

THERAPIST AS MOTHER, AND MOTHER AS THERAPIST:  
THE RECIPROCITY OF PARENTING AND PROFESSION FOR FEMALE  
PSYCHOANALYTIC PSYCHOTHERAPISTS

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## ABSTRACT

This qualitative study explored the relationship between the professional and mothering lives of female psychoanalytic (psychodynamic) psychotherapists. Nine participants completed semi-structured telephone interviews containing questions about the mutual influence of the roles of mother and therapist and the worldview of participants. Participants ranged in age from 36-57, had an average of between 1 and 2 children, were working from 6-35 hours per week at the time of the study, and were recruited nationally. Data were analyzed using interpretive phenomenological analysis, which focused on participants' unique narratives as well as themes that were common across participants. The 14 themes that emerged from the data were compiled into four master themes: 1) Motherhood changes everything; 2) Insight changes everything; 3) Therapists' experiences of motherhood are complex; and 4) Therapists have a worldview that encompasses their parenting and professional lives. Findings demonstrated that, in this sample, psychoanalytic therapist-mothers are influenced in their maternal roles by their roles as therapists and are influenced in their roles as therapists by their maternal roles. Results also suggested that psychoanalytic therapists and mothers have several qualities in common, and that there is a way of being in the world that is inherently psychoanalytic for these participants. The study is situated within the following literatures: the subjective experience of mothers; the role of the maternal in psychoanalytic thinking; the influence of work on motherhood and motherhood on work; the personal life of the therapist; personal qualities of psychoanalytic therapists; and psychoanalytic parenting. Further, this study is the first to explore these particular ideas with a sample of psychoanalytic therapists.

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## CHAPTER I

### INTRODUCTION

Psychoanalytic theory at its foundation is replete with ideas about the role of the mother and the meaning of the maternal, ideas that have evolved substantially over time alongside concurrent shifts in American culture. Of the cultural changes over the last half-century, certainly one of the most monumental has been the entry of women into the workforce, the subsequent management of both work and family, and the accompanying societal attempts at defining and understanding contemporary womanhood and motherhood. Although the analytic field from its inception recognized the unique importance of the mother in terms of how she was experienced by her child, it was not until the development of relational models that she came to be acknowledged as a complete human being on her own. Many voices—political, sociological, economic, and others—have jumped into the fray of debating the meaning of modern, or postmodern, motherhood, and psychoanalytic voices are among them. This paper will contribute another voice—nine of them, in fact, each belonging to a study participant—that provides a perspective on numerous aspects of mothering and of working from the angle of those mothers who are also psychoanalytic therapists.

As described by Donald Schwartz in Cohen, Cohler, & Weissman (1984), becoming a parent is a “developmental continuity” (p. 357) beginning with the parent’s own birth and increasing in complexity until ending with parenthood, which is “an integral part of a parent’s personality, influencing and influenced by all aspects of the parent as a person” (p. 358). For a parent who is a woman, her relationship with her child starts during pregnancy, and motherhood is even more dramatically seen as a

transformational event—what Fenster, Phillips, & Rapoport (1986) term a “reorganization of [her] self-concept” (p. 116)—that affects her on multiple, overlapping personal and professional levels. If a mother’s profession is psychoanalytic psychotherapy, she will use her awareness of herself to guide her in understanding the subjective experience of patients, and thus she will likely find, as noted in Derry (1992), that the personal (mothering) and professional (therapy) aspects of living are in many ways intertwined. This is not a simplistic weaving together, but something much more tangled and elusive to grasp. Joan Offerman-Zuckerberg (1992) gives a sense of these mixed-together strands when she describes being a mother and an analyst:

As analysts, we are all constantly immersed in the stuff of parenting. . . . We make ourselves available as ‘self-objects’ . . . . We are used as reflecting, mirroring agents . . . . We are ingested, identified with, split into good and bad parts, and rebelled against. We are emotional containers and catalysts. . . . [W]e try to facilitate the emergence of a separate self. . . . At times, we allow for a kind of benign symbiosis . . . . [We] care about a broad range of affects. . . . Dynamically speaking, if this isn’t the stuff of parenting, then what is? (p. 205).

This type of work requires a certain type of being. Some writers (e.g., Farber, 1983) have noted that certain personality characteristics—such as introversion and psychological-mindedness—are common in people who are drawn to analytic work (see McWilliams, 2004, pp. 27-45, for an in-depth explanation of “the psychoanalytic sensibility”). Charles Mark, in Cantor (1990), explains the therapist’s choice of theoretical orientation in this way: “For the clinician, all psychological theories or methodologies are grounded in assumptions about human nature and a world view. A thorough inspection of a theoretical approach and its origins reveals the central values that are embedded within it. Accordingly, it is these implicit value statements that serve as a source of ‘resonance’ to that particular orientation” (p. 36). Thus, the connection

suggested here between motherhood and therapy for female psychoanalytic psychotherapists could be understood as reflecting the therapist-mother's emotionally purposeful and meaning-seeking and -making way of being in the world. This common foundation informs these two aspects of the therapist-mother's life, such that the two are not separate and unrelated parts of her but rather are outward manifestations of her underlying belief system. However, based on the research described above, one can also posit causality in the motherhood-therapy relationship, that being skilled in one of these areas could potentially result in increased skill in the other.

Following this conceptualization, then, one can imagine a type of idealized, modern "psychoanalytic mother" who believes in "good enough" mothering both at home and at work, who uses what she has learned in her training and personal therapy or analysis to inform her parenting, is as attuned to her children's needs, and who engages in ongoing analysis (self- or otherwise) to detect places in childrearing where she may find her own issues (re)surfacing. No doubt there are such mothers (and, of course, they exist outside the psychoanalytic profession as well), but they are not the whole picture. Even that snapshot alone ignores that therapist-mother's daily challenges of mothering, the interpersonal tug-of-war she may be aware of but still enacts, the sacrifices in her career that she might have to make, the potential pain of that self-analysis. Further, even though a psychodynamic clinician may be a dedicated mother and someone who is reflective in her personal life, it may not necessarily be the case that such qualities are able to be translated into action. There are many potential reasons that could create such a discrepancy: a financial situation necessitating full-time work during a child's infancy, marital challenges, a child who is extremely difficult or demanding for one reason or

another, family challenges such as tending to an elderly or ill parent or other child; and the list goes on interminably, it seems. In such situations, there well may be women who want to be involved in a certain way as a mother, but who are unable to do so, who feel guilt, sadness, anxiety, anger over their predicament.

There are also certainly women who are stimulated greatly through their profession and who may prefer working to being home with their children, either sometimes or all the time. There are psychoanalytic therapists who have invested themselves in achieving deep personal understanding and those who are satisfied with a different level of self-awareness; there are those who have succeeded at either of these in whole or in part by the time they are mothers, and those who have not yet done so. And there are psychoanalytic psychotherapist mothers who, like all mothers, fall all along this continuum—women working part-time and full-time, taking time off to be home with children and/or entrusting their children's care to others out of necessity or desire (or some combination of the two), changing jobs for family reasons, feeling varying degrees of satisfaction and happiness with their lives. There is no one way of mothering, or one right way of mothering; nor does mothering lend itself to facile explanations or descriptions.

