

Psychotherapy with Psychotherapists

Psychotherapy with **Women** Therapists

Judith Coché, Ph.D.

Table of Contents

PSYCHOTHERAPY WITH WOMEN THERAPISTS

PSYCHOTHERAPY WITH WOMEN

PSYCHOTHERAPY WITH PSYCHOTHERAPISTS

COMPARISON BETWEEN PSYCHOTHERAPISTS AND OTHER WOMEN
PROFESSIONALS AS PSYCHOTHERAPY CONSUMERS

OBSERVATIONS AND FUTURE DIRECTION

EDITOR'S COMMENTARY BY AND FOR FEMALE THERAPISTS

**PSYCHOTHERAPY
WITH
WOMEN THERAPISTS**

Judith Coché, Ph.D.

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PSYCHOTHERAPY WITH WOMEN THERAPISTS

Judith Coché, Ph.D.

There is an unmistakable phenomenon occurring around gender and psychotherapy, which involves all mental health professionals directly and all of their clients indirectly. A few examples:

1. Within the last month, the office phone at 2037 Delancey Place has rung at least six times—calls from different female psychotherapists living within a sixty-mile radius of center city Philadelphia—and the calls all start: "Hello, my name is ___ and you were suggested to me by ___, who said you do psychotherapy with therapists. I've worked in therapy before, but I am especially interested in working with a woman ..."
2. My husband and I, partners in a joint practice, interviewed a male applicant for a research position who knew us only by reputation. He turned to me and said, "I understand that most of your work is with professional women." This statement is untrue since I work very frequently with families, couples, groups, and adolescents. However, what had been reported to him was my work with professional women.
3. A large percentage of my psychotherapy practice is with male clients: professional men, businessmen, fathers. In eight years I have received only two requests from a male psychotherapist for his own psychotherapy.

What is this phenomenon? Female psychotherapists are seeking other female psychotherapists to assist them in structuring their own, personal change. Moreover, the phenomenon is fairly recent: ten years ago, there were very few female psychotherapists in private practice in the Delaware Valley. Today there is a rapidly increasing core group with solid referral bases and waiting lists.

This chapter considers the issues involved in being a therapist for female psychotherapists. First, literature on psychotherapy with women and the lack of literature on psychotherapy with women therapists is briefly considered. Second, because of the paucity of published literature on the topic, the chapter reports on the results of asking female clients to help pinpoint the similarities and differences between doing psychotherapy with women therapists as compared with doing psychotherapy with other professional women. A questionnaire was distributed, which is discussed. Finally, after looking at the questionnaire data, some clinical, ethical, and developmental issues in working with female therapists and with other professional women are presented.

PSYCHOTHERAPY WITH WOMEN

One consequence of females' recognition of their equality with men in the Western world in the 1960s and 1970s is that educators and mental

health professionals have come to understand that issues relating to women deserve their own emphasis. Courses on women's issues have become standard in most universities, and books and journal articles have begun to appear that are devoted exclusively to women in the psychotherapy process. Compendiums by Brodsky and Hare-Mustin (1980) and by Franks and Burtle (1974), and special issues of *The Counseling Psychologist* (Volume 8, 1979; Volume 6, 1976) and *Professional Psychology* (Volume 1, 1981) academically address the issue. Within the popular press, Maggie Scarf's *Unfinished Business* (1980) has received recent acclaim on the topic of psychotherapy with depressed women.

Moreover, research about psychotherapy process and outcome now includes data sections on the relationship between gender and psychotherapy. For example, Garfield and Bergin (1978) included sections on women in the chapters "Research on Therapist Variables in Relation to Process and Outcome" and "Research on Client Variables in Psychotherapy." Likewise, Gurman and Razin (1977) included material on client gender.

