Confronting helplessness

A study of psychology students' acquisition of dynamic psychotherapeutic competence

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Psykoterapi- och handledningsforskning i dialog.

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Quotation:

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

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

Lately, it has become somewhat better, but for quite a long period I took it personally and felt very stupid, that is … like a very bad therapist. … For instance did it happen that things I was quite satisfied with and presented to … show … that I had done something fine, were dumped in the mud … yes … it was very … embarrassing, somewhat hurting.
Quotation:

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

• The research questions.
• The method of the study.
• The papers of the study.
• Further research.
The main research questions:

1. How does the anxiety of student therapists influence their acquisition of dynamic psychotherapeutic competence?

2. And how do they handle confrontation with their own feelings of helplessness?
Methods of the study

The place of the study:
- University of Oslo, Department of Psychology.

Practicum training:
- 1 therapy.
- 2 sessions weekly (55-60 sessions).
- Supervision in groups, weekly (3 hours).

Participants:
- 23 Student therapists (sex: 18 women-5 men, age: 24-38)
- 9 Supervisors (6 psychoanalysts, 3 self psychologists)
- 23 Patients (age: 20-35, one elderly)
### Procedures:

- Recruiting
- Student therapists interviews
- Supervisors interviews
- Patient interviews.
- Evaluations of therapeutic competence.
- Questionnaire.

A longitudinal, multiple single case design.

**Theoretical basis:** Psychoanalysis, especially the object-relational tradition.
Papers in the PhD thesis


- Strømme, H., & Gullestad, S. E. (2010). The rise and fall of conflicts in supervision: A contribution to understanding the complexities of student-therapist supervision. [Divided into two articles.]

A qualitative interview method informed by psychoanalysis

- Data collection beyond the subjective report.
- Combining the qualitative research interview (Kvale, 1996; Flick, 2002) with the psychoanalytic clinical interview (Gullestad & Killingmo, 2002; 2005).
- A dilemma:
  How can we transfer the psychoanalytic clinical method to a research context without losing too much of the participants’ possibility to project their inner world on to the interviewer and the interview situation, while still being able to make inferences beyond their subjective report?
The aim:

Justify that it is possible to behave in the research interview situation in a more disciplined fashion, informed by the psychoanalytic clinical method.

The method is based on:

• A certain degree of projection.
• A psychoanalytic listening perspective.
• The use of the emotions in the interview relation as data.

Subsequently:

Relational scenarios and incidences of defence processes in the research participants were inferred.
Emily’s comment:

When I first read the text I was surprised, but I also liked, in a way, what I read. The interviews had made an impression. They touched something I found very unpleasant, but also was curious about, as it felt so important in relation to my own development, and in relation to the kind of therapist I should be. As a student therapist I was confronted with my own insecurity and helplessness to a large degree. In the supervision and in the therapy I manoeuvred without a map and a compass, and I recognize myself as someone helpless who wanted to be rescued, and I could also sense the anger of being placed in this unpleasant situation. (...) I had, as I recall now, a feeling that it was difficult to talk about because I had few words for it, but perhaps it was also a question of not disclosing, not to the interviewer and not to myself, how insecure I felt. It is revealing and may be experienced as unpleasant, but, at the same time, trying to put into words in the interviews this “wordless” area and to read about it in the present analysis has been interesting and feels as a possibility to develop.(...)
Supervision dynamics

- Initially in the supervision, misperceptions of the supervisors’ attitude were frequent.
- Negative feelings towards the supervisor were not disclosed.
- Negative feelings were instead talked about elsewhere, not least among fellow students. This may be understood as a safety valve.
- Negative feelings that were not expressed to the supervisor resulted in feelings of guilt towards the supervisor, initially more or less consciously acknowledged by the supervisee.
- Later on, the supervisees felt they got substantial help in handling their therapy.
- The defensive reactions gradually declined and were replaced by increased security and openness towards the supervisor.
• By the end of the supervision process several supervisees expressed guilt for their earlier negative feelings towards the supervisor.
• Simultaneously the supervisees got a more comprehensive view of the supervisor.
• During the supervision almost all the supervisees acquire a more benign attitude towards their supervisor. In most cases this positive attitude was even more profound in the follow-up interview one year later.
• In these follow up-interviews the supervisees in addition expressed an increased ability to identify their own contributions to their initial misperceptions of the supervisor.
• The degree of these inner dramas of the supervisees seemed to happen without awareness of most of the supervisors.
Helen’s point of view:

I left the supervision thinking that she does not believe that I will ever manage. Yes, in a way a justified criticism – but I don't think she reflected on how vulnerable I was in that situation (...) And she made it very clear that I did not fix this, and made such and such mistakes... And that has helped me a lot afterwards. So it was right and good in a way, but what was lacking, I think, was a kind of care, yes.

The supervisors point of view:

We have had a good relationship. We hadn't any problems hitting the right note, and we never lost it. It implies that I have felt relatively free during the process to speak directly. When I’ve felt she’s getting things mixed up, I told her so. And I have the impression that she has appreciated my attitude.
I had a strong need that she [i.e. the supervisor] already in the beginning had been what she gradually became, and (I) became, perhaps, very disappointed when I didn’t experience her like that from the beginning. … (…) I recognise that I get furious immediately and bristle if women in my mother’s age are authoritarian in an awkward way. … I’m getting extremely provoked (…) Yes, I believe what I felt towards my supervisor in the beginning had something to do with that. I was insecure and needed to be taken care of, needed accept and recognition, caring, from a mother figure.
A dilemma

• Should supervisors nevertheless address non-disclosed negative feelings in the supervision with the risk of exposing the vulnerability of the student therapists?

• Or should supervisors withheld such a focus as an instance of respect towards the supervisees’ need to protect themselves from exposure in this vulnerable situation and instead trust the withdrawal of regression as a consequence of the gradual competence increase?
Dynamic psychotherapeutic competence

- The essay method.
- Strategic thinking.
  - Two levels.
  - On-and-off strategic thinking.
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Further research

1. Which kind of competence understanding has supervisors of student-therapist supervisees and how do supervisors assess the competence of student therapists?

2. Does the degree of emotional awareness of own shortcomings as student therapists correspond with the degree of competence these students show in the therapy?

3. General questions concerning therapist development.