell in that case is this wonderful of ending, ending it, right? Because it was this, like, ‘Oh, right, we’re in school,’ [R: Mm hm. Right.] We’re in this environment where there are these rules, and the, the contradiction, the friction between what we are doing in this room, right now [R: Yeah] and what we’re supposed to be doing in this room? [R: Yeah] in this school? [R: Right.] Like that… grinding point? [R: Yeah. Right.] Those fingernails on the chalkboard? [R: Right.] Is *exactly* what should have happened. [R: Right.] I think.

R: Well, and so: ‘Have you asked yet whether we can break the plate,’ the friction is: ‘No, I haven’t asked! So we cannot break the plate. But let’s talk about everything we could possibly do!

S: *laughs* Right! Yeah. Well what if we didn’t break the plate. [R: Mm hm. Mm hm.] Or what if we tried and it didn’t break. Or… or, what if, I mean, we lost the plate? you know? Um. [R: Yeah.] God, it’s making me somehow very sad, uh. [pause] But I, ha- I, how’s it, how do you even… *how* do we go on? is just an amazing question. I mean, that’s that’s the, that is the question; that’s the question of grief, that’s the question of, [R: Mm hm] you know of death, of freedom… [pause]

You should read Beckett! *both laugh* Is my, is my thought. [Yeah. Yeah] Um.

Can we—if I come up with other stuff, can I write to you, or?

R: Yeah! Su—uh, uh, sure! I don’t know the answer to that question, but I think, sure! Yes!

S: Okay, well, I mean I can do it, [R: Yes, yes.] whether you do anything with it or not is… [R: *laughs*) Right, yes.] Um. [R: Yeah.]

[pause]

Um, my friend the other day called me ‘an anarchist of… of of personal history.’ Um, I have no, no memories? or I have very few memories of my, I have no, I have no re- I don’t have pictures, [R: Hm] I don’t have… for whatever reason. I mean that’s… and I don’t put… like I, my da— [laughs] my dad um made up his life story. Um… so there’s something about that sort of [R:
Hm] where I… yeah, it’s super… I don’t know what I’m trying to communicate to you other than that it’s really important to me. That you’re asking this question. [R: Hm.] Um, thank you.

R: Hm. Yeah, well thank you, for, for sharing and exploring. And being willing to… go

S: And obviously if you have, if you have, if you end up having questions as you want clarification, [R: Yeah] um, [R: Thank you.] or more confusion about, [R: Uh huh!] that’s—I’m around.

R: Yeah. Thanks. I think… I don’t know yet what kind of demographic information is going to be important and it probably will be fairly minimal, [S: Sure] but I may want to ask you more about your previous training, for instance [S: Uh huh] or particular [S: Yeah] nitty gritty questions, um. So hopefully I will… come up with those questions, and maybe email them to you.

S: That’s fine. That’s fine. [R: But yeah.] Yeah, and if you ever, uh, yeah if you decide you wanna bounce some things off somebody, and. [R: Yeah. Great.] Cool.

R: Thank you.

S: Okay! Right on time.
Interview 2, Jonah.

Notes: Interruptions/encouragers, important nonverbal communication (in italics), and clarifying information included in brackets. R: indicates Rachel (interviewer), J: indicates Jonah (participant)

R: So... so!

J: Mmkay.

R: I told you just a little bit about, um, what’s what I’m interested in hearing more about. [J: Mm hm] Um, so as we’ve discussed, in this study I’m interested in learning more about students’ experiences of not knowing. [J: Mm hm] Experiences as they’re just beginning clinical work. [J: Mm hm] Um, can you just let me know some of what you think is most important, or some of your experiences about not knowing with clients.

J: Okay. So, [laughs] I would say—I—so I came from a clinical background before [R: Mm hm] um, I started at Simone [Jonah’s graduate university]. But um, it was primarily based on like skills-based training, and wraparound services, so I did a lot of work with, with autism. Um, and I mean that was pretty much of a jarring experience coming from undergrad at Simone, and having like a whatever, existential-phenomenological approach? [R: Mm] Um, so I had, so I always had I guess a somewhat academic uh perspective in mind working something like more technical? But the, that was that was like very, very straightforward, very technical, um I uh after a while knew what it was that I was doing, [R: Hm] I knew how to go about things, and I knew how to like work in a team setting. [R: Hm] Um. So all those things were very helpful, and so coming back to school, it was... o- one of the [small sigh] primary difficulties that I had was, um feeling as though I had to unlearn? [R: Mm hm] all that stuff? Um [R: Yeah.] Yeah, so working one on one with uh... individuals and really adults, um, was—was a big thing for me, and then having to shift this very dir—shift from a very directive approach to a like supportive, reflective, um somewhat empathetic, [R: Hm] uh perspective and, like set of skills? was like very hard. and I didn’t really know how to do that. [R: Hm] Um [laughing slightly] and so I—I would say to the—one of the first instances that I can think of really like not knowing, was even just getting started with just the classes, and also doing like the role playing. [R: Hm] So, the [laughing] working with the um... I guess some of the people in my cohort... trying to I guess get a feel of myself as a therapist in the moment as I’m asking questions or even [R: Yeah] wondering about their experiences, and not really knowing how to frame certain things, where to go in the topics or subject matters, whether or not what I was asking was really relevant, to, to I guess the experience? [R: Hm] Um [breathes in] I guess all those things were just really hard to get a handle on, ‘cause I didn’t really have any sort of, im—I guess in my eyes, I guess, rather fundamental tenets, I guess of a perspective or even an approach? that would really help me, really anchor me into, I guess um I guess any sort of I guess orientation, [R: Yeah] therapeutic skill set, so

R: [clarifying] You didn’t have those— [J: Yeah] fundamental tenets
J: Yeah [R: Yeah] Yeah. Um. So even now as I… look at myself as a rather psychodynamic therapist? [R: Mm hm] I didn’t, I only had an idea what those things meant um, in terms of like theory, as an academic. [R: Mm hm] Um, and so in terms of like, what it meant to explore the unconscious or ask questions uh related to that, or even in terms of asking questions that could be clinically relevant, but related to like personal history, and personal identity, um, and even just general social or interpersonal experiences, I had no idea how to ask about those things and unpack those things in a very meaningful way. [R: Mm hm] So I guess I just um oftentimes found myself walking around in circles, asking about um, I guess what it meant to come from a different country, how what it meant to come from a different country and interacting with uh, I guess, new people in their environment, um, things that they felt and things that they understood… um, I asked those things but not in a way where I felt like it was really relevant to what was going on, it kinda just felt like I was asking it just to… ask something. [R: (laughs) Yeah!] [laughing] And so that was that was that really really hard for me. Uh, but then on top of that, a-it it’s, [breathes in] um. I-it was almost as if I had to like uh, unlearn taking a very conversational style, I guess in trying to anticipate what the other person was saying, and even trying to guess what it was they were trying to say when they didn’t really have the words for it? Oftentimes, uh, I guess, filling in the blank spots in a way that made it come across like I was just, being rather, like I was assuming something [R: Mm hm] that probably wasn’t there. Um. 

R: From your technical, [J: Yeah] autism background?

J: Right. [R: Okay.] Right, um, just trying to like fill in those areas. Um, um, in a way where, I guess, once I looked at the transcripts real—once the professors looked at the transcripts [R: Uh huh] realized I probably shouldn’t have done this. [R: Uh huh! (laughs)] So it was like [R: Mm hm] very jarring for me to come from um something where I probably have to take a more passive approach—er coming from something where I have to take a more directive approach into something that was a little more passive. [R: Yeah.] And that was just within like the first couple months, [R: Uh huh] you know? [R: Right] with the role playing. and then, um, receiving all those criticisms and then sliding into becoming a- a clinician and being a therapist. And getting the first clients, [R: Mm hm] I mean, um. Some of those things were like really hard too. I mean… I found myself a lot of times just [deep breath] reflecting on the things that I learned, the things that I read, um just trying to find something to kind of like anchor myself in a position where I could—that would help guide me? [R: Mm hm] Um, in terms of uh, what I was asking, how I would engage with the, with the, um, client’s experiences, [R: Mm hm] how it amplifies with them, um, trying to focus on the major things, so we can actually get work started, but [sigh] um

R: Ah, ‘cause you had gotten the criticisms that what you had known how to do before wasn’t quite right [J: Yeah] but you didn’t quite know what to do? to…

J: Yeah. Yeah, it wasn’t, it wasn’t like… very clear. [R: Mm hm] Um, and I can understand that, in in some way, I could, I knew coming in just from interviewing and uh, talking to some of the professors about it, that uh they said that the, one of the reasons they kind of just throw you into the water expecting you to start kicking learning to swim that way, was because maybe if you started working after a year, of of classes or even like a few years after classes, that maybe you would actually fall back on this very like technical academic [R: Ah] theoretical background, so
they wanted to have a very very much more uh [breathes in] honest [R: Hm] and transparent approach to it? But that had the exact opposite effect [R: Uh huh- oh] on me, like I hate—I felt like I was already like, leaning back on those things, trying to find something, find something that would give me some idea of what it meant to be a clinician, um, for individual therapy or what it meant to be, professional, um… and what it meant to be very competent, I guess in all those areas, [R: Yeah] and I didn’t really have that at all. um, and so I kind of found myself floundering, um, more often than not. [R: Hm.] I’m not sure if any of that’s clear…

R: Yeah. Well- I think so, yeah [both speaking very loudly] [J: Okay] [laughing]

J: [laughs] So I’m sorry that wasn’t like, really specific, but like that’s… [R: Right] yeah, I so, that’s kinda like where I was [R: Mm hm] um within the first few months, just really not having any sort of [breathes in] background that really helped me, [R: Yeah] I guess in terms of working with like individuals [R: Right] in therapy, or [breathes in] not really having like a theory that I called my own, or a theory that I was really comfortable in working with [R: Yeah] or not really knowing like the tenets of those theories that would help me, or even guide me, in terms of like the questions I would ask or what I would wonder about in the sentences, so.

R: Yeah. So even before any particular challenges with clients, [J: Mm hm] you just were not entirely clear on what it was you were supposed to be doing.

J: Yeah. Yeah, it was very foggy [R: Yeah.] [both laugh slightly] then, so [deep breath] I felt unmoored for the most part. [R: Yeah] Um, and so even in terms of like trying to come up with like formulations or, uh coming up with like themes that could relate to those formulations, um, I would hear these things in class, um, I would uh see these things in readings like these topics or these concepts in readings, [R: Right] I would have supervisors refer to these things, like to these ideas and I would have no idea what it is exactly they were talking about, [R: Right] like I had a sense? uh, because of like [laughing slightly] context clues or based on my own background? but I didn’t really know what it meant at all. [R: Mm.] And it was even harder, being full of, [speaking softly] like in a class full of people who had like clinical experience and stuff like that. [R: Yeah.] Um. [returning to normal volume] And they seemed to like be able to correct, um, I guess their issues with like based on their own issues they had a better understanding of it? I guess just based on their own background. but because I didn’t really have that it was a lot harder for me to, to get a sense of where to go, what to listen for.

R: Yeah. What do you mean, “correct their issues?”

J: [loud] Well like, um, uh, so, [small sigh, returning to normal volume] over time I learned that um, I guess, some of the other students had very, like they had very similar concerns about r- not really knowing [R: Hm] what it was they were doing, um feeling as though maybe they were just thrown, um, into the water… and expected to just n- know how to swim right away, um, [breathes in] and they didn’t really know how to handle that themselves, and so they kind of just relied on their own personal experiences, or their own clinical experiences, um [R: Oh] working in like their MA programs or taking time off and working as, uh, therapists, [R: Hm] um, for a few years. Relying more so on that than they did, um, uh than they did on like the actual classes, that that we had too [R: Okay.] Um. [R: Yeah.] But the sense that I got was uh based on the fact
that they, that what we were doing, in the clinic, was very similar to what they were already doing in their own time off, th-they, like there’s a, the transition was a lot easier [R: Yeah] for them. Whereas for me, um, I had like, a lot of stuff that was like behavioral. [R: Yeah] And what I do in graduate school isn’t behavioral. [R: Hm] So it was, it was like very jarring, [R: Mm hm] you know.

R: Right, so you could really only rely? kind of? on the classroom stuff, and that just wasn’t enough [J: Yeah] to translate [laughing] into…

J: Yeah. Um. Yeah, ‘cause it would, it, it’s very hard for me to… I mean role playing is not very effective, because I feel as though, um, what you’re doing—like a, like what you will be role playing, students are role playing in the uh, in the classroom, are [laughing slightly] um they feel like these clinical examples that are pretty much the—[sigh] they aren’t they aren’t really experiences I mean they exemplify the thing, like whatever it is that the author wants to talk about—or whatever it is that the professor wants to, wants to articulate. Um, and so, you’ll be getting to the heart of the matter really fast in these role playing sessions [R: Mm] not really, you really won’t be, um, you really won’t go into maybe like the five minutes of, like in in the initial part of the session, where, maybe it’s just like small talk [R: Mm] and maybe it’s, you’re just trying to like pull teeth. You really won’t get into like the last five minutes of a session where maybe something came up in those last five minutes and you kind of have to cut it off and unwind. [R: Yeah.] Or, even how when, uh, I don’t know, like maybe it was just like pulling teeth for the entire session, and you need to find some way to like end it, or wrap it up, [R: Mm hm] I mean you’re really just focusing on like the meat of it right away [R: Uh huh] and that’s not really—that’s—in my sense that’s not really how sessions go. [R: Uh huh] Um, and so it really didn’t help, for me to like learn how to navigate the sessions, you know maybe five or ten minutes’ worth of it, but it didn’t really help me [R: Yeah] to, to do something like that. And on top of that, um, I mean i- it’s—so, so it didn’t really like offer me with a very reliable outline or, or guide to, to approaching things. [R: Mm hm] Um, and even like when reading about these things since I read in a very like visual way it didn’t really offer me an image to see. [R: Hm] And so essentially I just felt like, uh, for the first few months in working with clients I was kinda just going in there blind for the most part. [R: Hm] Um and it was like very hard for me to… I guess like, like adjust to that. [R: Right.] I didn’t really have enough—enough to go off of. [R: Yeah.] for the most part. [R: Yeah.] Whereas, y- when I worked in wraparound services I… I could see a lot of people working? since I had to like shadow them [R: Hm] for a few weeks [R: Yeah] before I got the—the, the caseload too. Um. So I don’t know, um part of me felt like I had, I overrelied on that, like seeing the model, [R: Uh huh] um, and trying to like imitate it, um and maybe that’s kind of why I was like somewhat directionless and unmoored for the first few months? [R: Mm hm] Um, but I, but I, I don’t know. [R: Yeah] I wasn’t really sure, so.

R: Well- so- and, it sounds like you—learned later [J: Mm hm] that a lot of your colleagues who seemed to be doing fine [J: Mm hm] were drawing on an image they already had [J: Right] from previous work that was more applicable than anything you had.

J: Yeah. Yeah.
R: And fitting what they were learning that was new into that… [J: Mm hm.] And that that might [J: Right.] have been part of why they seemed to be doing okay, [J: Right.] but really it was—kind of crazy, what you were trying to do. [both laughing]

J: [loud] Uh huh! Yeah. So I would take, so I would take snippets of what they would say in class and how they work on things, though the occasion- the occasional video that they would show, I would try to like take that as a model? [R: Mm hm] I would take what my supervisors and what my instructors were saying as models, and just trying to come up with an image that would help me [R: Yeah] to… to, to work. You know, if I ever, if I ever encountered something that was very similar to what I was seeing in my mind. Um. Which rarely happened. [R: (laughs)] Like it like it never… it never really worked out that way. [R: Uh huh] At all. Um, occasionally it would, but like I, I just didn’t have the sort of clarity that they seemed to have. [R: Mm.] And in trying to imitate it, in some way, it—like uh, in a lot of the work that I did as a, as like a new clinician, it, it kind of fell apart. [R: Mm hm] Um, so. Um. I don’t know, I… I did end up losing some clients like over major breaks, over like Christmas break, or uh over the summer, and I attribute that more so to the fact that, that um maybe I just didn’t really, um, connect with them enough; really, uh hit the core um like themes [R: Mm hm] or like issues that they were bringing up, because I didn’t really like know how to do that [R: Uh huh] at that point in time. [R: Yeah.] And so I kind of like struggled with that. [R: Yeah.] Um whereas for some other clients that I did end up keeping, part of me felt like, I don’t know, maybe there was something that I that I grasped, maybe there was something that I did hit on? I’m not actually sure what that was, [R: (laughs)] I felt I was just kind of throwing things at a wall [R: Yeah.] hoping something would stick. [R: (laughing) Yeah.] Um, so it was—I don’t know, I don’t know, or maybe they were just sympathetic in knowing I was new, like there are many things that kind of go with that, but none of the none of the answers none of the, uh conclusions that I draw from previous experiences really tell me that I, uh, had kept clients because I knew exactly what it was that I was doing. You know. More s- now, maybe, but before in the past, not at all. [R: Yeah.] Not at all. [R: Yeah.] Yeah.

R: What- do you know what you tended to go towards? Y- you didn’t quite know what the themes were that you were “supposed” to be [J: Yeah.] hitting on, but do you know what tended to…

J: [laughing] Um, so what guided me the most was, [R: Mm hm?] um, empathy. [R: Mm.] So um, the first few clients that I got, I guess the first three clients that I received, they were all… um, like um college students. [R: Hm.] Um, some of them were transitioning into like new programs, um, from community college, some of them were f- like incoming freshmen, to like new programs, others were people who decided to—who went through their undergraduate program, um, for a few years and decided to switch, ‘cause they did- uh, they felt like um, what they were in didn’t really like connect with them at all, and, and now like they’re graduating. And all these things were like uh—at that point in time, I had taken a year off from undergrad and so I could identify with some of the, with the older students, and also identify with the incoming freshmen in terms of like knowing what it felt like to, to be new to college [R: Mm hm] and have all these expectations on them. Um, and so… [laughing slightly] I, I grasped, I really I guess, like saw myself attach t- or fixate on things that I could like resonate with [R: Mm] in some way. [R: Mm hm] In terms of like that identity confusion, [R: Yeah.] um social
expectations and things like that as well. Um. Another way I guess I, I kind of used my knowledge of their experiences as… I guess I had one that was a Simone student, [R: Mm hm] and I used my knowledge of like what it meant to be a Simone student and really confused—to kind of like guide me in my questions too, um. The issue with that is that I felt like I was just posing at that point, so I felt very much like an imposter. [R: Mm.] So [laughing slightly] I didn’t I didn’t feel like that was like a very honest way, to approach things. Like I kind of I could fake myself through these sessions. [R: Hm.] Um for a few months before they like discovered the fact that I didn’t really know what I was doing. [R: Ah.] Um. But i- it was usually on, like those terms that I was able to—at least ask questions or connect with them in some way. Um.

R: S- to hear in their experiences things that you kind of knew what that felt like and you [J: Yeah.] knew what questions you would have asked you, [J: Right] or the edges of the experiences were reasonably familiar.

J: Yeah, yeah. And ask questions I knew, like I could anticipate the answers. [R: Ah.] You know. Um [breathes in] even if they weren’t exactly the answers I at least knew some of like what to expect in some regard. [R: Yeah.] Um, and so I was able to at least um I guess suppress some of the anxiety that I felt? [R: Mm.] At those moments? Even when something new came up, um, I at least knew where I could have gone with it and that made me feel a bit better. [R: Yeah.] But uh, I received other clients that weren’t college-age students or that were older than me, that I didn’t really have anything to go off of and so it, it was like mind-boggling to me [R: Mm] It was really hard for me to find out where to go or how to identify with them. [R: Yeah] [breathes in] And so oftentimes maybe I’d try to pair them up with people that I knew? Who’d had similar problems to that? But that didn’t really seem to work [R: Hm] and so that was very hard for the first year.

R: Huh. Pair them up [J: Um] like imagine like people you knew [J: Yeah] and who had talked about things and [J: Yeah]

J: Yeah. And try to empathize that way, um, but yeah so sometimes it didn’t really work. But for the most part, um, my guiding light was just… empathy, [R: Yeah] like in the most basic way possible. [R: Mm hm.] Um trying to connect on that level, trying to… [breathes in] identify with students who found themselves to be like anxious- anxiously like –ridden messes, like I felt after my first year. [R: Uh huh. Yeah.] Yeah. So.

R: Huh. Wha- how did, when you found something that you could empathize with [J: Mm hm] or, or that you recognized in them, [J: Mm hm] did it f- how did it feel? to talk along those lines? Was it—

J: Um. Like it was [laughs] um, I, I kind of feel—I mean this, this sounds weird. I kind of feel like my mind split in two different directions One wa- so one direction was um. Yeah. The part of me that uh felt like I like, I don’t know, maybe I got it. I- I understood it in some sense. And I tried to like attune myself in a very clinical sense, attune my clinical ear in a way, where I could like listen and I felt comfortable? Um. I didn’t feel as anxious, a little bit confident, that I, that I could understand where something was going. Um I was very happy with that, so that was the
probably the time where I felt like the most professional. [R: Hm.] Um, so on the other end
though, whenever I found myself uh like become—like congratulating myself? on like actually
following like, uh like a theme, or a train of thought, the other like side of my, my mind would
like kick in and I would like, kind of criticize myself, often, and say, or like tell myself that, you
know, this is like a stroke of luck, this is something that um, uh, you know, whatever, would only
come up every once in, in a while, and ha ha, um, after a while—there are only so many
questions that I, that I could come up with, to like keep this going, and so um in that time I would
reflect all my thoughts, or reflect myself, or reflect on myself reflecting on things, in a very
circular way, and I could—I, I could feel myself kind of tuning out the session. [R: Hm] at that
point. [R: Mm hm. Hm.] Um, and so it was very much a struggle to like remain in focus on what
it was that wa— I was [R: Yeah.] asking, or it was I was uh listening to. And also trying to like
suppress the the like the anxious side of me, [R: (laughs)] you know kind of like get away from
that. Um, so there were like—it was often reoccurring at times, it was al- they would always kick
in at the same time, in these moments, and so… you know like

R: That’s terrible!

J: Yeah… [both laugh] fluctuating like back and forth, it was like very very uncomfortable, [R:
Yeah] um. And it all- it would like really, um [breathes in] like, hurt my work. [R: Hm] So,
when it would come time to, um, think about interventions, and think about interpretations, and
when I would try to think about how I would make sense about what it was I was actually
hearing, I would um find myself completely just ignoring it. Because then in that case, having to
write about it would actually highlight the things that I didn’t know, which would make me feel
bad about w- the things I felt like I did know in session. It was like very humbling and very
complicated. [R: Uh huh.] Um.

R: So you couldn’t trust your own voice because of this worrying experience, [J: Yeah…] your
intuitions, or,

J: Yeah, I felt like it was like terrible judgment. [R: Hm.] Like I had terrible judgment at that
point in time. [R: Mm.] Um, and so, yeah, I I tried to silence the thoughts as much as possible.
[R: Yeah.] Mm hm

R: Yeah. When you say that, um, in a- that the, the one part [J: Uh huh] of this split, um, reaction
was to feel um, that you were attuned and that you could listen clinically, [J: Mm hm] um, and
had and had a clinical ear to what was important, what was that like? What was it that you felt
like you were doing right?

J: Um. I felt like I was, um, I felt like I was actually listening to, like a person’s life and a
person’s history. [R: Mm hm.] Um, which is something, uh that I- that I often uh go to now. [R:
Mm hm] You know, I feel very comfortable going to that now. And I feel like I have a better ear
for it now [R: Hm] than I did before in the past. But I felt like I could uh listen to the
experiences, and I felt like I was able to um pay attention to the things that they were saying, in
some—in, I guess a more implicit comments, [R: Hm] more parenthetical references the
comments they were making too. Um. I felt like I had a better sense of, um, like the people that
they were talking about, and the influences that those people had on their own lives? on like the
clients’ lives, and um, I felt like I was actually able to, to to see a client’s like personal history play out [R: Hm] in different ways. Like I, I could kind of see the roots come up, in different ways. [R: Mm.] And different things, different topics, and different subject matters too—um, I didn’t have any sense of what it meant um, for like the therapeutic relationship at all, but I wasn’t really concerned about that at that point, I didn’t really have a sense of what that meant. I still don’t. [R: Uh huh!] But I- I felt, so I felt like I was actually, like listening, in a in a very, an important way.

R: Yeah. [J: Um.] That you could hear what was important [J: Yeah] at those times. [J: Yeah] The themes that were…

J: Mm hm. Yeah, s- like very… I guess, um, at that point I I—I guess the best way um of describing would be um… [pause] I guess being in the middle of a, like a novel? And at that point having like enough background with like the characters and the story to understand what was happening? And being able to pick up on the references a lot more [R: Hm] at that point than you were at the beginning. Especially—like the novel started in the middle [R: Yeah] of the plot. But being able to pick up on the evolutions, being able to pick up on um, what character was interacting with what other character, [R: Hm] um what uh, getting a sense of, I guess the [breathes in] uh the effects? of certain character actions? um, being able to trace the thread. I guess of them is [R: Yeah] a better way to, of describing it.

R: Yeah. And why that particular thing is actually really important,

J: Yeah. Yeah, why it was very important at that point in time, and why it may be [R: Mm hm] important later down the line. [R: Yeah] Uh, I felt like it was, I had a sense of that.

R: Okay. You could read it better! [laughing]

J: Yeah. Yeah. And I c—uh, yeah, and it allowed me to see a lot more—I was able to at least visualize it in my mind. [R: Yeah.] Um. At that point in time. [R: Mm hm] Um whereas before, or when I kind of just got out of that mode, I would just kind of like lose those those, lose those threads. [R: Yeah.] I guess. Um, and just have like very abstract thoughts. At that point in time I felt like I could listen, I could see it. [R: Hm.] If that makes sense.

R: Yeah, um, yeah. [J: Okay!] Yeah. Hm. So um, but you still sort of didn’t have a sense for what that meant for the therapeutic relationship, [J: Mm hm.] like you could ki- you could kind of go ‘Oh, yeah okay—‘ [J: Mm hm.] but it was a little bit isolated from the larger context?

J: Yeah. So I guess at that point I guess I— was painting with really broad strokes. [R: Hm.] You know. Um, [R: Yeah.] um, the the thing that I was able to visualize didn’t really have any detail to it. Um I could see things being like—um, see—I could get a sense of like how they connected to different things and to different like core problems? Um, but like I said, like, they were very broad strokes, like I—there wasn’t enough detail for me to go off of, um, at that point in time. [R: Yeah.] Um, and if I’m painting with broad enough strokes I’m going to eventually hit something. [R: (laughs slightly)] You know, um—so even as I was listening, I still didn’t have— I still didn’t know exactly what to ask next. I didn’t really [breathes in] know how to… um, like
I didn’t really know how to make the connection um, in a way that was like actually helpful. You know. Um. And so at that point I, I felt like I was kind of like battering myself and bashing myself because I, it felt more so like a… very helpful conversation. With maybe the, someone that you knew, after a couple of days, versus an actual, like, clinical, helpful experience. [R: Huh. Yeah.] Um.

R: And you felt a lot of pressure, to like [J: Yeah.] make it a- [J: Yeah.] competent, professional-

J: Yeah! Uh, ha ha-- So when you enter into a, like a like a graduate program that’s what you’re supposed to do. At least that’s the, that’s the sense that I had, [R: Mm hm.] that’s what I was supposed to do. I was supposed to um, [breathes in] I was supposed to come in and know exactly what it was that I was doing. [R: Hm.] Um, I had to—um. Like I had to refer back to all of my clinical, um, not clinical but like theoretical knowledge. I had I had to know essentially like the mechanisms like of a psychodynamic approach. Um. In order to like, work as a, as a therapist. And I felt like I had to know all these things in like the first few months. Um, and, even now I’m not really sure if that’s like a shortcoming of um, the program that I’m in or if that was like a shortco- a shortcoming of my own: not really knowing exactly what it was that I was doing, and not really having like a firm sense of like the theoretical approach that I was like, uh I was attuned to. Um.

R: So… The, you’re, even now you’re framing it as a shortcoming—do you believe that you were supposed to know what you were doing from the very beginning?

J: I don’t know, actually. Um. I, I don’t know. So… um. Like I, I talk to, I speak to a lot of students, and and they say that they also don’t know what it is that they’re supposed to be doing. [R: Mm hm.] Um, and I can- I can get that, so I’m like, ‘Oh god, I can sympathize, I can empathize with that.” Um, but when I, uh—when I think about that in terms of just myself, and I think about what that means for me, I don’t really give myself the benefit of the doubt, but like I should have known. [R: Hm.] Now, um. I, I felt like I, I should have known a lot more, uh, than I did. I still feel like I should know a lot more than I do, um… um, and that’s probably one of my weaker areas? Um, I’m not really sure if that’s just because I prefer, I guess a more technical approach? [R: Hm] Or, um, and that’s the excuse I’ve given myself, or if I really just don’t know that much, and that’s probably like one of my weaknesses. Um. But yeah, I certainly came in, uh—even now, I I still feel like I should know a lot more than, than I do. [R: Mm hm] And I still feel like, uh, I should know everything there is to know, about what it is I’m doing, and the best approach to take at this point in time... and the best intervention, or the best theoretical approach, [R: Hm] um that I should take, whenever like a certain problem arises [R: Yeah.] in therapy. When someone, when someone would respond to a more clinical, or a more uh behavioral, um skills-based approach versus like this more reflexive thing. I should know when that’s happening. [R: Hm.] Um, and I should know all of the [breathes in] the procedures or I should know all of the skills, um, to like tackle an issue. [R: Huh.] Um. But I mean I don’t. [R: Yeah…] [both laugh] And so I, look at that as like a weakness

R: Does anyone?? [both laugh]
J: I don’t know if anyone knows! [R: Yeah…] Um, but I feel like a lot of people do. And if they
don’t, then I feel like they’re pretty good actors. [R: Mm hm] Or I, for myself, I feel like…
[breathes in] um. I need to learn as much as possible. [R: Hm] In order to like, account for, the
input. I guess. [R: Yeah.] Um. And then it’s a – and I feel like that’s a sign—at least that’s my
expectation of what a pro- like what it would mean to be… a professional. [R: Mm hm] Or,
someone who’s like clinically competent. [R: Mm hm] Um… but um, uh like I don’t know. [R:
Hm.] [pause] I don’t know.

R: Do those words come from somewhere… else as well? like, the words “professional” [J:
Yeah] and “competent:” are you getting that from somewhere?

J: Um—I feel like I get them from a lot of places. [R: Mm hm] um [laughing slightly] so,
[breathes in] I-uh, so I feel like for me, it’s uh… I don’t know. That’s, that’s big. That’s big.
[both laugh]

So, on one level, I feel like um, [breathes in] um, there’s there’s, it, I guess in a general sense
there’s like a type of maturity that comes along with that? So, um, being… so like I entered into
my program at 23, I had some experience, in terms of like wraparound services, uh, and now I’m
26, so I feel like, um professionalism is also like matched up with like maturity. And so there’s,
um, there’s a different way, there’s a certain way of being, certain way of acting, certain way of
behaving, a certain way of like holding yourself, that goes along with being professional. Um,
and also, that’s like tied into like age… in a very like, general way for me. I’m not actually sure
what that means for me now, but like a just sense that I have, that um… like um, being 26 you’re
supposed to be mature, you’re supposed to be an adult, and also now, at this point in time, you’re
aiming for your career, you’re also supposed to be professional.

Um, but I also get that sense from just the environment that I’m in, in terms of um, hearing, um
supervisors and other like instructors trying to like um… um, just like talking about what it
would mean to be a professional clinician. Um, in terms of like the duties that you have to do, in
terms of uh, knowing what it is that you’re supposed to be doing, in terms of just like paperwork,
in terms of, your reports, [R: Yeah.] but also in terms of your approach as a clinician. Um, your
interventions, um, your idea of what’s like, what’s happening, your formulations, trying to keep
all those things in mind, is what makes up like a good professional. A-and also being well-read.
In whatever, like [R: Hm.] general area of psychology [R: Hm.] that you’re into. Um… i-in my
mind, being well-read means being well-read in everything? Um, but uh, I’m not exactly sure
that’s true, but it’s also like being really well-read, knowing what it is that you’re doing. And
having like a firm background in the field, um, all those things, um, say professional to me. [R:
Hm.] And it seems like all those things, uh, whenever I hear people talk about them, are also
synonymous with professional. So I guess I can hear them from like, [breathes in] like uh, my
superiors. [R: Mm hm] You know, um, instructors, uh other like senior clinicians [R: Yeah] um
supervisors and things like that too. [R: Mm hm] Um, I don’t hear that a lot from my colleagues?
Um, in terms of like the other students? But I don’t know, maybe—I I sort of, in the back of my
mind, they have that sense too. [R: Hm.] Like this is what it means to be professional. I, I just
can’t really anticipate… what that means for them.
Um, but also there’s a... yeah, there’s always a very racial component to it. [R: Mm hm.] So entering into something like this and, um, being a Black American, there’s a sense of professionalism, also increases my worth as a human being? And so trying to um, like, obtain this like professional status, being um being a... a competent clinician [R: Hm] you know, um means that I am uh, I hold more value as a person. [R: Huh] You know, represent-

R: Proving yourself.