Main Recurrent Themes

Three themes running through writings on psychotherapy with women may be highlighted. One revolves around biology and destiny and considers the effect of genetic and hormonal differences on such life

development issues as career performance and personality makeup. A second theme is role conflict as a major struggle for most females. Here the literature is concerned with the healthful development of roles for women as well as with what to do about role conflict within the psychotherapy setting. The third theme is the question of whether women function as disadvantaged members of the work force. Those authors who believe that they do, and most feminists would fall within this grouping, discuss how to ameliorate a situation that has been historically destructive to women.

Two themes in the literature are related to training issues for psychotherapists working with women: 1) whether psychotherapy is different with women clients than it is with men, and 2) whether classic psychoanalytically oriented individual therapy is theoretically and practically harmful to the women who participate in it.

Any female psychotherapist-in-training who wants to work with women needs to familiarize herself with the literature on psychotherapy with women, most of which has appeared within the last ten years. Social scientists (Brodsky and Hare-Mustin, 1980; Bardwick, 1971) who attest to the need for a comprehensive developmental study of the female socialization process as it is similar to and different from that of the male, deserve acknowledgement. There have been recent well-documented research efforts in understanding the socialization process in males, notably

those by Gould (1978), Vaillant (1977), and Levinson (1978). However, these reporters agree that it is impossible to generalize to female life cycle issues from their studies. As Gilligan and Norman (1978) discuss, even Erikson's developmental schema is based primarily on male psychological development, against which female psychological development must be seen as deviant. For example, Stewart (1977) describes that the dreams that women form tend to have a strong relational component, whereas the dreams of men in Levinson's sample were more individualistic.

Gilligan and Norman (1978) state that for men, identity precedes intimacy and generativity in the optimal cycle of development, but that for women these tasks seemed fused. Intimacy can precede or proceed simultaneously with identity because feminine identity develops as it is known through relationship with others.

It is well established that certain differences exist between the sexes in childhood: girl children have greater verbal ability than boys, boys excel in visual-spatial ability; boys excel in mathematical ability; boys are more aggressive (Maccoby and Jacklin, 1974, pp. 351-52). If the goal of the psychotherapeutic process is to maximize life satisfaction and functioning, a thorough knowledge of child and adult development is fundamental to the skills of psychotherapists. However, until more extensive theoretical, clinical, and research data are collected on the way females develop,

psychotherapists will continue to find themselves practicing a science with insufficient observational and theoretical foundations. A major longitudinal study of female development, of the type conducted by Cox (1970) for young adults or Levinson (1978) for adult males, is long overdue, despite the recent surge of written attention to women's issues in the social sciences.

PSYCHOTHERAPY WITH PSYCHOTHERAPISTS

Many female psychotherapists have had personal experience in therapy, but virtually nothing about this has become part of the literature on psychotherapy. A review of *Psychological Abstracts* and of major edited works within the last ten years brought to light only one piece of research having to do with women therapists as psychotherapy consumers. Welnar et al. (1979) compared psychiatric disorders among physicians and Ph.D. professional women. They found a higher percentage of psychopathology, notably depression, among physicians than among Ph.D.s and found the highest percentage of psychopathology among psychiatrists. This finding would be very interesting if the data were more clearly presented and extensive. They interviewed only 214 women; this author estimated that 35 were psychiatrists. They caution that their findings are based on too small a sample to be considered meaningful and agree that more research in the area is necessary.

Let us turn briefly to the literature prior to this volume. Here, too, it is valuable to recognize three thematic threads. The first concerns whether psychotherapists should have personal psychotherapy and, if so, for what reason, with whom, and when in their training process. Sank and Prout (1978) state the frequently held belief that psychotherapy is worthwhile for the fledgling therapist and that the therapist's problem areas are best dealt with as a patient. Disadvantages they describe include the expense involved and the potential inadvisability of stirring up conflicts during the training period, when a therapist is already in conflict. Garfield (1977, p. 79) believes that "perhaps a majority of psychotherapists have themselves undergone some form of personal therapy." He suggests that psychotherapy is a good idea for therapists-in-training if it increases their effectiveness as psychotherapists, and he goes on to review a few studies that attempt to address the issue. Like Sank and Prout (1978), Garfield (1977, p. 80) states, "definitive data on the importance of personal therapy for the effective professional functioning of the psychotherapist is not available." He continues that most individuals who have undergone personal psychotherapy stress its value and reminds us that most postgraduate psychoanalytic institutes and most psychotherapy training programs require or endorse personal therapy. "Such requirements appear, however, to be based upon conviction and belief rather than on scientific evidence, a pattern quite familiar to the field of psychotherapy."