As a transformational event, mothering is a complex and powerful part of many women's lives, and its vagaries of experience have been explored in feminist psychology and developmental psychology over the last forty or so years—a time when women entered the work force and family structure began to change (Chrisler & Howard, 1992), and when significant advances were made in the field of child development (Karen, 1994; Stern, 1977). We know from these literatures that there are many types of mothering

experiences and that there are particular things that children need at particular levels of development. While the voices of all women are important to a discussion of mothering, women who are psychoanalytic psychotherapists are in the unique position of working in a profession that itself reflects certain “mothering” qualities (Winnicott, 1956), that exposes therapists to training about the significance of mothering, and that not infrequently provides intimate clinical encounters with individuals who may be conflicted about their own or their mothers’ mothering. They are also involved in a profession that rests on the values of self-reflection and self-awareness, making it likely that they have already explored their own feelings around motherhood, or are in the process of doing so, and that it would feel natural for them to contemplate the subject. And finally, they are members of a profession whose history, as it has evolved over time, is filled with the significance and meaning of the mother and the maternal, as will later be discussed in depth.

Given that psychoanalytic theory has a great deal to say about mothers, what do women who are mothers and psychoanalytic therapists have to say about mothering? What narratives do they weave from the various strands of their personal and professional lives? What are their individual experiences along the continuum described above, and do they share any commonalities? Do they try to parent analytically, and what does that mean to them? How are their roles as therapists and mothers affected, each by the other? This study was meant to explore these and other related questions.

## Statement of Purpose

This theoretical framework and the literature review that follows were used to guide the construction of a questionnaire for therapists who are mothers, and these therapist-mothers were interviewed with the goal of understanding their individual experiences in order to shed light on this underexplored area of research. To date, the literature on the experiences of mothers who are psychoanalytic therapists is sparse, to say the least. There is substantially more written about the effect of the therapist's pregnancy, which was the topic of some of the first psychoanalytic writing "acknowledging the influence of changes in the analyst's real-life circumstances on the patient's transference" (Shapiro, 2002, p. 225). Claire Basescu (1996) comments, "In terms of what was in the literature, once the children were born (i.e., no longer physically in the room), it was as if they were no longer an issue. . . . Perhaps there is so much more literature on pregnancy because pregnancy is a literal physical 'intrusion' which even analysts committed to a model of analytic anonymity cannot ignore or deny" (p. 105). This study will thus add to the slowly growing literature on the experiences of female psychoanalytic psychotherapists after they have had their children and have had parenting experience. To my knowledge, there is no current published study that focuses on psychoanalytic practitioners and that is designed to qualitatively examine their mutual experiences of motherhood and profession, and thus this study will also fill that gap in the literature. It is the overall goal of this study to provide insight into a complicated and highly personal work-life issue through using methods that allow for rich and textured understanding of unique experience rather than methods that obscure individual participants' stories. This insight will add to the research on variables that occur "beyond

the consulting room” (Ragen, 2008) but have their effects within it, an area of research that has been of increasing interest in the last several years. In addition, the study will provide information on how psychoanalytic therapists mother, and how they see themselves as mothers—information which could illuminate an aspect of the profession that is not yet well understood.

### Review of Relevant Literature

Despite the complexity involved in contemplating the myriad of ways motherhood and therapy could influence each other in the mind of the person living the experience, it is possible and necessary to make some general connections by following some of these strands to their conclusions. Doing so first requires breaking down a complex relationship into more superficial and more easily clarified parts. Indeed, there is a small body of research that has examined the effects of a psychodynamic therapist’s motherhood on her practice of psychotherapy. These studies indicate that, once they become mothers, therapists report having increased empathy for their patients and their patients’ mothers (Derry, 1992; Lappen, 1993); having clearer and firmer boundaries with patients (Derry, 1994; Fenster, Phillips, & Rapoport, 1986; Lappen); and having a fuller understanding of developmental issues in their patients (Derry, 1992; Lappen).

In a phenomenological study examining the influence of being a mother on participants’ professional identities as social workers and psychologists, Derry found that “maternity influenced the felt importance of professional life” (p. 156) and that mothers spent less time than they had previously worrying at home about clients. Korol (1996), in a narrative of her own experiences, notes that “[t]he process of becoming a mother and raising children adds a layer of emotional richness and practical wisdom to the therapist’s

experiences” (p. 106). Lappen (1993), in her questionnaire-based study of psychoanalytic therapists with preschool-aged children, found that mothers experienced changes in their sense of self (in areas such as maturity, compassion, awareness of limitations, and others) and changes in a number of factors that influenced their profession (for example, greater confidence in their clinical abilities and increased willingness to not follow the “rules” of therapy, among others). Derry (1992), in what she describes as a “composite case study,” additionally found that therapists who became mothers were able to identify with parents more, such that their “idealism about parenthood [was] deflated” (p. 30). She notes that “[i]n being less idealistic about parents, the clinicians are more forgiving of the parents’ limitations; in being less idealistic about children, they are clearer-eyed about the negatives in children.”

There also exists a small literature suggesting that an effect can go in the other direction as well: that the psychotherapist’s work—with the mindset and training that such work supposes, as well as with the practical issues posed by working—can reach into her experience and practice of motherhood, in ways that are potentially positive or negative (Basescu, 1996; Fenster, et al., 1986; MacNab, 1995; Marlin, 1988). With the exception of Fenster et al., this literature appears to consist solely of first-person descriptions by psychoanalytic therapist-mothers. Research on parenting by Farber (1983) found that some therapists, the majority of whom described themselves as classical, took a more neutral attitude in their personal lives in general and were less emotionally involved with their families. Importantly, however, this study did not account for gender, and thus the results may be confounded by that construct.



On the other hand, first-person accounts by female psychoanalytic writers (e.g., Basescu, 1996; de Marneffe, 2004; MacNab, 1995; Wilkinson, 1996) point toward active awareness of the integration of psychoanalytic knowledge with mothering, with results that by turns feel hopeful and hopeless but certainly not disengaged. After she became a mother, MacNab, who is both a social worker and a psychologist, found that, unexpectedly, “[m]otherhood brought me increased discomfort with certain of the memories and associations I was hearing from my patients. I recognized similarities at times to what I was saying to and hearing from my own children. . . . Was I too involved with telling my children what to do instead of listening to them? Would my children be blaming me for their difficulties?” (p. 38). She goes on to discuss the difficulties of “power and control as I struggle to set limits with my children, without the benefit and clarity of the therapeutic agreement” (p. 43), but also notes that her work as a therapist “brings important knowledge to my family life; that is, the inevitability of suffering and the immense healing capacities of compassion for myself and my family” (p. 44). Wilkinson (1996) believes that “despite all the brooding and guilt, being an analyst can positively infuse our mothering. . . . And, of course, we do manage to teach what we know; it can be a joy when, after all the struggle, we find that our kids have become empathic, introspective individuals” (p. 551). And Marlin (1988) found her analytic training experience helpful in understanding her own child (p. 475).

In contrast to this somewhat sparse literature on psychoanalytic therapist-mothers, there is a long and storied history in the theoretical psychoanalytic literature of mothers, mothering, and the concept of the maternal. Through it, we have the opportunity to trace the changes over time in concepts such as ‘the good mother’ and ‘the good enough

mother' (see Thurer, 1993) and the 'holding environment' (see Slochower, 1996). We can examine the intrinsic role that mothers, real and fantasied, have played in the development and evolution of psychoanalytic thought—from Freud's time to the emergence of various subtheoretical orientations, to the rise of feminist psychoanalysis, to modern-day relational views. Particularly since the rise of feminism, it provides us with the writings of women practitioners reflecting on the meaning of women, mothers, and psychoanalytic work. Given its relevance to the research at hand, the rich theoretical literature in these areas will be briefly examined here.