J: Yeah. Yeah. And that I didn’t, like slip through the cracks in the other ways. [R: Mm hm.] Or that I’m not like a- adhering to or affirming Western stereotypes, too. [R: Mm hm] Um. Like that I that I want to obtain. [R: Uh huh] Um, so I guess I, so I guess, in the ways that I hear it, I mean, I don’t know, it was like both from like the workplace but also from the society at large. [R: Hm] Um, and just trying to keep track of like all these, all these, I guess like dialogues, and whatnot.

R: Yeah. [J: Mm hm.] Well I was going to ask, um—you mentioned stuff that you heard from supervisors, which also sounds familiar to me, [J: Mm hm] I kinda know where you’re coming from with that, but—you, you did say, a little while ago, that you kind of knew what to expect from, from interviews and from conversations, that they were gonna throw you in so that you could thrash around—on purpose. [J: Yeah...] So that you didn't yet know all the things. [J: Yeah] D-y—are you...?

J: Yeah. [both laugh] Yeah. About that. [laughs] Um... y-yyeah. Um, so on one hand, I can say things like that, in in hind sight, and I—um. I like recall those things and still feel like more comfortable in the fact that I didn’t know what I was doing. Um, so—like that, that’s fine. But then, in the back of my mind, there’s also this side of me that says, like, maybe I’m just like rationalizing. [R: Ah.] So maybe the fact that I’m not, [R: Yeah] uh [breathe in] so maybe, referring to those instances or people, um, or like professors, did say that to me, maybe just referring to all those things just to kind of like, ease my anxiety in some way, maybe I’m just like rationalizing, or like giving some excuse for the fact that I don’t really know [R: Hm] as much as I should. [R: Huh.] Um. So in which case, I even, um doubt if that’s exactly what they said. [R: Oh] Um, um... yeah. I guess... so at that point I’m not really like too sure, maybe I’m just making that up, maybe I misheard them. And—I’m I’m sticking to what I misheard in order to like ease my discomfort.

R: Wow.

J: Um. So, yeah.

R: Yeah. Ooookay. So—[laughs] So when, so the- um- the, the pressure, [J: Hm.] um, from—from professors, kind of, and from this process [J: Yeah] and from your identity [J: Mm hm] as a Black American, [J: Mm hm] pressure not to, to, [J: Mm hm, yeah]. Um that, is so strong that when you are seriously considering, as it seems like you do somewhat often, [J: Mm hm] the, what it means to be professional and how you are to obtain that [J: Mm hm] appropriate level [J:
Mm hm] that you completely discount to the sense of accusing yourself of making up [J: Yeah] other evidence, [J: Mm hm] the stuff you’ve, that that, contradicts that, [J: Mm hm] or that softens that.

J: Mm hm. Right. Um, I I feel like I’m always in a state where I need to know more than I actually do? [R: Mm hm] Um, and what I, I guess um I end up setting the bar like really high. [R: Yeah!] So when—uh, so when I even come close? come close isn’t really enough, the result is that um, somehow and some way I come so close to it that the bar ends up like going even higher. [R: Yeah.] And so, um… so when I like—when I make it to like just short of the finish line, I see it as kind of, as a failure, um when I even know a lot about a certain subject, um, I still feel like it’s not enough, [R: Yeah.] um, I never really feel like I’m an expert in any sort of field, I never really feel like I’m an expert in any sort of like approach that I take up, um, and so, I- there’s always like this internal standard, [R: Yeah] internally high standard for like being a professional, [R: Right] always knowing what it is that I’m supposed to be doing, that’s almost like unreachable. [R: Yeah.] Um. And almost like perfec- um, perfectionistic, [R: Huh] in some ways at this point.

R: “Almost?”

J: Yeah! [both laugh] Yeah, almost. Not, not quite. Uh, yeah, so when I when I don’t reach, when I don’t meet my goals, [R: Mm hm] or when I don’t meet my expectations, or like ex- expectations of other people, um, then I feel like everything that I did up to that point is—rather mediocre. [R: Hm] Um, like very much middle-tier. All around. Um. And, yeah I mean like it’s rather exhausting. And

R: Right! [both laugh]

J: Yeah. Like it’s incredibly exhausting, [R: Yeah] and I feel like uh… uh, I don’t know, maybe I should give myself the benefit of the doubt, maybe just give myself a pat on the shoulder, [R: Uh huh] maybe I’ll give it an okay so far. Um, but I always feel like there’s, there’s more that I could—do, or [R: Yeah] there’s always something else that I could know. [R: Right] Like it’s, it’s, I’m never really comfortable, I guess

R: Yeah. Yeah, so I mean it’s sounds like that could be helpful in some ways, for pushing yourself forward, [J: Mm hm] but it sounds so freakin’ uncomfortable, [J: Yeah] how do you— deal with that? On a moment-by-moment… basis?

J: Um, well, it depends on what it is. [R: Mm hm] So I have a better handle of that in terms of um hobbies. So I’m able to take up like these, these really high patient [R: Hm] and motivating, and like using my position of uh, like not knowing exactly what it is I’m doing, or not really having like firm firm background, um, in what it is I’m taking up an interest in. [R: Hm] Or us- I’m able to like use it as a motivation to kind of like learn more, to hone my skills. I guess, in this case. So, uh for example, like I don’t know a lot about math, or computer science, and but that kind of pushes me to learn about it—but um, there’s not a lot of weight on me [R: Hm] to like learn that. I mean-
R: It’s lower stakes?

J: Yeah, yeah—I don’t really need, I don’t really need that [R: Uh huh] at all. Um, so that allows me to like go into it and kind of play around with, [R: Right] uh what it is I know, and to look up things, and kind of just like spend a few hours every weekend just kind of like playing around with it. [R: Huh.] It’s the same thing with like taking up art. You know, um. I, I just play around with it. And I can learn new skills and learn new ways of—I can learn new styles, can learn different approaches, and I’m fine with that. And I can kind of uh, use the fact that I’m not really skilled at it to make myself to, to become better. [R: Hm.]

Um, but but in school, since there’s like so much riding on what it, like—graduating, getting my degree, [R: Yeah] um… like finishing the dissertation, passing tests, [R: Yeah] um getting internships and all this other kind of things that I always feel like I’m behind [R: Mm] on something. [R: Yeah] To the point where I actually do end up behind on things? [R: (laughing)] Because, like, things just aren’t, I, like, things just aren’t right. At all, ever. Um… and so, yeah, so it has the opposite effect, where [R: Right] um, I’m like, I’m always grasping at something. [R: Yeah] And so the, the end result is, if I have like a lot of major projects sitting around, um, that are related to, like the program, that are related to my experiences as a clinician, I can only really focus on one. And, and so, everything else falls by the wayside? But even that thing that I’m focusing on, like I, I can just never finish it, there’s always something more that I need to, like attach to it. [R: Yeah.] Um to the point where even it, a- so, even if I finish a project, I’m always, like trying to go back and edit it, try to go back and fix it, [R: Yeah] trying to go back and trying to like submit something new, [R: Right] to myself, in some way, [R: Yeah] um… and it becomes like rather distracting. [R: Yeah.] At times. Um. [R: Yeah] Yeah, so.

R: No kidding! [both laugh] Yeah! Huh. [J: Yeah.] Um—so, that tendency then- that you’re describing then, the perfectionism, the wanting to, to go back and amend, [J: Mm hm] or the only being able to sort of focus on one thing and this, this pressure being actively detrimental [J: Mm hm] in the areas where it’s most important, how does that play out in clinical work, that’s more fleeting and…

J: Yeah. Um, so… [pause] A lot of different ways. [laughs] So, I guess I always give myself um, a lot of flak for um like missing things that come up, like missing certain topics or certain ideas, [R: Yeah] or, um certain remarks, I guess, that would be really helpful to explore? um, but um, not really grasping in the moment. So, one thing that is helpful, is like process notes and whatnot. You know my process notes are like graphs and lines and [R: Hm!] like it’s very easy for me to follow, [R: Mm hm] um, but it, like it’s, I can visualize it, I can see it, and I have it there in my mind, whenever I’m going into a session. But the- the issue with that is that it also makes me very anxious, so I, like I’m writing up my process notes and I’m kind of just drawing out like this sort of, like conversational map, or like the narrative map of like my clients, um I come across the things I missed? and, kind of give myself a really hard time, of um, n-not picking up on that sooner. [R: Huh] Of uh, um, not like really like getting a sense for like what that meant for them, not really exploring it. Um, and so it’s it’s, um, I try to keep an ear out for that, whenever I’m actually sitting down with my clients, [R: Hm] but the result is that maybe I’m missing more things by trying to like focus on this thing, [R: Right] trying to listen out for it. Um, and so it gets kind of like chaotic, like in that sense too, um, becoming very anxious about
the things I miss, like I’m a really bad clinician at that point in time, [R: Yeah] um and feeling as though if I were a—like clinically competent, I wouldn’t miss that. [R: Hm] Um. If I were clinically competent, I would have the skills necessary to like actually address that. [R: Hm.] And kind of just go about my day. Um, since I don't really feel that way now, like it kind of upsets me over that one detail, [R: Mm hm] um trying to like cover all my bases, trying to come up with the interpretations and interventions that I need to, [R: Yeah] like, uh, like—like to uh attack that, that one thing? to to focus on it, to actually like unpack that one whenever it comes up, and sometimes it never does and so it’s just like, [R: Yeah] this entire mess, all over again. [R: Huh.]

Um, and then on that case, um, I, [breathes in] I feel like I uh, never really know exactly what to, uh, to do, in like, other scenarios that I never really accounted for. So things like transference. Or things that I never account for. I can deal with um, I can like kind of go back and reflect on issues of like, my client, and uh, like their romantic histories, um, their, their familiar histories, their academic like relationships and whatnot. um, gave myself flak for like missing those things, but it, I can like listen um for all th, all that stuff. Um, but I failed to account for, I guess, the relationship that’s actually happening in the moment? And so I guess what happens there is that whenever that comes up I have no idea what it is I’m supposed to be doing. It's a completely dark area [R: Mm] and everything that I that I held onto before kind of like falls apart.

R: Uh huh? [S: Um, and] And how does it come up?

J: Uh, [laughs] Um, so I guess, uh, a few… uh right, last year actually—um. Um, it had come up. In just like a very direct way. Um, uh, [speaking softly for a moment] a client mentioned that she had feelings for me, and I wasn’t really anticipating that, [R: (laughing slightly) Yeah!] whatsoever. Um, and I was like ‘Oh my God, I have no idea what to do.’ [R: (laughing) Uh huh!] And, I wasn’t really trained for this at all, and [laughing slightly] the, the r- my process notes, and the maps that I played out, um… I guess looking back on it, it- they kind of suggested this was some- this is where it would go, but I didn't really have a sense of that at all. Like um, I was so focused on, um missing all the other details of this person’s life, and, and uh, like having a hard time really, um, feeling confident enough to like address all those things that I completely missed this, this thing that was happening under the surface, [R: Yeah] that was happening between us, um which, in the end made me feel even worse. [Both laugh slightly] So um, I felt like, I was like ‘Oh my God, like this is the big thing that everyone talks about and I completely missed it, like this was the one thing that I completely ignored, I didn’t know how to handle it.’ So… when she brought that up, she was like very, um—she brought it up like explicitly. And, uh, I didn’t really know how to talk about it? Didn’t really know how to, uh, I guess like hold it? [R: Mm hm] at all? Um, [laughing slightly] um, in a sense where, where she could feel heard, I didn’t really uh—I didn’t really know what to do with it at all, so I kind of just didn’t do anything. [R: Mm hm] Which actually made it worse? [R: Mm.] Um… because like none of the readings that I did, um, like prepared me for that moment, I didn’t really feel like any of the classes that I, that I had had like really prepared me for it, [R: Yeah] for that sort of moment, and um… the, like the examples that I had read about, the examples that I’d heard—I mean, they felt like, like I don’t know, like rather top-tier examples, like the, like the go-to thing, that that uh—or the, yeah the go-to example that you should use whenever these things come up. You know? Um like, the golden examples, that really weren’t helpful, at all. Um. And so in this case,
um I, was just floundering [R: Mm hm] at that point. Um, my my client uh expressed her attraction to me, and uh, I, I didn’t know what to do so I was silent, and I kind of just feel, uh, my mind, just kind of like falling apart? not really knowing exactly what it was to focus on, not really knowing exactly how to, um, like address that? in any sort of like honest way.

Uh, so the end result was, in the following session, um, I was far too directive! [R: Mm] I tried to control her, tried to bring it back up, tried to, like force her to talk about this thing, um, in a very disingenuous way? to kind of like ease my own anxiety. [Breathe in] And so, I beca- so I, I— ugh. It was so bad. [Both laugh] Um, I tried to bring up like, the pull that I felt? And, uh, uh, like this, like my sense of like, what it was that she was doing? Um, uh, my sense of what it- what, like, my my own reaction to that, uh, what it meant for us, going forward, uh, what it, like, trying to like interpret that and connect it to other instances where this may have happened in her past life? [R: Mm hm] And essentially just became like very intellectualized, and she had no idea what I was talking about! [R: Oh] And I was like [R: Uh huh] ‘Oh my God, this is worse!’ [R: Oh…] And so, [laughing] um, so in trying to correct that, I intellectualized even more. And I became like rather abstract. Um, in a way where like I I actively like forced a rupture to happen. [R: Mm] In in therapy. And I had no idea how to fix ruptures at that point, still don't really know how to do it, but like there was like this big, gaping wound there that I had to like patch up and I had no idea how to actually like approach it. Um, in which case, uh, the only thing I could fall back on was, was just like, stop talking, and just like listen. Just try to like, go with that. Go with the flow that way. [R: Yeah.] In which case, like that was very helpful, but... then then like it entered into an area where, like I just didn’t- know- what to do, entered into an area that um, in the back of my mind I knew, uh like I was very sensitive to it, um [breathe in] going into an area where I just felt like, um… I don’t know I just completely wanted to avoid? and not really having any of the skills necessary to actually like approach that or handle it? [R: Yeah] Just... I could just feel my, like, my therapeutic position just like unraveling. [R: Hm. Uh huh] At that point. Um, and it was very hard to kind of like knit back together. [R: Yeah.] Um…

R: A scary place.

J: Yeah! Um, and very… messy, [R: Uh huh] I guess in different ways. Um… yeah.

R: Messy.

J: Mm hm.

R: You mentioned, um, at some point you mentioned the phrase um, that, uh you said something about like if you knew what you were doing, if you were competent— [J: Mm hm] you would, um, be able to do the thing and then go about your day. [J: Mm hm.] Which kind of evoked for me [J: Mm hm] that, that really your comfort zone is making some technical interventions that you feel confident in, [J: Right] and know that it's the right thing, and then you can move on.

J: Yeah. Yeah. Um, yeah, having enough compete- or, uh, enough confidence to, or be competent enough to do that. [R: Uh huh.] Um, yeah ‘cause I I uh, I mean the best way for me to know something is to see it? And technical things are very easy for me to see. Um ‘cause I- I usually they come with a model. Of some sort. [R: Yeah] Um, and even if I don’t know, like the
ins and outs of that model I at least have something to go off of. [R: Yeah.] Um, whereas, like now I don't feel like I have a lot of models to use; [R: Right] I feel like I, I um I kind of just have to go into it on my own, and and in this case, [R: Yeah] um, I didn't have that. [R: Yeah.] Um… and I guess on one end some people could say, ‘Well, it seems as though not having the model makes you more, more emotionally engaged;' I can understand that too, [R: Mm hm] um but it’s it’s, [breathes in] being able to, to have that technical intervention, being able to rely on that, being able to kind of move on, makes me a lot more comfortable.

R: Yeah. [J: Um.] Well you, you went from a… sort of behaviorist, very applied [J: Yeah] background to being more psychodynamic now; [J: Mm hm] y-you made that choice, [J: Yeah] to go from a— a pretty prescriptive, clear approach [J: Right] to something that’s… less. [laughs]

J: Yeah, yeah absolutely. Absolutely.

R: I-is, is that—do you stand by that? Like, do you still—want to do that? [both laugh]

J: I, uh—yes and no, so I still want to, I I like it as like a, as a theoretical approach, [R: Mm hm] and I find myself, um going back to that frequently. [R: Mm hm.] Um, I just don't like it as my only [R: Yeah] option. [R: Mm hm.] Um, so, oftentimes I feel, I feel myself like kind of finding like, trying to look for some like o- for some ways of like merging the two of them together. [R: Oh yeah, mm hm.] Um…

R: And you want to feel more confident about knowing when to do that— [J: Yeah] you mentioned that: like switching modalities, [J: Yeah] kind of knowing when to apply this rather than this, and…

J: Yeah, yeah. And um, oftentimes, I think, primarily like I made the switch because I felt like that was the appropriate thing to do. [R: Mm hm.] Um, I didn’t really feel

R: [interrupting:] Appropriate?

J: Like uh, uh yeah, like the psychodynam- the psychodynamic approach and like, like the, like form of therapy was like the appropriate, um, mode to take up at Simone. Um, because I didn’t really feel like—

R: Oh—

J: Yeah. I didn’t really feel like there was any sort of um, [breathes in] there was any… I I didn’t really feel like I would be able to take up a behavioral approach in any like, substantial way there. [R: Mm hm.] Um, and I knew that coming in. [R: Mm hm.] Um, and I felt like this would be like the good time, like a good opportunity to, like to do it. [R: Mm hm.] Um, but um, yeah I felt like at that time I would, um, there was still like a way to do those things? And now I know that there is a way, that there is a model for a more psychodynamic therapy, at that time I didn’t really know at all. And, um, I feel like the only, the only reason why I found that model is ‘cause I could kind of piece it together myself? [R: Yeah] And the models that I found oftentimes pieced together other, like modalities, other other approaches that kind of like this way of
working. [R: Mm hm] Um. Like that’s very helpful for me. Now that I, I learned about it like down the line. [R: Yeah.] Um, but I guess before, like coming into it, I thought I’d be able to handle it [laughing slightly] better than I, than I, than I have been, I guess. Um, and again, that’s kind of rough. [R: Hm.] You know. [R: Yeah] Um. Yeah.

R: Yeah. [J: Yeah.] Yeah. Um… you… yeah, you mentioned, um, so many… transitions when you were talking about your early clients, and how you did kind of know where to go with them? [J: Mm hm.] Or, or what felt [J: Mm hm] that, what you felt you could identify with—um. I guess I was… this is maybe a stupid question, but [laughs] [J: Mm hm] um, what I’m trying to put together is, your um, empathy for your clients [J: Mm hm] having understandable stressful reactions to transitions to new roles, [J: Mm hm] d-do you—what, do you think maybe you could do that for you too? [both laughing] like, do you—does it— [M: Mm hm] d- um, your… what is my question, my question is, um [J: Mm hm (laughing)] you, you sound kind of mean to yourself. [J: Mm hm.] Um, how, how are you able to be a, a therapist to people [J: Right.] struggling with maybe similar, human things, [J: Uh huh] um, wi- with that attitude? Like can you soften that at all? Can you work with that? How do you…

J: Um, yeah, so, uh, I can… I feel I can do it if I see myself from the outside? [R: Okay] So, like i- it’s—not depersonalizing. [R: Mm hm] I would say, um, though some people would say that it borders on that. I guess—I’ve had a few comments that it borders on that. [R: Hm.] Um, but um, I guess if, if I’m able to view these concerns, like, honest concerns, for like other people, [R: Hm] um, um, I guess in the same sort of way that I, um, I guess like personalize a little bit, that I look at things, like uh, like racial trauma, racial anxieties, and things like that, too. Um, um, I guess I’m able to identify with that and empathize with it in different ways and like work with it? [R: Uh huh] Um, and um, even just using my own feelings, uh able to, um, come up with like questions, or maybe just interventions, based on, um, [breathes in] um, certain concepts or certain ideas that would be like very helpful to discuss, so like I guess in this case like um, just like transitioning into new environments, um for, for like a college student, being, or like, and having a lot of expectations, on your shoulders, um it would, has been very helpful for me, um, to not only like empathize with that, but to also, um help them to articulate their own concerns, about that? to, um, express their [breathes in] um, their own anxieties about like coming up short, um, their own desires, to obtain their own goals, or to like reach their goals, [R: Hm] um, [R: Yeah] and to, I guess like make the connections like where that’s all coming from. Um. And and like it’s able, and I’m ab- I’m able to do that when I kind of like distance myself from my own [R: Hm] issues. [R: Mm hm.] I guess. Um. I guess like detach myself from them in some case. Um, but when they begin to relate to me, then it’s it’s, they feel more so like excuses I’m coming up with. [R: Yeah] Um. [R: Yeah] Versus like, I guess like actual. [R: Hm] actual issues. But I think that comes more so from the fact that um, [breathes in] um, I don’t know, I know what’s going on? For s- um… I guess it’s more, it feels more so like a mind trick to me. Whenever I apply it to myself. [R: Huh.] Um, the fact that I see people and I see that these things are like major issues for them, I see that they’re struggling with their anxiety, or their depression or things like that too, um I see that and I think, ‘Oh maybe that could apply to me.’ [R: Hm] Even though it may not? [R: Hm] So I kind of keep that in mind whenever I, like feel similar feelings, [R: Huh] I kind of just think, ‘No,’ um, ‘you’re not really feeling these things you just kind of feel it ‘cause you see someone else feeling this, [R: Huh] and that’s something you can
just latch onto [R: Yeah] for the moment.’ Um. And that’s kind of why I’m—I guess, like the, the, like regard myself as like being hypercritical [R: Uh huh] when that comes into play.

R: Yeah. [J: Um.] Yeah. But you’re, you’re kind of, you’re saying that you are sometimes able to make use of your own stuff, [J: Mm hm] like in the moment [J: Mm hm] or, or when you can see it, and then [J: Mm hm] then you can go ‘Oh, yeah, I—that’s real, that’s happening [J: Yeah] and it has happened for me too, and I’m kind of—comfortable here

J: Yeah. Yeah. Um, I guess… I guess it uh for me kind of falls apart when, um… I guess like I’m actually like in those moments I’m dealing with my own work [R: Yeah] and dealing with my own expectations [R: Uh huh] and uh, I feel like I should be able to do better. [R: Mm hm.] Um, than, than I am doing. [R: Yeah] Um and that’s very hard to… do. [R: Mm hm.] Um… yeah, um. So I guess in that sense, um, [breathes in, sighs] I guess like the clinical me is the person in the moment that's actually like hearing that? [R: Uh huh] versus like the, like the actual me [R: Ah] that [laughing slightly] um, that steps outside of the session room, that kind of like steps ou- off the university campus, that goes home, does his own thing, has his own work to do. Um. Who, like takes off the therapist hat and now has all of these like real human problems. [R: Yeah.] Um, I don't give myself the same benefit of the doubt. [R: Yeah] I don’t have the same excuses, I feel like I should, I have different standards. [R: Huh.] I guess. In that case. [R: Yeah] Um, yeah. Yeah, uh. So yeah, I don’t know. [Laughing] [R: Hm.] I don’t know. Um… [pause] No, I keep coming, I keep thinking about the, the transference issue, ‘cause even now, like I just, I just wrote about that, but even now, like I still—I don’t know the appropriate way to go about that; nor do I know how I’m going to handle it if it ever comes up again, [R: Mm hm] in the future. Or when it does come up again in the future. [R: Yeah] Um, like I don't... know… I don't know my training. [Laughs] for that. [R: Yeah] Um. and I’m not sure if there is training for that, too. Uh. You know. [R: Yeah] I don’t know.

[pause]

Oh well. [Laughing]

R: I mean it seems like one of the, the parts of the like wildness of therapy. [J: Mm hm.] Like things kind of creep out from between the seams [J: Mm hm] and you go: ‘OH!’ [J: Mm hm] – that’s my association to [J: Yeah] to transference stuff, [J: Mm hm] where it’s stuff that you wouldn’t have accounted for, [J: Mm hm] it’s the stuff that’s in the moment and very live and real [J: Yeah] and everyone involved has to go: ‘Aaah!’ [J: Mm hm] ‘Uh, what do we do with this?!’

J: Right. Right. Um, so… [sigh] yeah, so uh to go off that, that remi- that reminds me of like your, your statement of, like uh, yeah, I came from a very technical background that I entered with even though this is kind of like a choice that I made, um—which was, which was very interesting, um to me, because uh, like I, I took up psychology with the intention of like going into like psychodynamic, and like the behavioral aspect was something that I kind of like slid into, [R: Huh] not accidentally, but I kind of like, uh I went and did it, and um, [breathes in] and I enjoyed it and found it useful, and I kind of felt like, but the appropriate way to do therapy, whatever that means, was to do this. [R: Huh] [Laughs] Um, but um, like with all these things
coming up and, and [breathes in] um, I guess like seeing the two of them together? Um, and like hearing that statement makes me realize that uh, [laughing] um, like maybe slipping into like the more behavioral technical aspect of it was essentially to um, was like my first foray into like my own unconscious issues or defenses, to… [R: Huh] to um see that maybe, um, I feel very comfortable with things I’m able to anticipate. [R: Hm.] Um, whereas, the psychodynamic thing is all about the things that you can’t really anticipate at all. Um. [R: Yeah.] [Both laugh] So, I uh, I heard—I read a quote, um, uh, six or seven months ago, about like um, in regards to uh, like uh military generals who are like world famous, like wartime generals and like tacticians, and I can’t really remember their names but I just found a lot of their quotes interesting, and one quote was, uh, ‘Plans rarely survive the encounter with the enemy’? [Both laugh] Which is essentially about um, really, what you’re—I mean, plans are helpful initially, but you need to account for the fact that your plans will fall apart? [R: Yeah] And the best strategy is usually just um, um, being able to like account for variance, being able to adapt on the spot [R: Yeah] and on the fly. And um… I’m like really bad at that. ‘Cause I’m trying to account for—everything. [R: Mm hm] Um, i- I, it’s very hard for me to, um, anticipate uh what it is that, um… like like it’s hard for me to anticipate the things that I’m not supposed to anticipate. [R: Yeah] Um. Of course. All these implicit and parenthetical things. [R: Right.] Um, and it’s hard for me to accept the fact that I can’t, that I cannot account for anything. [R: Yeah] I do try to have my plan survive each and every encounter, [R: Mm hm] [both laugh slightly] um, and I’m really proud of myself when they do, [R: Mm hm] um, but I kind of like chalk it up to luck whenever it happens. So, like it, it’s, so like when weeds sprout, or new plants sprout, and I’m like not anticipating it, and like things unravel, and it’s really hard for me to try to like put things back together. Um, so I guess like in the transference thing, like, like… I have yet to see a, I have yet to read about or to see a skill that accounts for something like that. In like anything. Um. And…

R: Right—where is the skill [J: Yeah] to—uhhh [laughs] [J: Yeah, yeah]

J: Yeah, there is no skill! And you’re supposed to to start to—you’re just kind of like expected to, to deal with it. [R: Yeah.] Um. In, in the same sense I still wish that I had like a general model, [R: Yeah] for for the things. [R: Yeah] Maybe not for that explicitly, but for like the most things that I feel like I’m kind of dealing with. [R: Right.] Um, whereas [R: Right] now I feel like I’m kind of just, like, hearing… like stories, uh like stories that really paint the best picture possible. Of stuff.

R: Those—the attempted models, [J: Yeah] the things other people are trying to give you, or the books, are like ‘Mabababa,’ [gestures and tone of naively positive example] [J: Yeah] a pretty picture that never matches [J: Yeah] up to the [J: Yeah]

J: Yeah! Yeah, they’re the perfect examples [R: Yeah] of like, when a rupture happened and when someone was able to like fix that, and like produce—uh, or not even just produce, but when it led to, like the most um profound experience or [R: Yeah] change in the therapy [R: Uh huh] that actually deepened the work. [R: Yeah.] Like I don’t, I don’t see mistakes, I mean and, and the mistakes that I always see are always the mistakes that grow, like, that are always um, they, [breathes in] the therapists seem to uh to like work around them and [R: Uh huh] like show how they can grow into something new, [R: Right, right] not when they fail
R: The mistakes turned out well, [J: Yeah] and they’re all in retrospect so you can tell the nice story [J: Yeah] about it

J: Yeah. Whereas, like [laughing] I feel like in my experience I, I’m more likely to like tally up [R: Mm hm] the failures more often than I am [R: Yeah] like, than like the successes. [R: Yeah] You know. Um. Like that, that’s all very, very hard [R: Yeah] for me. [R: Yeah] Um, so I kind of feel like I’m, [laughing slightly] um, uh, like I’m always dealing with the, with the unknown [R: Yeah] and that’s very uncomfortable. [R: Right, right.] Um. And, and I’m not really sure, like I, I—like even now like I have a position, um, or enough confidence as a therapist to like, actually, like handle? those things? [R: Mm hm] [Louder] I don’t want to say that I’m like so fragile that I take these things personally, but I feel like I should be able to like, t- like, handle these things professionally. [R: Mm] And I feel like I’m not there yet. [R: Hmm, yeah.] And that’s hard.

R: [Breathes in] Yeah. Right. [sigh] So, well, but given that you, um—I assume you’ve never like, run from the room. [J: No] During a session. [J: Yeah, yeah] Okay, so like… um, just- just checking. [Both laugh] Um, given that much of what is going to come up in a session is the unknown, [J: Mm hm] is the ‘O-okay, whatever’— [J: Mm hm] and that you have that experience and on some level acknowledge that that is, like what is happening all the time for everybody— [J: Yeah] you are handling it somehow, [J: Yeah] you are getting through, [J: Mm hm] w-how do you do that? What are you drawing on, what are you using?

J: [Laughs] Um, so, I, I rely… so I’m a little more well-read now? [R: Mm hm] and so I rely, more so on like the things that I’ve read about, um, how to like—in terms of like formulations, I have a better understanding of like what’s being said and like how it may refer to some like key um issues or like core themes, um and supervision has been probably more helpful than the actual readings since it’s, it’s, um—I’m actually like there listening to someone like uh critique my work, [R: Hm] unpack my work, um and I’m getting a better sense of uh like what works well versus like what doesn’t work well. [R: Mm hm.] Like, in the moment, versus like reading it where I don’t really [R: Right] get that sense at all. Um, so like those things have been helpful, so I’ve been drawing a lot on like past experiences, too, [R: Yeah] and even things that I know explicitly are mistakes as well.

R: Hmm. Learning from…

J: Yeah. Um, and so like that’s, all that’s very very helpful. Um. Uh, the other part, though, is that I’m also trying to [breathes in] quell, if not just completely silence some anxiety that I have, [R: Hm] and try to remain focused, [R: Hm] In which, but in which case it becomes a rather, um, like perpetual cycle where I’m trying to like always quell a very critical [R: Oh] like side of myself. [R: Uh huh] Um, which occasionally takes me out of, uh, uh the session [R: Hm] but for the most part I like kind of have a better handle on it now too. [R: Hm] Um, but also just um, [breathes in] I rely a lot more in terms of like being able to uh point out what I observe happening or what I see happening in the session. Um, instead of just trying, or like instead of feeling tempted to just like make interpretations [R: Hm] or like make the connections. [R: Hm]

R: To speak it? [J: Yeah.] What you see.
J: Yeah, yeah. [R: Hm] Um, and then on the other end just remaining silent, letting things come up as they can. Um. [R: Hm] In which case—I, I guess, a better way of putting this is just um, um, slowing down the pace, [R: Okay] um [R: Yeah] not feeling some need to make a move immediately [R: Okay] each and every time. [R: Yeah] Um.

R: So, both of those, maybe are slowing, slowing things down, [J: Mm hm] rather than trying to go to interpretations, [J: Mm hm] too soon or… [J: Yeah] Uh huh. [J: Yeah] Feeling the pressure to interpret. [J: Mm hm]

J: Yeah, um—yeah, ‘cause I, I uh I feel like um, as much as I’ve heard a lot of clinicians talk about how often they don’t know, like what it is that they’re doing, [R: Mm hm] um, I always get the sense that maybe, like the [breathes in] like uh, like the second part of those statements are always the fact, ‘I need to have an idea, of what I’m, what I should be doing,’ [R: Mm hm] in this sense, um. So like there’s a sense of like completely being unaware of what it is that you’re supposed to do or completely being unaware of like the move that you’re supposed to make. You should have an idea. [R: Hm] At least that’s the sense that I get, and that’s kind of, like the expectation that I have of myself. Um, m- and I guess, in terms of like working like working from like behavioral services, it’s it’s, if you learn the skills that you need, you need to be able to like adapt them in different ways but you have the skills already. And um, not really knowing what to do always seemed to be very, uh, like incompetent [R: Hm] in some way, um. And that’s something that I always wanted to, to avoid. You know, um. And I felt like if, if um. Now since I’m, I’m a little, I’m much more aware of my, my race, now? [R: Hm] than I was uh before like getting into this too, I feel like um not knowing just makes me look really, really like underqualified. Um. And to the point where that just like, hurts, [R: Hm] like damages everything. So, if [laughs slightly] I’m in the field, where I need to know everything there is to know, or at least have an idea of it, or I need to be able to… account for the unknown, or kind of like look up all these contingency plans, or I need to have like, [laughing slightly] plans, like 1-24 [R: Hm] just set up just in case things happen, [R: Mm hm] um and I’m, and I’ve reached something and I’m just not able to account for it then I just look completely unqualified [R: Hm] so like ‘Here’s, who’s this Black person who’s here? Who he, he doesn’t really deserve to be here because they really have no idea what they’re doing’ I feel like, like one thing like that can kind of just like, unravel things. [R: Uh huh] Um. A-and so, it’s just um, [breathes in] like I try to account for that. You know, um. In some way. [R: Yeah] You know.