Hans Strupp (1955) has long been considered a leader in the area of outcome research in the psychotherapy process. His doctoral dissertation concerned the effect of the psychotherapist's "personal analysis" upon his techniques. Comparing 30 therapists who had undergone "personal analysis" with 11 other therapists who had not been analyzed, he concluded that "analyzed practitioners" tend to be more active, tend to prefer interpretations, silence, structuring responses in dealing with transference phenomena, and tend to be more exploratory in dealing with schizoid productions of seriously disturbed patients. He, too, however, warned that his sample was limited and his findings were best considered tentative.

A second theme concerns the personality, dynamics, and personal history of those individuals who choose the profession of psychotherapy. Racusin, Abramowitz, & Winter (1981) found that psychotherapists' family relationships were stressful and higher in physical illness, difficulties in expression of affect, and adolescent struggles over independence than those of other groups of professionals. A high degree of stress in the family of origin of psychotherapists was also found, and the conclusion was drawn retrospectively that many therapists had responded to these issues when they were children, by trying to become nurturing within their own families. This contradicts findings by Henry, Sims, & Spray (1973) who reported that therapists' family relationships were generally positive and that they experienced relatively little emotional stress during childhood. It is obvious

from these contradictory findings that, as in the first theme, it is not possible to rely on research to learn about stress in the earlier years of life of those individuals who become psychotherapists.

Research offers only tentative and inconclusive information about the benefits of personal psychotherapy in increasing the effectiveness of the therapist in doing psychotherapy. Therefore, those clinical supervisors who espouse the value of a personal therapy experience in increasing the effectiveness of a psychotherapy trainee need to be aware that they are operating on the basis of personal assumption or clinical experience but not on the basis of scientific evidence. This is not to deny the potential value of the psychotherapy experience for the fledgling therapist; nowhere else can one learn as well about the experience of being in therapy, what it feels like to be a client, and how one's past has contributed to professional choice of career and "thorny" problems as a therapist. However, it is humbling to consider that there is little or no research documentation of the value of receiving therapy on doing therapy.

The third and perhaps most powerful theme in writings on psychotherapy for psychotherapists, is the need for role models by the developing therapist as part of her personal and professional training. The American Psychological Association formed a 1978 Task Force on Women, which addressed the importance of female role models for the acculturation

of women into nontraditional occupational roles. O'Connell (1978) addressed the isolation of women professionals who not only felt that they were competing against insurmountable odds, but also that they were competing alone. O'Connell and Russo (1978) gathered a series of biographies on eminent women in psychology. They quoted Goldstein (1979), who stated that men in psychology take the presence of same-sex role models and the concomitant facilitative effect for granted, but that women cannot do this and often must exert heroic, and somewhat isolated, efforts to achieve their goal.

Clinical Observations

Two points from my clinical experience bear mention. Earlier in this chapter, I mentioned that numerous female, but only two male psychotherapists had requested therapy with me, although my practice contains many male clients who are not psychotherapists. This puzzling situation may be explained by Goldstein's statement of the importance of male role models for male psychotherapists: the impact of a therapist upon a client exerts powerful modeling dimensions in shaping the client's Weltanschauung, and it may be the search for someone to act as a role model that has led male therapists to other male therapists for treatment. For example, Malcolm (1982), in an interview with a male psychoanalyst concerning the modeling process as part of the training analysis, said that

modeling after one's own therapist can go as far as learning how to dress.