In her thinking about maternal metaphors in psychoanalytic theory, Slochower (1996) notes that the idea of Winnicott's holding environment and Bion's container both created the assumption of the therapist as mother and the patient as baby (p. 195). Slochower remarks that such maternal descriptions of the (male or female) analyst suggest "that the analyst/mother can, and should, be sufficiently identified with the patient/baby's needs to provide the appropriate, emotionally responsive atmosphere in order to facilitate growth" and that "[d]uring moments of holding, it becomes essential that the analyst be experienced by the patient as nearly absolute in the capacity to hold the patient" (p. 197). More recently, notes Slochower, relational theorists have come to view this longstanding maternal metaphor critically, pointing out that it "places the analyst in an authoritarian, positivist position vis-à-vis the patient/baby. The maternal analyst would seem to know what the patient needs and also how to meet those needs. The analyst apparently does not experience conflict, either about meeting the patient's needs, or about the tension between those needs and the analyst's own" (p. 198). The relational perspective supposes that such a therapeutic situation is one in which "both

patient and analyst are deprived of an experience of mutuality” (p. 199) and argues for “a more complex view of mothering” (p. 200).

Slochower herself comes down in the middle of these views, stating that “it is clear that the maternal metaphor does not adequately describe the totality of either party’s experience” but that “if we absolutely embrace the notion of mutuality...we may ignore or override those ways in which the patient may not yet be capable of mutual interchange” (p. 201). She goes on to discuss how the maternal metaphor in analytic work is important but is not everything—just as is the case with parenting:

I believe that there is an aspect of psychoanalytic process that is experienced by the majority of patients to be like parental holding, and sometimes as the first such holding....This dimension may most often be a background factor; I nevertheless believe that the presence of the parental element is a powerful one in many treatment situations....[p]articularly... if we can include the parent’s subjectivity in this metaphor. There is, of course, much of child care that is different from psychoanalysis, and much of analytic process that goes beyond the holding theme....Ultimately, we all hope that our children will move toward an increasing ability to take us in—as real people, both objectively and subjectively perceived....I believe this to be true of psychoanalytic process as well” (p. 215).

Thurer (1993) examines the history of another maternal aspect of psychoanalytic theory, that of the “good mother,” who along the way becomes the “good enough” mother. Freud’s drive theory, as a one-person model, regarded the mother as crucial to the infant solely as a means of satisfying needs; as Thurer describes it, “[T]he mother [Freud] places center stage is not a flesh-and-blood differentiated human being with a personality and desires of her own, as much as a container for drives, a mechanistic needs-satisfying object” (pp. 520-1). Given the perceived lack of recognition of a real, live mother, the idea of the infant’s projections onto the maternal object and parts thereof

came to be central, and is perhaps most familiar in Melanie Klein's work (p. 522). Thurer notes that Freud did come to include mothers, and fathers, with the reality principle, the ego ideal, the concept of identification in mourning, and the oedipal complex (p. 523), but that he never addressed the first year of life (p. 524). Hunt & Rudden (1986) note as well that "the significance of being a mother serves as a cornerstone for Freud's understanding of female psychology" (p. 214). At the same time, however, concepts such as penis envy and oedipal strivings were obviously male-centered and devalued the mother's role in favor of the father's. Shapiro discusses Karen Horney's turning of some of Freudian theory on its ear in asking "whether men don't envy women's fecundity and whether that envy has been the basis for the dread of women and the need to disparage them" (p. 225).

With the rise of object-relations theory, mothers entered the picture as whole people, and the profound importance of the early mother-child relationship began to be better understood. The work of John Bowlby, René Spitz, and W. R. D. Fairbairn, among others, illuminated both the existence of and the essential need for the infant's secure attachment to the mother and provided, for the first time, understanding of how such attachment works. Thurer points out, however, that there was a downside for mothers. She states, "Mothers came to be viewed as all-powerful figures, and what they did, especially during the first few weeks of an infant's life, underwent microscopic scrutiny. Good mothering became not only crucial but highly specific—simplistically speaking, she must neither 'over-protect' nor 'reject' or 'deprive.' She must offer 'tender loving care,' 'ordinary devotion,' 'attachment,' 'bonding,' 'empathy,' 'mirroring,' and allow herself to be 'idealized,' all the while allowing 'optimal frustrations'" (p. 527). However,

such expectations, and the mother-blaming that ensued, were made more palatable by Winnicott's concept of "good-enough mothering," which suggested that these capacities were in reach of the typical mother on a daily basis (Thurer, pp. 533-4).

Other significant theoretical contributions about mothering came from Margaret Mahler's focus on mother-infant symbiosis and rapprochement, and from Heinz Kohut's ideas about mirroring by the good selfobject (Mitchell & Black, 1995; Thurer, pp. 533-6). Not until the emergence of more recent traditions, however, did "the singularity of the influence of the mother [diminish]" and other relationships and environments come to be seen as important factors in the infant's development as well (p. 536). Further research and theory in the 1970's and '80's (e.g., Beebe & Lachmann; Chess & Thomas; and others) brought to light the infant's contribution to the relationship and illustrated the importance of a good match between mother and child (p. 536-7).

We see, then, from Thurer's analysis, that the mother in psychoanalytic thought has progressed through time from a piecemeal recipient of the infant's drives to a whole person who may or may not fit optimally with her infant. However, up to the point we've reached so far in this overview of the maternal in the psychoanalytic tradition, the mother remains seen not on her own and in her own right, but in relation to, and through the eyes of, her child. What about her own self-development, her own needs, her own reactions to her baby and mothering? Such were the questions of the feminist psychoanalytic movement, which began the process of bringing the real mother, and the complexity of her mothering, from the outside of the discussion to the center.

Shapiro (2002), in her essay on the history of feminism and interpersonal psychoanalysis, notes, "Over the course of the last century feminist theory and political

feminism repeatedly intersect with psychoanalytic practice and theory. Theories of similarity and difference between men and women, and beliefs about women's sexual desires and maternal 'instinct,' go in and out of fashion" (p. 222). At the start of this winding path are the female analysts Freud believed would work better with certain patients, as well as Freud's first patients, who, as we know, "were often women raised in traditional families, straining to have sexual and intellectual lives of their own" (p. 223). Certainly, the disavowal of sexual trauma brought about by Freud's oedipal theory is a well-worn stone on this path, as are the repercussions for the women whose abuse was interpreted as wishful fantasy. Shapiro states that several women analysts, given the shaming environment of the time, remained silent about abuse they themselves had experienced (p. 223).

These women were followed on the historical path by the women of the post-World-War-II United States, who lived at a time when "[t]he sign of financial success and middle-class rectitude was the stay-at-home wife devoted to her children" (Shapiro, p. 239). Next came the women of the sixties and seventies, the era when political feminism erupted but "before psychoanalytic feminism had provided a new lens with which to understand women's lives [and thus] was seen by many feminists as the enemy" (p. 244). By the late seventies and eighties, one of the negative aspects of the complicated cultural response to the feminist movement was that "mothers were bombarded with the image of supermom, the woman who effortlessly combined career and motherhood" (Turkel, p. 166). (This researcher would argue that that cultural myth continues in some form even today.) Turkel, writing in the mid-1990s, when the attachment literature had really entered the mainstream, notes that many women at that

time started to stay home: “The implication [of attachment] is that any maternal employment runs the risk of serious consequences. Imbued with the idea that a perfect mother leads to a perfect child, we now see women staying out of the workplace altogether. This view, suggesting that the infant will be molded directly by the mother without recognizing the contributions made by the child and the father or any appreciation of the triad’s interaction, makes the mother omnipotent and totally responsible for psychopathology should she fail” (p. 166).