R: Um, if you—reach a moment where you don’t actually, well you don’t have plans 1-24, [J: Mm hm] um, because it was something that, you know, is just sort of unexpected. [J: Yeah] um, how, you said you try to account for that? [J: Mm hm] How, how do you do that, what does that look like?

J: [Laughs] Um, so uh I try to buy time. [R: Ah, okay.] So uh, yeah I try to buy, buy enough time for my thoughts, so the go-to thing is, by, um… like I try to buy time by saying, like asking uh them to like say more about what it is [R: Mm hm] they’re actually saying, [R: Yeah] to uh, um [sigh] or even and just admit to the fact that I don't really know exactly what it is that they’re seeing? [R: Mm hm] That seems a little bit easier for me to ask? because I feel like, um [breathes in] um I’m asking for them to like paint me a picture. [R: Yeah] So it, it feels like less of a fact that I just don't know what it is that I’m, that I’m doing, it’s just the fact that maybe I just had
issues visualizing it. [R: Huh.] Um. And so that’s, that’s kind of just what I try to do. And I feel like, maybe um by giving me enough detail that something will open up to me. [R: Hm] Um, even if they’ve giv- they’ve given me like enough detail so far. Um, in other, in some of my um more disgraceful ways, I like I uh, um. I go back to more, t-to other important topics that they probably brought up at the time. [R: Hm] So I feel like I’m kind of like, I hit a dead end, right there? [R: Hm] I’m not really sure where to go, [R: Uh huh] I kind of just go back to something else. Um, which doesn't really feel, uh, competent to me, [R: Hm] it doesn’t really like a like a smart move to make. [R: Hm] Um…

R: But it’s something.

J: Yeah, but it but it but it’s something. [R: In that moment.] [Simultaneously: Yeah.] Yeah. It’s something. Um, um… [R: Hm.] Yeah, clinician- like, hearing stories about clinicians that kind of just sit there for about ten minutes in just silence, freaks me out. [R: (laughing slightly) Yeah] Like I don't, I don’t feel like that’s good. [R: (laughing)] At all. [R: Mm hm] Um, like it—it may actually professionally be good, but it scares me [R: Yeah] and terrifies me. [R: Yeah.] Um.

R: Ten minutes is a long time! [Both laugh]

J: Yeah ten min- ten minutes is a long time, but you have, I’ve heard stories of [R: Yeah] people just saying, ‘Yeah we just sat there for a while until um they said something,’ they’d say things like ‘I felt very comfortable just sitting there.’ Like, I’ve played, I’ve like used that as a bluff [laughing] for, in some instances? [R: (laughing)] Um but never, never in therapy, never with actual clients, because I’m, like I’m always concerned about that. In the, and in those moments where I feel like, I don’t know they just aren’t giving me things it’s like uh [R: Hm] um, I feel a pressure to always do something to like always perform [R: Yeah] or to come up with something or to say something. [R: Yeah.] Um, and so in which case, if all those things kind of fall apart, and through like my process notes or through like my mapping, I like had an intervention kind of like laying in the back of my mind, [R: Hm] I try to like, that’s probably like the time that I’ll use it. Um. [R: Hm. Yeah.] Just to kind of like, see if it gets something going. [R: Uuh huh.] Kind of like jolt it. [R: Yeah] Yeah, ‘cause I’m not, I’m not very comfortable with, like sitting there. [R: Yeah.] Or, um not co- very comfortable like not knowing what’s happening. [R: Mm hm] I guess. Yeah.

R: Yeah. Hm. Um, can—would you mind um trying to—trying to paint me a picture! [J: Mm hm] [Both laugh] and giving me a, an example with as much concrete detail, [J: Yeah] so that I can kind of, get a sense?

J: Yeah. Um…

R: Of- of not knowing and getting through it.

J: Mm hm. Um… [pause] I’m trying to think of, like, recent ones. Uh… [long pause]

So, uh, one of my clients, um—we’ve been talking a lot about [breathes in] um, we’ve been spending a lot of time recently talking about uh her relationship with her sort of boyfriend? Um
who’s just been dating with her the last, uh six months. And um, in these conversations, uh these conversations have usually been um [breathes in] I guess like anchored down by a lot of, a lot of uh references to the fact that she struggles to maintain a lot of interpersonal relationships with like coworkers, or even friends, or relationships that she feels are, like her relationship with her family, she feels very fragmented. [R: Hm.] Um, with moments that, that, where they feel like strong, like she can rely on them, and other instances where she feels like they aren’t really reliable at all, she doesn’t really feel like they her support her, in in her relationship, support her in like the work that she’s doing, um very hard on her for [laughing slightly] um feeling very needy, like wanting the attention of like her parents, [R: Hm] really wanting them to be around or be supportive. Um, and things like that too. So it, or even uh past romantic relationships where she feels like uh, um, um people just didn’t like love her. [R: Hm] Enough. Like her boyfriends just didn't love her, uh enough.

So, a lot of, so a lot of the discussions about um, this boyfriend are like anchored in like, like anchored [sounds like “angered”] in all these uh different kind of things. So recently she’s been talking about like moving in with him, and uh like getting a dog with him, moving in with him. And uh, like, like being like a financially independent person, like what it means to be uh an adult. So also uh, so uh in talking about all these things, um she’s been spending a lot of time talking about her uh, her… her boyfriend’s uh baby that he had, out of wedlock with another woman, prior to them being together. Um, and she’s like, she’s very upset about this [R: Hm] and every time she talks about it, it’s, it’s very aggressive. Like, she does not hold back [laughing slightly] on insulting the child, [R: Huh] she does not hold back on insulting uh, like the ex-girlfriend, she doesn’t really hold back on insulting uh, her boyfriend’s family, who she says is very unsupportive, who uh she says like give them, give him, like the boyfriend, a lot of crap on like what he does, um use him for money and all these kind of, [R: Hm] it- it’s just like, a lot of stuff. [Breathes in.] And so she’s been spending a lot of time saying that he’s been uh, like yearning for a connection with his, his, with his um baby boy, and he wants to be, um a very present father, he wants to be there and support them, [breathes in] and he [laughing] uh, and she hates this. She hates it completely. Um, she says that uh, she will call him out on, on spending a lot of time talking about this, she has recently told him that he just needs to get over it, and that he [R: Huh] won’t be present for the kid’s life, and that um, the- the mother of this child doesn't really want him around, so he just needs to deal with that, um, and he needs to, like put all of his son’s things in boxes like pictures and things like that, kind of just get rid of it. And so what spurred the move, like what spurred them to move in together was so she could actively get a new place where he could never put things up, uh put things up like that. [R: Huh] Doesn’t she just like erase any sort of like, [breathes in] any sort of like thread he has, that whatsoever— so that they can like kind of start their own family. Um. Anyway, this is kind of like coming up every few weeks, and um, uh, and on some hand I can kind of see like the thread [sounds like “threat”] to her own family, her own uh like fragmented relationship with her, with her parents, and with uh her siblings, and even with a prior boyfriend where she said like she doesn’t really like supported or loved by them [R: Mm hm] or like whatnot. Um. But I can see that, because I did, like, a lot of reading on these things, like I like I know um, I know how these things can come up, I I know sometimes this may be like referred to um, I guess, I know that she may have like, borderline symptoms, or like more, like histrionic symptoms and things like this too. Just based on like, being so well-read, but um in my gut I feel like, um, I’m using that knowledge and there’s a limit to like, what I know [R: Hm] right there. And so, um, in the back of my mind I
always feel like I’m kind of, like I’m really concerned about what’s going to happen, when she directs this, like this, this like anger [R: Mm] towards me. ‘Cause I feel like, I don’t know—it’s coming. [R: Yeah!] [both laugh] In the opposite sense, of like, the, of a client who like mentioned that she was attracted to me. [R: Hm] And now I have this client, where I feel like they’re going to say, that ‘Oh my God, I, I hate you.” [R: Yeah] And I hate the fact that you have had to cancel, which is due to your schedule, but you know not really accounting for my needs and things like that too. [R: Hm.] It really like freaks me out. Um. And I have no idea of how to… handle it? um in any sort of way. And so, what I’ve been trying to do is, just been trying to like extinguish any s- any thread that could um actually relate to the therapy or relationship too. [R: Mm hm] Um, like I ‘cause I, I don’t know how to handle it. I don't know what to deal with it. [R: Mm hm] I don't know how to deal with it. Um, like I’ve read some things on like, transferential hate? but I still don't know what that means? [R: Right] And like the examples that I’ve, that I’ve read were like, volatile, they were aggressive [R: Hm.] comments where the person, like where the client like actively, [breathes in] like tries to like undermine the like therapist’s uh like authority, for the therapist, had all of this like countertransference issues, [R: Yeah] and like, [laughs slightly] um, would uh kind of like act out, not act out in different ways, but like, it would like come up in different ways, in terms of like having really aggressive, like interventions or interpretations, [R: Ah] or even just feeling like they had to take time off, like, unconsciously, just to get away from this person—like I’ve read of all these things, [R: Yeah] but it just doesn’t tell me exactly what’s going to happen.

R: Right, and you don’t want that to happen!! [Laughs]

J: Yeah, yeah and also I don’t want that to happen. [R: Uh huh.] I also have no idea what’s going on, so I can just try to like divert, [R: Yeah] like divert the topics. And so, um, so there’s that. But I also have no idea what it’s going to mean if I do make the connections that I do see? Um, like I I, like I don’t have any sense of like timing, I don’t know when it's like good to make this too. [R: Mm hm] I don’t know what’s going to happen, if I do make a connection, and she says, ‘Yeah that’s true.’ And then, that’s as like far as it goes? [R: Mm hm] Um, I don’t what’s going to happen if she says something like uh, um, ‘No, that’s a pretty stupid comment and I don’t agree with it.’ [R: Yeah.] Like I just don’t know at all. And so I kind of… and um, I feel like uh, on one end, [breathes in] uh I could hear [laughing] like these books and I can hear my supervisor saying, that’s exactly where you need to go. Um, on the other end, I keep hearing myself saying, like, for one I’m not sure that will actually be helpful? [R: Hm.] Also, I have no idea how to work with that at all. [R: Yeah.] Um, and so I kind of just...

R: Like, open that door, and….

J: Yeah. Yeah, so I just don’t stir that pot. [R: Mm hm] And in fact, the pot’s not even on the stove, I kind of just don’t have any of [R: (laughing)] that set up whatsoever. [R: Mm hm] Um, and I kind of just want to focus on her relationship with like other, other like other people, [R: Hm] that like she actively brings up. [R: Yeah] Um, and like maybe the feeling is that like, that, like that, maybe the feelings that she’s experiencing like in those moments, or at least try to help her to like make the connection herself, [R: Hm] um, because I guess in some end I’m like I’m really concerned about, like, her hatred. And like her [breathes in] um, her like dislike of all
other people, [R: Yeah] um, and what that means, like experientially or even what that means defensively. [R: Yeah.] And things like that. Um.

R: Yeah that doesn’t sound fun.

J: Yeah. Yeah.

R: Or good for her, or

J: Uh huh. Huh. I’m not sure I’m getting like exactly what you’re saying?

R: Yeah, well, [J: Uh huh] I mean, so your strategy is to, is to avoid at this point [J: Mm hm] because the unknown is, is legitimately, like, not gonna be good with this client. [J: Yeah.] If you wander into that territory, you kind of have a sense of what’s there, and you just don’t wanna open the door.

J: Yeah, and I don’t want, yeah and I don’t want that at all. Um, the other, the other part of it too is that um, and—this is a little more fragmented, and in my mind but um, um, I’m I don’t, I don’t really have a sense of like where to go beyond like making the link. You know. So, um, I’ll hear people say, ‘Oh,—or what I’ve read, is that sometimes the interpretation, or like making the link, can like deepen? therapy? [R: Mm hm] but um, I don’t know what would happen if like the link is made on her end or on my end and then it just doesn't go [R: Yeah] anywhere. Or, even if she says, like, ‘I’ve already thought about that, and it hasn’t really done anything for me,’ [R: Yeah] like I, I just don’t know. Um, and so I, I [laughs] uh, um [pause] oftentimes feel myself overexplaining at that, at that point in time? [R: Mm hm] Um, trying to cover all of my bases. [R: Yeah] um, in order to like account for that. [R: Right. Right.] So I just see, like what she like what she does with that [R: Yeah] versus, uh, um, [R: Yeah] um, versus, uh I guess just like uh [breathes in] just trying to like sit with things. Actually, I realize now that I’m saying this that I’m a, a lot more uncomfortable sitting in silence or like slowing things down? with her? [R: Yeah] than I am with like other clients, ‘cause like, you know like, the moment that I do, is m-like maybe, is the, like that’s the moment where she may undermine [R: Mm hm] like exactly what’s happening. [R: Yeah] Um. And that’s like very… uncomfortable. [R: Yeah] And I’m not really sure how to like navigate that rupture [R: Right] at all. [R: Right] Um.

R: And you’re just sort of treating her like a time bomb, and you can [J: Yeah] run down the session clock maybe [J: Yeah] and maybe she won’t yell at you!

J: Yeah exactly. [R: Yeah!] Exactly. [R: (laughs)] Um, and like that’s, and like I’m fine with that [R: Uh huh], but um… [breathes in]

R: So it hasn’t really, with her, [J: Mm hm] it hasn’t come to that. [J: Mm hm] It hasn’t—erupted; you can see that it, the potential is definitely there, [J: Mm hm] but you haven’t actually had to face that [J: Mm hm] particular thing.

J: Yeah, yeah, so I guess I kind of like try to put things in motion so I, not put things in motion but I kind of like use things to kind of like set up a blockade. [R: Yeah] Like um. [R: Yeah] And
just try to like buy time, try to like come up, like, gather all my thoughts, to gather enough material or enough strategies to like… [pause] to like learn what will happen, or try to, to… I guess—not just learn what would happen but to try to account for everything, if and when that does happen.

R: Yeah, yeah. So, with her it seems clear that it’s particularly dangerous and a little—[J: Mm hm] you know, whoa—but what you were saying about interpretation, that you—what I was getting was that like, you can kind of see it, [J: Mm hm] but once you make the interpretation it’s not quite clear how that’s supposed to work, [J: Mm hm] like what it’s supposed to do, [J: Mm hm] and how it is a—and like what it is doing. [J: Mm hm] Is that sort of true in general for, for your sense of interventions and how they work? [J: Yeah] And it’s just that with her, she seems like well, and if, and what in the world—

J: Yeah. I mean I always feel like there’s a piece missing, [R: Uh huh] and I just don’t know what that piece is. [R: Yeah] So, um, um, [laughing] when I worked in, uh, uh like autism, I used like a lot of behavioral analysis. [R: Mm hm] They, they kind of outlined, um not only the interventions but like when to make them. [R: Hm.] Um and so they—let’s say like um, here—so they like set up things like um this is a core problem. So they’d say like, if you have the antecedent, and you have the behavior and you have the consequence. And the antecedent is always the thing that’s going to like lead up to or trigger the behavior that’s occurring in that moment? [R: Yeah] And then um, the result of that behavior. [R: Mm hm] Um. And so if there’s like, so for a kid there’s like distracting things in the background, you have like a lot of toys around, if they’re just not getting along with their sibling, or if a family member is like, arguing with a sibling, [R: Hm] um then that may create, like distress in the kid, distress in the kid could cause them to, like, maybe just react aggressively, [R: Hm] like just not listen and things like that. [R: Yeah] And then they have an intervention that goes along with that. And, that, that’s not necessarily like an ABC format, but tries to like hit at and to interr- but like tries to like hit at, and um like, pinpoint, all those concerns. [R: Mm hm] like come up with something, come up with like a new skill that you can learn [R: Uh huh] to like extinct- not necessarily extinguish, but kind of like mitigate those issues. [R: Hm] Whereas, he—uh, like now, using, [laughing slightly] um like um, here’s like an interpretation, of like what’s going on, that kind of like wraps up, wraps up all these things, [R: Hm] and you can like set it out there, but I feel like there’s an element that’s missing to all of that, like usually I hear, um, ‘oh my god, okay, this—it’s like going to lead to all these places, [R: Mm hm] and this is how you want to work with all the things it can lead to, [R: Uh huh] and then of course all the examples are like what happens when the client takes them up [R: Yeah] in the way that’s beneficial to the example. [R: Mm hm.] Um, I I don’t know exactly how to to get there. [R: Yeah.] Um, and so, usually I just feel like the way around it is just to like, make it into an observation versus like an in- interpretation. Or, like trying to like invite some sort of feedback. Trying to like look for that missing element in some way, or trying to listen, listen for it and I just don’t… like I don’t know. I don’t know what it is. Like I just don’t know… what I should be doing in that moment to like, [R: Yeah] strengthen it [R: Yeah] in some way. Like, some- some people say timing, some people say that you phrase it, in the way that you say it, but I just don’t know if, [R: Yeah] what timing looks like! [R: Uh huh. Right!] I don’t know what like, um [R: (laughs) Yeah. What does that mean?] Yeah. Well most, in most cases it’s either [breathes in] I, I say nothing, I say very little, if anything at all, or I probably say too much to kind of like, get something going, [R: Yeah] you know, um, try and
like provide a shock to it and see how it works. [R: Yeah.] Does that make sense? [R: Yeah] Okay. [R: Hm.] Um.

long pause

R: So a lot of your… maybe it’s just because I asked you this question and of course that’s what you responded to, but it sounds like a lot of your, um, clinical orientation is about preparedness [J: Mm hm] and making sure that you have things to draw on, [J: Mm hm] and skills, and reading, and, and, setting up some bulwarks [J: Mm hm] or boundaries a-around not knowing. [J: Mm hm] That so that, so that it doesn’t happen, [J: Right.] as often or in the same way. [J: Mm hm] That so that, when the not knowing happens you at least have some, a sense. [J: Mm hm] You have this, you have that, you have something to draw on. [J: Yeah] Um, and with this particular, like client [J: Mm hm] where things are clearly… like it’s a live wire, [J: Mm hm] your—that’s in overdrive. [J: Mm hm] Your, your strategy with her is, is that, like, trip- cubed or something. [J: Mm hm] Um… so, when I ask you about not knowing, you tell me how you handle it, and handling it is by trying to make it not happen in the same ways. [J: Mm hm. Yeah.] Um—and I am, I’m interest- I guess, like, so, my instinct is to ask you—what about when it does happen, what do you do then, but I think, I think you are telling me how you handle it, [J: Mm hm] which is to, like—you sort of talked about the, um, the transference example [J: Mm hm] that did happen, where she you know admitted her attraction and wh- ho what, whoa! [J: Right] Um and your strategy was to, to have a plan. [J: Mm hm] And to have a, a very directive plan [J: Mm hm] that you then held onto, [J: Right] a-and it didn’t end up working out [J: Right] that well, but it was, that was the response, [J: Mm hm] was um… well and you said in the session you kind of, didn’t take it up [J: Right, uh huh] in that one, [J: Mm hm] and then later you, had had some, [J: Yeah] armor! [J: Yeah] Materials! [J: Yeah. That didn’t really go…] Uh huh. [J: um, too well.] [both laugh] Yeah. [J: Um. Yeah.]

J: Yeah because I, I um… like I try to compensate, for how often like I don’t know things, [R: Mm hm] like through that approach. I feel like that’s, um that’s a lot more comfortable for me, but also that- I feel like that’s I guess like, the sort of like mark of a competent clinician, a competent professional. Being able to like account for all those things too. [R: Mm hm] Um, whereas, I, like I… yeah, so, so like, I just don’t know at that point, and I don’t like being in a position where I don’t know, [R: Mm hm] at all. Um, ‘cause I feel like that’s a, that’s a weakness. Um, but als- but then, admittedly I also feel like I don’t know a lot of things that are happening, [R: Uh huh] um and how to account for things like that too. [R: Yeah] Um.

R: When you, um… [pause] Hm. Um, you’ve— made some sort of, um, uh… [pause, clicking fingers to try to conjure word] [laughs] … forgotten it now. [J: (laughs)] Okay, I’ll just say ‘mentions:’ [J: Mm hm] you’ve made some mentions [J: Mm hm] of things like adapting, [J: Mm hm] or working with the not knowing that’s part of, like um, what this process seems to be about, [J: Mm hm] do you have an idea of, um. Of competently handling actually not knowing?

J: No.

R: No? [laughing]
J: I have no idea, [R: Yeah] of like, what that means [R: Uh huh] at all. [R: Yeah] Uh, yeah. And I, uh, um, yeah I just have no idea how to handle it. [R: Yeah] And so, the best way that I find to handle it is just to come, is just to be more prepared. [R: Mm hm] in different ways. [R: Mm hm.] Um… yeah, um. There’s, there’s one client in particular actually, now that I think about this, in which, like we’ve been working for a few years, but I don’t have a strong sense of what, how to actually um, like work [R: Mm hm] and um, and uh, like he… and and I’m not sure, like he came in trying to, like he’s a military veteran and he came in trying to look for a way to, um, to acclimate to civilian life after being deployed [R: Mm] for such a long time, and how to handle, like some instances of anger, and, and how to like socialize with people, and things like that too, and uh, um, just the things that he would talk about, sometimes just wouldn’t relate? to what he actually wanted to talk about? [R: Hm] And when I pointed that out, it would just be shrugged off, [R: Mm hm] and [laughs slightly] um, even the times when it would uh, we would like find something or we would like touch on something, uh, would be really relevant, that would be like good for the therapy, it was, he would still kind of like shrug it off, or not give a lot of details, it was almost as though, like… [breathes in] so I guess for example, talking about how he, how he felt when he um, when he felt angry or upset with his girlfriend or with his sister or with his mother about um, I guess how he, he felt like no one really listened to him? [R: Hm] And he felt like, um, he would try to like voice his concerns to someone, but they would shut him down, try to like talk over him, how he would share his opinions on like politics and in war in that like he has experience as as a veteran or in terms of like what he saw in combat, [R: Yeah] um and some of the things that he had to do, or [breathes in] um… I guess like in terms of like his political position, uh, having all those like thoughts like forcibly silenced by people who would say, like, ‘You can’t really say that out loud, because people will like attack you, or like criticize you for it,’ [R: Mm hm] um, he would meet like a lot of resistance that way; um, he would, he, like whenever we would get on subject matters where I feel like it would be really fruitful for it, he’d kind of just shrug it off or be like, ‘Yeah, that’s it.’ Um, and then like never really say anything about that, um, and then always back it up by, you know, um ‘But I really just don’t care about it and I’m just going to say what I want to say to people who, um, like to whoever asks me, about it. I’ll try to like get my five minutes in, and that’s it.’ Um, and he would actively like take that up, he would say things that were five minutes, but then like—any sort of like interpretation or connection we would make, he’d be like, ‘Yeah, I guess that’s the case,’ and then… nothing. [R: Uh huh] Um, or even when I did fall back on like, using, like more like cognitive-behavioral skills, to try to like, get him to even think about what it was that he was feeling, or like what that felt like to even like monitor those things, [R: Hm] or, what it felt like in those moments to experience those things, he would kind of just like toss it away and say like, ‘Like, these are useful, but the times that they would be useful for me are so few and far between that I forget them whenever they come up.’ And I was like, ‘Oh. Okay, that’s it.’ [both laugh slightly] And then um, but like all these things continually happen, and uh while it’s gotten a little better over the years in terms of like being able to, [breathes in] sit with him and like talk about these things, I mean there are a lot of times when I just don’t know, [R: Yeah] where to go with him. And the only reason why, I guess I’m able to like [breathes in] work with him is because like I have like years of history to go off of, to like connect it to in these points in time. [R: With him.] Yeah, yeah, with with, with him. Um, and [breathes in] and uh, I’m at least able to reference that whenever I feel like stuck. [R: Hm.] You know? And, I mean if there’s ever a time where I, I just feel like I just don’t know what I’m doing, or just don’t feel really like a really good clinician, is like at those points in time. [R: Yeah.] When like, when I just don’t…
where I just don’t know how to connect with someone, [R: Yeah] in a very, like real way, um, I mean, I—like I uh don’t know at that point. [R: Mm hm] Um, and so I have to like fall back on these very technical ways, [R: Uh huh] these very like technical, responses, [R: Uh huh] um, that feel really uncomfortable, [R: Hm] now.

R: Wait, you—so you like see what’s relevant, but he won’t go there. [J: Yeah.] And then, you just have to? put something? [J: Yeah] ‘Okay!’

J: Yeah, yeah, um but like uh, [pause] but even then I’m like, I’m not really s- like I, know what I’m doing, I’m just trying to like piece something together in order to like, make something connect, [R: Yeah] or in order ... [inaudible] Um, in a way that’s like different from what, like a couple other clients that I’ve worked with before in the past. So... so in a way that’s different from, I guess the client that is like really aggressive and I don’t want to go, like I just don’t know what’s going to happen, if in which it goes to a place where like she just erupts in anger and like expressed towards me, instead of like everyone else. [R: Yeah.] And how that may relate to like some of the core things that are happening. [R: Yeah] Or, in the other- the other way, where I guess this attraction is brought up and I just have no idea how to handle it in any sort of like way, [R: Yeah] and I go on with like a, all of my plans all of my strategies, around it, and even then that falls apart too, I mean with this, it’s just like, um—there’s, I just don’t have the sort of direction [R: Mm hm] at all. Um, I mean, in any like, in any regard, and, I don’t want to ask for help, because if I, if I ask for help on something that I’ve been working with for a while, then I’m kind of—I just feel like I look like a really bad clinician. [R: Hm] at that point in time. Um, like I’m playing with someone’s life, [R: Hm] like in that regard, um.

R: Ask for help like, from a supervisor, or...

J: Yeah, yeah. And—yeah, and I just, and I look completely incompetent at that point, [R: Huh] um. Like a, I just don’t um, [breathes] I don’t know how to say, I just don’t... [long pause] I don’t know, it would it would highlight my incompetence. More so than like any of the other cases, [R: Huh] where I just feel like I uh, um, like I like I took on all these approaches and I took on all these theories as like a dress? rather than just like actually taking them up fundamentally. [R: Hm] or like personally. Um... yeah. [R: Hm.] And that’s, the, and that’s like shaky, you know.

R: With that one more than any of the others you feel like you’re taking, taking it up just to put a—a

J: Ye—Yeah, uh... yyyyeah, so, I- where I feel like, m- more so like an imposter. Like, like, [R: Hm.] taking on like a certain identity or taking on a certain approach [R: Uh huh] to, to... compensate for the fact that maybe I have no idea what I’m doing. [R: Mm hm.] So, like, [breathes in] um, [laughs slightly; long pause] like, like just having a suit of knowledge [R: Hm] of something [R: Mm hm] kind of like, to make it look like I know what I’m doing. [R: Hm.] I guess at that point. [R: Yeah] Um. Yeah. [R: Huh] That’s, that’s not very comfortable.

R: Yeah—um, I mean do you take seriously the ways that he is making his own treatment quite difficult?
J: Um. Yeah, I, I try to tell myself that [R: Uh huh] but I feel like uh, I should, I should have a way to break through that. [R: Hm] Like I should, like there should be a w- I should have some tool at hand to [R: Hm] to, to… I guess like find a fault there, to find some crack and like really strike that. [both begin to laugh] Um, so then it like really makes

R: [interrupting] Gee! [laughs]

J: Huh?

R: That’s, that’s…

J: Yeah, I know!

R: Adversial!

J: I, I know.

R: I mean adversarial, or

J: I know. [R: (laughing)] Yes it is.

R: [shouting] ‘Break him open and therapize him!’

J: Yeah, yeah, like I need to and I want to. [R: Uh huh] Um, and like that’s the, but like that’s the way that like I see it. [R: Uh huh] like there’s, like there has… there has to be something. [R: Hm] There has to be, um, there has to be like some part of what he’s saying to me, [R: Hm] or if he is making it this difficult, um, it’s less his fault for like making it difficult and more so my inability to to find the the the thing that’s going to [R: Hm] like connect… with him. [R: Mm hm] Um, in this case, I do visualize it in a way where like there’s um, there has to be some [laughs slightly] there has to be like s- like, some fragile point to to like what he’s, like how he’s expressing himself, [R: Yeah] how he’s holding himself—that won’t give way. More so than anything else [R: Yeah] that he’s like essentially set up so far. In a way that I just don’t see it, everywhere else. [R: Uh huh] You know, um. Yeah. Yeah, that’s certainly how I visualize it… [R: (laughs)] That’s—yeah, um. But I also feel like that’s my fault too. I mean, again that—it is. But I I feel like I, it’s it’s—that’s, all those things, um, um are placed more so on my shoulders. [R: Yeah.] Like I, that’s my responsibility.

R [laughing] Everything’s your fault.


R: Oh good!

J: Like here’s a—like, I don’t know, uh, I mean I’ve, was always trained um, uh… I don’t know, actually, like I’ve never heard of this in terms of like psychodynamic therapy, um, even though I
feel like it’s implied, I always hear this more so in like behavioral skills, but I always hear this, uh this idea um, ‘the client never fails the treatment, the treatment always fails the therapist’? And so since I’m the person who—since, since as a clinician I’m situated- sits as a person who like provides the treatment, [R: Hm] if it doesn’t work, then I’m the person who’s failing, [R: Yeah] it’s not, it’s not his fault. Um, they may have like defenses, they may, there may be like resistances to it, [R: Uh huh] but it should be my job as a clinician to like, work with that. Um, in like, in every way possible. [R: Uh huh] So, like having a clinical population that I just don’t work with because like it, it it’s just like bad for me, isn’t like really… an option. [R: Huh] I feel like it’s… like it’s, I I should be able to do it. [R: Huh] So even if though, like for example even though I don’t work with couples now because I had a bad experience with one, um, that’s that’s still on me, [R: Uh huh] that’s not, that’s not, like that experience that I had, I should be able to learn how to do that, [R: Uh huh] and so in the future I’ll probably do it again even though I don’t want to. [R: Wow.] I should be able to work with that. [R: Uh huh.]

R: So, the… [laughs slightly] the problem is always in you, [J: Mm hm] and, you’re not gonna ever give yourself a break and just not do the thing that’s hard!

J: Yeah! Yeah, I need to know how to do it in order to… [R: Huh] get better at it, but going back to what you said before, I mean it’s very hard to use it as like a motivator of when like [laughs slightly] the goalposts are always moving. [R: Yeah.] You know. [R: Uh huh.] Um. And kind of narrower and narrower and narrower. [R: Mm hm] Yeah. Um, that’s when it’s difficult. [R: Hm] I would say. [R: Yeah] Mm hm.

R: So, uh… I mean, we don’t have a lot of time left, [J: Mm hm] but um, the… you, you did kind of talk about, at some point, that—so you’re, you’ve completely depressed me.

[both laugh]

J: I’m sorry!

R: That’s okay! [J: (laughs)] So, um, but you mentioned that um, when you’re sort of stepping away from the, the clinic room, [J: Mm hm] or in this case—you know, [J: Yeah] like an- and you’re, you’re just kind of assessing your life and your problems and all the things you need to do and the… blah, [J: Mm hm] that it, it’s harsher, [J: Mm hm] um than when you’re trying to work with something… [J: Yeah] and work with an actual person. [J: Yeah.] So, I’m um… I guess my question is, what, what does it feel like when you’re doing well enough that it’s not completely soul-crushing, [both laugh] um, with the unknown stuff or the stuff that’s not entirely comfortable: what does it feel like when you’re doing… when you’re moving, when you’re going, [J: Mm hm] when you’re not stuck.