My clinical experience with women in other professions indicates that the feeling of "competing against insurmountable odds" is not limited to female psychotherapists. In a workshop of which I was co-leader at the 1983 Fourth Annual Conference on Women in Health Care Medicine, members of the workshop, most notably female medical students, confided their overwhelming impression that they would have to be "superwomen" in order to combine careers with meaningful family relationships; they expressed their frustration at the difficulty of meeting men who wanted to be equal partners in a coprofessional couple relationship. The "double bind" they talked about has also been described by women therapists in their own psychotherapy: the more competent they become professionally, the harder it seems to be to find men whose egos do not need a "weaker" seeming woman who is available for intimacy at the male's convenience. Therefore, the difficult social situation can increase the sense of isolation described by O'Connell (1978) and can lead women professionals to feel caught in a bind between feeling loved and being professionally successful.

Abroms (1977) describes the supervision process as a metatherapy, noting the parallels between the two processes and the capacity for a supervisory trainee to learn about the process of psychotherapy through the supervisory relationship. Analyzing Abroms' concept another way,

psychotherapy can also be thought of as a metasupervision for the therapist-in-training. Through the experience of psychotherapy as a psychotherapy consumer with a competent therapist on whom the fledgling therapist can model herself, the novice psychotherapist learns about various aspects and levels of the psychotherapy process. Learning can include everything from the superficialities of appearance and demeanor to the deepest levels of resistance, transference, and countertransference. This concept is of great interest in light of the following discussion about the responses to the questionnaires.

COMPARISON BETWEEN PSYCHOTHERAPISTS AND OTHER WOMEN PROFESSIONALS AS PSYCHOTHERAPY CONSUMERS

Methodology

As has been mentioned, women therapists and women in general have been seeking female therapists with increasing frequency. Maracek and Johnson (in Brodsky & Hare-Mustin, 1980) state that "better-educated individuals, younger individuals and women are more likely than their counterparts to prefer female therapists." I have eight years of experience as a psychotherapist with female therapists, and since there is so little documented information about this area, I developed a questionnaire consisting of five questions. Ten women therapists and ten women professionals with similar life profiles were asked to respond briefly. The

questionnaires were mailed with a cover letter explaining that this author was writing a book chapter about women but not telling the respondee the exact subject matter. Within five days, 13 of the 20 questionnaires had been completed and returned, indicating that these women were willing to provide personal information to assist in increasing broader knowledge about adult female development. Only two women, both radical feminist therapists, refused to participate. Three nontherapists stated willingness, but neglected to complete the questionnaire. Data analysis is thus based on 8 therapist and 7 nontherapist responses, by professional females ages 28-38. The questions follow:

1. Name two issues in your own therapy that seemed central to your personal development during and after your psychotherapy.
2. Name two issues in your own therapy that seemed central to your professional development (within your own field) both during and after your psychotherapy.
3. In your work professionally with women, how do your female clients/patients/customers remind you of yourself? Which issues in their lives touch closest to your own issues? How do the similarities affect your capacity to work with these women?
4. Which qualities did you look for in seeking your own therapist?
5. In your personal and professional opinion, which psychotherapy issues do you see as particularly relevant to women?

Dividing the responses into therapist and nontherapist categories, it became possible to look at the responses of the therapists as a group to the questions and to compare them to the responses of the nontherapists. Next, themes of general importance to all women and themes particularly relevant to women therapists were extracted. This extrapolation was done both by this author and by a research assistant who had never met any of these women and knew only which were therapists and which were not.

Three categories of response developed: qualities looked for in a therapist, characteristics relevant to the therapy process and the process of personal change, and issues of particular relevance to women personally and in the work world.

Since the study was too informal to be considered scientific research, the findings are discussed in a reflective rather than scientific manner, touching on the themes that seem to be particularly relevant to the topic at hand.