But, starting in the 1980’s, notes Shapiro, and moving into the present day, feminists from social science backgrounds, having experienced the marked personal and political changes of the previous decades, began to combine psychoanalytic theory in an interdisciplinary manner. Academics like Jessica Benjamin, Nancy Chodorow, and Adrienne Harris—all leading figures in the modern analytic tradition—entered psychoanalytic training. The result was transformative, for, as Shapiro notes, “[t]he social criticisms developed in other fields and imported by [these women and others] expanded the vocabulary available for psychoanalysis. We sought to understand a greater complexity and diversity of human paths.”

This recognition and exploration of greater complexity for mothers and their intersubjectivity involved the acknowledgement of the challenges and the joys of becoming a mother. ‘Maternal ambivalence’ and ‘maternal desire’ entered the psychoanalytic lexicon, and the world of mothers in psychoanalytic theory became owned by mothers themselves. Baraitser (2006) writes about this shift: “The cost of the psychological work involved in moving from womanhood to motherhood is beginning to be recognized in the psychoanalytic literature, too. Within it is an acknowledgement of

the debt psychoanalysis owes to the mother as a key model who has been plundered for metaphorical significance and then abandoned when it comes to applying psychoanalytical insights to helping mothers understand their complex reactions to mothering” (p. 220). Lombardi (1998), in describing maternal desire and the love a mother has for her child, explains that understanding intersubjectivity in the mother-child relationship is good for both mothers and children: “[M]others have needs of their own to be received, recognized, and expressed, and . . .these needs, in and of themselves, not only are not harmful, but also are necessary to [the child’s] psychic formation” (41-2).

De Marneffe (2004) writes that maternal desire at this time was something just beginning to be understood. She describes Chodorow and Benjamin as women who, as the daughters of forties and fifties mothers, necessarily focused on how there were other ways of raising children than just being “in a narrow domestic sphere.” In contrast, “daughters of sixties and seventies mothers . . .needed to solve something different: namely, how to take advantage of the access women had gained in the workplace while not shortchanging their desire to mother” (p. 64). Even though there was acknowledgement in the literature that motherhood could be gratifying, then, there was not an awareness of just to what extent it could be so, as de Marneffe notes: “[T]his gratification was never treated as a motivator or first cause; the desire to mother was not fully articulated, almost as if it were politically suspect or theoretically inconvenient. And yet viewed from today’s perspective, this is exactly the matter we need to understand more fully” (p. 64).

Added to this mix were the theorists along the way who made it clear that understanding mothers rests on the recognition of mothers as being comprised of a



multiplicity of perspectives rather than being defined as one unified group. Featherstone (1997) emphasizes that motherhood is not one-size-fits-all: “What is lost in the process [of assuming clear-cut and uniform effects of mothering] are accounts of maternal subjectivity which can take into account the ways that fantasy, meaning, biography and relational dynamics inform individual women’s positions in relation to a variety of discourses concerning motherhood” (p. 7). Along the same lines, Lombardi (1998) compares one- and two-person psychologies, and notes that “consonance within the two-person frameworks of relational models requires more than a revisionist version of the unity between mother and child. It requires that the separateness and integrity inherent in mother and in child and the search for relatedness within that context be considered” (p. 34).

Ideally, given these understandings, room is created for mothers of all types—those who stay home, those who work full-time, and those who do some of both. Mothers trained psychoanalytically have some sense of what matters for their children, but they are also aware of what matters for themselves, and how the two affect each other. Importantly, as Featherstone notes, these things that matter are not only not mutually exclusive, they are complementary and interrelated:

[W]e need to maintain the paradox between our earliest desires for a mother who is a need-satisfying other and our desires to be in control of our own lives. An emphasis on intersubjectivity also reminds us that our desires and pleasures are not separate from those of others, that helping to promote the pleasures and desires of children is part of the pleasure of mothering. Mothering is not all joy, but it is not all sorrow either. Let us hold on to both; let us not deny the ambivalence, either in practice or theory” (p. 12).

De Marneffe (2004) takes this idea even further, emphasizing that, although “scarce is the notion that a woman might find caring for children to be an authentic expression of her subjectivity,” recent infant-mother research in fact lends support to that very idea: “[T]he research gives us more explicit knowledge about something that usually remains implicit: the activities of mothering can and often do contribute greater complexity of personality to both child and mother, and in that process mothers can and often do find enormous meaning and satisfaction” (pp. 88-9).

Contemporary psychoanalytic psychotherapist mothers are women who know what children need psychologically, and who presumably are engaged in understanding, or trying to understand, their feelings about motherhood. In addressing the relationship between children and their parents, there have been a number of parenting books over the years informed by a psychoanalytic sensibility and written for a lay audience—Greenspan & Greenspan’s The Essential Partnership (1989), Bettelheim’s A Good Enough Parent (1987), Brazelton’s Touchpoints (1992), Leach’s Your Baby and Child (1997), and Novick & Novick’s Emotional Muscle (2010), to name only a few. Toronto (in press) has written a parenting book using a first-person narrative. But what does parenting within this framework look like in action, particularly when it is done by psychoanalytic therapists? And does a psychoanalytic mother actually parent differently from other mothers? What does it mean to deeply love mothering and to also need to follow individual passions unrelated to children? And as Wilkinson (1996) asks, “Are we being ‘good enough’ analysts? Are we being ‘good enough’ mothers?” (p. 550). These are some of the additional areas of inquiry addressed in the research study described herein.

## CHAPTER II

### METHODS AND MATERIALS

Qualitative research methods were used in this study, which examined the experiences of women who are both psychoanalytic psychotherapists and mothers and the effects each of these roles has on the other. A description of the study and its specific qualitative design begins this chapter, followed by sections on methodology focused on participants, interviewer background, materials, procedures, data analysis, and ethical considerations.

#### Type and Design of Study

A qualitative research design was chosen as appropriate for this study because of its goal of gathering rich data about the lived experience of this understudied subject population. The study is considered to be what Merriam et al. label a “basic interpretive qualitative study” and what Brown & Locke (in Willig & Rogers, 2008) term “interpretive phenomenological analysis” (p. 381). Merriam et al. note that, as in other types of qualitative research, in this type of study “the researcher is interested in understanding how participants make meaning of a situation or phenomenon, this meaning is mediated through the researcher as an instrument, the strategy is inductive, and the outcome is descriptive...[Y]ou seek to discover and understand a phenomenon, a process, the perspectives and worldviews of the people involved, or a combination of these” (p. 6). However, the sole purpose of a basic interpretive qualitative study is to investigate “how people interpret their experiences,...how they construct their worlds, and...what meaning they attribute to their experiences” (p. 38). Thus this type of study differs from other qualitative research, which has these same purposes at their base but

also include additional goals, such as building substantive theory (as in grounded theory) or understanding individuals' interaction with their culture (as in ethnography; p. 38).

### Participants

The researcher interviewed 10 total participants about their experiences as psychoanalytic psychotherapists and mothers. To meet criteria for inclusion in the study, participants were required to be female psychodynamic psychotherapists who were currently practicing clinically and who had been in post-degree practice for at least two years. In addition, they had to have at least one child, biological or adopted at birth, who currently lived at home. For the purposes of this research, psychodynamic psychotherapists had to identify themselves as psychoanalytic practitioners and fall into one of the following categories: (1) clinical, developmental, or personality psychologists who were trained in a psychodynamic graduate program or had a psychodynamic concentration in their training program, or who had psychoanalytic training or experience post-graduate; (2) school or counseling psychologists who have had post-graduate psychoanalytic training or experience; or (3) social workers or other master's-level clinicians who had post-graduate psychoanalytic training or experience. These criteria were designed to include in the study participants who showed a demonstrable commitment to a psychoanalytic point of view, as opposed to those who may consider themselves psychodynamic but who have little actual experience with psychodynamic theory.