J: So, uh, the… [laughs slightly, pause] I like analogies. Or like metaphors—well, not—well, sort of. Um so, I guess the best way to put it is like um, so like I mentioned before that I have, like hobbies and interest in computer science and like [R: Yeah] drawing and whatnot, and uh, but there’s not like a lot of stakes in that so I can use like my shortcomings in there to kind of like motivate me to go further… um, it’s not quite like that but I would say that’s the closest
thing to it [R: Mm], so uh I would say, the days when, um, [laughing slightly] I’m not so hard on myself and I’m just moving forward and I can kind of like pursue, take the criticisms as they come and just use them, uh use that as just room for improvement, [R: Mm hm] it’s kind of like um, I guess when, if I’m writing something, or drawing something, and, um I like it? Um, I may not like it as um, like, this like profound work, I may not it may not measure up to like some of the things, or some of the artists I wanna like model my own work after? [R: Hm] But I can, I can see it as like a stepping stone. I can like see that as a personal success, like this is something that I can use, and something that I can visualize as something like a, like a personal goal. [R: Huh] of mine, like momentarily before. [R: Yeah] Like I can like, reach it, and like, make like better or higher expectations for myself. [R: Uh huh] Um. In that case I can kind of like move forward and like, feel comfortable with, um making adjustments, next time I kind of get into it, and making, [breathes in] like making improvements with like this sketch or like this outline, [R: Hmm] or like how I can figure, this body or this limb, [R: Yeah] or just like in terms of like taking my time sketching out certain limbs or certain facial expressions, um, I can take all that and just um, use as a baseline to kind of just move forward. [R: Mm hm] In terms of like clinical work, it’s very similar to that, where I can take the strategies, or take the approaches or the interventions that I use, take some of the insight that I’ve discovered, kind of in that moment, and kind of just use that um, to like inform, inform my work the next time I meet with the client? [R: Mm hm] or inform my work the next time that my client like re-outline the clinical map that I have, [R: Mm hm] really just kind of like directly breeding myself with some like clinical confidence, [R: Mm hm] it it, I guess I feel my best when like I have some sort of like clinical clarity, [R: Uh huh] as terms of like what I’m doing, [R: Uh huh] very similar to like when I’m drawing a picture, and there’s some sense of like artistic clarity [R: Hmm] with like where I can go from here, [R: Mm hm] Um, that’s when I feel better, [R: Yeah] that’s when I felt my best. Um, [R: Huh] but

R: You said ‘I like it,’ about the picture, or the, [J: Yeah] or the whatever, um does it feel like that in session, like ‘this feels okay’? [J: Mm hm] ‘what we’re doing right now’?

J: Yeah, yeah. Like it’s, it’s, Yeah things like, things make sense [R: Hmm] in that regard. So um, um, like I like, like I know the moves to make, [R: Hmm] I guess at that point. I I know just how much pressure to put on this, I uh on like on one topic, [R: Mm hm] I I have, a sense of like some other instances that are coming, going on, um I... am able to make the connections? or to see the links, to see the, I’m able to like trace the threads a lot better than I did before in the past, and uh I feel a lot more comfortable waiting to make those interpretations [R: Hmm] with some clients, versus just making them right away to kind of like keep it going. [R: Yeah] And the same ways I’m able to like, um, I feel very comfortable um um sketching, or like like, determining the proportions of like a certain body part when you’re talking about like drawing something. [R: Mm hm] Or like it feels like that, and and I feel, very competent with like what to anticipate and how to like gauge that, um as I continue like drawing this thing. [R: Mm hm] Um, and in the sessions it feels very much like I know exactly how to gauge the proportions or what to do in order to like trace the narrative. [R: Mm hm] Um, yeah. [R: Hmm] It feels similar. Does that make sense?

R: Yeah. [J: Okay. Mm hm] I think so.
J: You think so?

R: [laughing slightly] I’m, I I I’m—I’m not you, I don’t know, [both laugh] but I it sounds reasonable to me, yeah. [J: Okay.] Yeah. [J: Yeah. Um.] Hm.

J: Yeah, it’s it’s… yeah there just, there’s just a sense that, like when everything’s said and done, [R: Mm hm] um, um, the moves probably weren’t, like the best moves to make? but they were good enough to like [R: Hm] um, to create a very, um comprehensive cohesive and visual [R: Mm] picture. [R: Hm] Um, um, like the work that I did in session, the way that we, um, at least the sense that I get, the way that my client worked with some of the information [R: Mm] that um she or he um discovered, or or the insights that they came up with, the insights that we came up with, like it works for them. [R: Mm hm] And that’s kind of how I’m able to like gauge whether or not something works? [R: Hm] Um whether or not something’s like good, and um, whether or not it’s good enough, [R: Mm hm] for the most part. And when things feel like that, then I’m able to like, get up, and… [pause, both laugh] and go home happy. [R: (laughing) Uh huh] Um, until I start out the next day, [R: Uh huh] and you know, [R: Yeah] go back into it. [R: Yeah] but those are a few hard ones sometimes. [R: Hm] Yeah.

Any other questions you have for me?

R: Um, i—I guess, is there anything I should have asked, anything I missed or anything that feels like you should say it before we wrap up.

J: No. I just, hope that I answered your question the way that you wanted me to

R: [interrupting] Yeah, yeah!

J: Okay! [both laugh]

R: I mean, ah, it’s been… helpful, [J: Mm hm] for me to try to get a, a picture. [J: Yeah.] I guess I’ll use your word. [J: Mm hm] Of of what, um, what it’s like for you, and. Um, yeah.

J: Mm hm. Yeah.

R: I identify with some of it! [both laugh] Yeah.

J: Good.

R: Thank you.

J: No problem! There you go. [both laugh]

R: Thanks.

J: No problem. I hope you can hear those things.
R: On the—[J: On the recording.] I think so. It seems to work okay.
Interview 3 Transcript, Avery.

Notes: Interruptions/encouragers, important nonverbal communication (in italics), and clarifying information included in brackets. R: indicates Rachel (interviewer), A: indicates Avery (participant)

R: Okay. So, as I mentioned, um in this study I’m interested in learning more about a student’s experiences as she’s just beginning clinical work, [A: Okay] as she’s figuring out how to do it; um, can you just tell me what you think has been more- most important, or what you remember most vividly, or what has been on your mind, in your experiences of not knowing what to do with a client.

A: Not knowing what to do, [both laugh slightly] um a pretty frequent occurrence. Um, I mean I think in our training you know, we did a lot of sort of initial role plays [R: Hm] on how to do the basic skills. We were trained in CBT first, [R: Mm hm] um and I’ve now transitioned into IPT… but, you know we had like the basic skill sets, of like, you know reflective silences, [R: laughs] and how to restate things, and reframe things, and so I think that those are always a fallback for me? [R: Hm] so I kind of have those skill sets in my mind, [R: Yeah] like okay so here’s these basic things you can do, um, I was also trained in MI before [R: Mm hm] I came to Field University [Avery’s graduate university], so, um restatements are always a go-to for me; [R: [laughing slightly] Yeah] I think those are… my comfortable place if I don’t know what to say [R: Yeah] or I’m not sure, I’ll just kind of reframe things [R: Mm hm] and restate and gauge from there.

R: Hm. Yeah. So—are there times when that falls apart, or when you [laughing] go to reach for that and it’s just not working, or—or it’s…

A: Yeah, I mean, I think it depends—you know, case by case. Some clients are really, you know insightful, they pick up on things and they kind of lead the conversation themselves, [R: Mm hm] and other clients require a lot more probing; they’re not as insightful, um, so sometimes I’ll say things and they’ll misunderstand what I’m asking [R: Yeah] for, and go off on a weird unhelpful tangent, or [both laugh] um, some do to that extent—usually I can reign them back in and get them [laughing slightly] on the right track, [R: Hm] but oftentimes, you know if I leave it a little bit more ambiguous, [R: Hm] it’s you know a risk of… something that I don’t want to hear about. [R: Uh huh [laughs]] You know that’s not relevant to what I’m asking. [R: Yeah] Uh, so I think those are, you know if I can keep it specific, it’s more helpful sometimes [R: Mm hm] um the case.

R: Mm hm. So that they know what you’re asking [A: Mm hm] and know how to follow you, or

A: Yeah. And sometimes—I’m not sure what I’m asking either, [R: [laughing] Right] you know like I’ll ask a question, and I’m like ‘well, I don’t really know what I wanted to learn [R: Mm hm] with that, um. And so, sometimes it’s unclear to both myself and the client, what I’m asking. [R: Yeah] But, yeah.
R: Are there… patterns in when that happens, when you’ve reached for a question and then you realize… [laughs slightly] it wasn’t quite…

A: Patterns… I don’t—I don’t know if there’s a particular pattern, um, of when that happens, usually I think it’s more, you know, when I’m first meeting a client, and I’m not quite sure, you know where to go with them, [R: Mm hm] I might ask something that… you know, it’s not really clear to me what direction it’ll take, it’s usually just kind of a stab to see if I can end up in a place that’s [R: Hm] useful? [R: Mm hm] Um, but typically as I you know work with clients longer, we get a better dialogue going, and [R: Yeah] it’s a little easier to kind of pick up on what… we mean by things.

R: Right, yeah, you’ve learned each other a little bit.

A: Yeah. Yeah.

R: Hm. So, um, you did mention that it sort of varies by client, how much they can, they can do, and hm, how easy it is to work with them. [A: Yeah] Um, so in the process of first meeting someone, what are the… potential… gaps when things could really just… run off the rails, or when you’re, [A: Right] when you have to be careful, or…

A: Yeah, I think, um, I think it depends, at least in my experience, on the client’s previous, previous [R: Hm] experiences in therapy, [R: Mm hm] so if they’ve been in therapy before, they’ve done CBT, they usually get the framework [R: Yeah] and where to go from there. Um, clients that I’ve had who are new to CBT, like the socialization process takes a little bit longer, [R: Yeah] um, obviously, but typically those are the cases where it’s—you know, I’ll ask something that seems clear to me, and would probably seem clear to someone who’s… [R: Yeah] worked in a CBT framework before, but to the newer people it’s, it’s unclear you know. This foreign concept [R: Yeah] and yeah, so I think that’s probably when it’s most… difficult to kind of [R: Hm] get on the right track.

R: Do you ever struggle… now I’m going to ask a question where I’m not quite sure what I’m asking, but, [A: laughing slightly] um, do you ever… struggle with something that seems un, unbridgeable, struggle with how to communicate with a client who’s ju—you’re just not…

A: [Laughs slightly] Yes. Oh gosh, those are the most difficult people, [R: Yeah] I have a couple of clients like that right now—um, yeah. So that typically comes up, I’ve had a few clients that are just not… insightful? [R: Mm hm] so it’s hard for them to draw connections, and like okay you know how are you feeling, and they’re like ‘well…” and you know and then they don’t answer it, they’re not really sure what they were feeling, they can’t connect feelings with thoughts, or behaviors, and so it’s very disjointed, [R: Hm] um, and I’ll keep trying to bring them that, back to that, but they don’t [R: Hm] seem to get it. I’ve also had very defiant clients? [R: Hm] who just don’t want to answer [R: Yeah—[laughing]] the questions. [laughs] And so they will um, purposefully… as a poi—as opposed to like, unconsciously, uh dodge things [R: Huh!] and we tend to not meet at the same level.

R: Yeah. What are they wanting from you?
A: Yeah. So I have one client in particular, so I guess I could give [R: Yeah, please, yeah] examples, um. So she, she came into therapy I think to get medication, [R: Uh huh] uh ‘cause it’s cheaper to go through our clinic than it is to go to a PCP usually, um, and so she was motivated to get the medication, the beginning of our treatment together was very um… dicey. [R: Mm hm] Um, she was very defiant, didn’t want to listen to me, was very—verbal about how much she did not—like me, [R: Wow] [both laugh slightly] and, was just, in general like wouldn’t answer my questions, you know would nod or shake her head but not say anything, [R: Huh] and just like daggers from across the room. [R: Wow] Um, we finally worked things out over a series of like, four months, um… and I’m still seeing her now, but—but she was really the only one who I think was, was really defiant, and not, not really into therapy [R: Yeah.] She was there for kind of ulterior motives. Um.

R: Right. Yeah, she sounds really defiant, you weren’t kidding! [both laugh]

A: No, she was—and remains to be a very difficult case, but we’re at least in a better position than we were, [R: Mm hm. [laughing] Right] when she first came in. Um. [R: That’s good. [laughing]] I think I won her over maybe.

But, but yeah, so I think that that’s the best example I have [R: Mm hm] of someone who really just wasn’t into [R: Yeah] therapy.

R: Yeah. What did—so, I guess, I’m, maybe I’m looking for context, like [A: Sure] what did she want from the medication, what… [A: Yeah] does she struggle with

A: So she, she has a very… eclectic background, um, she grew up in a cult. [R: Wow] Um, and essentially trained, you know… I guess not trained, but kind of, it was imposed on her that therapy is not [R: Oh] like an actual, science, [R: Yeah] you know it’s not really—mental health is not really a problem [R: Hm] sort of thing. Um, and so… it’s not considered a good thing if people are in therapy, because it’s kind of you know a witch doctor sort of deal. [R: Yeah] Um, and so she struggles with anxiety, she has OCD symptoms, she has PTSD, she has depression, she just has like a slew of, [R: Right] um, mental health problems, um and so she’s used medication in the past to- mitigate the symptoms, um, and she came in, and I think she really did want to start working through? [R: Mm hm] her issues? but was, you know kind of conflicted about receiving help from a therapist, and so that came up as very, um, guarded, and [R: Yeah] you know she was really just I think struggling with some own animosity, [R: Yeah] of being in a, in a clinic. And so, um, once we got her on medication, uh, she was a little bit better able to cope with things, things were a little less distressing for her, and so—she continued to be, uh, difficult, but it came down to the point where I had to tell her, like, ‘either you start cooperating, or we’re not going to continue [R: Hm] treatment together.’ [R: Yeah.] Um. And I think that’s—kind of scared her. Into cooperation. [R: Yeah.] And so, I think that’s the main… so far that’s really like the big therapeutic rupture I’ve had, and it was… helpful [R: laughs slightly] in that case. [R: Right] And so now, you know, we’ve been working on problems together and it’s been going a lot better, [R: Mm hm] I think she trusts me more, but—she was just coming from a weird background, [R: Yeah] um, [R: Sure] and was just, not, not too happy about being there.
R: Wow. Well, at—um. You seem to clearly see why she could have some of this, [A: Yeah] these struggles, but as a, I don’t know, as a new clinician is it hard not to take it personally?

A: Yes. [both laugh]

My first… [laughs]. So she was the first client I had who’d ever like, been mean to me, [R: Hm] like all my clients are like okay you’re a student, [R: Right] you know they’re like, also students so they kind of were nice to me—um, maybe too nice. But, but she came in, and the first day I met her, um, we’re doing the intake, and you know she’s like ‘I don’t really condone quack sciences,’ [R: Hm] you know, and says like, all these—horrible things, and I’m like [whispering] ‘…okay.’ [R: laughs] Um, and so—it was… difficult to not, be affected by that? I guess? [R: Mm hm] Um, and then you know, and then, from that point on, there were numerous occasions where she called me, just names. [R: Wow.] Like, ‘quack’ was frequently used, ‘idiot’ was used, um… she’d be like ‘I don’t even know why I’m asking you this, ‘cause clearly you don’t understand what I’m saying,’ and I’d be like, [whispered sigh] ‘Ugh…’ [laughs] Um, and so it—it was difficult to tolerate her, [R: [laughing] Yeah…] um, but… it took a lot of like, I guess therapy, and supervision, like [R: Yeah] just talking to my teammates and my supervisor, um—and so that’s kind of where I’d take it out, but—but it was not easy to have a [R: Yeah!] poker face with her, [R: Right] and she made me very, anxious. [R: Yeah] and uncomfortable. [R: Wow.]

R: So I’m—imagining the experience of [A: laughs] sitting there with someone who’s saying ‘I don’t condone quack science,’ like what-- [A: [laughs] Yeah] okay, so what—what goes on in you, first of all, [A: Mm hm] as you’re, sort of trying to react to that, and then what do you say? [laughs]

A: Yes. So… my first reaction… I remember watching my tape back afterwards, um, so I remember being, my supervisor when we had first, like before we had started actually seeing clients, he was like ‘If you ever get a defensive client, you know your first line of defense is to like uncross, [uncrosses arms and legs] you know, and appear, like, nondefensive.’ [R: Hm. Mm hm.] So I like, I usually have my legs crossed in session, so I put them on the floor, [R: laughs] like, set my hands down, leaned forward a little bit, like— you know like ‘Could you explain that a little bit more,’ um, you know ‘what about this is uncomfortable for you,’ [R: Hm.] or, something—I don’t remember exactly what I said, but it was something along that lines, [R: Yeah] I asked her to elaborate on, [R: Uh huh] you know, what her issue was, um… [R: Yeah] being there. And she, of course, was not—forthcoming. [R: Uh huh.] [both laugh] Um… but. So that was actually very helpful, um, ‘cause I was able to, you know, kind of concentrate on taking a nondefensive pose [R: Yeah] that kind of distracted me a little bit, um

R: Right. So you’d gotten some explicit advice about what to do [A: Yeah] when you have… [A: Right] not any idea what to do!

A: Yeah, and so that was very helpful. [R [laughing] Yeah] Um. And otherwise I’m sure I would have like… run.

R: Like, Oh my god…

230
A: Really. And so, so that was useful. And my—supervisor’s always, um, been pretty adamant about you know the idea of just kind of identifying with where the pain is coming from in these people, [R: Mm] to kind of remain empathetic even if… you don’t like them, [R: Mm hm] which happens. Um, and so that was something, you know it was easy for me to be like, okay, clearly she has a lot of problems going on, I can try to help with those, I don’t have to like her in the process, [R: Mm hm] doing this, [R: Yeah] and I just had to accept that I probably was never going to care for her. [R: Yeah] As a client. [R: Uh huh.] [much louder:] Although now we have a really good relationship, so it’s okay, but in the beginning… [R: Yeah] [R: Sure! (laughs)] Every Wednesday I was like—[sighing] “Oh God…” [both laugh] “Today is the day… [both laugh] what is gonna happen now.” [R: Hm.] [both laugh]

R: Yeah, that’s quite a… [A: Yeah!] quite an experience!

A: Yeah…

R: D- [laughs slightly] Did anyone screen her, before?!

A: Sh- yeah, she was screened, and was—very pleasant [R: Hm] on the phone, I think she really wanted to get in, [R: Yeah?] so she, you know, she knew what to say and what not to say [R: Mm hm] in order to get into the clinic, and—she made it through the screening.

R: You had to deal with her!

A: Yep! [both laugh slightly] Yeah…

R: I’m glad it’s getting better! [laughs]

A: Thank you. Me too. It’s been much more productive.

R: Well. All right! So-- [laughs]. Huh. Yeah, that’s—I don’t know what I would have done! [laughs]

A: I’m hoping that I don’t have another client like her…

R: Yeah… it sounds like a lot. Hm. [Breathing in] Well, um—[pause—continuing faltering] Yeah, so- you—so you came in, then, with a pretty good idea of what to fall back on, it sounds like. [A: Mm hm. Yeah.] Some, some basic stuff that was pretty adaptable, I guess? [A: Yeah, I would say that] To different instances? [A: Mm hm.] That’s helpful—[A: Yeah] to have that

A: Yeah, it’s been incredibly helpful.

R: Yeah. Um, are there times that you’ve—had to sort of, fill in gaps? where you knew enough of the skills to do the therapy, but there were—other parts of the interaction [A: Yeah] where you had to draw on something else? or
A: Yeah, um. I think that, you know we got—pretty good—broad skill sets? [R: Mm hm] But um, we didn’t receive a lot of training in like, specific problems? [R: Mm hm] Um, and so [R: Yeah] I guess for example, we—we got almost no training in what to do with suicidal patients, [R: Hm] um, [R: Yeah] and so, I think it was, like a ten minute discussion, one day in class [R: Yeah] where it was like, you know, if this happens; do this this this this. Um, but otherwise got no information, about what to do with it. So I had one client, um, who came in, both actively suicidal and homicidal. Um, and he hadn’t endorsed this in the prescreen interview. Again [laughs slightly]. Um, and so—I had no idea what to do, [R: Yeah] um, we see clients late at night, so it was like, seven o’clock when I was seeing him, he told me this right before session let out, um, the Clinic Director had already left for the day, [R: Yeah] so it was just me and this—the clinic assistant, um, and I was like I don’t—do I let this patient go? he just gave me a plan… to kill… people, and himself? um… do I call the police? And we just—had no idea what to do, couldn’t get in touch with anyone, um—ultimately let him g—nothing bad came of it, thankfully [R: Yeah] [speaking very softly] but we you know, let him leave, because we didn’t know what else to do, [R: Right] [resuming previous volume] Um, but it was, upsetting to me, to like be in that position and not—have the, the background [R: Yeah]. Um, ‘cause ultimately, suicidal patients are going to come through the clinic, and they try to screen them out, um, and get them to a crisis center beforehand, but—um. Yeah.

R: They’re life or death consequences, that’s— [laughing]

A: Right

R: That’s not comfortable!

A: And he was, I think my third client, [R: Oh, gosh] so I, it was—still, you know I was still new at everything, and I—[R: Yeah] I’m sure I was just really awkward about how to react to it, but, um—but yeah, it was—that, I think, was the biggest issue that I had in, as far as, um, kind of a lack of instruction went.

R: Right. Right. Did he come back, did you— keep working with him

A: Yeah, he came back for, um—several sessions; he was a construction worker who worked in West Virginia, [R: Hm] so he had a hard time [R: Mm hm] making it, um, into session on time, and eventually decided that he was cured. Um. And didn’t come back, so I think I only saw him four or five times, [R: Oh] but, um… so I don’t know [R: (laughing slightly)] what’s happening with him now. [R: Okay] I was checking the papers for a while, [R: Yeah!] trying just to see if he showed up, but—he apparently didn’t. [R: Mm hm] So I assume he’s—at least, not murdering anyone. [R: Right] Or killing himself. Um, but…

R: Right. And he got himself to treatment once—hopefully…

A: Right, and I think we kind of worked through the immediate— [R: Yeah] acute problems, [R: Good] but…

R: Oh gosh. [laughing]
A: Yeah. [laughing] So that was a really, um… You know, when it’s a life or death thing, it’s—it seems like it should be… spent more time on than just the [R: Yeah] ten minute kind of, off the cuff sort of [R: Right, yeah] discussion.

R: Yeah, it’s not going to come up with most clients maybe, or every client, [A: Right] but when it does, it’s—

A: Right. [R: Yeah] Yeah, it can definitely be a big deal. But yeah, even then, the… [R: Yeah, yeah] It was, It’s still unclear to me what exactly to do, like, [R: Right, sure] I talk to different people, and they… have different answers.

R: Yeah. Yeah, I guess I s—yeah, it’s sort of—maybe it’s stuff like that that sort of captures my interest: that there’s, there’s plenty that can be taught about [A: Mm hm] doing psychotherapy; there’s all sorts of things that you can use and things that you can [A: Right] teach people, but then there’s things… [sigh] there’s other things. [A: Right] Like, like—your style as a therapist, [A: Mm hm] and how you take up this stuff, and individual client demands, and things that are just really immediately require— [A: Right] like, a lot of action, or some like decision that has real consequences, [A: Mm hm] and so, so often, you can do things after the fact about those things, you can get supervision, you can [A: Right] consult, you can watch the tape, [A: Mm hm] you can, you can do all this stuff, but in the moment—it’s just you… [A: Right] um. So that’s, that’s the—that the part that has gotten me, [A: Right] throughout this process, [A: Yeah] like “Wow! How—what d—what do you do with that?” [A: Right] Um, so like what—what did you say to this guy who dropped that on you at the end of the session?

A: [Deep sigh] Um… I think I… so, I knew enough that I needed to get, you know is this an active consideration, has he planned [R: Yeah] what he would do, um, and so I asked—he said something sort of, again just kind of like an offhanded remark, wanting to—wanting to kill three people, [R: Hm] he was very specific about who those people were. Um, and then he wanted to kill himself. And so I asked, you know like, “have you thought about this extensively, like, do you have—a plan.” Um, and he did, and then I was like okay, [R: Mm hm (laughing)] I know that’s bad… but… [R: Yeah (laughing)] I don’t know what to do. [R: Uh huh] So I, I knew enough to get the plan, but then I’m like, does this mean—that I need to 302 [referring to involuntary psychiatric commitment in Pennsylvania] this guy, [R: Mm] does this mean, like—I don’t… could I get a lawsuit against me if I call the police [R: Right] when I shouldn’t have, um, and so—in the moment, and this was our first session together, so I, I was able to say, okay, I need to go talk to someone [laughing slightly] really quick, so I actually left the session. [R: Yeah] Um, and just told him to wait there, I had like some paperwork that—still needed to be filled out, [R: Hm] so I just kind of gave him that, [R: Yeah] and said I’ll just be right back—[I’m sure he knew why I was leaving, (R: (laughs)) um, but—and so I went to the CA, and I was like… I don’t know what to do here, it’s like—10 minutes before 8 o’clock, [R: Right] this guy is gonna leave, this is what’s happening, the clinic director is gone… um… and so we were like online, [R: Hm] looking at like legal stuff, [R: Yeah] like, okay, is this what we do? Is this what we do in our clinic? Um, and so we, we were unsure and ultimately, [R: Yeah] left it to fate, [R: Uh huh] which was very, um, uncomfortable, [R: Right] but I told him, you know I went back into the room, um, and said, you know, “I really want to talk to you tomorrow morning, um [R:
Yeah] so I want you to, you know, go home, sort of think about what we’ve talked about today, and then I want to talk about what we—just discussed. [R: Hm] tomorrow morning, [R: Yeah] and see if you’re still feeling that way, um, and then kind of gauge from there where to go,” [R: Hm] so I wanted to like, indicate that we had a plan, that I was gonna [R: Right] call him again, I was gonna hold him accountable, [R: Yeah] um, [R: Hm] and I gave him, like a crisis number, [R: Yeah] for the Resolve clinic [local crisis resource], um and said, you know, “if you need to call someone now, here’s the number to do it, 24/7,” and I called him in the morning, and he said he still wanted to kill these people, [laughs] um, and so we just kind of went from there. [R: Yeah] Um, but then I was able to talk to my direct supervisor about what to do, [R: Yeah] and um… ultimately we didn’t take any legal [R: Mm hm] action, [R: Right] but, it was… (pause)

Yeah.

R: Yeah! [both laugh] Yeah, so you, I mean, I guess that’s, buying time, in a, [A: Mm hm] in a nice way, like [A: Yeah] here’s the intervening, you know choice if you, if you need a crisis line, [A: Right] but tomorrow morning—you know, there, we’re gonna [laugh] this is going to be an ongoing relationship, [A: Right] we’re gonna talk again

A: Yeah… and ultimately, um, I think he appreciated that? [R: Yeah] Like he seemed, um, and he was a man who was kind of in a position where he felt very alone, like no one cared for him, [R: Hm, yeah] so I think having someone who… seemed to care, and wanted [R: Yeah] to make sure that he was okay, meant a lot to this guy? [R: Yeah] Um, and so… so I think that was—in his case, it was really helpful. [R: Mm] Just to say like, you know “I want to make sure that you’re still alive” [R: Right] “tomorrow.” [R: Right] Um. [R: Yeah] And so…

R: Well h—how did you come up with that plan? What

A: So that was suggested, um, you know we had talked about safety plans before, um, and I… you know, they’re a little arbitrary, I guess, but that was something that the CA had suggested to me—so all of our CAs are older, um, clinicians, [R: Huh] and so, um, so she

R [interrupting] Well isn’t that nice! [laughing]

A: Yeah! Yeah. Um, and so they had, um, suggested that to me. [R: Mm hm.] And so that’s what I did. [R: Okay.] Um, but, yeah.

R: Yeah. That’s some—that was thinking on your feet, like “Go!”

A: Yeah—yeah. Prefer not to do that again [laughing slightly].


A: Yeah.

R: [Laughing] I think I might have quit. [Laughs]
A: There were—yes, that kind of I was like oh God, this is it. [R: Yeah (laughing)] I’m done now.

R: Wow. Mm hm. Um, wow, so—is there a… a lot of… support? sympathy? from the people that you’re—that are training you, that are helping you, from the clinic aides—do people get it, that that kind of thing is—mind-boggling sometimes?

A: Yeah, yeah there is definitely um a lot of support in the clinic, um, the—the CAs are really good at like talking to people, you know if things are going on [R: Mm hm] and kind of helping to problem solve, in like acute situations where you can’t see [R: Yeah] your supervisor. um, or your—the rest of your team, and so they’ve been really helpful, um, just in, you know like times of crisis—or just, you know if I feel like talking about something that’s bothering me. [R: Mm hm.] Um, and so they’re always there—you know the clinic is always full of clinicians, [R: Hm] and like buddies, and, and whatnot [R: Yeah] and so, um… so yeah, so there’s a lot of support—the supervisors, you know vary in their, um… skills as supervisors? I guess? I would say? Um, in their… degree of support [laughing slightly] [R: Hm] in supervising? [R: Yeah] Um, but overall I think most of the support that I’ve gotten has come from other students. [R: Hm. Yeah] either on my team, or just people in the clinic who you can kind of you know commiserate with, and talk about difficult cases [R: Yeah] and “guess what happened to me last week,” [R: Right] and all that kind of stuff.

R: Yeah. What kind of supervision type things have been most helpful to you?

A: Um… [sigh] so I had, I’ve had three supervisors, at this point, um, the first supervisor was really good at, you know, trying to get us to speak up, and sort of give our own ideas about, you know, whose client—or why someone’s client was doing this, or what to do, you know, the next session. So he was really good at eliciting feedback from the rest of the team, [R: Hm] and was just overall very supportive, [R: Hm.] um… I had another supervisor who was very well trained in CBT and like manualized treatment, and was like very concrete, to the book, [R: Hm] but then when we had an abstract case it was difficult to, you know, bend the rules [R: Hm] or adjust with her, and [R: Yeah] really get a straight answer of where to go with someone, um… my current supervisor is very good at walki—watching tape and going through it, she’s not—very supportive? um, is very blunt, and not nice. Um. [R: Hm (laughing slightly)] But she’s, you know, good at telling you what to do. [R: Hm] She’s just not good at saying it. In a pleasant way. [R: Uh huh] [both laughing] Um… and so [R: Oh well.] Yeah! So it’s—I mean it’s nice to have like directive comments, being like [R: Yeah] okay you should have done this, instead of what you did. Um, but [R: Hm] also unpleasant to hear every day. But. [R: Right. Yeah] Um. [R: Hm] So I think—the most beneficial has just been support, in like feeling like we have… some clue as to what we’re doing? [R: Hm] and like having a supervisor recognize that? [R: Right.] Is helpful.

R: Right. [A: Yeah] Right, try to figure out—where you’re coming from, and how… [A: Right, Yeah] Yeah. Yeah, well is it ever difficult to… implement some of the concrete suggestions or, or in your own style, or with—in session does that ever break down?

A: Yeah. Um, I think that, for myself? I’m less of a concrete person? in session? [R: Mm hm] Um, I think I tend to think in a little bit more of the abstract, [R: Mm hm] you know, I’m not
directly doing or saying like the CBT techniques, [R: Mm hm] or, you know like, “that sounds like black and white thinking,” [R: Mm hm] um, and like defining the words for them, but—so it was difficult for me to like, try to implement concrete things, [R: Yeah] just ‘cause it didn’t feel [R: Yeah] natural or normal to me? [R: Uh huh] Um, and I think my clients could recognize when I was saying something that [R: Right] they were like, I don’t know, I could be reading this from a textbook, I don’t know what I think of this. [R: (laughing)] Um, [R: Hm.] and so—so for me, that—it just didn’t fit with my style. Um… but… it was helpful at least, to like, to learn the skills to be a little more concrete, but… not easy for me to implement.

R: Right, yeah, there’s still—you have to figure out how to do it that feels— [A: Right] okay for you. [A: Yeah] Yeah.

What do you mean “abstract,” like—what—

A: Um [sigh] and I don’t know if abstract is like the best word for it? Um, I think that in the way that I talk to people, it tends to be… a little bit more, um… I’m trying to think of the best way to describe my therapeutic style… [R: Yeah (laughs slightly)] [laughs] So, I think that it’s less, um, maybe less directive? I don’t know if that’s the right phrase, but, um… you know, I don’t tend to ask like direct questions like ‘let’s go do a pros and cons list over this,’ ‘let me make a flow chart for you,’ so I’m not like breaking it down in a way that’s very concrete? [R: Hm] I tend to do it a little bit more, you know through examples and through [R: Hm] like imagery and that sort of thing, [R: Hm] um—and less… blunt? [R: Hm] I don’t know if that makes sense. [R: Yeah] But, um I think the way I, I talk to clients is just, maybe a little bit different? than you know what you’d see in like a CBT transcript [R: Mm hm, yeah]. Um,

R: A softer style?

A: Yeah, I’d say softer, [R: or something] that, that sounds about right. Um, and I, you know I have MI training before this, [R: Uh huh] so it’s a weird, like bastardized version of CBT that I’m doing, um… and so… yeah, [R: Yeah] so it’s not, straight CBT, [R: Mm hm] I don’t know how else to…

R: And is that okay, like in your s—in your program, in supervision?

A: Yeah, it’s been… okay with some people, not okay [laughing] with others, so—my first supervisor was totally fine with it, he’s kind of of the mind, you know of as long as you’re learning the skills, and these people are doing better, [R: Hm] like, I don’t care if you’re using [R: Yeah] all the CBT terminology [R: Mm hm] or whatever. Um, my supervisor who was more concrete [R: Mm hm] and more manualized, [R: Yeah] in her style, um, was less okay with it? Um, simply because she didn’t think that it was—helpful for the learning process, I guess. [R: Hm] I wasn’t really learning CBT. [R: Hm] Um, but… I just think that it, the conversation’s more natural when you’re not throwing out [R: Yeah] all of these weird phrases that these people don’t know, and trying to like, educate them constantly, I think it sounds… condescending. [R: Hm. Mm hm.] Um, at least, to me it comes off that way. [R: Right.] But… yeah, [R: Yeah] so I just try to avoid that I guess.
R: Hm. Yeah. So I guess you’re figuring it out, [A: Yeah (laughs)] like what works for you

A: Yeah, and it’s been working for me, and you know like my clients [R: Yeah] improve, and get the concepts, [R: Yeah] and… but.