Patterns in Psychotherapy with Women

Both groups mentioned the desire for a female therapist who was active and direct and participated forthrightly in the psychotherapy process, who had a good reputation in the community, and who was accepting and understanding of the client's situation. However, the nontherapists were

more interested in the reputation and the psychotherapy style, while the therapists stated an interest in finding someone to act as a role model who had a well-integrated theoretical background and a clear conceptual framework. One therapist said that she was quite pleased to be going to a "therapist's therapist"; another said that she had looked widely to find someone of good reputation. Comparing the two groups, it seemed that a woman who was choosing therapy as a personal growth experience was less concerned with finding a model than was a therapist who was choosing psychotherapy as a personal growth experience and as a way of learning how to proceed with her career. And, as I discuss later, there was a striking similarity between what the female therapists were looking for in choosing their own therapist and what Levinson (1978) describes about the mentoring process for men.

When asked to name two issues central to their personal development in psychotherapy, respondents in both categories agreed overwhelmingly that lack of self-worth and feelings of inadequacy and of "being second rate" were the major problems that motivated them to seek psychotherapy. A clear difference arose between therapists and nontherapists, however, in the area of integrating thoughts and feelings and expressing feelings better: only one therapist stated that this was a necessity as part of her psychotherapy, while a number of nontherapists believed this to be crucial. This may be explained by the amount of professional training in learning to identify

feelings and express them skillfully, which many therapists receive as part of their graduate education. Professional training outside the mental health field does not usually include increasing the skillful communication of thoughts and feelings.

Other areas of importance to both groups included being less self-critical and depressed, along the lines Scarf (1980) discusses; increased self-reliance and risk-taking ability; dealing with authority; and leading a "balanced" life. Additionally, a number of therapists were interested in a better understanding of their childhood, themselves, and their relationships in their family of origin, while nontherapists seemed to have less interest in their personal past and more interest in their present and future.

Putting these seemingly disparate elements into a whole, a gestalt begins to emerge: these professional women suffered actively from feelings of personal inadequacy. They sought therapy to learn to be more self-reliant, to deal better with career issues, and to establish meaningful pathways to interpersonal and intergenerational closeness. The therapists believed that they needed to discuss their past to achieve their goals; the nontherapists recognized that they needed to handle feelings more effectively as a means to their goals.

Around issues of role conflicts, all the women expressed themselves

poignantly. Both groups described feeling tempted to nurture business colleagues because they were so used to receiving rewards as nurturers. Both groups described feeling guilty and responsible for business situations that they knew, rationally, to be out of their own control. They felt they were trying to be likeable at the expense of their own career achievement and had great difficulty channeling their aggressiveness and competitiveness constructively. There was overwhelming agreement about the central issues in their psychotherapy: they found it difficult to take themselves and their careers seriously and wanted their psychotherapy to help them become more assertive and more self-reliant. They wanted to be better able to depend on an internal locus of control and to deal with feelings of negativity and hopelessness within a career setting. For example, one woman therapist said, "The closest, most painful issue . . . is learning to realize that a woman has value in her own self, not connected to a husband or a family . . . women must learn to develop a new perspective on their own self-concepts."

Finally, the respondents were asked to address the professional and career-oriented issues that seemed particularly relevant to women. This question enabled them to shift from responding on a feeling level to responding cognitively. As a result, the answers were less poignant, more academic. The major dilemma mentioned was *guilt over role conflict*, which is considered by authors to be a front-runner in personal issues confronting women today (see Friedan, 1981; Kaslow and Schwartz, 1978). Another way

of describing this conflict was "leading a balanced life." Using oneself as a basis for identification rather than identifying through relating successfully to others was mentioned next often. A number of women therapists mentioned difficulties in developing as successful career women without personal and professional role models, a problem that follows logically from their statements that their choice of therapist related to finding someone whom they could use as a role model. As one woman said, "Women face choices and decisions . . . that they haven't had to deal with in the past. As a central issue, I see . . . having to figure out a satisfying life course without the solid guidelines available to those raised in traditional roles."