Fourteen individuals participated in telephone screens to determine their eligibility, and 12 were determined to be eligible. The researcher was not able to guarantee the confidential protection of one of the eligible individuals due to her unique

circumstances, and the researcher scheduled an interview with another eligible individual who found herself unable to participate at that time. Of the 10 interviews that were subsequently conducted, one was considered invalid, and thus nine were used in data analysis.

The sample of nine participants consisted of Caucasian women, ranging in age from 36-57, with children ranging from ages 2-15. One participant was partnered and the remainder of the sample was married; all current partners were opposite-sex. On average, participants had between one and two children. Participants included two social workers, three clinical psychology Psy.D.s, and four clinical psychology Ph.D.s. All were working in private practice at the time of the interview, with some working additionally as supervisors or part-time in other outpatient settings. Two participants were currently working 35 hours per week, with the rest working hours ranging from 6-30 hours per week, with a mean of 20 hours. Participants hailed from the East Coast, West Coast, and Midwest, with most living in large cities, some in suburbs or communities near a large city, and one in a town. All participants have had their own personal long-term psychotherapy or psychoanalysis. When asked to identify their subtheoretical field within psychoanalytic theory, participants endorsed the following: 8 of 9 identified themselves as relational; 7 of 9 identified as object-relational; 4 of 9 identified ego; 3 of 9 identified self; and two wrote in “interpersonal.” All identified as working with more than one subtheoretical field; one participant described her practice as “eclectic psychodynamic with a dose of reality and practicality.” None of the participants endorsed drive theory as a subtheoretical field that they draw upon in their clinical work.

To ensure the confidentiality of participants, certain personal details about each were changed and some intentionally fabricated in this paper.

### Researcher Background

The investigator in qualitative research is considered to exert an influence over the data, and thus the researcher's self-awareness is an important aspect of the research process. In keeping with this approach, the researcher engaged in what McCracken terms a "cultural review" (p. 32), the details of which follow. McCracken notes that "[t]he object of this step is to give the investigator a more detailed and systematic appreciation of his or her personal experience with the topic of interest. . . . The investigator must inventory and examine the associations, incidents, and assumptions that surround the topic in his or her mind. . . . [In terms of questionnaire construction, it] is an opportunity to identify cultural categories and relationships that have not been considered by the scholarly literature. . . [and that then] become the basis of question formulation" (p. 33).

I am a 42 year-old, married, heterosexual, Caucasian woman who has two elementary school-age girls. Prior to having my own children, I had not been around children in a meaningful way. I had my first child while taking classes and after having had several years of clinical training during graduate school; I then took an extended time off to be with my children before continuing in my program. My own experience of my parenting and professional worlds affecting each other first occurred during my first pregnancy, when I had to leave classes and a practicum earlier than anticipated, and it has continued ever since, in ways that have been at times easy and helpful and at other times highly challenging. I have intentionally sought understanding in my own parenting through my own long-term personal psychodynamic psychotherapy and through what I

have learned about child development, attachment, and the development of the self and other psychoanalytic constructs through my coursework, training, and clinical work. I have devoured parenting books as an avocation and searched for others who had similar beliefs about raising children. In my first child's early years, I was also fortunate to find a playgroup at a college lab school and found much-needed support among its members and leaders for thoughtful, developmentally focused parenting.

I have also been profoundly influenced in my clinical work by my experiences with my own children. When I began seeing clients again after having my first child, I felt a tremendous personal change that has only continued to deepen as my children grow. With clients coming in for parenting work, I gained a sense of the experience-near quality that comes from having been there. Child clients, previously not a natural fit for me, became comfortable to relate to. And with adolescent and adult clients, a new world of possibilities opened—one in which my perspective changed, in which I could hear and experience developmental aspects of the client in ways I hadn't before, and in which I related to clients (and their invisible-to-me parents and/or children) in a more intuitive way. At the same time, I was the typically exhausted, multi-tasking mother familiar to many of us, sometimes working and sometimes taking time off to be with my children, and this changed everything—how I related to clients, how I related to my work, how I related to myself and to others.

These aspects of my own experience provided much of the breeding ground for the questions I asked of the therapist-mothers I interviewed for this research. I wondered how they as a group might be similar, given that they are all informed by the same professional viewpoint, and different, given that they are all unique individuals with

different histories. This topic is such a personal one for me that I could not help but feel a resonance with them as we talked, and a kinship in some of our professional and personal experiences. However much my personal voice enters into the dialogue, though, the goal of this research was to use these ideas as a jumping-off point for participants' ideas and experiences. The stories here are their stories and the meanings their meanings, and they are rich in their offerings. I was constantly aware of my presence and my need to remain as neutral and as objectively curious as possible, so that they could share their personal and professional lives with me. Almost all participants did ask me at some point, either during the interview or afterwards, about my own professional goals and about whether I was a mother, and I answered their questions honestly, with the goal of disclosure being to facilitate participants' comfort with speaking to me.

## Materials

### *The Telephone Screening Interview*

The telephone screening interview (see Appendix A) was designed to determine the eligibility of potential participants in the study. Interested individuals responded to a series of questions relating to inclusion criteria, and if criteria were met, the researcher explained the topic of the study, the estimated participation time, and the compensation provided for participation. Eligible participants were then scheduled for a telephone interview and were sent demographic forms to complete and return to the researcher. The researcher also sent them an explanation of the study, approved by the Institutional Review Board, in lieu of a consent form, so that participant anonymity would be preserved through the lack of signatures. As described above, there were individuals who were eligible for participation but who could either not be guaranteed confidentiality due



to personal circumstances or who were unable to schedule interviews at mutually convenient times.

### *The Demographic and Basic Information Questionnaire*

The two-page Demographic and Basic Information Questionnaire (Appendix B) was developed for this study in order to obtain detailed information about participants' families, personal and professional psychoanalytic history, work experience, childcare, and subtheoretical orientation. It was sent to participants considered eligible for inclusion in the study after they had successfully completed the telephone screen.

### *The Semi-Structured Interview*

The semi-structured interview developed by the researcher for this study (Appendix C) was designed to elicit information about the ways in which participants have potentially experienced the reciprocal influence of being a psychodynamic therapist and a mother. Although there is much interweaving of the constructs of interest, the interview is divided for organizational purposes into two parts—Part I: “The Effect of Being a Mother on Being a Psychoanalytic Therapist” and Part II: “The Effect of Being a Psychoanalytic Therapist on Being a Mother.” Each part is subsequently divided into several sections, each of which addresses a specific aspect of the therapy-mothering relationship. In Part I, sections include “Balancing Work and Motherhood,” “The Direct Influence of Motherhood on the Practice of Therapy,” “The Educative Aspects of Therapy for Therapist Mothers,” and “The Inner Experience of the Mother as Therapist.” In Part II, sections include “Therapists’ Ideas About Motherhood in General,” “Therapists’ Ideas About Their Own Motherhood,” “The Effect of the Therapist Role on

the Mother,” and “Therapists’ Specific Ways of Mothering.” Following McCracken (1988), each section was devised to consist of non-directive (“grand-tour”) questions as well as planned prompts; spontaneous floating prompts also arose during the interview process. “Category questions” that address specific aspects of questioned topics were also included.