R: Well good, good (laughs)

A: So it’s working, somehow, but.

R: Yeah, yeah. Hm. [pause] I- the, there’s a… I guess for us there’s a huge diversity… of styles and [A: Mm hm] supervisors, [A: Right] and maybe, we err more on the side of just throwing people in without, um, the skills, [A: Mm hm] whereas, it sounds like if there’s a… um… if they err, um with you guys it’s more on the… like, that sounds a little bit stifling sometimes, [A: Mm hm] or, or that, there could be not enough room… [A: Right] for you, [A: Yeah] um, but… [A: Yeah] both are problematic! [laughing]

A: Yeah. Yeah. And I don’t think there’s a, a perfect supervisor out there, [R: Right] but—yeah, but yeah, it’s definitely, it can be extremes, and. [R: Mm hm.] For me, not having a concrete person—is better.

R: Mm hm. Yeah. Hm—are there any clients who want more concrete from you, or…

A: Yeah, I have a few, and I’m able to adapt, depending—[R: Yeah] um I guess I should have said that—but I have, like for example, a client who’s an engineer right now, and he’s a very logical thinker, [R: Mm hm] and he loves CBT… like he, loves it. [Both laugh] And, you know he’s like, “Oh I can totally—let me draw a flow chart of this,” [R: Hm] um—like, okay. [R: (laughs)] Go up to the whiteboard. Um. [R: (laughing) Go…] Yes, and so, you know, for him, breaking it down and being like okay: here’s your thought. This is the emotion that followed, and this is how you reacted to it, [R: Hm] um—he gets it, and likes charts and he likes graphs, um, and so I have him like graphing his moods and behaviors and whatever. Um, and so for him it’s really helpful, and he’s, you know, just a very logical—person? [R: Mm hm] and so it’s, it’s a good fit for him. And so, with him, you know I kind of recognize the utility of, ‘okay, I guess I should, [both laugh slightly] you know, try to be a little bit more concrete with this and a little bit, um, more specific about explaining these things, [R: Hm] and drawing them on the board [R: Mm hm] and kind of seeing how they interrelate with each other.

Um—but my other clients who are less concrete, um tend to respond better when I’m not breaking it down in that way? [R: Mm hm] a few people find it condescending, I think, [R: Mm hm] um and sophomoric, I guess? [R: Yeah.] And they’re like [sarcastic] ‘thank you for drawing a flow chart for me,’ [R: (laughs) Uh huh] ‘I don’t care.’ [R: Mm hm] Um, you know ‘I could do that in my head.’ And so, I think, I guess it’s more adapted to, [R: Yeah] to the kinds of people that I see, and I mostly haven’t seen… like my engineer, um, who’s very logical, most of my people have been more, more like me, I guess, [R: Hm] in, in the way that they’re, they don’t want it drawn out in front of them, [R: Yeah] and. Um. [R: Yeah] And yeah.
R: Hm. Do you think that’s—is—hm. Is it, part of your personality in general that you’re—you prefer to be less teachy, or less concrete, or, or part of your just background? or

A: Yeah… um, I think so? Um, I’m not really, um, I don’t like lecturing people, and that’s probably because I don’t like being lectured at? [R: Yeah!] Um, you know I like being provided the information, but I don’t like being—I don’t like having it broken down to where it’s so simple I’m just like—‘I get it,’ [R: Right] you know like ‘I can make this connection, um, myself. So, I think that’s, yeah, more of a personality, um, just sort of trait, if you will. Um, but, but yeah, I think for I think for me, you know when I’m having these conversations with people, I’m I can get it, and I can pick up on sort of what’s happening and the trend of it without having it explicitly broken down for me. [R: Mm hm] Um, and I prefer to, keep the conversation going, [R: Hm] and really exploring things? instead of like stopping [R: Hm] every five seconds, and drawing these connections, [R: Mm hm] and making it really clear. All the time. And so [R: Mm hm] And I think

R: [inserting] in a way that feels clunky…

A: Yeah, and I think I tend to… I guess know that I think about this more, you know probably start out doing that more so in the beginning of, of treatment with a client, and then eventually kind of break it down, [R: Hm] so I start drawing these you know connections to like, “oh you know it seems like that was an instance where your thought influenced your emotion,” [R: Mm hm] and like try to point that out to them, um…

R: Later—or—more in

A: I think more in the beginning. [R: More in the beginning, okay] Like when we’re first learning like the CBT model and I’m trying to [R: Ah, yeah] explain to them how these things all um, you know interact with each other. And, and then eventually that kind of goes away which I guess is [quieter tone] probably—normal. [Resumes previous volume] But, um, but yeah, [R: Yeah.] So that kind of is, a digression from what you originally asked, but—um.

R: No, but yeah, so the, you sort of made clear parts of the overall framework, [A: Mm hm] as you begin [A: Yeah] working with them, but then you kinda, follow a little bit the things that they’re most interested in talking about, [A: Right] like rather than stopping too often to—[A: Mm hm]

Okay. Well—(laughs) I know I like it, that [A: Yeah] that sounds fine to me! [both laugh slightly] Hm, well, wha—[pause] Well, I don’t know if this is fair to ask, but maybe I’ll ask it, ‘cause I’m wondering—like, so what, what drew you to this field, or what um, what are—what is your goal, as you’re trying to be a therapist [A: Sure] for people?

A: Um, so I… let’s see, so I was originally drawn to psychology—so I’m from a very rural area in Minnesota, like farm town, [R: Hm] 800 people, no one around. Um, and so… the rates of mental health in rural areas are rampant, but there’s no [R: Yeah] treatment for it. Um, you know the nearest treatment that we could get was an hour away. [R: Mm] Um, and no one really sought mental health treatment, [R: Yeah] it’s also, you know, stigmatized I think more so in rural areas
than in urban populations. But, so I got interested in it, as, you know a child I took like an AP History class in high school… um, and was drawn to it, and then, went to college out in Seattle actually, um… and just kind of fell into it from there, like initially I only wanted to do, you know clinical work, doing therapy, but then I started doing research and I liked that too, um, and so— just kind of like, I guess, got deeper and deeper into (laughs) um, psychology, [R: (laughs)] and [R: Couldn’t get out? (laughs)] got trapped! um, but I think, (laughs slightly) um, my goal with therapy—are you saying like goal in terms of like treating people or like what I want to do… after? grad school?

R: Either one, really, um… sure. Yeah.

A: Okay, um, like ultimately, I guess my goal is to get back into rural mental health [R: Hm] and work in a rural setting, [R: Yeah] um, and just kind of offer myself as a therapist for rural people. Um, and so—my main interest is in treating eating and weight disorders, [R: Hm] and so that’s, you know, what I’m predominantly interested in; at this point I’d like to do more of a blend of clinical work and research? [R: Mm hm] Um, and so, working with people through those problems specifically but probably also maintaining a small client load. [R: Mm hm] um, of people with other issues. So, so that’s [R: Yeah] kind of the goal right now.

R: So as, um—what—with clients that you see now, [A: Mm hm] or the ones that you hope to see… who do you want to be to them?

A: Whew. Who do I want to be to them? Um… [audible breath in and out] I think I want them… to I guess view me as like an advocate for them, [R: Hm] um, someone who they can, you know, come to and talk to and know that ultimately like I want what’s in their best interest? and just feel like, you know I think a lot of these people feel like no one’s really on their side, [R: Yeah] um, and so just having, you know, a relationship, albeit, you know, a professional one, um you know with someone who seemingly cares about them, and who wants them, you know, to ultimately be their best, um, and to feel better, is sort of what I—I want to be to them, I want to be that for them. [R: Yeah] I guess.

R: Hm, yeah. That—makes some sense. [A: Yeah!] (laughs) Yeah. Hm. Yeah, I guess it was, um, seeming like that—um, I don't know where that question came from exactly but it seemed like sometimes a supervisor and you may not be on the same page [A: Mm hm] as what, the like, to what the overall, overarching goal [A: Right] of being a therapist to someone is exactly. [A: Yeah.] And that seems—kind of specific. And interesting. [A: Yeah] To be an advocate for their best health… or

A: Right. Right, and you know there’s always a question as to whether I’m… being an advocate in the right way according to my supervisors, [R: Yeah] but um—but it seems like therapy, you know, you look at the research, and… nice math teachers can be good therapists. [R: Yeah.] People improve with them. And so, [R: Right] you know I think that, you know as long as you’re present with these people and seeming like care about them, you can [R: Yeah] do a lot of good, whether you’re doing MI, CBT, IPT, or like a weird blend of all of those. [R: Yeah] Um, [R: Yeah] and so, yeah I—there’s a lot of different routes to get to that point, but ultimately [R: Right] um that’s my goal in seeing them.
R: Yeah. And—I, like, with the, um, the suicidal-homicidal guy, like [A: Mm hm!] it—it seemed like it was really important that you just demonstrated that you cared enough to check in with him. [A: Yeah] And that, rather than a specific technique or skill, that kind of basic decision [A: Right] was a moment of, of, real help for him. Um.

A: Yeah, I think so.

R: Yeah. Yeah, wh—so do you find that it’s often things that are maybe extra to the therapy or just parts of you, or things that you do—just ‘cause you do them—that are just as helpful as some of the other stuff.

A: Yeah, I think so, I mean I always try to seem interested in my clients, [R: Yeah] you know they’ll tell me what they’re gonna do over the weekend, [R: Mm hm] or whatever, and then when I see them, you know next session, I always make a point to ask, you know like, ‘Oh, how did bar trivia go last week?’ [R: Mm hm] or ‘how was the birthday party you went to?’ um, or, you know wishing them good luck on exams if they’re stressed out about that, [R: Yeah] and so just trying to personalize it a little bit, [R: Yeah] and you know, when appropriate using like jokes in therapy, [R: Mm hm] and laugh at their jokes if they’re funny, [R: (laughing)] I don’t try to like maintain a poker face and act like you know ‘there’s no laughing here.’ [R: (laughing)] Um, ‘this is a serious place.’ But, yeah so I think I try to make it seem like more personable? [R: Yeah] Um, I think that makes me probably seem more approachable to them? [R: Yeah] Um, in some ways? But, [R: Right] but yeah [R: Yeah] so I try to let my personality come through in session [R: Yeah] and let them know that—I think about them [R: Yeah] when I’m not seeing them, and that I want them to have fun, [R: Mm hm (laughing)] or like, you know, or like do well in school.

R: Yeah. And is that encouraged? [A: Um…] Is that okay?

A: I think they leave it up to our own discretion, [R: Yeah] um, and so no one—you know is gonna be mad if we, you know try to be personable with our clients, [R: Mm hm] but there’s definitely a gradient of people who [R: Yeah] you know want to be only viewed as professionals and only professional with their clients. Um, and I think I am, am probably on the other side of that (laughs slightly). [R: Hm] Um, but um… [R: Mm hm] But yeah, it’s, it’s encouraged to do what feels… comfortable for us. [R: Yeah] Um. And if it’s comfortable to joke with your clients, or you know, [R: Right] make it a little bit more—laid back in session, um

R: Yeah—but that could be, “unprofessional” then, huh. [A: Right] Yeah. [A: Yeah] (both laugh slightly)

A: Right.

[pause]

R: Well, um… [pause] Well, I don’t know, wh- what else? what else seems… important about the topic of not knowing? um, and how you… get… through… that?
A: Sure, so not like, yeah. not knowing, everything or how to react [R: Mm hm] in every situation. Um, [sigh]

R: And—and is that a goal? Do you think that that’s possible?

A: I don’t know if it’s ever possible to always know what to do, [R: Yeah] or to always have, you know something in your back pocket—I mean, I think it’s always possible to have something in your back pocket [R: Mm hm] to get through a situation? [R: Mm hm] um, you know one other thing, I guess, that comes to mind is that, you know when we’re going through training, um, prior to seeing clients, most of what we talk about is depression and anxiety, but we don’t really talk about… other disorders. [R: Yeah] Um, and so—you know something that’s been, you know more difficult for me is when… I get clients who have, PTSD, or ADHD, or OCD or personality disorder [R: Hm] and I have no idea… what to do with them? Um, that’s been troubling for me, because obviously I want to give them… you know the best treatment and work through this the best way possible, uh… but you know treating, I don’t know, OCD like depression, um [R: Yeah] is probably not going to be effective. And so that has been somewhat difficult, to try to, you know read up on this stuff, and try to become an expert in this one disorder [R: Hm] that we never learned about, um, you know explicitly, and the treatment of it, but… I think that has been, you know one, one of the gaps. And it’s hard to, I realize train everyone in how to treat everything, [R: Mm hm] but um—you know it would be nice to at least have been directed to resources, earlier on [R: Mm hm] in like sort of where to go? [R: Mm hm] for those resources? We have a, you know a little library in the clinic, but… um… [pause] Yeah, it’s hard when you’re like meeting someone, you realize they have this disorder, you don’t know how to treat it, and then you’re trying to like, read up on everything you can [R: Hm] before you see them, like, ‘Okay, I know I need to say [R: Yeah] this, this, this this…’ and then you get in there like, ‘I have no idea if this is good… or bad…’ [R: Oh God] Yeah. [R: Yeah] Um, and so that’s been—a little frustrating.

R: Yeah, you’re kind of on your own with [A: Yeah] how to even start with some of that stuff.

A: Right, um [R: Yeah] and some of the supervisors, you know they’re not experts, [R: Right] in those disorders either, and so… you know it’s hard, it’s hard to know if you’re doing what’s best for them.

R: Yeah. Yeah. Do you… are there other… wh- what other sources, I guess would you draw on to s- to see what works for them or what doesn’t, like d— [A: Yeah] are there parts of their reactions that you might trust [A: Mm hm] as a barometer? Or—

A: Yeah, um, I, I usually try to elicit feedback from my clients, like after we try something new, [R: Yeah] so I try to be very forthcoming with that, if you know I want to try, you know changing things up a little bit and focusing on this, and then I usually try to ask them, like, ‘how was that for you,’ [R: Yeah] ‘does it seem like it might be helpful,’ um… who knows if they’re honest to me, [R: Right, yeah!] with what they say, they’re like, ‘yeah, that’s great!’ [R: (laughs slightly)] Um, but, but yeah, so usually I try to gauge it that way, um, also like through homework compliance, like if they were really good at doing homework before, then I tried
doing something else, and all the sudden, like, [R: Yeah] they don’t do it? I take that as an indication that it’s probably not working for them [R: Yeah] or something else is going on, so I try to ask them about that, but—yeah, typically when I’ve run into the issue of, um, like having someone with a disorder that I haven’t treated before, I’ll try to go to a more manualized treatment, [R: Hm] um which is not, again, [R: Yeah] like compatible with my therapy style? [R: Mm hm] But it’s helpful at least for me I guess to have as a training purpose? sort of this really regimented treatment program [R: Mm hm] to go through? Um, and so far, and the few clients I’ve used that with, it’s been—helpful for them. [R: Hm] Um, to work through it that way. But… yeah, it’s, it’s always hard to gauge. Just ‘cause, you know, demand characteristics, [R: Yeah] and who knows how honest they’re being, [R: Right] and how, [R: Right] how helpful they’re finding it.

R: Yeah. Yeah. And—surely, at least part of that, they can’t quite know until it works or it [A: Right] doesn’t, like it’s kind of

A: Exactly. Yeah, so sometimes it’s a huge flop, but… mostly it’s, it’s gone okay.

R: Yeah. Hm. Um, the parts that aren’t… like the, um, your one client that you first mentioned, um, it didn’t seem necessarily like, well maybe the disorders were implicated, but it was, kind of her— [A: Mm hm] (laughs) that that was, um, the biggest thing to work through, [A: Right] um it seems like—are there [pause] are there, are there things in session that may not necessarily be just about like you not knowing how to treat a particular thing yet, but about, just something that sort of makes you question the ground on which the two of you are working together, [A: Mm hm] or whether you should just, completely switch tactics, something?

A: Yes. That has happened frequently with her. (Laughs) [R: Hm. (laughs) Yeah] Um, so we started, so I actually doing a manualized treatment with her for the treatment of anxiety disorders, because, um she requested it. [R: Hm] Um, and so that was kind of my first use of a manualized treatment? Um, and it was actually helpful. Um, for both of us I think. Um, but then… I think that she’s very avoidant? and so when things start getting—I mean, and, the issue is she has a large number of mental health problems, [R: Yeah] um and so when things start getting difficult in one area, she switches [R: Hm] to a different area. Um, and so we started making real progress on the anxiety and it started becoming, I think a lot harder for her to manage it? Um, to keep like doing the homeworks and it was [R: Hm] I think getting frustrating for her, because she wasn’t making as much progress [R: Hm] as she was initially in treatment? Um, and so… at that point, she wanted to switch and start working on—she was, um, sexually assaulted in college [R: Hm] and so she wanted to start working on those issues, which, necessary—like, they did need to be worked on. Um, and so—and this goes to an issue, so the supervisor I was seeing at the time, um, had no background in treating trauma patients? Um, and so her first instinct was to start doing exposures. [R: Hm] Um, and so this, you know, this client is very scared of men, [R: Hm] um, you know just not really willing to be out alone, very uncomfortable around men, avoids them at all costs, um, and it’s very distressing for her. [R: Hm] Um, and so, the therapist—or the supervisor I was seeing suggested that you know I start doing exposures with her. [R: Yeah] Um, which to me I’m like, okay, I guess that’s what you do, when you’re treating this. [R: Mm hm] Did not work too well, [R: Yeah?] surprisingly, um, or not surprisingly… [R: Hm] you know it was too fast too soon, [R: Yeah] um, really just not a
good thing. Um, and so… that was over the summer and I’ve now switched to a new supervisor, who has [R: Hm] a lot of experience in trauma. Um, but she is also not so nice [R: (laughing)] of a supervisor. So she’s been very, um, upset with me about doing exposures, but, [R: Oh!] um (laughs slightly)

R: Wow, that’s just mean! (laugh)

A: Right? Like—I was told to do this… [R: Ugh] I don’t know what I’m doing either… um, but… But so then I had to be like, okay, I made a mistake, you know I made us [R: Hm] like start working on this I think too quickly—we need to draw back and I think start working on you know kind of baseline what’s going on, [R: Hm] and working through those issues before we start doing exposures. And so it was a little awkward to you know be ramping up in exposures and all the sudden be like, nope we’re not doing this anymore, [R: Yeah] we have to backtrack and go back to where we were, [R: Hm] um, and I tried to make it clear that it wasn’t, you know her [R: Hm] fault or her mistake, but um, it was a little awkward, and I and you know she’s the one who [R: (laughing)] hated me, [R: Right (laughs)] so I was like oh God, she’s going to call me an idiot, she’s going to drop out of treatment, and then be confirming everything, but um, so now we’ve backtracked completely, and are trying to work through this, and it’s getting to a point where she’s trying to switch and work on other problems now. [R: Yeah, mm hm] so she keeps wanting to like switch across [R: Yeah] when I’m trying to like, keep her nailed down on this one, [R: (laughs)] but, um. But yeah, so that’s been, you know a case where it’s been a lot of like switching around, [R: Mm hm] and backtracking, and… you know, trying to figure it out as we go, [R: Mm hm] and a lot of that was I think just my inexperience, [R: Hm] in the beginning of seeing her. [R: Mm hm] Um, and ultimately, it’s, you know it’s extended treatment, um I’m sure but… [R: (laughs slightly)] that’s been one of those things (laughing slightly) like, it’s the best I could do at the time… [R: Yeah] Um

R: Well how did she react to your saying let’s backtrack?

A: I think she was… amenable to it? Um… you know she used it as an opportunity, um, to be like ‘you know I kind of figured you didn’t know what you were doing.’ Um [R: (laughing) So helpful…] And, ‘you’re right: I didn’t know what I was doing. You’re a unique person.’ Um, [R: (laughing slightly)] and so, so we were able to talk through it and I was like, you know ‘what does this feel like to you, to know that I don’t know all the answers, to know that I might have been pushing you in a way that wasn’t best for you, um you know I want to make sure that this doesn’t, you know—ruin your hope in me.’ Um, so we kind of talked through it a little bit, spent a session sort of working through you know, I was very complimentary on the progress that she’s made, [R: Hm] she—she had done very well, it was just too fast, um, too soon. But—but so I think she’s okay, and it’s been about a month since we made this switch, so she’s [R: Hm] you know doing good with what we’ve been working on so far [R: Hm] but, um… it was an awkward [R: (laughing)] transition. (Laughs slightly)

R: That sounds kinda good though, the conversation, the space for her to—[A: Yeah] work through— (laughs)
A: Right, yeah. I, I try to give her lots of space just to… [R: Yeah (laughs)] lay it on me. [R: (laughs)] But. Yeah.

R: (laughs) Hm. It’s building character…!

A: Yes. We’ll go with that. I think it was helpful… [R: Yeah] She learned how to do exposures, so. [R: Yeah] She got something out of it.

R: Yeah, she—can use that how she

A: Yeah. How she will. [R: (laughs)] But, um, but yeah, I think—I think your original question was switching sort of techniques in between [R: Hm] or something to that extent, I forgot.

R: Yeah, or like—mm hm. Um, or even just like, doubting—whether what you’ve been doing is the right thing, or, [A: Mm hm] which I guess is similar.

A: Yeah. Yeah, so I think—yeah. I’d say with her, she’s been the one I’ve been most doubtful about whether this was working. Um… [pause] I’m trying to think of other clients. I think that’s probably, the best example I’ve had. [R: Mm hm] There’s been a few clients who were, you know just… outwardly avoidant? Um, and CBT… you know we started with just CBT and so CBT I don’t think is necessarily helpful for everyone. [R: Hm] Um, and they just weren’t really… getting it. [R: Hm] You know, they weren’t really getting how things connected, [R: Yeah] they weren’t really sure what to do, and so for me I was like, you know, this isn’t helping them, I can’t give them a different type of treatment, [R: Hm] um, and so that made me feel bad, I guess. So I was like, I wanted to be able to work with these people, like clearly, you know they’re either being avoidant, or they just don’t understand why I’m trying to make these connections [R: Yeah] between cognitions and emotions and behaviors. [R: Hm] And so they didn’t make as much progress. Um, [R: Right] but… what can you do.

R: Huh, well without the structure of your program [A: Mm hm] or without advice from others, what would you have done, just instinctively?

A: I think… I mean instinctively, I probably would have dropped down to MI? [R: Uh huh] Um, (laughs slightly) just because that can be useful? [R: Yeah] for people? in getting them you know to get to the change talk, to realize what needs to be changed, [R: Mm hm] ‘cause essentially you’re just restating everything they say. [R: Mm hm] Um, which makes it a little bit easier, I don’t think it’s as, um, I guess—abstract, I keep using that word. Abstract [R: Hm] as CBT can be sometimes. [R: Mm hm, yeah] It’s a little bit more concrete, [R: Yeah] like using their own words and their phrasing. [R: Yeah] Um. And so I think I would have dropped it down to that or transferred them. [R: Yeah] To somewhere that I think would have been more helpful. [R: Right, yeah] But, you know it was useful to, to work with them, and to do what I could with them, but. [R: Hm] I don’t know [R: Yeah] how much I… benefited them [R: Hm] I guess.

R: Yeah, and it was a difficult fit, both for you to feel stuck [A: Mm hm] in the CBT that you were trying to learn and train in, [A: Right] and for them to, they weren’t quite…
A: Yeah, yeah I think we definitely had a disconnect, and [R: Yeah] you know they were always… I think frustrated, that I kept trying to like draw connections [R: Yeah] between these cognitions and things, they’re like, [R: (laughs slightly)] we just were, were not, we were stuck in the mud and we weren’t really [R: Hm] moving anywhere. [R: Hm] But. [pause]

R: Oh well? (laughs)

A: Yeah, that’s the price of—maybe… treatment just isn’t for them at this point. But. [R: Yeah] It’s hard to know what to do with that. [R: Uh huh]

R: Huh… yeah. [pause] Well if, I don’t know, if you were, um, if you were advising training programs, maybe, or students, or one at a time maybe [A: Mm hm] in training programs, what would you say about… [A: (sigh)] helping early cin-clinicians through the [A: Yeah] you know, gaps and stumbles and [A: Right] ‘whoa, what am I doing’ [A: Right] kind of thing?

A: Um, I think that I would fall back… you know on the concept that even if they don’t seem to be making progress? um, the act of therapy is usually providing them with some structure or some new way to think about things that they hadn’t thought of before. And you’re also providing them with, you know a relationship, that they might not have elsewhere, you know a [R: Mm hm] supportive relationship with someone. And so, I think I’d fall back on sort of, the small gains that you get with treatment? even if you’re not seeing like these big [R: Mm hm] progress, you know progressive, you know jumps from them being really sad in the beginning to all the sudden being happy, [R: Yeah] you know you might not be seeing these really incremental changes, but um… But yeah, I think you know kind of grounding it in that [R: Hm] even if it’s not as beneficial as you’d like it to be, there’s still some benefit to it? [R: Hm. Yeah.] Um, would be… for that yeah

R: Focus on what we can offer.

A: Right.

R: Hm. Yeah. Um, do you… yeah. So, like particularly for those clients where it just seems like it just wasn’t quite a great… [A: Mm hm] a great fit, do you wish that, um, the- that your training program had handled that at all differently, allowed more flexibility, or do you value the… [A: Um…] sticking with it?

A: I think it was helpful for me to stick with it, um… one of the clients that I’m thinking about more specifically was like my first client, [R: Hm] so it was probably a mixture of like her not getting it and me not conveying? [R: Hm] anything… [both laugh slightly] right, you know it was kind of a—a weird initial startup. But, um, but yeah. I think it was helpful for me to stick through it, you know learning to… you know not necessarily—I think it’s good exposure (laughing slightly) to what therapy is like: like you’re not gonna ultimately help everyone, [R: Yeah] um, but if you can, you know at least make some small benefit or realize that, you know they’re coming back for a reason, [R: Hm] um, that that was helpful, to kind of go through that even if it felt a little, um, [R: Hm] [pause] I don’t know. Extended. [R: Hm] and slow? [R: Hm.]
But, but yeah I think—I think it was good for me to stick… with it, [R: Mm hm] and if I had dropped her I could… but yeah. [R: Yeah]

R: Hm. [pause] Well, um, [pause] I don’t—I don’t know what else, I, what else I want to know, [laughing slightly] um—do you think that there are, um—like are there things that I should have asked, or things that are sort of, were, have been brought up that—are on your mind? or

A: Mm… I don’t know, I mean I think that… you know if you’re interested in, in training like, this is… you know at least for me, pretty much sums up, you know what my experience has been [R: Hm] so far in dealing with difficult cases, not having you know necessarily the supervision match up [R: Mm hm] that I would like all the time, n- and, um, going in with skills I that don’t necessarily have. I mean I think those are some of the deficits in training these days; [R: Hm] I don’t know how to fix those deficits, [R: Right] or what to do about them, but… um. You know overall I think that we’ve got… pretty good training, [R: Mm hm] um, and we have a lot of opportunity to see some diverse cases? [R: Mm hm] which is both good and bad. [R: (laughs) Yeah!] Um. [R: A little scary] Yeah, and so—yeah, you know I think that training could always be improved but I’m not unhappy with the training that I’ve received, [R: Mm hm] it’s just—you know, there are times where it’s like, I wish that I would have paid attention more? in that lecture? [R: Hm] because clearly this is important now? Um, or you know we just didn’t get that training [R: Yeah] in the first place. And so… [R: Yeah] so yeah.

R: Hm. How long d- is there didactic training before you see [A: Um] any clients?

A: So we have, we call it an ethics course, [R: Hm] so starting on… when does it start… um our second? semester of first year, um we start having—weekly class meetings with our cohort and the clinic director and sort of go through, you know—legal things about seeing clients, um, and all that stuff during that semester, so going through all the HIPPA laws, and kind of this [R: Mm hm] intro to stats on therapy and what the findings are.

And then… not as good a planning, but um, on our summer of first year, we start getting you know more introduction into these different therapeutic techniques, what to do with these clients [R: Mm hm] and that’s also the same time that we start [R: Oh] seeing clients, [R: Mm hm] so we get like, for a month prior to seeing our client, just kind of an intro to CBT skills? [R: Hm.] And that’s it. [R: (laughs slightly)] And then we’re seeing people. [R: Whew.] And so that seemed very rushed to me? [R: Hm] Um, and I didn’t feel… I think, you know we had the skills but we didn’t have the concepts behind them, [R: Uh huh] we weren’t really sure what else to do, aside from like ‘Oh, here I need to do a reflective silence,’ [R: (laughing)] I can do that, or I mean I don’t know what I’m doing, so I’m just not gonna say anything… [R: Hm] um.

And so it seemed very rushed in that way, it was very trial by fire for all of us, um… but I think it would have been helpful (laughing slightly) to have a longer period of skills training? and sort of going through case examples [R: Hm] or whatever; we didn’t really [R: Yeah] do a lot of that, [R: Mm hm] there were maybe a couple. But… I don’t ever know how prepared you can feel for, [R: Right] you know seeing your first client, [R: Yeah (laughs)] you have to like do it. Um, but yeah. In a way, you know I think we got most of the training that we need, but it was… it was quick, at the end. [R: Yeah] Um, and then we learned a lot about, you know the techniques and
the styles and the evidence and how to treat depression, anxiety, [R: Mm hm] whatever, as we were seeing clients. [R: Hm.] Um, so that came later. But… um. [R: Yeah] It felt a little rushed to me. [R: Yeah] in the beginning.

R: Yeah, a little! [both laugh] Um, although yeah, I don’t—I don’t know that anyone ever feels completely [A: Mm hm] prepared or could, or—maybe there are people who do, [laughing] I don’t know. [Laughs]

A: Yeah. I was not one of them.

R: Yeah. [Both laugh]

Um, do you—[sigh] uh, I guess I get the sense that you… have done very well. Um, with your training, [A: (laughing slightly)] that you’re, you know just sort of like—that, maybe this part could have been better, or that part, but that you’ve managed to—go with it! Um, is that—you mentioned that um, your colleagues are a support [A: Mm hm] and that there are some sort of informal helps along the way, [A: Yeah] but are there… are there people who have not done as well with particular gaps, or the—who’ve freaked out, or…

A: Yeah… Yeah, we’ve had a few people who, um, I think have not found therapy as… easy as they would have liked to? Um, so we have, I guess for examp—we have one girl who I think should have never been taken in to the clinical program? [R: Hm.] I think that, um—you know we take people for research at Field, ‘cause that’s typically like, what they want is, to be, [R: Mm hm] is researchers? Um, and so… the thought of, that these people are going to clinicians is [R: Hm] an afterthought, [R: Uh huh] um, and so she started this program at 19, [R: Oh wow!] which is… far too young. Um, so she had like, [R: Wow.] [Speaking softly] graduated high school at like 14 and grad- you know, prodigy sort of thing. [Resuming previous volume] Um, but didn’t get the socialization? um, that she needed, and so she’s really, I think lacking in, um… I guess the social skills would be the best way to put it, [R: Hm] but, she’s really struggled, um, it’s been difficult for her to keep clients… coming regularly? [R: Hm] um, she doesn’t bond with clients well, [R: Mm hm] um, she does well with children. [R: Hm] Not with adults. Um, and she’s good at like assessment cases where it’s very structured, so some people are kind of drawn to that, [R: Hm] where you’re doing you know IQ tests and whatever, and you’re just reading from the book, and then—you don’t really have to do therapy. Uh, and so there—there are definitely people who are more inclined to do that. But, I think for the most part? everyone has done fairly well; she’s been… struggling. [R: Yeah] Um, and continues to struggle, but—but that’s something that should be considered [R: Yeah] in the interview process? [R: Mm hm] um when they’re taking applicants? [R: Yeah] Just ‘cause, we tend to get a lot of people—and at Field we have the Clinical Health program? um so. [R: And that’s what you’re—doing, right?] Yep. Yep, so I’m in the joint program, and so—oftentimes you’ll get people who start Clinical Health, and then they realize that, maybe this isn’t for them, [R: Mm hm] so they’ll drop down to just Health. [R: Hm] Um, and avoid the clinical side [laughing slightly] altogether. Um, it doesn’t happen too frequently, but on occasion, um. But overall I think people do a pretty good job—sometimes people slip through the cracks, and you can tell that they were taken on as, you know, researchers? [R: researchers? Yeah! (laughs)] and, and not because of their potential clinical
skills. [R: Hm.] Uh, but overall I think it’s been a mixed bag of—of struggling and not struggling, [R: Yeah] um.

R: Hm. But—I guess by implication, there, there have—you have to have some personal strengths to draw on, [A: Mm hm] to make best use of, of the training and the skills.

A: Right. Yeah, yeah, I would agree with that. [R: Hm.] Um, yeah

R: And maybe life—experience. or something.

