



Therapists Look Into the Mirror

A Review of

How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth

by David E. Orlinsky and Michael Helge Rønnestad

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People have known and experienced the power of talking and relating to other human beings since the earliest recorded times. In ancient times, healing or reparative talk in the context of a relationship was most frequently placed within religious practices. Also, Hippocrates, in his injunctions to physicians, emphasized the healing nature of maintaining a patient's privacy and implementing honest and straightforward communication with patients.

In the late 1800s, Sigmund Freud (1953) introduced the modern concept of therapeutic conversations, which formally developed into psychoanalysis. Freud's concepts led a host of other practitioners to focus on the reparative aspects of healing relationships, frequently expressed in the form of talking but also extended into healing communities or expressive forms of therapy. Soon thereafter, therapists, counselors, and others were describing therapeutic efforts with children, families, couples, and individuals with a variety of individual, social, and community problems.

All of these efforts, over more than a century, have produced a recognition that psychotherapy or personal counseling, whether practiced in individual, group, couples, or family settings, is a unique craft with specific skills implemented to achieve a reparative response in an individual. In this time, different models of understanding behavior have emerged, including psychodynamic, interpersonal, systems, self- or ego psychology, cognitive, behavioral, and other approaches. Each model produces a growing literature to foster its continued development. Similarly, organized research efforts, beginning with Carl Rogers (1951), have focused on examining the basic elements of the therapeutic relationship. Research efforts have developed into process and outcome studies and, recently, evaluation of specific techniques for specific disorders. There is a general consensus that psychotherapy is a cost-effective intervention for a variety of conditions, ranging from behavioral interventions for specific disorders to interpersonal psychotherapy for some forms of depression and a variety of personal problems.

In the United States, psychotherapy is practiced within a number of professions, including medicine (psychiatry), psychology, social work, nursing, and a wide range of counseling professions. At the beginning of the last century, individuals who were developing this newly emerging craft were following their hearts and minds, looking for solutions to pressing problems in individuals. Since the 1960s and 1970s, students have been attracted to a maturing professional craft with an accepted knowledge base, specialized techniques, the ethical standards of their professional home, and legal regulation in all jurisdictions.

David E. Orlinsky and Michael Helge Rønnestad enter the current scene of psychotherapy with a sophisticated curiosity about the characteristics of individuals who practice psychotherapy. Their general questions are the following: (a) How do psychotherapists develop over their career? (b) Are there professional and personal issues that positively or negatively affect development? (c) How does the development of therapists influence therapeutic work? (d) Are patterns of therapeutic work and development similar across professions, theoretical orientation, rationality, and other

characteristics, such as gender?

Orlinsky and Rønnestad succeed admirably in almost all regards. Practitioners, academic faculty, psychotherapy supervisors, and students will all find something of interest to their own perspective. Orlinsky and Rønnestad meticulously lay out their theoretical assumptions and describe how they operationalized their concepts in their scales. The Development of Psychotherapists Common Core Questionnaire is a major outcome of this almost two-decade-long research endeavor. This is a lengthy instrument (392 items) that covers many areas, including personal background; professional identification and qualifications; duration and types of clinical training experiences; retrospective estimates of career development; description of theoretical orientation and how it was shaped; experiences and attitudes about personal therapy; current theoretical orientation and approach to patients; current professional development and positive or negative influences on work and self, along with information about recent feelings in therapy with patients; current practice activities; current difficulties in therapy and coping methods for stress; and personal characteristics, including life characteristics and emotional well-being. Although the research projects that the authors describe include many research colleagues producing a number of studies in the United States and Europe, Orlinsky and Rønnestad are clearly responsible for the implementation and explication of their findings. One point needs emphasis: The authors are clearly committed to studying the person of the therapist. Their focus is the training and the personal and professional development of the therapist, with no bias for a particular theory or technique.

It is noteworthy that the various samples of psychotherapists in this research represent several disciplines, have a variety of theoretical origins, and practice in institutions, agencies, and independent practice. When viewed as a group, these therapists want to help patients gain a strong sense of self-worth and identity. The therapists report feeling highly involved and committed, with intuitive skillfulness. Therapists in this sample rate themselves as being effective and relating to their clients in an affirming style.

Orlinsky and Rønnestad present three factors as core concepts in understanding the positive and negative development of functioning therapists. These are *Healing Involvement*, *Stressful Involvement*, and *Controlling Involvement*. No matter what stage of personal or professional development one is in, one or more of these factors play a role in individual functioning. Put very simply, a neophyte therapist who is feeling challenged by a difficult patient (Stressful Involvement rather than Healing Involvement) may find it difficult to learn in supervision (Stressful Involvement) or to express authentic expertise in the therapeutic encounters (Controlling Involvement). Readers would be well advised to parse the meanings of these three variables to see the intertwined impact of these factors in therapist development.

Most intriguing to me was the notion that supervision, which most senior therapists see as the most useful part of their professional development, can also be problematic and stressful, particularly for therapists in training. Experienced therapists routinely use supervision and consultation to deal with stressful experiences. Of course, they can choose the consultant. Although therapists in training also value supervision, the evaluative or critical aspects of teaching supervision may increase stress associated with working with challenging patients. On the basis of the research, Orlinsky and Rønnestad make a variety of recommendations for training in psychotherapy. They emphasize that, for all trainees, attention should be paid to selecting appropriate cases and providing supervision experiences that facilitate growth. In this way, a neophyte's initial cases will reinforce Healing Involvement, address and limit Stressful Involvement, and support the positive aspects of Controlling Involvement in the treatment relationship.

Researchers with an interest in personal and professional growth, vocational development, scale construction, factor analysis, and sample selection will find much to stimulate their professional interests. Many practitioners in the healing arts experience training and professional stresses similar to those of the psychotherapists examined in this research. An instructive project for future researchers would be to examine the development of a variety of health practitioners who face similar dilemmas, including acquiring practical and theoretical knowledge and learning treatment techniques from a variety of teachers and supervisors while responding to the needs of vulnerable patients. Orlinsky and Rønnestad should be congratulated and thanked for producing a model of work for future researchers and practitioners to build on.

Depending on their perspective, many readers will find this book useful. Practicing therapists will learn something about their own individual development and how they compare with others. Practitioners will have a clearer sense of what makes them satisfied and energized in their work and also what depletes them. Practitioners will find quite useful two scales in the appendix: the Work Involvement Self-Monitoring Scale and the Professional Development Self-Monitoring

Scale. Practitioners can use these scales to evaluate their functioning. Teachers and supervisors of psychotherapists will be stimulated by the recommendations for training, supervision, and practice in Chapter 12.

In summary, there is something for all manner of people in this well-conceived and clearly written book. Researchers have in it a model for studying cohorts of professionals, particularly psychotherapists. Training program directors will obtain ideas on relevant issues in training and how to develop confident and flexible practitioners. Students will know more about the stressful and healthy ways to cope with a demanding professional craft.

References

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