## Procedures

### *Recruitment*

As Richards & Morse (2007) explain, it is typical for qualitative researchers to intentionally choose participants in order to specifically target the construct under investigation. As such, in order to recruit prospective participants, the researcher advertised on the email lists, listservs, and newsletters of national psychoanalytic organizations, including Division 39 (Psychoanalysis) of the American Psychological Association, the American Psychoanalytic Association (APsaA), and the American Association for Psychoanalysis in Clinical Social Work (AAPCSW). A script of the advertisement is found in Appendix D. In an attempt to further broaden the subject pool, recipients of the advertisement were encouraged to disseminate the request for participation to colleagues who may not have been involved in those organizations. In addition, the researcher sent an email containing the advertisement to colleagues, asking them to forward the advertisement to individuals who might be interested and asking them to forward the advertisement, and so on. This strategy is an anonymous version of the snowball sampling technique described by Richards & Morse (2007; p. 195).

### *Interview Scheduling and Telephone Interviewing*

Once interested individuals contacted the researcher by telephone, they reached a voice mail prompt requesting them to leave contact information and a first name but no other information by which they could be identified. The researcher returned calls and used telephone screening questions (Appendix A) to determine whether individuals were eligible for inclusion in the study. Individuals were informed at the end of the telephone screening about their eligibility, and eligible participants were scheduled for an audiotaped telephone interview. Participants were mailed a written statement about the research and a brief questionnaire covering demographic and related information to complete and return to the researcher in a pre-addressed and –stamped envelope. In order to receive written materials, participants provided their addresses, which were only written directly on the envelopes mailed to them and thus were not kept as information that could identify the participants. Each participant was interviewed at a private location of her own choosing (typically her residence or workplace) during a mutually convenient time. Length of interviews ranged from 78 minutes to 139 minutes, and each interview was completed in one session per participant.

### Data Analysis

Prior to data analysis, all interviews were transcribed verbatim by a transcription agency that agreed to a policy of confidentiality and that destroyed any and all related information after providing the researcher with the transcribed interviews. All interview transcripts were identified only with a number. There was no identifying information on transcripts and all names (for example, of family members) were replaced by

pseudonyms. Further, participants' actual names were replaced by pseudonyms in subsequent analysis, and many identifying details were altered as well.

Data analysis process proceeded according to Eatough & Smith's (2008) guidelines for the methodological practice of interpretive phenomenological analysis. These guidelines advise that analysis begin with several close readings of each transcript, which include notations of points of interest, and proceed through thematic descriptions, with the goal of connecting themes and making meaning from the emerging themes (Eatough & Smith, p. 187). Themes are then arranged into "master themes" that are compared across transcripts (Brown & Locke, p. 381). In the end, Eatough & Smith note, "the final narrative should move between levels of interpretation: from rich description through to abstract and more conceptual interpretations" (p. 187).

Thus, specifically, interview narratives were first read broadly several times for the researcher to get a sense of the overall picture of the research topic. Next, responses were studied in more detail and classified into thematic elements, which were given codes. Responses were then coded according to which themes they represented. After all interviews were coded, responses were collated by code and compared to ensure that they in fact did represent the intended themes. Each theme was then examined alone and in the context of related themes to confirm that responses were placed into the correct theme. And finally, the researcher examined each response in detail individually and in comparison with other responses in a given theme to see in what ways they either overlapped or contributed uniquely to the theme.

## Ethical Considerations

It was believed, based on a pilot interview and an in-depth discussion of the interview with several psychotherapists and with the dissertation committee, that some subjects would not want their identity to be known to the researcher so that they could discuss their personal and professional experiences of motherhood and therapy without being concerned about potential future contact with the researcher, who is entering the same profession and is of the same theoretical orientation, and who thus could possibly be involved professionally with a subject in the future. As a result, a waiver of the requirement for a signed consent document was requested and granted by the Institutional Review board because the study was intended to provide subject anonymity that extends to the researcher. In place of an informed consent document, the researcher provided participants with a written statement about the research, as required by the IRB, and documented verbal consent to participation using a subject number rather than name. When potential subjects contacted the researcher at the start of the study, they were asked to use only their first names, which were then changed to pseudonyms when interviews were transcribed. Participants also provided an address to which a questionnaire was sent; that address was written directly on an envelope that was subsequently mailed, and thus addresses were not recorded. Participants' phone numbers were recorded only until their individual interviews were completed. Interviews were taped via a computer recording system and were emailed in encrypted form to a transcription service that had no access to identifying information other than first names, which were changed to pseudonyms. The transcription service destroyed all recordings after transcriptions were received and approved by the researcher.

It was considered to be possible that participants might be transiently disturbed through discussing and disclosing personal information during the interview. To minimize that risk, subjects were given the opportunity at the end of the interview, as well as any time during the interview if needed, to have further discussion with and to ask questions of the interviewer, and to offer feedback and comments. All subjects openly talked about their feelings about participating in the study before closing the interview; none reported being disturbed by the content of what we had discussed. Nonetheless, in the event that a participant desired afterwards to seek assistance to further examine feelings that arose during the interview, she, as a therapist herself in her local community, was considered to be the best judge of how to follow up with these concerns, and thus referrals for therapy were not deemed necessary.

## CHAPTER III

### RESULTS

#### Participant Narratives

Participants shared autobiographical details throughout their interviews, although they were not directly asked about many of them, and the narratives that follow are compiled from their comments. Any story of an individual participant below seeming to be lacking in detail compared to another should not be construed as representing a deficit in the participant's narrative but rather an aspect of that participant's life that was not shared—nor needed to be—with the researcher.

#### *“Rachel”*

Rachel is a mother in her thirties with a toddler and a preschool-age child, a boy and a girl. She is the youngest participant in the study. Rachel was working as a post-doctoral therapist when she had her first child, with whom she ended up staying home for several years, and she went into private practice after the birth of her second. Her typical work schedule involves seeing patients four days a week during morning and evening hours, for a total of approximately 15 hours.

Rachel's psychoanalytic journey began in graduate school, when she discovered that psychodynamic clinical work was a “natural” fit. Other theoretical orientations, such as cognitive-behavioral, “didn't fit with how I felt comfortable.” She had worked out a logical plan in terms of how she wanted to proceed with her career and children, but it went awry when her infant was challenging and she was simultaneously dealing with licensure and housing concerns, and she stayed home for a few years. During those years,

she reported that she often was frustrated, craved her work, and felt jealous of her partner's continuing career. After a long time searching for child care with which they felt comfortable, she happily returned to work by starting her private practice. As she considers taking on another position "that borders on irresistible," she brings up the conflict she experiences around being with her children and working: "As much as I miss my career, part of me likes [being home more]. I don't really talk about that part too much but...there's a lot of bonding that happens when you're with your kids alone....Part of it was probably pretty fun, so the idea of letting go of that is scary, too."

*"Sally"*

Sally is in her forties and is the mother of two girls, one who is in school and one who stays home with a nanny. Prior to having children, Sally worked full-time at a clinic, and when she returned to work after her maternity leave, she worked three days a week and then four. When she started her private practice last year, she continued to work around 35 hours four days per week.

Sally came to the psychoanalytic profession through experiencing her own analysis, which "made it abundantly clear" to her that she wanted to become a therapist and analyst herself. She had her first child during graduate school and her second at the end of her postdoctoral year. She did her internship when her first child was around one, and, due to financial pressure, she worked long hours after the birth of her second child. During her interview, she stated that "I feel like I lost time with them....[T]here was a certain fantasy I had about becoming a mother and the level of availability and focus of time being primarily on a child, when in fact that got tossed out the window....I was constantly wrestling with myself about it." With her children a bit older now, between



the multi-tasking of her work and her mothering, she finds that she typically feels a lack of personal time, noting that she doesn't have "time to sit and read the paper ever, or talk on the telephone to friends, or even do laundry."