A: I think, I think life experience is important. [R: Yeah] I think clients are very intuitive, um. [R: Mm hm] Um—I think you can tell when, you might not get something, [R: Mm hm] or it doesn’t make sense to you, [R: Yeah] um and I think it means a lot when you appear relatable. [R: Mm hm] Um, and that’s not always the case with clinicians. [R: Yeah, yeah.] But, yeah, overall I think, I think most people have done pretty well.

R: Hm. Um—good! [Laughs] That’s—that’s good. Yeah. Um—well any, I don’t know, or any last thoughts or? questions? comments?

A: No, I think that—I’m curious to know—so you’re looking at, sort of gaps in, in training or like how to benefit? how to like help training? is that kind of your outcome from this?

R: Kind of… [A: Okay] sure, yeah, a little bit. I’m—yeah, I’m kind of interested on what, in what people tend to use to get through the gaps that might always be part of clinical um, [A: Okay] relating. That um, that it’s—particularly apparent when we’re just starting out and we don’t know all the things, of course, [A: Right] um, but that—you know, probably for the rest of a career you have moments where it’s like ‘wow, nope! didn’t see that coming!’ [A: Right] Um, and what do you use that might, might be um, part of training but might not? [A: Okay.] Something else? Um, yeah, and I’ve been interested to talk to people with different backgrounds, ‘cause you know you come up with things that I just would never have, have thought of. [A: Right] But—so that this has been really helpful, ‘cause I think your um your, your program is just so different from [A: Yeah] where I’m coming from, [A: I bet, yeah] that it’s, it’s kind of cool.

A: Yeah, good, well I hope that was helpful. Um.

R: Yes! Totally, thank you!

A: No, it seems really interesting, I’ll be curious to uh, [R: Yeah] know what you suggest. [R: Yeah, sure] What you find.

R: [Laughs slightly] Me too. [Both laugh] Yeah, that seems far away, but I’ll get there—oops [dropped something]

Sorry. All right, well thank you.
A: Yeah, thank you

R: Thanks for coming out here
A: Of course. I’m glad I found it.

R: Yeah! [Laughs] Yeah, sorry about that.
Interview 4, Mark.

Notes: Interruptions/encouragers, important nonverbal communication (in italics), and clarifying information included in brackets. R: indicates Rachel (interviewer), M: indicates Mark (participant)

R: So. Thank you very much for coming to talk with me. [M: Sure.] I appreciate it. And um—so, as I just sort of said briefly, I’m interested in uh, in sort of hearing about your experiences, um, what it’s been like for you as a fellow graduate student, uh as you began training [M: Mm hm] and and working with clients. Um, so if you could just—tell me what comes to mind with that, [M: (laughs slightly)] about your experiences of not knowing how to proceed.

M: Okay, so pretty open-ended?

R: Yes.

M: Okay. Sure, um… so yeah, at Field, [Mark’s graduate university] basically the way the structuring of it works is we spend the first—not quite a full year, but uh the first two semesters, uh so fall and the spring—which I guess would be like, September through maybe, June? [R: Mm hm] Um, not seeing clients, but just taking some sort of introductory classes with the clinic director, [R: Mm hm] and learning a bit about, um, you know ethical things, and um [R: Hm] a little bit about the, kind of the theory of um therapy and basically, uh we there’s options to do IPT or CBT at Field? [R: Hm] Um, but the sort of predominant one is CBT, [R: Mm hm] so basically we talk a little bit about CBT, and then later on if you want to do IPT you have an option to. [R: Hm, okay] We didn’t really talk too much about that at the beginning. [R: Mm hm.]

Um, and then towards the end of that period, before we started taking on clients in the summer, there was a bit of, um, sort of like role playing type stuff? [R: Mm hm] where, uh, we would have an opportunity to meet with—I think it first started where like just in class we would learn about, um, you know like microskills. [R: Hm] And so we would go through those, we’d talk about them, and then we would have a chance to kind of practice them in class? Uh, and I actually found that kind of stressful, um—just to sort of be on display there, in front of the whole class, [R: Mm hm] and especially to, to take um, just a little snippet of, of sort of an interpersonal interaction completely out of context? [R: Yeah] and then be forced to use a specific skill? [R: Uh huh] that may or may not be what—you actually need or want to do in that circumstance: it was difficult, and I think a little anxiety-provoking? [R: Yeah] Um… we did give them feedback about that, and I’m not sure—now I think maybe they split it in two groups, [R: Hm] so you’re not quite in, on display in front of everyone, [R: Uh huh] you’re only on display in front of half of them. [R: Hm]

Um, and then after that they, it kind of ramps up to being uh an opportunity to, you meet with, uh sort of schedule first I think a 20-minute? sort of mock session with an older graduate student, [R: Hm] and then afterwards you do a, a full, um 50 minute one? [R: A mock one again?] A mock one again [R: Mm hm] with another graduate student. And um, and so, tha—I found that to be pretty helpful, [R: Yeah] um and then you know now, since I’m now in my 5th year, um—I’ve
done that many times, sort of on the other end of it, [R: Yeah] and tried to find ways to kind of improve that experience, [R: Mm hm] and instead of it just being a mock interaction, and saying, ‘Okay, bye,’ to actually kind of like, explore it with them, [R: Yeah] and kinda debrief it, so now I’ll typically do like a 45-minute session and then I’ll spend [R: Mm hm] and then I’ll spend 5 or 10 minutes at the end [R: Hm] kind of trying to debrief it with them. Um.

R: Because you remember—what it was like?

M: Because I remember what it was like, [R: (laughing slightly) Yeah] yeah. Um.

Okay, and then um, so—I will get into my experiences, [R: Yes!] but just to sort of provide the overview. [R: Yeah, that’s helpful.] Um. And then… yeah, and then they sort of try to start you off slowly. [R: Mm hm] So you take on, starting in the summer usually one case—and I think that they make an attempt to sort of, um, you know kind of cherry-pick easier cases? or you know more straightforward cases. [R: Hm] Um, for for the beginning clinicians—not always successful. [R: Right. (laughs slightly)] Um, my first case is probably… no longer my most difficult one, ‘cause I just got an even more difficult one recently, but for a long time [R: Hm] it was much harder than my other cases. Uh, which was fine, but—interesting. Um, very—ripe for learning. [R: Yeah (laughs)] Um…

R: Thrown into the deep end.

M: Yeah, yeah definitely—uh, trial by fire. Um… and then they kind of slowly ramp you up to a full caseload [R: Hm] after that, and sort of as you feel comfortable. Um, I think there are expectations, but you’re able to kinda [R: Mm hm] be flexible with that. [R: Hm] And, so then we have group supervision, uh and for the first I think two or three years you, uh you have a small team of maybe three people and then one supervisor, and then you meet for like three hours a week. [R: Hm] Which is very in depth, and um, and so you know I could tell you a lot about that, uh later on. And then later on, in training you kind of go back to what we call like a mini team? and so that’s what I’ve been in for the past couple years, where you just, uh basically meet uh for an hour [R: Hm] a week. And kinda go through it much more quickly. [R: Mm hm] Um, and in many ways I prefer that. Uh, but I think starting off it was helpful to have the more in depth [R: Right] feedback. [R: Yeah]

And… at the beginning, too, you also, we have a system of uh sort of of peer supervision? [R: Mm hm] Where you’re, you’re paired again an older clinical graduate student. And um you meet with them, typically I think it’s like an hour a week. [R: Hm] And you can, kinda—they’re not meant to really be giving, um… a lot of sort of like, planning or therapeutic intervention advice, [R: Mm hm] but more just sort of working through microskills, [R: Hm] and talking through countertransference, or [R: Right] difficulties with supervision, [R: Hm] uh things like that. And I think that’s a really great system as well. [R: Hm] And, and again I’ve been on the other end of it for a long time [R: Mm hm] as well now. Um.

R: That sounds nice.
M: Yeah, yeah. I think it’s a good system. Um… Yeah and then, I guess every term we have… a… opportunity I guess to switch, uh, supervisors? uh I think at the beginning you’re supposed to do, like, you’re sort of blocked off for two terms, so you spend a year with, or basically a year with one supervisor, and then sometimes you’d stay with the same one or you’d be assigned to a new one? [R: Hm] Um, and I think again at the beginning, it’s mostly CBT, and then at a certain point you’re able to—switch to some more, um, specialized tracks? like if you wanted IPT, or if you wanted to do to—we have like a child pain team? [R: Hm] Um, so things like that. [R: Mm] Um, [pause] yeah, so I think that that’s the, the basic overview, [R: Hm] um. And then, yeah, so I’m trying to think about what—specifics I’d want to, to give you… [pause] Um, [pause]

So, is the idea to sort of improve—um, how training is done? or just to understand better what people’s experiences are? or…

R: Um, I’d like to understand the—the individual, and maybe quite personal, [M: Mm hm] nature of, of uh entering a field like this one where, there’s lots you can learn in the classroom, but a lot of it [M: Right] needs to be learned by doing. [M: Mm hm.] And there’s um, there’s much—much involved with one’s personal style and [M: Sure] finding what that is, [M: Mm hm] and so, I’m interested in the, in the gaps. [M: Okay.] between what you learn and and how you—

M: All right. [R: laughs slightly] Yeah that’s helpful, so now [R: Uh huh] I think I have a better idea of where to go. [R: Hm]

Yeah, I w—I would say that um, you know probably trait wise, [R: Mm hm] a higher neuroticism than many, [R: laughs slightly] and so I think you know, [R: Mm hm] partly it’s me, but I I found the whole beginning very—stressful. [R: Yeah.] And um, very much felt like, um, you know hadn’t been really adequately prepared? And some of that I think is, maybe to—not to put words in your mouth, but I think what you’re saying is—[R: Hm] you know some things can’t be learned in a book, [R: Yeah] and um. So I think some of it’s that; uh some of it I think maybe, structurally or procedurally could have been improved as well, [R: Mm hm] but… um. [R: Yeah.] But yeah, I think, that there’s a lot of it, in terms of how you interact with someone, and I think really becoming more familiar and comfortable with the therapist role? [R: Mm hm] um, really can’t be… [R: Hm] you know, learned. I think there are certain things that you know, maybe—conversations would be helpful, or, [R: Mm hm] certain lectures, um, on a more, um personal level? of kind of talking about what that’s like? [R: Mm hm] Uh, I don’t think there was a lot of that. [R: Hm] It was more of, um—and maybe by design—but more of you know like, “Well,” you know, “CBT is a manualized treatment,” and um, you know, I don’t think it was too egregious, in terms of that, but you know I think that that was the implication, [R: Mm] that you know there were things you do, and we’re gonna teach you that. [R: Mm hm] So you don’t need to be worried about it. [R: Mm hm] And I just think that the reality of course is that, um, you know there’s—there’s manuals that can help you, um, and I think that there’s a lot of sort of didactic learning that can, uh, give you a foundation? [R: Hm] but I think that then, you know like you said building up your own style, [R: Mm hm] uh, and again kind of becoming more comfortable with this role—starting to understand the specific challenges? I think there are like, um you know as a clinical researcher, I have lots of ideas about kind of what therapy constitutes,
and um—so yeah, kind of like, realizing that, um, and starting to do I guess some of my own, you know, thinking but also experiences. [R: Hm] has been really helpful. um, and I think that yeah, one day if I end up, you know, training people, I’ll try to incorporate some of that, ‘cause I think there, you know again there are certain themes, or you know things like how do you um… I think they’re akin to um microskills. But they’re, I think m—I don’t know. More broad.

R: Like…

M: Like something like, uh how do you debrief success with someone. You know or how do you, um… you know really explore success. You know I think that that is like one of the most—and of course it’s, it’s gonna take a while, like it’s a very varied topic, um but it’s something that comes up very frequently? [R: Hm] And I think that um, really wasn’t done enough justice? [R: Mm hm] Um, and I mean maybe it’s not a microskill, but I feel like that should have been at the very beginning, [R: Hm] like: “This is gonna be really important.” [R: Mm hm] You know, like talking through the process, and, and what does that mean, how do you do it, and what are the challenges you’ll face. [R: Mm hm] uh, in doing so. Um… but yeah, I think that it was much more of the perspective of “We’re going to teach you these microskills, and then we’re just going to throw you in”? “and then, um, we’ll throw you in, in and give you supervision.” [R: Hm] And so it’s sort of like, as things come up, you’ll work through them in supervision? and I think that—like after a year, of training and experience, that did work really well? [R: Hm] ‘Cause I had that foundation, so I could deal with most things, [R: Mm hm] and then if something weird came up, I would you know make a mental note, and uh try to just—you know, get through that session [R: Uh huh] and then go talk about it. [R: Yeah.] And then you can come back and try to uh you know, be uh… more mindful and, insightful in how you respond to it. [R: Mm] But at the beginning without that foundation? I’m not sure that model really worked.

R: Yeah. So you had little skills, [M: Yeah] but not really a good sense of what your, your role [M: Right] was.

M: Yeah, yeah. And that role may, at the beginning, be different. [R: Huh] than what it would be a year later. [R: Hm] Um, but to really kind of I guess set expectations? [R: Hm] And, um…

R: Set expectations for the, the cl—the student clinician? or…

M: Sorry. Yeah, yeah, so sort of to have the clinic director say something like, [R: Hm] “You know, you don’t need to walk into this first session—ever, you know, like ever and with this client—and have a complete plan.” [R: Hm] “For how you’re going to” [R: Mm hm] “you know, uh fix them.” [both laughing slightly] [R: Hm] you know? [R: Right, right] And so, um…

R: Right. And that’s something you might not know. At the very beginning.

M: Right. Yeah, you know and I think you’re also uh… [pause] yeah, and, you know I think different people have different ways of responding to—that feeling of not… knowing if you can do this? but I think one common sort of response to that is to, um, yeah, want to sort of control everything? [R: Right.] And uh you know I think that can sometimes backfire, [R: Mm hm] and um… so.
R: Yeah. Yeah, so—it’s not just not knowing quite what to do but not knowing if you can do this. [M: Mm hm] not knowing, if you have what it takes almost? [M: Mm hm] at the very beginning? [M: Sure.] Which stirs up the…

M: Yeah, yeah. And I think that there’s also uh… [pause] Yeah, I don’t know, at the beginning I feel like the… so yeah before we saw clients we had those sort of mock interviews with uh, or you know mock sessions I suppose with uh o-other students. And then we talked about them. [R: Mm hm] And I think that the students then gave feedback to the director, and then you know he would talk to us and say “Oh,” like, you know “the person that you had the session with mentioned that um, you know, this was really great but this could have been improved,” and I think that, you know, on paper that sounds really good. [R: Mm hm] But I think that in practice, there were certain things that uh… really undermined? the confidence? that I think you really needed to go into this like completely new world? [R: Mm]

Um, so like for me there was uh… um, and even before that, like I—and this is you know maybe very specific to me—but, um… you know, I had a lot of trouble sort of maintaining good eye contact? [R: Hm] with the clinic director when we would do these mock, you know like those two minute things? [R: Mm hm] where we’re, you know, “okay, do a challenge now.” Um, that was like really difficult for me and I think that you know it kind of goes back to my own issues, with you know like, male authority figures, [R: Hm] things like that, and. [R: Mm hm] And, um, so then, but then sort of the feedback from that was like, “If you’re gonna be a therapist, you need to do eye contact.” [R: Oh!] Like, “what is wrong with you?” basically. [R: (laughing) Uh huh!] You know, which then of course makes me even more-- [R: Right!] you know, struggle to make eye contact, [R: Huh] and um.

R: Not the most sensitive…

M: Right, right… [R: feedback] Yeah, so I think that that kind of thing—I think the real goal, at the beginning should be, kind of, bolstering it. [R: Mm hm] Um, so that you know, like “You’re gonna do great,” you know, um… you know, I guess more of that feedback on—you know, “this is what you want to do in your first session.” You know, “It’s an intake, just get some information, try to build up a little rapport,” you know, like talk a little bit about what that looks like, um, “don’t worry too much about, um… yeah, these other things, making a, a general plan, and…” um, you know anyway, so I think that would have been helpful, instead of going in there and—you know, I knew I had to do an intake the first session, obviously, [R: Uh huh] and I kind of felt comfortable doing that. [R: Right.] Um…

R: At least there’s that structure.

M: Yeah, yeah. I think that’s helpful.

Um, but then you know when you get to that first actual session, [R: Mm hm] um, then it’s like “Whoa,” like it’s so open. [R: Hm] You know we have like 50 minutes, what the hell are we gonna do. [R: (laughing) Yeah] Um, you know, and then I think once you actually get started, um, and realize, like wow, with an actual client, with actual context, and you know with, you
know, a real I think connection with someone, as opposed to again being taken out of context in this little like two minute blurb, [R: Mm hm] um you know eye contact was great. [R: (laughs slightly) Uh huh] You know I actually was, I think very skilled at developing rapport with people, and. [R: Yeah] Um, you know and then I was able to really calm down. [R: Hm] But that, that was tough, I think.

R: Right. Right. Because in the classroom the focus was on, “Are you doing it right?” [M: Yes, yes] whereas it was a relationship once you started [M: Mm hm] with the clients.

M: Yeah, ‘cause I think it’s the kind of thing where like maybe, um… in the first two minutes of the session—maybe I did struggle with eye contact a little bit. [R: Mm hm] You know, and then we talked more, they opened up. I was able to you know kind of, uh, reach out a little bit, come out of the shell, have that work out well, and then: “Okay.” [R: Hm] “This is good.” [R: Mm hm] You know, and then of course, for 48 minutes, there’s no problem. [R: Yeah.] Um, so yeah, I think that those kind of things are uh—so yeah that was I guess one thing that was very salient for me. [R: Hm] Um. Uh… [pause] [R: Yeah.] I’m trying to think of what else.

R: Well what was it—what do you remember most about the, those moments in the first few sessions where… “Oops, what am I supposed to do now?”

M: Mm hm. Yeah, um… [pause]

R: Or later sessions.

M: Sure, yeah, no, well I certainly have those moments still.

R: Right, yeah.

M: Um, I mean I think that my—after a couple years, I figured out, um… you know like, for me, I think—so I, I will talk in a moment about [R: Mm hm] what it’s like without this, but kind of—the solution that I came upon, which works really well for me, is that, you know, I have two sort of default states? [R: Uh huh] Um, and so it’s like, if I don’t know what to do, then I go to one of these two. [R: (laughing slightly) Mm hm] Like they’re never wrong? [R: Hm] Maybe they’re not always, um, ideal, and then maybe you know, we’ll go back, talk about it in supervision, and be like, “Well,” like, you know—“this was a really nice opportunity for an intervention of some sort?” But I feel like those two default states are basically like, empathy and curiosity. [R: Hm] And so it’s like, I don’t know what to do, then I’ll just either validate what they’re feeling, or I will, you know, just try to get more information. [R: Hm] to try to figure out what’s happening. [R: Mm hm] And so, and that’s like, it’s like a mantra for me, like a very—conscious thing, where if I get that sort of countertransference feeling like… you know, I don’t know what’s going on… you know, or I don’t know what to do, or I feel uncomfortable, or there’s crickets… [R: (laughs slightly)] um, chirping, like—okay. [R: (laughing slightly)] You know, like, [R: Uh huh] at least—at least I know what to do. And so I feel like at the beginning for that to have been made very explicit, like—here are two things that you can always do, [R: Mm hm] and it’ll be okay if you do them. [R: Hm] Um, I think that would be helpful, and so now that I’ve—again,
started doing peer supervision, and things like that, I’ve talked to a lot of people about that, [R: Yeah] and I think that’s been useful for other people too.

Um… but, yeah, before I figured that out, yeah there were definitely moments where it was like… um, not like necessarily panic?… but you know, [R: Hm] akin to that, like: “oh my god,” like—“I don’t know what to do with this,” you know like, and like I said, like, s—my first client was, was quite difficult! [R: Yeah.] And uh, and there were a lot of, kind of processy things going on, that—it took me years to really figure out what to do with, um. And so I think in those moments, um… [pause] Yeah, it was tough. And, and I think that there was a little bit of resentment at the beginning, [R: Hm] you know and I think some of it’s unrealistic, like—what could the clinical director have done [R: Hm] to really anticipate everything that could happen. [R: Right.] Of course that’s impossible, but—but yeah, no, of course, to feel like—“Augh, you told me I was ready for this—and I’m not ready!” [R: Hm] Uh, it was tough.

R: Yeah. So in those, um, before you figured out, your, your, your solid, two-track uh solution [laughing slightly], [M: Mm hm] what kinds of things did you come up with in the moment, or—what did you grab for. [M: Mm hm] when you had nothing else.

[pause]

M: I mean I think, obviously at a certain point, I realized these were two things that could work? And so, um—I think probably I was doing something similar to that? [R: Hm] Um. But—y-at the beginning, probably there were times when I would respond by, um, I don’t know, intro-, trying to introduce more structure in response to that? [R: Hm] Like, I don’t know what’s going on, so I’ll just direct it- [R: Hm] to something else, or—[R: Mm hm] um, you know I think probably the appropriate thing to do in in a moment, especially if it’s a processy thing, is explore that process? [R: Hm] um, but you know at the beginning I think you’re not very comfortable at that yet. [R: Yeah] And you don’t really I think have the vocabulary and—the skills yet, to to navigate that kind of thing? [R: Mm hm] And so then I think you end up, um… avoiding it, basically. [R: Hm] And, uh you know I think that—that’s unfortunate, it’s just kind of a missed opportunity? but, you know I think that uh, fortunately those things tend to come up—repeatedly. [R: (laughs) Yeah, right!] [(simultaneously:) You can’t ignore them forever.] So, I have many other opportunities to return to them.

R: Yeah. So what kind of things—you mentioned this first client, [M: Mm hm] and a lot of processy things. What kinds of things wh-

M: Sure. Yeah, so… hm. I’m like a, pretty metaphorical thinker, I guess, and so um, the metaphor that I used for this guy, um is uh skeet shooting. Where basically he would come in and tell me about problems? that he was having, and you know sort of complain at length about them, and kind of, you know, um… [pause] you know, basically just say how terrible things were. Um, and and basically sort of I think pull for um me to problem solve. [R: Hm] He didn’t want to problem solve, [R: (laughs)] he wanted me to. And so then you know of course at the beginning, you know, I was very sort of susceptible to that kind of thing, [R: Hm] and so I would. And so I would say, “Oh! Well, you know, have you tried this?” or you know, and you know I think I even at that point I sort of knew, like I shouldn’t be giving advice, and so I’d try
to, you know, try to get him, like you know, “Well, what do you think could happen…” but he just wouldn’t play that game. [R: Mm hm] He wouldn’t do it. And so then, you know, of course—I would. And, and the skeet shooting part is, so I would throw up an idea, [R: (laughs)] and then he’d shoot it down. [R: Right (laughing)] Right.

And that was sort of like a very um… frustrating experience. [R: Hm] Especially over time, you know [R: Hm] when it happened repeatedly. Um, where I started feeling like, you know—“well none of my ideas are working, nothing is good. I’m working so hard in here, and nothing’s changing.” [R: Mm hm] And I think that um, you know my supervisor’s super helpful, uh—it took a while for us both to really understand what was happening? [R: Hm] Uh, but once we did really start to kind of I think step outside of that? and um kind of call attention to it [R: Mm hm] with the client? in you know very gentle ways? [R: Yeah] um and then also to sort of try to shift that dynamic to really put the onus back on him [R: Hm] to, you know “you need to solve kind of your own problems.” [R: Uh huh] and you know like to really be comfortable with some or at least okay with some silences and you know if he’s not going to give it right away then I’m just gonna wait him out. [R: Hm] Um, and yeah and then I that uh—well as his mood improved, I think it also, the pattern got a little bit better, [R: Hm] but you know I think going after the process directly and then again in these sort of subtle ways trying to encourage him to [R: Hm] um, adopt a different stance? [R: Hm] was super helpful. You know, so even though we spent maybe two years skeet shooting, you know the last two years I’ve worked with this client has been markedly different. [R: Hm] Um, so.

R: Yeah. So you um, at the beginning were very much pulled by him to respond in a, in a clear way, [M: Mm hm] there was a clear thing for you to do, and you didn’t, you sort of had some sense that it wasn’t quite what you, you know you weren’t, [M: Mm hm] you weren’t quite supposed to give him advice, but it was an easy response. And then there was some, maybe some transition period? [M: Mm hm] into trying to work on that [M: Mm hm] and what else it could look like… do you remember anything about that, that time, [M: Yeah.] or what it felt like to try different things?

M: I think so. Yeah. I mean it was a while ago, but. [R: Right.] Yeah I mean I think that we spent some time exploring the countertransference of it, which was really helpful. [R: Hm] And saying you know, “so you feel kind of um, hopeless.” [R: Hm] “And inadequate, and like nothing you do is making a difference. Uh, and nothing is going to work. And, I wonder if your client feels that way.” [R: Hm. Yeah] And it’s like, yes, of course, that’s exactly how he feels. And so, that was really helpful, to kind of think, “okay, I’m really, I mean this is true empathy now.” [R: Yeah, right.] Like, in the moment I’m actually feeling the hopelessness that he’s feeling. [R: Uh huh] And um, and so then I think that one of the really helpful things was to just go straight there. [R: Hm] You know to just sort of cut through the pattern and say, you know—I’ll call him John.—say, “You know, John—you know I’m really getting the sense that um it feels like there’s no solution.” [R: Hm] “you know, and I’m wondering you know is that, um—you know that hopelessness must be, must be really strong for you and has a real effect on you” and blah blah blah. And then you know we kinda, we talked through that and uh I think that was a huge shifting point. [R: Yeah] Um, where I think you know I didn’t have to come out and say you know, “oh you’re skeet shooting me,” [R: (laughs)] “like I feel like you’re shooting down

257
everything I say,” [R: Mm hm] you know, voicing my frustration, but just to kinda cut through it to the I think the more root cause of it. [R: Right.]

Um, but yeah so, the process of discovering that, I think… you know I think first I sort of needed to identify the pattern. [R: Mm hm] And so I had to sort of come into supervision and say, you know, “Uh I don’t—” and I think I was afraid too, to tell my, at first, to tell the—my uh supervisor at the time was the clinic director, [R: Hm] and again this is someone who sort of intimidates me in some ways, [R: Yeah] but you know now we have a fantastic relationship, but… it took a while for me to, I think really um, feel comfortable with him. [R: Hm] And so, you know, I didn't really wanna tell him, like, “I feel lost.” [R: Yeah.] “I don’t know what I’m doing.” “This is awful.” [R: Hm] But that is I think in many ways how I was starting to feel? [R: Right.] And so I would kind of come in and sort of tell him, um, I think maybe at the very beginning I would like actually try to like hide that fact? [R: Uh huh] you know, and just sort of like really cherry pick, you know, “Oh, in this session we talked about this and it was good?” [R: Mm hm] You know, and then I sort of became more comfortable sort of reaching outside and saying—“but there was this one thing that happened that I just—I don’t really know what to do and I’d like your help with,” [R: Mm hm] and then finally over time it was like—once he responded well to that… [R: Mm hm] I think then to really come out and be like, “Look, like, I feel pretty lost.” [R: Yeah] “Like, we’ve been doing this thing for a while… “ and again it took a while to really identify—that it was, like, what he was pulling from me? [R: Yeah] Um, and some of my own, sort of like research and reading was helpful, about how these things play out between people. [R: Right.] Um, but… but yeah, so I think there was a period of trying to figure out exactly what was happening. [R: Hm] But then once we did, I think it really again was um, the countertransference piece, [R: Uh huh, yeah] that kind of unlocked it. [R: Right.] And then after we discovered, “Okay, um, this is kind of what’s happening, this is what he’s feeling—let’s go after that directly,” um, then I think it made a big difference, but it didn’t eliminate it entirely, [R: Hm] but then I think, then we were able to really actively and explicitly plan, “What are some ways that behind the scenes again we can encourage [R: Hm] a different pattern of interaction [R: Hm] between us.

R: Yeah. And the planning was between you and your supervisor

M: Exactly. [R: to help… yeah.] Yes, yes.

R: Uh huh. Right. Yeah, so—and it, this seems like—the processy, countertransference work seems like something you’re pretty comfortable with now. [M: Yes] and that’s, maybe at the heart of, [M: Mm hm] of how you, how you approach things.

M: Right.

R: Now I’m putting words in your mouth, but—

M: No, no, that’s, I would say that’s exactly right.

R: Yeah. [M: Mm hm] But at the beginning, you didn’t—this was, you know, this was it, your one client, [M: Yeah] so it’s hard to recognize, “This isn’t just about me as a therapist, this is…”

258
M: I… would agree with that. [R: Yeah] wholeheartedly. Yeah, I think that um [R: Mm hm] one of the things that I really experienced at the beginning, um… was my confidence? had very high variability. [R: Hm, mm hm] Right, like, session to session, um, my self worth was entirely based on how the session went [R: Yeah] with this client. [R: Right] And I think that it took me having a second client, [R: Hm] to really start to understand, “Wow, I am not 100% of the variance here!” [R: Uh huh, yeah!] Right? And then [R: Right] once I had more and more clients, like, “Wow, I’m probably not even 50% of the variance here.” [R: Uh huh (laughs)] and uh, you know, so then—but there’d be times that I’d have a client, uh or sorry, a session with one client, and it would go fantastic, and it would be great. And then ten minutes later, [R: Hm] I’d walk into one and it’d be awful! [R: Mm hm] And then sort of realize, like—I’m the same person! [R: Yeah] You know, like nothing really changed here, it’s [R: Right] purely, you know this person is in a different place, um, our work together is in a different place, and that was I think super helpful, um. When I had two clients I was starting to think “Maybe it’s not me,” [R: Hm] and then when I got to three and was experiencing that, I was like, “All right, this really isn’t me,” [R: Yeah] like, um. And so yeah, that was uh, I think really important to learn. [R: Hm] And I don’t know if anyone told me that before? maybe they did and I just didn’t believe them or something… [R: (laughs)] maybe you have to learn that yourself? [R: Yeah] Um, but yeah, I think that that was an important lesson.

R: Right, right. Yeah, an experiential, [M: Mm hm] getting your footing with um

M: Yeah yeah.

R: Yeah, and I think it is sort of about the role, [M: Mm hm] at the beginning: like, “What is this thing that I’m doing, and” [M: Yeah] “yes it is really different with these different, uh” [M: Mm hm] “different hours.”

Hm. um—yeah, so you, you… one of the things that’s interesting about um the way you sort of describe your, your program and its set up is that it seems pretty unified, at at first in terms of, orientation [M: Hm] and and the, the skills and the, maybe, I’m sure supervisors are coming from different places, but there’s [M: Sure] sort of a unifying theme, [M: Mm hm] um, and y-yet I don’t hear a lot of, “Well I knew how to structure this session,” [M: Mm hm] “cause it was in the manual,” [M: Hm] like how much did that impact your role?

M: Yeah… so I mean, maybe this is an example of me being anomalous? [R: Mm hm] um, because I think that probably most people at Field are kind of going by the book. [R: Mm hm] And I’ve never done that. [R: Yeah] And I think just characterologically I don’t do that kind of thing? [R: Mm hm] Also I think that um… I don’t know. I mean I’m in my own like, psychoanalysis, and I believe in that kind of thing, [R: Mm hm] and so process is I guess really important. Um, but I think that becoming comfortable with that, and learning to talk to a CBT supervisor about those things, [R: Hm] I think was a real learning experience that took years.

R: Becoming comfortable with your tendency not to use the manual? or becoming comfortable with the CBT language?
M: Both. [R: Hm] Yeah, and I think also, to your point um early on, about finding your style, [R: Hm] and starting to really understand like, what… what is it that I do, and what makes me—me, I suppose, [R: Right] and what are going to be the common threads that, that are shared. [R: Uh huh] The variance that is shared between my clients. [R: Uh huh] Um, I don’t know, one of the things that really struck me was I’d watch these videotapes of like master therapists in action, and you, I think you really, one of the things that struck me at least was like, the big personalities? [R: Hm] you know, and I think they had like a real, some of them were even like eccentric you know? [R: Uh huh] And so you know I think that it’s like, I don’t think that as a first or fourth year you know therapy student I should really be that way, [R: Heh] but just start to understand you know like that’s okay, to have your own style, [R: Mm hm] and to put your mark on things, [R: Yeah] and um.

I don’t know, I think that… I mean I consider myself research-wise to be a scientist, but I think in terms of um therapy, I think in many ways I feel like more like an artist, I guess, [R: Mm. Mm hm] and I don’t know, maybe my supervisors would be unhappy with that statement. [R: (laughing) Uh huh] But, um, I don’t know. I think that um—and I think that just like an artist, I think kind of um in trying to develop their own style, will kind of… emulate? other artists? and try to like play with this for a little while, and then play with this for a little while, uh you know and then ultimately starts to find their own stamp, that [R: Right] is partly an amalgamation of things they were emulating, but also partly their own? [R: Yeah.] I think that that’s what it’s like as a therapist, and so I think that one of the ways that I was able, despite my um non-CBT sort of orientation, [R: Mm hm] um, was able to sort of get through it? was really trying to appreciate, you know that there was a lot to offer from CBT. [R: Mm] And that you know, I’m gonna learn everything I can from this supervisor, [R: Mm hm] and really try to you know emulate that, [R: Mm] and then bring it back in, [R: Mm hm] kind of after the fact or in, in small moments. [R: Yeah] Um, so you know, maybe that’s not the—I could talk about that forever, but [R: Mm] I don’t wanna, um, take too much time on that kind of thing, but [R: Mm] I think that developing your own style has been, has been interesting.