The respondents were asked to reflect on issues in their clients or colleagues that touched them and to consider how they dealt professionally with others who had issues close to their own dilemmas. In general, the same issues were mentioned as in other parts of the questionnaire, notably problems in role confusion and lack of feeling empowered. They found that the identification process with clients or colleagues led to both negative and positive consequences. On the positive side, because the issues in other women's lives seemed so familiar to them, an automatic empathy occurred, which put them into a uniquely positive capacity to help a client or colleague. One businesswoman said, "In my position as a . . . manager . . . I have women and men . . . who report to me. . . . They do remind me of myself . . . I think this similarity helps me to be more sensitive to their needs as their

manager."

However, where the issues were too close to ongoing conflicts, the experience was a painful one and became disadvantageous, particularly for the therapists. To be more specific, no nontherapist mentioned identification as a disadvantage; they mentioned identification as an advantage. In the therapist group the identification was seen as both positive and negative. A relevant consideration in understanding the responses is that psychotherapy involves countertransference and transference, making it difficult for therapists to work with clients whose issues are similar to their own unresolved issues. As one therapist said:

My female clients often remind me of myself. . . . this . . . can be a disadvantage when a client's struggle parallels your own struggle. It's humbling to be reminded of the areas where I still have work to do on myself. I know that I tend to tread more lightly with clients around issues that are not reasonably resolved in myself.

OBSERVATIONS AND FUTURE DIRECTION

Preparing this chapter became analogous to creating a patchwork quilt, an art form entirely created by American women. It started with a collection of "patches" of literature that were not specifically relevant to psychotherapy with women therapists, although pertinent to women, and to psychotherapy. The author's analysis of the responses to the questionnaire became the "thread," based on the thoughts and feelings of a group of

professional women with insight into their own processes of development and of change. The "pattern" for the quilt was imposed by the author, but came from the combination of personal responses to the questionnaire and from the literature available. The finished product, the chapter, emerged as a unique statement by a group of capable women, interested in the art of healthy female adult development. An examination of the pattern of these women's statements about themselves, as it related to the literature, led to considerations about the present and the future of psychotherapy with women therapists.

The women therapists clearly and unswervingly stated that they were looking for role models. They indicated that they, like other women professionals, struggled with feeling worthwhile, and that they must fight the seduction of using nurturing as a way of trying to achieve. They need competent women mental health professionals with whom to share their struggles and from whom to learn. In *The Seasons of a Man's Life* (1978, pp. 99-101), Levinson discusses the crucial importance of a mentor relationship. He states that the mentor relationship becomes one of the most complex and developmentally important ones a man can have in early adulthood. He goes on to describe the necessity for the young man to "learn the ropes" from someone whom he can admire and respect and whose career path is similar enough to his own to be that of a role model for him. The young professional man then "apprentices" himself as a fledgling to this person who takes a

personal interest in him. Levinson states:

Women have less mentoring than men. One of the great problems of women is that female mentors are scarce, especially in the world of work. A few women who might serve as mentors are often too beset by the stresses of survival in a work world dominated by men to provide good mentoring for other women.

Levinson continues:

The mentor represents a mixture of parent and peer; he must be both and not purely either one. His primary function is to be a transitional figure. In early adulthood, a young man must shift from being a child in relation to parental adults to being an adult in a peer relationship with other adults.

Mentoring is best understood as a form of love relationship. In this respect as in others, it is like the intense relationship between parents and grown offspring, or between sexual lovers or spouses. The mentoring relationship lasts perhaps two or three years on the average, eight to ten years at most. Much of its value may be realized—as in a love relationship generally—after termination. The conclusion of the main phase does not put an end to the meaning of the relationship. Following the separation, the younger man may take the admired qualities of the mentor more fully into himself. He may become better able to learn from himself, to listen to the voices from within. His personality is enriched as he makes his mentor a more intrinsic part of himself. Internalization of significant figures is a major source of development in adulthood.