*"Gwen"*

Gwen is in her fifties and has two teenage daughters. She has worked in private practice for many years after previously spending time at a college and an agency. She currently works 35 hours a week and ends her clients in time to be home with her children after school.

Gwen started analytic training when her daughters were preschool-aged, and she continues to be involved in her institute. She noted that she feels very happy and fortunate to be a mother and an analyst, and grateful that, as a result of those life roles, "I'll live the rest of my life with a deeper sense of the richness of life, [which] can't be traded." Coexisting with these feelings are the struggles of daily life; she explained, "I am constantly trying to find the right amount of time....[I]t's a tension that we continue to struggle with." In addition, Gwen acknowledged the complexity of her professional and personal development, stating that, despite how much she loves her profession, "[M]y fantasy at this point is, had I had a good-enough raising and [not needed] to become an analyst because of my own needs for growth, I might have been a stay-at-home mom and been perfectly happy and had three or four kids. This is one of my regrets, that I didn't have an easier time with all of this. But I love being a mother, and...I've developed a love of being in my home."

*“Helen”*

Helen is in her fifties and has a teenage son. She worked almost full-time, in a couple of positions, prior to having a child and starting her private practice. She currently works 20 hours over three days per week.

Helen went into her graduate program in her twenties thinking that she was not psychoanalytic but found that “that’s what [she] was drawn to.” She subsequently underwent analytic training, although it did not fully fit with her own subtheoretical orientations. When her son was born, she took several months off for maternity leave and then returned to work for a few hours a week, using her part-time nanny for coverage both during work and self-care time. Helen notes that she feels fortunate and is not pressured financially because her family could live on one salary if needed. In terms of balancing mothering and profession, Helen pointed out that balance is often difficult, stating, “There have been times where I’ve felt like it just isn’t worth it: ‘I should just quit work; it’s ridiculous, it’s too much stress’...I feel like I’m just not home enough or my practice takes too much energy.” However, she continues to work because her profession as a psychoanalyst is important to her identity and the way she views the world.

*“Cynthia”*

Cynthia, in her forties, is the mother of one elementary-age daughter and is expecting another child. She currently works approximately 25 hours a week in her private practice and in a local agency. She worked full-time before having her daughter and then went to part-time until her daughter was in school. At that point she went back

to full-time. Now, with her pregnancy, she has returned to part-time practice. She began analytic training a number of years ago but decided not to complete it due to the financial commitment it entailed and because the psychological commitment needed felt too self-focused and potentially “selfish” at that time in her life.

Cynthia describes herself as “a late-blooming mother” who didn’t grow up really thinking about motherhood one way or another, and she notes that it’s been in the last few years that she’s become truly comfortable with her own maternal desires and appreciating the nurturing she provides as a psychotherapist.

*“Adrienne”*

Adrienne, mother of an elementary school-age boy and a younger girl, is in her forties. When her older child was born, she was working about 20 hours per week. After her maternity leave, she consolidated her patients so that she had the same number of hours in few days per week; combined with her travel time between the office and home, she worked very long days. After the birth of her younger child, she cut back her hours and has been working approximately 6 hours a week since then. When her younger child goes off to school full-time, Adrienne imagines that she will increase her work hours again.

Prior to having children, Adrienne had planned to become an analyst. She noted that she would still like to do so but that she is not sure whether she will, given that the time that she spends with her children and her involvement in their schools and activities are a priority for her. She stated that she has always wanted to be a mother since she was a little girl.

*“Dena”*

Dena, in her fifties, is the mother of two high-schoolers, both girls. She works 20 hours a week in private practice. Having worked in hospital and agency settings, she chose to move to private practice when her children were young. Being home when the kids come home from school, having dinner together, and being there at bedtime were stated as being important to her. Dena had worked for a number of years before having her children. She feels that analytic training would require too much time and energy away from family and noted that she “might be more inclined to do analytic training” if she weren’t a parent.

*“Frances”*

Frances, who is in her forties, has two boys and a girl ranging in age from elementary school to high school. She practices in a clinic approximately 20 hours during three days per week. During the course of having her children, she went from full-time to part-time after her first, left her job after her second was born, and worked only a few hours per week after the birth of her third. She has gradually increased her hours since that time.

Frances came to the analytic profession after working in a related field for several years and then pursuing additional therapy training. She knew from childhood that she wanted to be a mother. Starting with her pregnancy with her first child, Frances felt that her life changed dramatically as a woman. She described the challenge of, and desire to be, a person who works and who also takes the children to the doctor, remembers their shoe sizes, and the like. Trying to balance these roles, she noted, was a matter of “cutting

corners” everywhere and sometimes “just hanging on by my fingernails.” Now that her children are older, Frances feels that “the richness and depth of how I’ve been changed is coming in this part of parenting,” even though she also often experiences guilt and some conflict about her various roles.

### *“Lydia”*

Lydia is in her forties and is the mother of three young children, two girls and a boy. She started working in private practice after her first child was born and now works 30 hours a week. Prior to private practice, she worked in clinic and hospital settings.

Lydia noted that she feels like she’s “always been aware of the intricacies of the mind,” and that that drew her to the psychoanalytic profession. She is currently involved in analytic training. For a long time, Lydia did not want to have children, and then she experienced “a radical shift” in her mindset about having them and “dove in.” She works during her children’s school hours, and on certain days they are watched by a sitter or her partner.

### Thematic Analysis

The women interviewed for this study spoke deeply and at length about their experiences as mothers and psychoanalytic therapists and the relationship between the two. In the course of data analysis, a number of themes common to participants emerged. The fourteen themes that follow are those that were common to a majority of participants (i.e., at least five or more, but typically eight or nine).

*Theme 1: Becoming a mother changed how participants understood themselves and the world, and this had an effect on their roles as therapists.*

All nine participants spoke about having been transformed by both becoming mothers and being mothers in ways that they feel affect the experience of being therapists. The following excerpts from interviews illustrate the depth of meaning in participants' experiences. Rachel spoke about a profound change in understanding:

I feel like I understand far more deeply this other element of humanity...[and] like I understand things about the earliest stages of development of all of us through raising my children. Now I can think of my patient as a baby, I can think of the impact of the birth order, I can imagine what the patient's parents might have gone through if they had five kids and this was baby number five. It gives much more depth and breadth to the understanding of the human life cycle...[It] opens your eyes to a whole other reality. It's like a different universe to me since I've had kids. I'm not selfish in the same way; I'm not sure of things in the same way. You consider multiple possibilities. I'm much better at being in the moment, just as a person and as a therapist.

Dena talked about how her changing as a therapist after becoming a mother has to do with living the experience:

I think [it's about] understanding the complexity of life more. It's the same thing as doing marital therapy if you're not married. There's just something. There are certainly many experiences that people bring [to therapy] where I have not lived them and I need to understand them exclusively through my patients, but there is that extra dimension when you've experienced something that is just...you can't replace it...I think mothering is the most transformative experience that someone can have in the course of...natural life experiences...[It] brings out dimensions of the self that I just think are so different. And I don't mean to be disparaging toward someone who's not a mother...I just don't know that not being a mother, that you can understand certain things with kids the same way that you do having been a mother...[It] just, it pulls for something so different inside of you.