R: Right, yeah. So you sort of balanced really different influences, some very different ones, [M: Mm hm] and that has to rest on something about you. [M: Mm hm] To perform that balancing act, I guess, [M: Yeah] and that had to be found, [M: Right. Yeah.] over time.

M: And I think also kind of like, there’s a certain amount of like translation that needs to occur, [R: Hm] where in my mind I may be thinking about um, like an idea being ego-syntonic or ego-alien, [R: Hm] right, but I know that my supervisor doesn’t want to hear those words. [R: Mm hm] So how do I translate that into, sort of a CBT [R: Uh huh] language, where we’re talking about the same thing, um but yeah in a more palatable sort of vocabulary? [R: Yeah] Uh and I think that I’ve gotten better at that. Yeah and then also over time I think my supervisors have become more comfortable with me sort of of using my own language. [R: Mm hm] Um. [R: Yeah.] But yeah but I, you know I wouldn't say that I’m like a, I don’t know an analyst, or, in training, like within a CBT framework, I think like truly there are parts of CBT that I really do use and go to, and parts of IPT, and parts of uh analysis that I pull from. [R: Hm] Um, so yeah I guess we’re all eclectic, [R: Yeah] but… uh but yeah, I think that that has also been an interesting experience, is trying to develop and then also trying to sort of… trying to develop your own style but also
trying to exist within this ecosystem [R: Hm] that is more, at least, I think supposed to be more constrained. [R: Hm] Um.

R: Yeah. Um… you sort of referenced that in your own mind you tend to think, or use the more analytic [M: Mm hm] terms; how… strong and longlasting is that influence, like where-how, how far back does that, does that go, that, that style of thinking, for you?

M: Um… [pause] I don’t know, I mean I’ve been like reading about that stuff since high school, [R: Hm] but I think that probably um… you know, probably in like really that I’ve delved into it is since I got here. So I think that at the same time as I’ve been learning CBT I’ve also been learning analysis. [R: Yeah. Interesting.] Yeah. Mm hm.

R: Um, and why… why Field? Why this program, for you?

M: Um… [sigh] I mean, it’s difficult… um, I feel like I, from a research perspective, wanted it to be as rigorous as possible? [R: Hm] um, and so yeah if I was trying to be purely a therapist, I don’t think I would have gone to Field. [R: Mm hm] Um, but… you know, maybe I would have gone to a place like Simone [Interviewer’s university] or something. But yeah, I guess from a research perspective, [R: Mm hm] um, I really wanted to be at a place that was um—I like qualitative research as well, but [R: Mm hm] I kind of planned to do quantitative research, [R: Yeah] and I wanted to get the best training possible.

R: Mm hm. But your sort of, idea of your career is, is both [M: Mm hm] therapist and researcher?

M: Yeah, and you know doing research related to [R: Uh huh. Clinical—yeah.] clinical stuff, yeah. [R: Sure.] Mm hm.

R: Yeah, okay. Yeah, it’s an interesting tr—way—or I can’t quite imagine. [M: Hm] Pursuing both at the same time. And kind of in depth, it sounds like.

M: Yeah. Trying to.

R: Yeah. Yeah, hm. Um… I think I lost where I was gonna go with… [both laugh] what’s uh… what are, what are you thinking about?

M: Uh, well I guess I’m just thinking that you probably wanna hear more about the earlier stuff.

R: Sure.

M: And so I’m, you know trying to respect that.

R: Hm. Well—and maybe it wasn’t, um, it wasn’t just the earlier stuff, but as you said, there really are those moments, I think, probably until your career ends [M: Mm hm] where, where there’s just a moment of “Ooh-uh, ah, oh!” [M: Hm] And that, like, what happens before things sort of reset, [M: Hm] or before you… go somewhere, is interesting to me.
M: Okay. Yeah, okay, so then in that case I uh, like I said—for a long time, this early “John” client was my most difficult, um, and then I had, you know another client that was… maybe not easy, but like relatively straightforward, and we had a great rapport from the beginning, like there wasn’t a lot of sort of interpersonal, [R: Hm] um… strife. And uh…

R: That’s refreshing.

M: Right. [R: (laughing)] Yeah, no, it was a very nice uh experience. And then we terminated, it was better, it was awesome. [R: (laughing)] Um, probably I don’t know if I’ll ever have another client like that again! [R: (laughing)] But, uh, it was nice. And uh I had another client that was, you know, sort of middling, and I sort of got her partway to where I think she needed to go, and then she left. Um.

And now I have this client… oh, sorry. A client that I started recently, had about 10 sessions with, so I’ve been seeing her a couple months. [R: Mm hm] It’s been very difficult. And um, and I think a little ego-bruising, to be honest, ‘cause I felt like, you know like “Oh, I’m like towards the end of my career now, like I should, you know be able to handle whatever’s thrown at me.” And like this, I mean this girl really threw me for a loop. [R: Hm] Um, and so, you know I know I think I’ve actually you know very recently been experiencing that kind of thing; much like with the skeet shooting, like [R: Hm] you know to go to the supervisor and be like, “I don’t really know what’s happening,” [R: Hm] “it’s uncomfortable, I feel like we’re not really making the progress I want, I don’t even really know what the goals are,” [R: (laughing)] you know like [R: Mm hm] that kind of thing. [R: Hm] Um, and so to start to try to, um… unfortunately I don’t have like a bow to put on this story, like here’s how we [R: Right!] fixed it, [R: (laughing) Right!] right—I’m still in the middle of that. Um. [R: (laughing) Uh huh.] But no, yeah, I think that that certainly I think [R: Yeah] goes on throughout the rest of your career. [R: Yeah.]

And uh, you know, and I think that this client… I think that my first client, um, had maybe a little bit of flavor? of uh, like narcissism? But I wouldn’t say that he had like a personality disorder. Whereas this, I think this client is like very clearly [R: Hm] personality disordered, [R: Mm hm] and um, it’s been difficult. Um. To really sort of even develop a rapport. [R: Hm] And I think that is again something that I’ve, usually I take that for granted. [R: Hm. Mm hm.] You know like I’m good at that. That’s gonna happen. [R: Yeah] Um, and with this per—she’s just so guarded. Um, that it’s—won’t let me in at all. And it’s, yeah, it’s very difficult. [R: Yeah] Um.

So yeah, and so I think, you know, to… I think also like, the way that it played out with my supervisor, uh still the clinic director—I’ve, I’ve kinda had other people too, but—[R: Hm] he’s the one that’s like most comfortable with my… [R: Hm] eclecticism? [R: Uh huh] and so I think he usually just assigns me to himself. [R: Mm hm] Um… and uh, [pause] you know so we had kind of like a little bit of a clash at the beginning of it, where um… I guess I didn’t quite understand the, I think the extent of her dysfunction? [R: Hm] Um, until maybe like the fifth session? so in like, maybe like the second, third, and fourth sessions—I was feeling like um, you know things are going well, like, I don’t really know why she’s in therapy, um, I don’t really know what her overarching goals are, but I mean she had like such a troubled past, that I feel like, she’s probably not gonna tell me. You know it’s gonna, I’m gonna have to build up the
alliance? until she’ll really do that? [R: Mm hm] And I’m okay with that. I can wait. You know, and I feel like moment-to-moment I sort of know what to do, even if I don’t have this overarching strategy, [R: Hm] like tactically I know what to do? [R: Mm hm] Um… but he was like really, uh my supervisor was really harassing me, like “Well what are the goals?” [R: Hm] “What um, what is that strategy, like you need, you’re on session five, you need that.” [R: Hm] Um, and I sort of disagreed, you know, like, well, I mean you don’t really have goals in analysis, like, you know I mean I think you do, but they don’t need to be explicit, and like—I have goals for her! [R: (laughs)] Right? You know, like, she didn’t really have goals, but I have goals for her.

And um… but I think that, kind of what ended up becoming more and more clear over time was that, um… goals or no goals, I think that uh her… sort of, the difficulties we were having? I think um really came down to an issue of sort of resistance and compliance? [R: Hm] And uh, and that is a problem. So I can sort of do therapy I think without overarching goals that are explicit with the client, but I can’t really do therapy with somebody who is, um, again noncompliant. [R: Mm hm] Um, and… so yeah, so uh I mean and then—once, once that kinda became clear, then I was able to say, like, “No, you’re right. There is a problem here.” [R: Mm hm] Um, and then we were able to really start to troubleshoot, like “Okay what is going on,” and um, and that’s when we sorta started to try to understand, sort of um, wh-how exactly she was being guarded, and [R: Hm] and kinda what was playing out between us. [R: Yeah.] And we’re still—again, still figuring it out, [R: Right] um, uh, you know trying to understand kind of exactly… how and if it’s going to be possible to, to break through that. [R: Yeah.]

And I think that, you know again, like I… I want, um, I wanna help her, and I want to um, you know, and so I have thoughts, like you know, “Even people with personality disorders need therapy,” you know like, “There has to be a way to do this,” [R: Mm hm] um… and then you know starting to get more down on myself, like “God, like, I maybe I’m not good enough, or there’s something I don’t understand yet, or something I’m doing wrong,” and um, but you know then for the supervisor to be like, like, “You know, like, I think your premise is flawed.” [R: Mm hm] “You know, like, not—maybe this is someone that can’t do therapy. Or can’t do therapy right now. You know, if she doesn’t want it, then it’s gonna be really hard to do it.” [R: Mm hm] “For anyone.” And um, you know, so then just try to, “Okay,” you know start to try to understand that, and then try to um you know be okay with if it terminates, [R: Uh huh] you know then like really, my goal then is just to try to… increase the probability that she’d come back at some point. [R: Mm hm. Yeah.] Either to see me or someone else. And so, you know, so anyway. That--

R: So that counter-perspective of “Maybe it’s not possible,” [M: Yeah] is that helpful?


R: So what, what does this look like with her—wh-what is it that’s… so…

M: Yeah, I mean it’s, it’s difficult to I think put your finger on, um, and I don’t know how to fully flesh it out yet. I don’t have a metaphor for it yet. [Both laugh] But, you know I think that um, you know the way that it feels, in session is um… [pause] I guess that she’s not really being
genuine at all? [R: Hm] Um, and there’s zero affect. [R: Hm] Zero affect. Um, but to the point where I feel like… that you know I think that there are some clients that probably just don’t experience affect? but I think she does. [R: Mm hm] I just think that, again, she’s so guarded. [R: Yeah.] ‘Cause I get these little… hints, and I think that like empathically, like… I think I know what she’s feeling. [R: Hm] but she shows me zero of it. [R: Yeah.] And when you watch the tapes, you have a little more separation? [R: Mm hm] And um, it’s, I mean it’s very stark. [R: Mm hm] that it’s missing.

And um… yeah, and I think that there’s also kind of a a reluctance to really engage with therapy? [R: Hm] you know like, like again with the noncompliance, like she won’t, uh—so we, are you familiar with the OQ-45? It’s like a symptom checklist? [R: Uh uh]—so we, at Field, um, we have people come in and fill out this, uh, this form. [R: Yeah] every session. [R: Oh, uh huh] And, you know it’s like 45 questions, you can do it in like, 3, 5 minutes. [R: Mm hm] Um, you know and I think many probably find it tedious, [R: Uh huh] but you know, it’s, it’s just it’s part of the, [R: Right] the deal, like you’re getting like you know basically free therapy. [R: Yeah (laughs slightly)] Um, which is, you know, probably worth filling out this form. [R: (laughs slightly)] So I think most clients, you socialize them, you know like, “Please, do this for me.” And they’re like, “Okay, fine.” Um, this client just won’t do it. [R: Wow.] You know—and, but at first there was a lot of this sort of passive aggression of like, um, you know I’d pick her up in the waiting room, and that’s typically where they hand me, you know a credit slip that says they paid, [R: Uh huh] and uh you know the, the OQ-45 form. And she would hand me the slip, and I’d be like, “Oh, do you have the other form?” and she’d be like, you know look at me like, “I don’t know what you’re talking about,” [R: (laughs) Uh huh] so “You know the form that we’ve talked about” [R: (laughing)] “the last, like six weeks?! You know, the one that I always tell you you need to do every week?!” [R: Uh huh] Um, it’s like that kind of thing.

R: That sounds fun!

M: Yeah… [R: (laughs)] you know and then like finally we were able to, my supervisor sort of helped me, uh, cut through that, and like really, I think like… uh challenge her about it. [R: Mm hm] You know and then when we were actually able to talk about it, she said, “Yeah, I hate that thing.” [R: Mm hm] You know, and so then we were able to kinda say like, “Well here’s why it’s important,” [R: Mm hm] “and you know—please do it.” [R: Yeah.] And now she’s been doing it. [R: Mm. Huh.] But yeah, you know, um. We also do a like, at the beginning, of therapy? when we kinda take a new client on? part of the intake is that they’re supposed to fill out an MMPI? [R: Mm hm] Um, and then—I think it’s part of like the research that the uh, clinic director does? Uh, but it’s also helpful I think in case conceptualization. [R: Hm] And um, you know, and the MMPI’s long, it’s not fun, and [R: Yeah] probably takes like an hour or something? And um… won’t do it. Like, she’ll, like I’ll hand her the form, I’ll say you know, like, “Please fill this out today.” You know, um… And so she’ll, she’ll go, “Okay.” And then she fills out like five questions, and hands it back. And then leaves, right? [R: (laughing slightly)] Uh, but she doesn’t hand it back to me, because like I’ll go back to start writing my notes, [R: Uh huh] and she’ll like hand it to the secretary and leave. So, just things like that. [R: Wow.] Um. [R: Hm] But then you know, but then to me is like, very sweet, like, [R: Uh huh] “I don’t know what you’re talking about!” [R: (laughs)] You know, that kind of [R: Huh. Uh huh] interpersonal stuff.
R: Huh. And in session, what has that, like—like, has that come up? in?

M: Yeah, it’s not quite as, um, stark… uh, in session, um, ‘cause I think that she’s… trying to avoid I think an open conflict? [R: Mm hm] um, or confrontation, but, you know I think that there’s a lot of stuff going on that’s similar to that, like again with her I think avoiding, um, you know being genuine or fully present, [R: Hm] uh never vulnerable. There’s also a lot of stuff that you know like at least from my perspective, seems like um… I don’t know what the opposite of insight is? [R: Hm] Um, but sort of like, she has sort of these like, mental constructions in place? [R: Hm] to protect herself? that are just like, I think patently false? [R: Hm] Um… you know like, like again, like me as her therapist, um… feel like I have no connection with her. Um, and so, but then you know like I’ll kind of talk with her about, um, her, her relationships. You know, and say you know, like, “Okay, so you um, you’re having these troubles with your roommates, um, and so I’m just wondering, uh—what does, what does it feel like for you to try to connect with people? is it easy for you? or are there times when that’s difficult?” Um, you know and then she’ll say something like, um—with a straight face—um, “I feel like I’m very gifted at interacting with people.” [R: Uh huh (laughs slightly)] “You know, like that’s really my strong suit, and I’m gonna try to find a job where I can interact with people, um, for a living.” You know, like that kind of thing, [R: Huh. Uh huh] that’s… [makes a face] [Both laugh] You know? um. You know, and

R: Are you even in the same room? kind of thing

M: Right, right. [R: Yeah] Like, do you really believe this? [R: Hm] or, you know, um, so yeah, like things like that, and it’s like, I don’t know, do I challenge that? or do I just accept it, like, okay, this is—you know, like I don’t wanna take away your, um, you know, if this is truly something you’ve like based your identity and self esteem upon, [R: Hm] I don’t wanna burst that bubble. [R: Mm hm] Um, [R: Hm] especially in the absence of a strong alliance. [R: Yeah] So, yeah. So anyways, sort of like a lot of—I think a lot of the way that I developed my own therapeutic style? is like I just hit the alliance really hard at the beginning? [R: Hm] I build up a really good relationship, and then I leverage it, [R: Uh huh] throughout the rest of therapy. [R: Yeah] And so then I have such a good relationship with them that I can do things like, [R: Mm hm] a really direct challenge. [R: Yeah] You know, or ask them to look at themselves in a very, I think, difficult way? [R: Right.] And then, repair it, [R: Hm] afterwards, and, and that’s been very successful with, with a variety of clients, [R: Yeah] but with this one, there’s no… (laughing slightly) alliance? and I can’t do it? and so now I just feel like everything, um—like nothing, none of the edifice I’ve erected above that foundation can, can work. [R: Uh huh] And so I feel very, sort of… um, out of place.

R: Right, and it’s, it’s probably working with her that has shown you more clearly what you, what has worked before, [M: Yes] what—you know.

M: Yeah. Mm hm.

R: Right, because you wouldn’t… (laughing) it’s just something you kind of depend on, I guess, [M: Yeah] as part of a style that does take another person in order for it to, [M: Mm hm] to work.
M: Yeah. So, you know and I think that then this sort of, I think shows that if I’m going to work with clients like this, then I need to be more flexible, [R: Huh] uh I need sort of another sort of, um, way of operating. [R: Yeah] Um, so I’m struggling to develop that. [R: Right, right] But yeah.

R: Yeah, but so, so it’s… it is, it isn’t like she, her problems are particularly challenging, it’s that she doesn’t let you… enact your style in the way that you know how to. So

M: I mean she’s not coming in and saying, “Oh, I’m so distressed,” [R: Uh huh] “that um I can’t function.” [R: Uh huh] I almost wish she would! [R: Right! (laughs slightly)] Because then I think I would have buy-in, [R: Right] and motivation, and we’d have like, a goal to work on. [R: Yeah.] She comes in and sort of says, like, “No, everything’s fine,” [R: Mm hm] um, [R: Yeah] and so it’s like why are you here, then? [R: Yeah] You know? But I suspect that… there is distress, and that there is, I think probably marked dysfunction, [R: Uh huh] um, but that yeah, again there’s just all this, uh I think um, again, cognitive um structure in place [R: Uh huh] to protect herself from that.

R: Right. So that you get to hold all the suffering.

M: Mm hm. Right. So, yeah, it’s uh—so yeah, I mean I think it’s that, you know I think she is challenging, period, [R: Uh huh] but I think that also for me, who depends so much on alliance, [R: Yeah] is particularly difficult.

R: Right. Right, right. Right, so yeah, um, she—it sounds like she is challenging, period, because—because of therapy! Because [M: Mm hm] of how therapy generally [M: That’s right] works. Um, and so your supervisor’s suggestion that she may not be, uh the best, that that sort of makes sense since, it’s not unheard of for someone to [M: Hm] —work with the alliance, with that kind of empathic connection, right, that’s— [M: Mm hm] that seems (both laugh) seems, good, a good place to start.

M: Yeah… [R: Yeah.] yeah, I mean, again sort of my… desire to help and not to give up sort of says, like… that’s the issue. [R: Uh huh] Right, and so like I need to—like that’s my goal for her is I, I wanna sort of get her to open up. [R: Hm] And sort of engage with me. [R: Yeah] Um, and so I suspect there must be a way therapeutically to do that, [R: Yeah… (laughs uncertainly)] but, you know… but maybe there isn’t, [R: Right] I certainly at this point don't know what it is. [R: Yeah] So. [R: Yeah.] I’m flailing around looking for it.

R: Right. Yeah, so, have… have you done anything with “I’m really gifted at working with people?” (laughing) like, has that gone anywhere? What—what do you say to that?!

M: N-no, I mean we did, um, this was I think me trying to… maybe stubbornly just go through with my style anyway? even without, [R: Mm hm] like in the absence of the alliance? just sort of like assume it’s there? [R: Yeah] Um, so I did I think the normal kind of challenge that I would do, and so I said to her, um, you know, “You know, it sort of occurs to me that there are kind of two parts of a relationship: that, you know, part of it is um you know sort of holding other people, sort of allowing them to be vulnerable and kinda taking care of them, and from what
we’ve talked about it seems like you are somewhat gifted at that, and you know you seem to have a lot of people that kind of depend on you.” [R: M hm] Um, which you know, may or may not even be true. [R: Uh huh! (laughs)] But you know, so I’ll give her that. Um, “You know but, I’m wondering, you know there’s this, this other side of it too, where, that really involves sort of you being vulnerable, and you letting someone else hold you? and I’m wondering, is that something, do you also feel like you’re gifted at that? or is that harder for you?” Um, you know, and so then... you know and I had to really I think sort of engage this uh defense? but we got somewhere interesting from that, where she—at first she was like, “No I’m good at that— well...” [R: Huh] “You know, I don’t know, like I don’t, uh...” and so I was like, “Let’s explore this!” (Both laugh) You know, “This seems important.” Um, you know and then basically by the end of it she was saying, like, “Well...”—and this is again, I think another one of those sort of rigid defensive things, where she was like—“Well, when... [pause] when I feel like I can’t take care of things myself, then I can let other people help me.” [R: Hm] “But if I can do it myself, then I won’t ask other people to help me, because that doesn’t make sense, why would I?” And so I said, “Oh, okay. And how often does that happen, where you feel like you can’t take care of yourself?” She’s like, “Almost never.” [R: (laughs)] So I was like, “Okay, so—(laughs) this seems like something that you know, maybe—maybe isn’t that hard for you, but something you don’t have a lot of experience with.” [R: Mm hm] She was like, “Yeah... I guess.” [R: (laughs slightly)] You know, it’s like, so I got like, a little bit of... [R: Hm] kind of slipped in edgewise, uh, so you know, I’m hoping that’ll go somewhere. [R: Yeah] Um, but, it’s tough. [R: Yeah.]

[pause]

R: Huh. So the—the, the two um major examples you’ve mentioned of uh... people that didn’t quite mesh with [M: Mm hm] uh with your, your style tendency, or that, threw you off a little bit, um both of them have been... it’s been relational style primarily [M: Yeah] that, that is the, the defining characteristic of the... are there, are there other times when um... like, with clients over the years or with different kinds of issues that come up, um are there other... moments when you’ve had to... really re-orient yourself to what you were doing, or when you didn’t- when you just didn’t know how to...

M: Um... I mean I think that uh, I would suspect that the relational stuff is probably what throws most people. [R: Mm hm] Um... but yeah, I mean I think that... my hope is that once I start to really understand how to sort of respond to these, that that will no longer be a weakness of mine? that that will actually be one of my strengths? [R: Uh huh] Sort of, like now I don’t think that I will ever fall into skeet shooting again. [R: Uh huh, yeah] You know like I’m ready for that. [R: Yeah] And um, and you know like I’ve only had like four long-term clients, [R: Hm] but I’ve had like dozens of short-term things? [R: Right] and done like a variety of externships as well, like at General [local hospital-based clinic] and so on, [R: Yeah] And so like there’s been like kind of brief moments of things like that, in those circumstances?

R: Things like—

M: Uh, like skeet shooting, [R: Oh, uh huh] or you know like something like that that then I’ve been able to
R: That you’ve learned from

M: Yeah, exactly, been able to I think, um, learn from. Um… but yeah, okay, so but then other things that I’ve kind of I think struggled with, or that have kinda thrown me, or forced me to adapt, um…

[pause]

Yeah, I mean I think that there are just certain things that uh… it’s hard to tell how generalizable these things are—I would suspect that many people struggle with them? but you know like, uh, I had some trouble with uh knowing, kind of I think arriving at how much structure I want in a session. [R: Hm] Which is, part of like how directive do I wanna be, [R: Mm hm] but also you know, um—I think any, that there’s a way to like, you can be very non-directive, but also sort of have structure at the beginning, [R: Hm, mm hm] you know sort of like set it up and then be non-directive? [R: Yeah] Which is kind of what I do now. [R: Mm hm] Um, but—but that was tough. You know ‘cause I think that the, the CBT, the CBT model is quite directive and quite structured, and um, and so yeah I think it took a while for me to really figure out, you know, and kinda playing with it, you know having a session that’s incredibly structured, [R: Hm] and seeing you know how did that feel, and even soliciting feedback from the clients, [R: Uh huh] “How did that feel for you?” [R: Yeah] um, but also how did it feel for me, and um… and what works for different types of clients, [R: Hm] and I think probably the answer is you need to adapt to them, but [R: Mm hm] um, but yeah that that was I think a struggle? [R: Mm hm] um, you know and to a certain extent I think, talking through that with uh supervisors was helpful? [R: Hm] but mostly I think just my own experimentation? [R: Yeah] Um, you know again, sort of like as a researcher scientist, like I think that a lot of what I’ve tried to do is like bring that into the therapy room? [R: Mm hm] Actually like have a hypothesis, like “Maybe I’ll try more structure today,”—do it, [R: Mm hm] and then see. [R: Yeah] Um, which I think has helped me.

Um, uh other things too, like uh there’s I think again, the CBT model tends to be very heavy on like homework? And I’ve never been good at that? and so I struggled for a while to like try to do it anyway? [R: Hm] try to figure out, why am I bad at this? [R: Mm hm] Uh, and to be honest I just ended up giving up. [R: Hm] I don’t like homework; I’m just, not really gonna do it. [R: Yeah] Um, I mean there’ve been a few clients that like really wanted to? [R: Mm hm] So, like “Sure,” [R: Yeah (laughs slightly)] you know, but it's like sort of—it was sort of like driven by them. [R: Mm hm] You know, [R: Yeah, yeah] it’s like, they’re like, “Well maybe I can do that,” you know, “and then bring it in next week,” [R: Uh huh] and it’s like, “Oh, yeah!” [R: (laughs)] Like “Well what would that look like?” [R: Uh huh] and then we talk about it, and kind of make it something that’s, you know more concretized, [R: Yeah] but—but yeah, I would never like assign, I don’t think, homework to somebody [R: Mm hm] unless it was a special circumstance.


M: Mm hm. And then it’s just sort of like, creating a… this, yeah. strife, I think. (laughs) [R: Hm] yeah. so. And yeah, I guess I feel like if I’m going to um, if I’m going to sort of leverage or sacrifice a little bit of alliance? I wanna get something from that. [R: Hm (laughs slightly)] And I
feel like the homework isn’t really going to buy me very much? [R: Hm] Whereas sort of like a challenge, or a process talk, really will. [R: Uh huh] So that’s worth it for me. [R: Hm] But the homework never felt quite worth it. [R: Mm hm] Um. But. [pause]

Trying to think of other things. [R: Yeah.]

[pause]

I mean I think that uh… uh yeah this isn’t I think terribly insightful, but I think that, um, I think it took a while for me just to sort of get um like a repertoire or a vocabulary? [R: Hm] for like how to do certain things? [R: Mm hm] And I think that there were certain supervisors I had um that were better at sort of modeling? and role playing? like things like that? [R: Hm] To sort of really provide me? [R: Mm hm] uh examples that I could then just either use or adapt. [R: Yeah] And I think that that was something especially at the beginning, before I, again, in building that foundation, [R: Right] to sort of say like, “Well, like again like how do you do a challenge?” [R: Mm hm] you know and we talked about it, again with that microskill stuff at the beginning, but it really wasn’t that concretized, it wasn’t like, “You could say this,” [R: Mm hm] “You know, or this is,” and really talking about like, um—you know, and again I don’t even think that I did this with any of my supervisors later, but in my own thinking, um, I’ve thought a lot about like, what is conveyed by these different wordings of these things? [R: Mm hm] Um, and I know I’m being vague, but um I guess like an example would be something like, um, [pause]

I don’t want it to sound like I just sort of like pattern match, where it’s like, oh, the client does this and you say this, ‘cause that’s not really how I operate? but again I think that you have a repertoire of, of things. and then I think that of course you draw from those. [R: Yeah] um, and so it’s—I don’t know, it’s like complicated pattern matching, I suppose. And um, so yeah, starting to understand like, okay so the client is um… yeah, I think here’s a good example. Um… two, I guess. One is sort of exploring ambivalence, and the other is um, debriefing success.

And so, for you know when a client starts to sort of, you know, say like “Yeah, maybe I should do this, but I don’t want to,” you know or something like that, obviously sort of showing ambivalence, you know, to sort of, okay, so first you need to identify that that’s what they feel. [R: Mm hm] ‘Cause I think, until you really realize that then you end up sort of following them down one, and then they just take the other side, [R: (laughing slightly) Yeah] you know and it doesn’t go anywhere. [R: Right] Um, to just sort of understand, okay, so they’re, they’re split on this, [R: Mm hm] um, but then yeah to really have the vocabulary of you know, like, you know just, even just like the phrasing, of like, “You know, so um… there’s a part of you that feels this way, [R: Mm hm] and a part of you that feels this way,” [R: Yeah] you know, and that’s like super basic, obviously, but like… it’s really important. [R: Right.] You know, and even, again, like the wording of that I think is really important. [R: Mm hm] ‘Cause I think that there are ways to say similar things, [R: Yeah] that like sound like they do the same thing, but I think are less successful? [R: Yeah] to say like—“So you feel this and this,” [R: Mm hm] then they’ll be like, “No,” [R: Yeah (laughs slightly)] but when you say a part of you feels this way, [R: Yeah] then they’re like, “Oh, I guess.” [R: Right] You know and I think it’s very powerful. [R: Uh huh]
Um, you know, or, things like debriefing success where they come in and it’s like, you know, like, “Yeah, I was able to do this,” and then I think it’s really easy to be like, you know like, “Okay, cool, you know like, well what did you struggle with,” to be just like [R: Mm hm] “Let’s get back to therapy,” [R: Uh huh] You know but that’s actually a really important opportunity. [R: Mm hm] You know, again, to build rapport, but also to sort of um, you know learn from that success, and sort of increase the probability of it happening again. [R: Mm hm] So then to go through like a set of questions, like—maybe not all of them every time, [R: Uh huh] but you know I have again this repertoire in my mind of like, okay, let me try to figure out, like, well what enabled you to do that this time? what made it difficult? [R: Mm hm] what would allow you to do it again in the future, what would make it hard for you to do it again in the future? All those kinds of things to explore, [R: Yeah] Um, you know and again so it’s like, I think that is sort of subsumed under curiosity, as opposed to empathy, [R: Yeah] but there’s like, I think a… you know, again, a vocabulary, a repertoire, of behaviors that just sort of um funnels or um deepens [R: Mm] that [R: Uh huh]. And, you know again, sort of I think, prescribes a way of responding [R: Yeah] that’s like super helpful. [R: Hm, yeah]

And so I guess like my sort of grand vision is I would like to um, you know identify a bunch of these types of things, [R: Yeah] and then put it on, in a book or something, right? [R: Yeah] then [R: Yeah, sure] people could learn from that or respond to it, and, [R: Yeah] um. So I think that it, it’s taken me years to sort of identify a few of them, [R: Mm hm] and I suspect that there’s probably a bunch. [R: Yeah, yeah.] So.

R: Right. But you, so you found, partly through trial and error, [M: Mm hm] your basic principles, [M: Yes] and then a few things that kind of followed from that, [M: Yeah] and that, that tend to go well with certain kinds of [M: Right] scenarios.

I—so, I think, I think the part I am… most interested in? [M: Sure] in just about the whole phenomenon of becoming a therapist, [M: Mm hm] is the part where… some people vary, maybe, in their level of acknowledging it, [M: Mm hm] but it does seem like until you… find something, there is this sort of soup that you’re playing in, where you have a few skills, [M: Mm hm] but you’re not sure what binds it together? [M: Mm hm] And then once you find it… isn’t it interesting when the bottom falls out once in a while? [M: Hm, mm hm] and what does that suggest about the, like, usually pretty broad and applicable, [M: Mm hm] like curiosity, empathy, [M: Mm hm] how can you go wrong, right? But that, surely there are those moments when… who knows where— [M: Yeah] you know? [M: Mm hm] like, is it appropriate to be a therapist at this moment. [M: Right] Or, what is happening here and is this—r—what—do, do you [M: Sure] identify at all with that feeling, that,

M: Yeah. No, absolutely. I mean, I think that um… you… it makes me think of like, you know how like we’re sort of primed to see faces everywhere? [R: Mm] You like look at a cloud, you see a face? [R: Yeah] I feel like, um, that is sort of man’s way of trying to impose structure onto [R: Uh huh] sort of a chaotic, [R: Right] challenging world. [R: Yeah]

R: Which is necessary, [M: Mm hm] and… also (laughs)
M: Yeah, it has some challenges [R: Uh huh] too, and some downsides. So, I think that uh… similarly, um I think therapy’s sort of a microcosm of those chaotic, [R: Uh huh] confusing world, and I think that you then, you do try to identify these patterns, and these sort of um… you know, structures that you then erect and put into place, and I think that you try to find the ones that um work most of the time? [R: Mm hm] and I think then, then the challenge I imagine is to, then throughout a long career, maintain flexibility to keep learning? and not to just sort of, you know, [R: Uh huh] stick to those forever, [R: Yeah] um… but yeah, but I do think that there are definitely times when um… you’re pretty sure there’s a face there? and it’s not, [R: Uh huh] it’s just a cloud, right? [R: Yeah] And I think that, you know or um… you know, the metaphor breaks down at a certain point, obviously, but like there are times when like you know maybe for most clients? like, this response is the appropriate one, [R: Hm] you know but for this client (laughing) it’s just, [R: Uh huh] they’re not gonna—it’s not gonna work, or [R: Yeah] you know there’s something deeper that you need to go after, and um… so yeah, I think that that is probably where you go from… I think maybe that’s what separates, sort of a master from [R: Hm. Mm hm.] um an intermediate or novice? [R: Yeah.] Um… is you know being able to… adapt, and explore those things. [R: Yeah.] And maybe some of those then will lead to new principles? [R: Mm hm] and then it sort of just enriches your model? uh, but yeah maybe it’s just for some clients it’s—it’s largely ideographic. [R: Yeah] You know, and you just need to understand this client. Uh, and not stick to the general principles.