It is an oversimplification to equate psychotherapy with women therapists to an extension of the mentoring process, even if the therapist chooses a female therapist. There are many other dimensions to the psychotherapy relationship: goals of symptom change, historical

understanding of conflict, and a transferential working through of parent-child relationships. What emerges from what the study respondents have stated is that these other facets of psychotherapy are similar for therapists and nontherapists. All the women in this sample chose to work on goals of symptom change; all concentrated on interpersonal conflicts, both in the present and historically; all were concerned with problems of self-image. The major differentiating factor between therapists and nontherapists was that the former, as part of their own therapeutic growth, sought a model very similar to the mentor so well described by Levinson. These women therapists wanted skillful psychotherapy from a person whom they could consider a "transitional figure," someone through whom they could shift from being a professional child in relation to the professional adulthood of the therapist, to being a professional adult, better able to learn from herself through the process of internalization of a significant figure.

Stewart (1977) tested for women the applicability of Levinson's premise that a developmental change occurs about age 30 that culminates in the integration and stabilization of the early adult life structure. Her findings support Levinson's data base with males until age 30, but suggest that women must come to terms with issues of marriage and parenting in a qualitatively and quantitatively different way from men. She states that the ways in which women deal with marriage and parenting affect the mentoring process significantly. Therefore, although this process exists for

women, she found that it is more complex, more variable, and more difficult for females, who find that traditionally female goals are not valued in the culture, but that women are sanctioned negatively for not achieving them. Like Erikson (1968, 1974) in his discussion of identity, she speaks of adolescence as a time when young people try on "different hats" in order to find out who they are and who they can become.

It is valuable to consider these developmental concepts in relation to the women therapists involved in the questionnaire. In terms of chronological age, they overlapped with Levinson's period of Early Adulthood, the period during which the male adult shifts from being a "novice" adult to occupying a more established place in adult society. For the nontherapists, psychotherapy provided a relationship-based structure within which previously destructive habits could be changed and personal and professional development could progress with maximal life satisfaction. For the therapists, an added dimension existed. The opportunity to "try on hats" and to view very carefully the "hat" of the therapist heavily influenced their choice of therapist. In asking why a therapist wanted me to be her therapist, I found that a number of reasons were mentioned repeatedly: professional accomplishments (past president, Philadelphia Society of Clinical Psychologists), reputation as a therapist and clinical therapy supervisor, theoretical background in human development from Bryn Mawr College. Of most interest, however, was the repeated statement that my life

appeared "full" and "balanced"; that I seemed to combine a varied career with a long-standing marriage and child raising. At times I was told bluntly that the female therapist needed models and wanted me to be one. The sample of women therapists confirm the concepts presented by Levinson (1978) and modified for women by Stewart (1977). And, in their more vulnerable psychological moments, these competent women therapists requested the freedom to be adolescents professionally, in the Eriksonian sense, i.e., to try on personal and professional "hats" within the security of the psychotherapeutic relationship, with a female therapist whose "hat" they were interested in.

In a recent meeting with Carl Whitaker, M.D., and his wife, Muriel Whitaker, Mrs. Whitaker (1983) asked me whether I had ever been in therapy with, or wanted to be in therapy with, a women therapist. I answered that I would be delighted to work with a woman therapist who could model the level of personal power and integrity I was interested in pursuing and that the female mentors I had experience with as a Ph.D. student at Bryn Mawr College were instrumental in the internalization of my sense of integrity and validity as a female and as a professional. The therapists in this sample are asserting a similar drive in choosing their therapists.

If, as was true for me and for the therapists for whom I have been a

therapist, younger women look to more senior therapists for modeling, many facets of responsibility rest with the senior female therapist. Competence as a professional, credentials within the professional community, and vibrancy in personal life satisfaction are valuable components of the mentoring process that are likely to be unstated components of the psychotherapy.