R: Right. So is some of that kind of thing, opening up or breaking down with your current difficult [M: I think so.] case? Yeah

M: Mm hm. I mean I do think that, you know like… I think empathy and curiosity still works with her. [R: Uh huh] It’s just that like… I think they actually don’t, I think make a client better? [R: Hm] It’s just sort of, they’re just sort of like things you can do. [R: Mm hm] Right, it’s like, they’re not going to I think drive therapy progress backwards, but they’re not I think necessarily going to drive it much forward? [R: Mm hm] I think at a certain point you need interventions as well? [R: Uh huh] And so I think that that is really where the struggle comes in, is like what is the appropriate intervention, [R: Uh huh] and when do you need that, and when do you just need to—cause I think empathy builds up a rapport, curiosity just gathers information, which then helps you develop a conceptualization and a plan for intervention. [R: Yeah] Um, but yeah, I guess that, I guess maybe there’s, it’s a three-part model, where you have um empathy curiosity and then intervention, [R: Hm] and intervention obviously is a huge category, [R: Right, right] um. But yeah, so I think that you know, with her it’s mainly like, wha—(laughs slightly) [R: Right] what kind of intervention [R: Yeah] am I going to need for her. [R: Yeah]


M: Yeah, that’s really interesting. [pause]
R: Yeah, that sounds hard.

M: Yeah. [Both laugh slightly] Yeah, well I mean um… yeah, sometimes with the… like, in planning a study, um, like I am I think also like high conscientiousness? Like I want things to be right, and perfect? and so uh, oftentimes one of my advisors, um one of my research advisors, will tell me, uh, don’t let perfect get in the way of good? [R: Mm hm] You know, [R: Yeah] and I think that that’s really I think an important lesson, um, for not just statistical models, [R: Mm hm (laughing slightly)] but also for sort of these sort of therapeutic models [R: Yeah] of… you know, of course they’re gonna break down sometimes. [R: Mm hm] And um, and yeah, and it’s okay… (laughing slightly) you know it doesn’t necessarily mean you’re like a bad therapist, or that your model’s um, valueless, [R: Right] it’s just that uh of course like any model, it has its boundaries of, of applicability [R: Mm] and usefulness. And um. And this just might be an example of uh, you know one of those times outside of that, [R: Yeah] that boundary. [R: Hm]

R: (Quietly) It’s just not—it doesn’t feel very nice! (laughs)

M: No, it does not!

R: Uh huh!

M: No, I mean I think again like the, the point of erecting these models is to, to escape I guess the terror of… of the unknown. [R: Mm hm] And of, of lack of control. [R: Yeah] And I think that in those moments when your, when your models break down, you return to that fear and that, uh powerlessness. [R: Yeah] And uh, and sometimes I think it’s you know again its that countertransference where that’s what the client’s feeling and they’re making you feel that way. [R: Yeah] But I think that sometimes it’s um… it you know it’s more of a I think just an affective response to… [R: Hm] the model’s breaking down. [R: Yeah] So.

But… yeah I mean I think that, like, one of the things that’s been helpful for me is I think that I have a good sense of—like a meta-awareness of what’s happening? like I think a lot? And maybe this is also partly the high conscientiousness? like, I think a lot about what I’m doing in therapy? [R: Mm hm] and so then that allows me to sort of erect that sort of… [R: Hm] whereas I get the sense that some of the people that I, like for instance, work with, um—it’s much more intuitive? [R: Hm] You know it, it’s, there’s not a lot of sort of cognitive thought, where it’s like, “Well I’m going to debrief success now,” [R: Mm hm] it’s just like, well I just do this, [R: Mm hm] ‘cause that’s what’s, feels necessary? [R: Uh huh] But I think then it’s, it’s especially difficult when it’s not explicit, [R: Uh huh] or verbalized, to then understand the limits of it. [R: Yeah] Um, so—or, I don’t know, maybe we’re just different, but, um… I think that that’s something that I’ve always really tried to encourage in, like, the people that I’ve helped supervise, [R: Mm hm] is like, [R: Yeah] let’s verbalize this, like what—what were you doing, and, you know give it a name, or you know—maybe you don’t like metaphors, but, you know, like, try to, try to really think about this and be explicit about it. [R: Hm] And I think that… I don’t know. It may just be my bias as sort of a quantitative researcher, but I think that’s really important. [R: Hm] To start to sort of operationalize these things.
R: Hm. Yeah. Because they’re... you’re trying to hypothesize, and [M: Mm hm] test, and... I guess that makes sense.

M: Yeah. And I think it’s, you know and it’s also helpful then to have a supervisor I think who has the same quality? [R: Hm] who really does think about it, and [R: Yeah] so and again I’ve had a wide variety of supervisors over the years, [R: Mm hm] and some of them I think have been... more or less like that. [R: Hm] But I think I’ve, I at least have learned the most from the ones that were, [R: Mm hm] um, ‘cause then you know I could take from them their, their vocabularies and kind of like co-opt them into mine, [R: Hm] and it’s like “Wow,” like I don’t have to do that much work, [R: Uh huh!] um [R: Right] to sort of translate what you’re saying into, into a model like this. So.

R: You like to sponge. (laughs)

M: Yeah. Yeah, yeah. And I think that’s been part of the fun of having multiple advisors, [R: Hm] Um. You know and after I’ve worked with someone for like a year, it’s like—I can, I almost like internalize them? you know? and it’s like well I know what this person would say, [R: Hm] you know or I know what they would think, and um... and then that almost makes me feel more confident as well? [R: Hm] to be like, all right, like I don’t really know how to respond to this, but I think I know how this person would have responded? [R: Hm] and so I’m just gonna maybe adapt that a little bit? to my own style? [R: Mm hm] and do it, and then I’ll feel a little bit better about because it’s not—it’s not just me, [R: Hm] I suppose it is just me, but you know, [R: (laughs)] it feels like it’s me and that person. [R: Mm hm. Yeah.] Yeah.

R: Someone’s got your back, almost.

M: Right.

R: Huh. [long pause]

What else seems important, then? Is, there other things that we’ve missed so far, or?

M: Um...

[long pause]

I mean I had one, one of my other clients, um... yeah, I don't have a real plan for sort of what to take away from this story, but I feel like, for some reason it feels important to tell it. [R: Yeah!]

Um... you know this client came in, and again it wasn’t super clear why she was there? Um... I mean there was like, some mood symptoms, and um and some sort of uh like, some sort of like phobic symptoms? she was like very afraid of bridges, um, so sort of like our plan at the beginning was like, “All right, let’s try to like reduce these depressive symptoms, and let’s try to uh you know like actually do more of a manualized um like systematic desensitization?” [R: Mm hm] And so I, and I do think that like in a case like phobia, [R: Mm hm] manuals make a ton of sense. [R: Hm] I do, I do tend to use that. Um, but, again there didn’t seem to be a ton of like...
compliance, or motivation to work on that? so it was very difficult to follow the manual with her? and… [pause] yeah, and the mood stuff, I think… I don’t know, it’s just really hard to get at. And, and again I felt like it was difficult to really create, uh form a real strong kind of alliance with her? I think it was um, she felt somewhat guarded—nowhere near as much as this other client, but um at the time that was the most I’d ever felt that. [R: Hm] And um, you know but we did—I actually feel like we did have a good alliance, um, it just felt like she was like holding back? [R: Right] a lot? And um… so yeah, so I mean we went through therapy—I think we worked together for like, over a year—and um, you know and then we like, kind of troubleshot some sort of um… like now that I have IPT, sort of framework in mind, I think that like… I didn’t at the time, but you know I think it was like basically some like role transition stuff, or some interpersonal disputes, um, and I think we you know, went through those, and I think it was helpful to kinda talk through those? [R: Hm] Um… but yeah, I don’t know, it just never really felt like… like now in hindsight, like I, I know, kind of exactly what was happening, um, but like it was really hard to figure out, kind of what was happening.

Um, but yeah, so anyway, what ended up kind of becoming apparent, that kind of put everything in context, was uh, maybe a year and a half into our work together, she disclosed that um like she had been raped. [R: Mm hm] And that, you know basically, like that was what was driving the phobia, the um mood symptoms, [R: Huh] and, but you know like… you know. if we’re not going after the root cause it’s, [R: Yeah] you know very difficult (laughing slightly), I think, to make improvements. [R: Right.] And so you know then we ended up kind of tr-

R: That’s a long time!

M: Yeah. [R: to sit on that.] You know, and I guess it took her that long to really feel that— [R: Yeah] she hadn’t told anyone about it. [R: Uh huh.] And um. So it’s like, at first I felt like—“God I’m such an idiot,” [R: Yeah] “like, how did I miss this,” [R: Hm] like that kind of thing. Um, but I think now I try to think back on it, and be like, “Well, you know it took her that long to open up—I’m glad she did!” [R: Yeah] You know? And then we were able to—we transferred her to like a real intensive, um, like trauma [R: Mm hm] type therapy, [R: Hm] and um, you know. I think she did well with that, um. Although she, she never came back to us. [R: Hm] Um. But yeah, so that was the kind of thing where, like… I always just had in the back of my mind, like—I’m missing something here.

R: Right. There’s something else going on.

M: I don’t know what it is, and then yeah, and then at the end, it was sort of, [R: Mm hm] become clear, like, well there really was like the root issue missing. [R: Yeah. Yeah.] Um, so you know I don’t—again, I don’t really know what to take from that, [R: Yeah] um, but…

R: Well, what about when, like the the actual time that she disclosed that, [M: Hm] like what was that like, [M: Mm hm] to unfold in session, to sort of—how many things were going through your mind? [M: Mm hm] Right, that’s like…

M: Yeah, well a lot.
R: Yeah! [Both laugh]

M: Um… yeah, I mean I think that there was a part of me that felt, um, a little hurt, I guess, [R: Hm] you know, like, [whispers] “It took a year and a half?!” [R: Hm] you know? “to tell me this?!” Um… but I think that, overarching it was, I, you know, I was able to empathize with her, [R: Hm] and, and really be grateful that she was telling me, that she was—you know, it took her a year and a half, but she finally was opening up. [R: Yeah] And um… you know, and I think to really—’cause she was also a very passive. Um, person. But she kinda came in and was like, “You know, I already told this to my parents, I already have this like intensive thing lined up? and now I’d like to tell you about it. [R: Hm] And so it’s like, she like really had become much more active, [R: Right] so I was like mostly, I think, impressed. [R: Huh] Like wow, like you know you’re like really taking charge, like—and so, a lot of it was kind of debriefing success, [R: Hm] like… wow. [R: Yeah] You know, it’s—you went from sort of burying this for years, [R: Hm] to you know really becoming more active, [R: Hm] and you know so to, to play that out I think was really interesting.

R: Yeah. Did she conceptualize that as the end of your work together?

M: Yeah. Yeah.

R: Uh huh. Wow. So it was almost like an outcome. [M: Mm hm] That she had been able to… [M: Yeah] set those things up

M: That’s how I try to think about it now, at least.

R: Yeah.

M: Yeah, so I think the plan was that she was gonna go and do like… maybe it was like two months, of like intensive, [R: Huh] I think like a couple times a week [R: Yeah] doing um, I’m assuming exposure-based, [R: Hm] um therapy for, for trauma. [R: Mm hm] And then yeah, then I’m not sure what her plan was after that—I I hope that she went and, at some point at least, will return to therapy. [R: Yeah] But, um. Yeah. [R: Hm. Yeah]

But yeah, it’s tough, I mean I, there was a lot of, times when she’d come in and we’d talk about, like, she’d like try to find a new job, and that’s difficult, and you know it’s almost like, you know, tell me about how to find a job, but it’s like—is this really like… [R: Uh huh] you know, what we should be working on. Um. [R: Yeah]

But yeah, I mean I think that… you know again, trying to go back and reconceptualize, that that, again, that disclosure basically, was itself an outcome, and [R: Uh huh] um, to try to feel good about that, I guess. [R: Hm] Um, but.

Yeah I mean it’s also, you know… you want to feel like they got through it all with you? you know [R: Yeah] and so for her to go to someone else, then—I mean it made a ton of sense, like as a male therapist, [R: Yeah] and um as someone who doesn’t specialize in exposure-based
trauma therapy, [R: Right, yeah] um, you know it’s probably better she did do that, but [R: Yeah…] you know, again it’s I think a little uh… it hurt a little bit.

R: Yeah. And it’s a story that definitely works better in retrospect, [M: Mm hm] when you—but but in the therapy of that year and a half… [M: Mm hm. Yeah.] without that piece, [M: Yeah] that only came at the end…

M: Yeah, no, it really, I felt like, um you know in real stark contrast to some of my other clients, like [R: Yeah] it was like, “Yeah, I really don’t know exactly what we’re working on…” [R: Uh huh] you know I mean, I guess what really became the goal was, um, similar to this newest client, um trying to basically try to open her up more. [R: Hm.] And I suppose we were successful. [R: Yeah] Um… but yeah, I mean to try to get more affect, and to try to really um… help her ability, again with some of the interpersonal disputes and role transition stuff, to try to get her not just to connect more with me, but with people, period? [R: Hm. Mm hm.] Um, and to be more assertive. [R: Hm] So you know, I think in those ways…

R: She kinda did that, and…

M: Yeah. [R: Yeah] Mm hm. [R: Hm] But yeah, there uh—you know, it’s, it’s interesting how few of the cases go—the way you expect them to. [R: Yeah] That it’s real clean, you know: they come in, they tell you a problem, you work on it, and then… [R: Right] you know, their symptoms start decreasing and they leave. [R: Yeah] Right? um.

R: There’s that one, maybe… [laughs]

M: Yeah, yeah. I suppose I did have one like that, but, you know—one out of— [R: Mm hm] 30 or whatever [R: Right.] people I’ve worked with. Um… [laughs] That’s funny.

[Pause]

R: [sighs] Hm. Um, well, so, I, you have given me an, I think a good sense of what um, both what this overall… journey w—has been like for you [M: Mm hm] and also the, this particular times with the themes, [M: Mm hm] when, when the the cracks in this enterprise show, or [M: (laughs)] the, the gaps are really clear, or… um. Is there… maybe could you um, could you help me sort of hear a specific example of maybe like a, a moment in session that you particularly remember, and what the, like, second-by-second… um… jumping into something that you really weren’t sure how it was going to go, or having to come up with a… because it is, you know there’s there’s supervision that’s almost always after the fact, [M: Yes.] but there’s the, the actual in-session. [M: Mm hm] “Okay, I have to say something now,” [M: Right—right, right right] “what is it gonna be?”

M: So yeah, no I think just thinking about that, there have been plenty of moments like that. [R: Yeah] I think calling to mind one of them in particular is difficult, but. [R: Right.] I’ll try. Um… [pause]
I mean, sometimes it’s hard to really demarcate for me, like, what… [sigh] I guess I, I guess I’m trying, like… for me I guess uh a marker of difficulty is like my arousal level. [R: Hm.] You know, and so like sometimes I get very anxious in a session, and it’s because I don’t know what’s going on? and my model’s breaking down, and other times it’s just sort of like, interpersonally. [R: Uh huh] it’s anxious, anxiety-provoking. [R: Hm] Um, so I’m trying to, give you one and not the other… um, ‘cause there’s lots of times when it’s like—you know like, for instance, um, you know with this most recent client, uh like again, towards the beginning with like uh, like third or fourth session when my supervisor was really pressing me to like, make explicit goals, [R: Hm] uh and I was really trying to resist that? um, ‘cause it kinda felt like she was too fragile, or, [R: Huh] I don’t know, I didn’t feel like it was too, like our alliance was strong enough to really like… force that issue? [R: Mm hm] um, th-there were moments, yeah where I’d go in and be like, um, in my mind thinking you know like okay, like—10 minutes left! you know like I’ve got to uh, if I’m gonna do this I need to start it now, [R: Mm hm] like I really need to, um, you know think about [R: Hm] goals, you know and, and try to get this from her, but part of it being like, I don’t want to, I don’t think it’s necessary, I think this is stupid—but I have to, you know like [R: Hm] —it’s not that stupid! you know, like, [both laugh] [R: Uh huh] you know like, just do it, um, you know and then of course you know my arousal spikes, and um… you know luckily this happens very quickly. Like uh, it’s not like I’m like silent for ten minutes as I’m playing this through, but, you know the, to try to think like, you know, okay, I yeah let’s—I guess we’ll have to do this! [R: Hm] You know and then—but you know I think when you don’t fully… believe in something [R: Yeah] it’s like super hard to do it, [R: Uh huh] and to sell it, you know?

R: Pressure from the outside.

M: Yeah, yeah… and um, you know ultimately I think that then that was sort of resolved by going back to the supervisor and being like, “I don’t like this,” like, “it doesn’t work, like I don’t, I don’t really know why, but she won’t give it to me, and” [R: Yeah] and um.

R: Yeah. So did you try? And

M: Oh, yeah! [laughs] Multiple times!

R: Yeah? [laughing] And what—like what did you say, what

M: Yeah, I mean and so I mean I think it’s like, probably I’d like half-ass it, [R: Hm] because you know I was anxious, and uh didn’t really wanna do it. But you know, my attempts would be like, um… uh, you know like, “You know, we’ve been working here together, five sessions, and you know we’ve talked about like a variety of topics,” and you know, kind of like name a few, “Um. I’m just sort of you know wondering, like—I think that, you know, from talking to you, it seems like this has been somewhat helpful, but one of the things that we really like to do in you know, therapy, is kind of like try to plan… like an overarching goal.” [R: Hm] “You know, of sort of—it will, what will we really try to kinda bring things back to, and you know if we need to sort of, deviate from that, and sort of resolve a crisis you’re under or something, that’s fine, I’m not saying we only have to talk about this, but—this’ll kind of be the main thing, and I’m wondering: do you have a sense of what that would be?” [R: Hm] Um, you know and she’d
just look at me like, “… No?” you know? [R: *(laughs)*] And then I you know *(laughs)* you know, it’s like, “All right! like now what do I do?!?” You know? And like, like when we do a role play in supervision, that’s what comes out, [R: Uh huh] it’s like, you know and so you have this really nice little speech I think, you know but then you don’t really play out, like, well what happens when they say nothing? [R: Uh huh. Yeah.] You know?

R: Yeah. So what, what did happen when she said: “Uh, I don’t know”?

M: You know, so then, then I try to like reach into my repertoire, and and pull out you know one of my old tools… and so one of them that I have is um, there’s like a million different names for this thing, but like, the supervisor that I learned it from calls it like, the magic wand, [R: Hm] are you familiar with that?

R: Um…

M: Probably another name, um but basically you know it’s like, “Well, one way that we often can try to understand uh what that goal would be is to think about, uh what changes you want in your life,” [R: Yeah] “If you had a magic wand, and you changed one thing instantly,” [R: Right] “and your life would be much better, [R: Right] what would that be?” Um. [R: Yeah] So then I pull that out, and again for like most clients, you know that’s enough! [R: Mm hm] But for her, she’s like “Well I don’t know…” [R: *(laughs)*] You know? So like, you know, the issue isn’t that um, she doesn’t know. [R: Uh huh] Right, the issue is that there’s a real block there, [R: Mm hm] and there’s some noncompliance or some resistance, and um, you know I think that the phrasing of it isn’t the issue. [R: Hm] So I can you know, work really hard or word it in different ways, and try to be clever [R: Mm hm] and use metaphors or whatever, but like [R: Uh huh] at the end of the day, I mean I don’t think it’s gonna work? [R: Yeah] And I think that then that’s why I get anxious, [R: Right] and it’s like, ‘I know this isn’t gonna work!’ [R: Yeah] like…

R: Was that apparent in, in that session? Her—the resistance and noncompliance sounded like it was some- it was a theme that got drawn out [M: Mm hm] later; did you know it then? was it?

M: Not I guess explicitly. [R: Uh huh] I knew intuitively like, she’s not gonna give me anything. [R: Mm, yeah] but I hadn’t really pieced it together yet [R: Yeah] and, I still I think at that point believed? that she had been for getting to do the paperwork? [R: Hm, mm hm] you know? [R: Yeah] Like, ’cause I mean she I think made a good excuse, like “Oh, I thought I only did it once!” [R: Mm hm] “and I already did it. I didn’t know I had to do it every time.” You know but then after she said that like four times, [R: Yeah] it’s like come on! [R: Right] like, you’re a smart person, [R: Mm hm] like you know this. Um… so. Yeah, it wasn’t quite clear at that point. [R: Mm hm] The, the real extent of it. [R: Yeah] Um.

R: Yeah, and she keeps giving you answers where it’s—it’s very clearly, like, like for saying ‘Oh I forgot it,’ [M: Yeah] the fourth time, [M: Mm hm] there’s, there’s nothing you can grab onto in her excuse [M: Right] to, that makes a challenge particularly easy, [M: Mm hm]
M: Yeah, b- because I mean basically, um, she’s just lying to me. [R: Mm hm] Right, [R: Yeah] which is, I think a very difficult thing to then deal with. Um, because if, you know, if you call ‘em out on it—this is, it’s like highly confrontational.


M: Yeah, so. Yeah it’s challenging. Um… so I think that’s kind of the most recent big example? [R: Yeah] of like, ‘God, like I don’t know what to do,’ and um—you know, and I think after kind of figuring this all out, and kind of again realizing the extent of the issues, my supervisor’s been much more helpful? [R: Hm] But towards the beginning, it was um, I really felt like I was fighting her and my supervisor, [R: Mm hm] and that was [R: Yeah] super stressful. [R: Yeah] Um. And I felt like really got in the way of me being able to be fully present with her? [R: Hm, yeah] Um, I—looking back now, I don’t think it mattered. Right? [R: (laughs) Right] You know? But, you know at the time I remember feeling guilty, like [R: Oh] and also a little resentful of my supervisor, [R: Yeah] like—you’re keeping me out of this moment, [R: Right] that’s, this should be the opposite of your goal. [R: Right. Right, right.] Um,

R: And you're the only one actually in the room, and [M: Right] yeah. [M: Mm hm.]

[long pause]

R: Anything else with that in particular? or with… [pause] anything else?

M: … I’m trying to think of other moments that made me uncomfortable…

[long pause]

I don’t know. No, I’d say that like, for the most part… dealing with clients has been the easy part of therapy. Like for the most part the difficult thing has been like, existing within this… ecosystem. [R: Hm] And especially when I worked at General. Um. [R: Hm] I felt like there was a lot of, yeah sort of like pressure, in various ways, [R: Hm] and… um, things from outside that might get in the way. [R: Hm] With, yeah with the clients themselves it was less salient. [R: Yeah]

[long pause]

R: That, that was reminding me of your um comment about master therapists often seem to have big personalities, [M: Mm hm] and that, maybe a first-through-fourth-year shouldn’t go that route. [M: Mm hm] And that struck me as really reasonable at the time, but I—I kept—I was wondering, ‘Oh, well—why? like what’s the danger? And, and—does it have to do with the ecosystem? wha-what is it?

M: Um… I mean I think that… (laughs slightly) partly it’s the ecosystem. I think that partly it’s probably also the case that um… and I don’t know this, for sure—I don’t even really know how you would determine this, but—I suspect that the um, that those master therapists have sort of
settled upon that style? [R: Hm] Right? And there’s probably less variance there? [R: Hm] Like that’s just sort of, like where they are? [R: Hm] And I imagine that’s af—again, after the course of years and years and years of realizing like, if I stay within these boundaries, I can handle most of what’s thrown at me? [R: Hm] Whereas I feel like if you’re just starting—you need the flexibility, because you don’t know yet, what’s gonna be thrown at you. [R: Hm.] And so if you say, ‘Oh, I’m here, and only here,’ [R: Uh huh] there might be a ton of stuff that then you can’t deal with. [R: Uh huh] Um, so that that’s kinda what I, I guess what I meant. [R: Hm] Um, I think having a big personality maybe’s okay, for anyone, [R: Uh huh] but I think that, you know kinda settling on a style, [R: Hm] I think you need to wait awhile [R: Yeah] to really see, and—I mean maybe, ideally you never really settle, and [R: Uh huh] you’re always sort of evolving, but. [R: Uh huh] You know I do suspect that um… you know, again, to use the artist metaphor, like I think that you do kinda, you put, you have you find your own signature, and then your variance starts to decrease. [R: Yeah. Yeah.] Um.

R: But you have to find your way there. [M: Exactly] And learn along the way.

M: Right, right. And I think yeah, it’d be uh… arrogant to assume that you had gotten that [R: Hm] in four years. [R: Mm hm. Sure.] So. *(laughs)*

R: Yeah, but you have to have something. *(Laughs)*

M: Yeah. Yeah.

R: Yeah. A place to start.

M: Sure.

R: Yeah. Hm. Well is there anything, um, I—should have asked, maybe, to get at some other aspect of this, that I didn’t think to, or… *[pause]*

M: I mean, I guess I’m just sorta curious about—‘cause I I’ve never done qualitative research before? Um… I’m assuming you do multiple interviews like this?

R: A few, yeah.

M: Yeah. And then—do you look for themes? Or do you discuss them individually? Or how does it work?

R: Um, I think I’ll mostly be, uh ideographic about it, [M: Oh okay] and, and just, yeah go with um, I think some themes’ll be common probably, [M: Mm hm] ‘cause this is… this is a difficult thing. [M: Yeah] But, um, but that—I am sort of looking for, for personal style, [M: Mm hm] and also um, what- what it is that gets revealed, and, and how—I, I’m thinking maybe that’s variable, [M: Mm hm] um, for different people. Or…

M: Okay. Yeah I was just thinking if there are themes, then… I don’t know. Maybe I should try to speak to the other ones I haven’t spoken to, but… um, yeah, if it’s more ideographic, I think
Yeah. Yeah, I don’t know, I mean I think that uh… yeah, I (laughs slightly) really like therapy, and um… I like thinking about these things, and I like talking about them, [R: Mm hm] and unfortunately, I think that… yeah, we, or all fortunately and unfortunately aside, I… would like there to be more kind of discussion at Field, [R: Mm hm] along these kinds of lines, and. [R: Yeah] Um. Yeah, and I think that there—like, luckily, there are some sort of… structures in place to facilitate? or at least… I think facilitate is too strong. I guess like, provide an opportunity for that to improve? Like, with the peer supervision, and um. [R: Yeah] Those like mock interviews, or mock sessions, things like that? But I think that unfortunately, um, it’s very dependent on, uh, the person in the authority role, sort of making use of and capitalizing on that opportunity? [R: Mm hm] And I, I suspect that that’s not always done. [R: Yeah] And so then you know you have this great opportunity that’s then kind of squandered. [R: Yeah] Um.

R: Yeah. And you kind of wished for more in the way of, “This is how it might feel,” [M: Mm hm] or, “You don’t have to do this,” [M: Mm hm] “and that’s okay,” or… um

M: Right. And—maybe that’s just me. Um, but I feel like uh—and, and I did get some of that. [R: Mm hm] Um, like I had one, or I had two peer supervisors, one was… not helpful for my style, and the other one was? [R: Hm] Um, but yeah I think that uh to really go through and talk about… especially the, the process stuff? I think that that is… um, well, I was gonna say that’s the thing that you’re least likely to be able to read about in a book; [R: Hm] I’m not sure that’s true—I think it’s the part you’re least likely to be able to read about in a textbook. [R: Huh.] Right? [R: Uh huh] or a manual. I think that um, there’s probably a lot of really good books out there that do explore this, [R: Yeah] um but… yeah. But not the books that are assigned to us. [R: Hm] Um, so that’s why some of my own reading, that— [R: Hm] and I think that’s maybe what draws me to the more analytic side of things? Is that it is more… exploring those types of things, [R: Hm] and, um… despite being in analysis as a… client, I don’t think I’d ever really do—be an analyst myself? [R: Mm hm] Um… I like, my format more? [R: Mm hm] Um, but there’s, I think, you know again, there’s a lot to be learned from that. [R: Hm] So. [pause]

But yeah, so I guess that would be my… [R: Yeah] main point, is that the uh, there are opportunities at a place like Field. [R: Hm] Um, but they’re uh… yeah, they’re not always capitalized on, and. [R: Mm hm] Yeah) But it—you know, I guess you know I kind of envy you, being able to talk to multiple people about this, ‘cause I—I don’t have any sort of um, outlook other than my own. [R: Mm hm] So I know what I wanted, I know what worked for me, [R: Yeah] what’s helped for me, what felt good, but you know I don’t really know to what extent that generalizes? [R: Right, right] So—I don’t know. [R: Yeah] Maybe if you made a whole school based on what I want, [R: (laughs)] everyone but me would be unhappy! [R: Yeah, yeah] Uh, but I don’t know.

R: Yeah. I don’t think I’ll be able to generalize, really [M: Uh huh] but it has been actually really helpful, [M: Mm hm] to get other perspectives on well, were you as panicked too? you know, like, [M: Mm hm] did, is this just me? and (laughs) [M: Mm hm] what is… inherently missing,
um, [M: Mm hm] in terms of preparation for those moments. But what helps, help (laughs) help that be a little more manageable? [M: Yeah] or…

M: Yeah, I mean I guess like thinking about what I would have wanted, or what would have been more helpful? would have been… um. Man, it would have been awesome to have someone, like even just an older clinician, or the, my supervisor himself does therapy, um… and I think probably him bringing in tapes would have been more difficult than using tapes from our clinic already… [R: Hm] just, you know for confidentiality reasons, but like… [R: Right] to have tapes, [R: Yeah] and to be able to watch them. [R: Uh huh] You know and actually say like, “This was a really difficult moment,” [R: Uh huh] Right? “I’m in my fifth year, this was super hard still,” [R: Uh huh] Right? “Here’s what I’m thinking.” [R: Huh] Right, “Here’s how I dealt with it.” [R: Mm hm] you know obviously you’re not going to be able to have a tape for every possible thing that’s ever going to happen, [R: Uh huh] but to start to understand you know, like wow like, there’s a variety, there’s a range of things that can happen. [R: Mm hm] Um, and here’s again the process of thinking about it. [R: Mm hm] Here’s, here’s sort of, um… yeah. To sort of encourage that kind of mental [R: Yeah] exercise. Um, I think that would have been much more helpful than, let’s for two minutes out of context, try to pretend like we’re going to do a challenge, [R: Yeah] or a… open question. [R: Uh huh] you know, like that, that was not very helpful. [R: Uh huh] Or maybe that’s necessary too, but I think that um, before you see a client, I would have wanted to… see other people’s clients, I suppose?

R: Right, right—a model, and also some, um—you’re, as you say, some cognitive, [M: Yeah] like what was going on behind the scenes, [M: Yeah] what was going on in your choice here, and. [M: Mm hm]

M: Yeah. Yeah, and even for, to be able to, for them to be able to have, say things like, “Here’s uh, an example of success.” [R: Huh] Right? “This happened, I sort of anticipated it, I was thinking I would do this, I did it? Bam, it was perfect, right?” [R: Hm] And we went here and it was a great intervention. [R: Yeah] But then also, [R: Uh huh (laughs slightly)] you know like, “Oh shit,” [R: Yeah!] “I don’t know what’s goin’ on here!” [R: Mm hm] Right? “And then, you know, weeks later we figured out, okay maybe this is what I need to do,” [R: Right] you know, and just, again just set that expectation. [R: Yeah] For the cli- students, like “You’re gonna be lost sometimes!” [R: Right] “It’s okay.” [R: Yeah] You know. [R: Yeah] Or you know, “Here’s an example of what you can do when you are lost.” [R: Hm] Um, so yeah. [R: Hm] I think that that would have been really helpful.

[pause]

R: Yeah, that does (laughs) sound like… I’m, I’m wishing for something like that too. [Both laugh] Hm. Anything… else?

M: Uh…

R: I don’t have any more questions, [M: Okay] I think, for …
M: Yeah, no I mean… uh, I could probably like dig up more, but like… I think that’s probably fine. [R: Okay] [Both laugh]

R: Does it, does it feel… more or less?

M: Yeah. [R: Yeah] I think you’ve got a good picture. [R: Okay] of my experience, yeah.

R: Good! [M: Mm hm] Good. Thank you for, for sharing it!

M: Oh sure.

R: It’s, been really helpful and interesting.

M: Okay, cool.

R: Yeah. Well thanks!

M: Thank you.

R: All right.