In addition, it is crucial that the senior therapist not be seduced by the false heroine worship that goes with the early phases of the mentoring process. If younger female therapists need "heroines," it is crucial that their therapists need not be "heroines." Transferentially, countertransferentially, and in simple human terms, the developmental task of the younger therapist is to introject qualities of the older as a way of coming to terms with who she is and wants to be in her own right.

This seems best achieved by a presentation of self that is both competent and humble. Female psychotherapists need to see their therapist as internally powerful and displaying professional strength and leadership. Seemingly paradoxically, the capacity to experience one's strength also involves the display of one's own fallibility. It is one thing to claim that one is human, and it is another to show it. If therapists are to train other therapists who do not hide behind their books, who are not too afraid to help people tackle the inconsistencies and struggles in their lives, then clinicians must

not only be aware of but must also allow their doubts and vulnerabilities to be visible. It is the balance that is of crucial import. Women therapists-in-training reported that it was of great learning value to them to observe that their own therapist did not always behave perfectly and yet continued to confidently and enthusiastically encounter clients and the problems they brought. Perhaps it is this unique combination of strength and fallibility that is a cornerstone in the modeling process. If senior therapists, male or female, can demonstrate this, then clients can learn from it. If the clients are psychotherapists, they can internalize it and later go on to teach it.

Keeping some of these multifaceted issues in focus, psychotherapy with women therapists emerges as a rich and dynamic process operating on a number of levels at any given moment. From the point of view of being the female therapist, and from the positions described by these women therapists in treatment, the process is a rewarding one, which, however, is desperately lacking research data. For the future, two things seem essential to the responsible continuation of the training of female therapists: first, cross-sectional and longitudinal data about the self-image issues that all these women bring as problems to their own psychotherapy; and second, experienced female clinicians assisting younger female clinicians in becoming models for the "next clinical generation" so that the "modeling gap" continues to narrow.

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EDITOR'S COMMENTARY BY AND FOR FEMALE THERAPISTS

Florence Kaslow, Ph.D.

Judith Coché's article encompasses a fine review of the literature on therapy for therapists. Her unique perspective as a female therapist sought out by other female therapists—neophyte and experienced—fills a gap in the literature she has reviewed, which is sparse on this subject.

The amount of identification with the therapist as role model of woman and of therapist can be immense and intense. Thus, just as Lazarus and Fay's chapter underscores the powerful impact of the therapist as it is compounded when the person also functions as mentor/teacher and/or supervisor, the same profound nature of the therapist's influence on therapist-patients is described by Coché. How tremendously important then that graduate and professional education programs select carefully and train well those who will play such significant roles in others' lives. And how urgent it is for consumers of therapeutic services to be cognizant of what credentials a therapist should possess, and going beyond that, what to seek in the more amorphous realm of an effective, empathic therapist in terms of ethics, style, and personality.

There is some evidence here that treatment groups for fledgling and experienced therapists are somewhat different from those for other, more

usual patients. That therapists utilize it also as a training experience is undeniable. It is also quite likely that they may rationalize their being there as mostly for training and thus try to escape facing intrapsychic and interpersonal problems. One can speculate how safe group members might feel in the context of present and future professional peers. The risk factor might not be as high in such a "stranger" group as it might be in an in-house "colleague" group like that described by E. Coché, but it is a variable that must be dealt with consciously by the therapist. J. Coché alludes to the fact that she is likely to be more active, do more interpretation, and allow a silence to go on longer with a group of therapist-patients than in nontherapist groups. Hopefully some future controlled comparative research will evolve following this descriptive, clinical study.

Her report and discussion seem to affirm the idea that professional women want to "go for it all"; and today are seeking a well-rounded, full life that encompasses a satisfying marriage, family, and career. Some perceive group therapy with a therapist like Dr. Coché, who embodies all of this in her own life, as one pathway to that particular rainbow.