For Adrienne, having the lived experience of becoming a mother is also what affects her as a therapist:

I think it's like anything...in the sense that you can read about something, you can observe it, you can be really empathic, you can be insightful, but until you've actually experienced it, there's just a level of understanding that you don't have.

Frances brought up empathy as well, noting that she has greater understanding than she did before becoming a mother:

In general terms I think I've gained a lot of humility and tolerance and understanding. I think I'm more appreciative of people's strengths and defenses and of how hard it is to be a human being and how hard it is to be a parent. [In terms of what mothers bring to therapy,] I think it's all good. It's just more richness of experience, and everybody is a child of parents. It's more depth of experience that you bring....Having kids is a really important experience.

Along the same lines, Sally spoke about a change in her perspective, as well as that of some of her patients:

[Being a mother] gives you a certain scope on human development and on your own development, and I think it makes you better able to empathize with a broader range of who you're working with. It just gives you a different perspective on life. And...I feel that it made people...[find] me more accessible....There's a certain amount of clout that being a parent gives you. Not all of my patients know that I'm a parent because they didn't see me going through either pregnancy, but for the ones that did...it seems like they know that I've been through a major human experience....There's something about that that enriches the work, and I think more than that, enriches the way that they see you and they come to view you....I feel like people have a better perspective on me.

In her interview, Cynthia talked about how she understands parenting now in ways that she didn't understand before becoming a mother:

[T]here were a lot of things that I just didn't get about families...there were just so many things I just didn't understand....That's not to say that childless therapists aren't equipped. It just meant that...I didn't *know* that I didn't get it!...[I would learn that a particular way] was just the correct style of parenting, and I just read that in a book, and just said [to patients], "Well, if you just follow steps A, B, and C".... I know [now] that that's ridiculous. I think I...lacked appreciation for nuances of parenting.

Helen noted a similar change in understanding:

I think [therapists who are mothers can bring to our work] the tolerance for affect and human behavior and mistakes. I don't think I had nearly as much a sense about that before I was a parent. I mean, parenting brings you to your knees, don't you think? Or groveling on the ground.

Lydia's and Gwen's comments, respectively, focused on a new comprehension of the child as a separate individual and the bringing of that comprehension into therapy:

I'm much more aware [through parenting my own children]...that people really do come into the world who they are....And then how...that evolves, given who their family is, who their parents are, who their siblings are....So I think that one of the things I can offer parents is [thinking about] "This is who your kid is, and how do you parent this particular person? How do you, being who you are, parent this person who is who he is?"...I think that I have much more of an awareness of the complexity of everybody's sort of basic temperament and then how those mix together in a family and how that might create difficulties.

I think I had an idealized version of "if you just give a person enough love, everything will be fine, and life will be good".... But I think what I learned is that a person has a lot of bearing on shaping what happens between us, now as a child and then as an older kid and as an adult, and that I ultimately have to also come up against those differences and respect them and see what we can make together. So it's an appreciation of the otherness, [which] we certainly learned about in training, but I think as a mother I really got it full force in the moment-to-moment being with another and feeling the otherness, separateness, in a way that knocked my socks off.

*Theme 2: Motherhood changed participants' career plans.*

All participants had their work and career plans disrupted in some manner because of having children. From maternity leave to leaving jobs to working part-time, participants' professional development was affected. Some of these changes were intentional choices while others were unexpected or evolved as things went along, but all



participants stated that they felt a strong desire to be involved with their children. They spoke passionately about their work as therapists as well.

The following three excerpts speak the way career plans went differently than planned for some participants:

I was treading water professionally for about ten years [between the time my oldest child was born and my youngest child started kindergarten]....It's not like it [was] totally stagnant but I'm noticing that I am feeling more hungry and ready for the next step for myself professionally....Now I have more mental capacity and physical energy to take the next step [to increase my hours].----*Frances*

I was doing my postdoc....I defended my dissertation and then gave birth [not long after] ....And none of those [postdoc] hours counted because they have to be continuous hours...I was eight and nine months pregnant and was working very hard and that was all for naught.----*Sally*

I was home for four years....[T]hat was never my plan. My plan in terms of planning my life, in fantasy, the plan was: finish my degree, finish my postdoc, have a baby get my license within a couple of months, you know, in fantasy, and then start a part-time practice, or, like, kind of go back into working in some kind of flexible capacity where it would be easy to have it all. And then in reality my baby was colicky and it took me two years plus...to get my license, and it was very...and then we moved into a house that had all kinds of problems....[I]n terms of thinking about the balance, it got totally out of whack. It was kind of like, all kids, no career.----*Rachel*

Several participants pointed out that becoming a mother had an effect on their potential pursuit of analytic training, as described here:

My career has definitely suffered....I definitely foresaw doing a four-year analytic training program and formally becoming a psychoanalyst, and that just hasn't happened. And now I'm not sure if that's something that I'll do. I'd still like to; I'm just not sure it's going to happen. So it's had a big impact on that. But I'm there, I'm able to do a lot of stuff with my kids and take them to their activities and be involved with their schools, and that's really important to me. I have some

regrets, I guess, about the course my career has taken, but overall I'd say I'm pretty satisfied.--*Adrienne*

I had been working for a lot of years by the time I had my first kid. I think the main way that it's influenced it is that I might have gone on for analytic training....If I didn't have children I might be more inclined to do analytic training.----*Dena*

I was thinking about analytic training when she was two, but I decided I didn't want to drive three and a half hours both ways to do the training and leave her and leave my home. So it definitely curtailed my urges to become an analyst sooner because of the not wanting to separate that much.----*Gwen*

Gwen and Adrienne also spoke specifically about decreasing the time they spend in professional activities:

[T]here's a lot of pressure from [external sources] for me to be more active. And I am really active, but I'm always struggling with my own internal conflict...between my wish to be independent and seeking my own [community] and contributing to a community and being a...mother....Knowing that [my daughter] will be leaving [home in a few years], I do have more of a longing to spend more time [with her] and [having] more conflict about doing professional stuff. And I actually am making choices in the direction of not going to things—like last year I think I went to one training all year, and I used to go to every single training.----*Gwen*

[Another effect of having kids] is that I don't go to that many conferences anymore, and I'd like to be taking classes and I'm not because classes are usually in the evening, and I already work one evening a week and I haven't wanted to give up another evening with my family to take classes.----*Adrienne*

When they became mothers, participants who were working full-time went to part-time, while those who were already part-time either kept similar hours or decreased them. Each participant talked about how important it was for her to be at home with her child(ren). Seven participants have worked part-time since having children, some increasing their

hours as their children get older and are in school, and two participants work 35 hours per week. The following excerpts are representative of the types of comments made by all participants about how having children has changed their work hours:

They've slowed [my career] down, but they've enriched it. I mean, I think I'm a much better therapist because of my parenting experiences, but I still have a part-time practice. I will for quite a long time....This past year I think I really found a balance I like....[When my children were little], I really needed to be around more, and wanted to be around more, so I worked less. And it has felt really good [now] to work more. And I would like to work a little more than I'm working now, but...you know, I haven't quite figured out how to do that. And if I can't do it for a couple of years, that's okay.----*Lydia*

I'm kind of leaning away from [adding another job], even though part of me really wants it....[R]ight now what I have is ideal....I can pick up my kids from school....I have a few hours alone with my kids....I feel like it's as good as it's going to get in terms of the balance.----*Rachel*

I quit my [full-time] position because of [my] children....just wanting to be home more with [them]...because I believe that's important.----*Dena*

I've never gone back full time....It has been a conscious choice because I didn't want my kids to be in full-time day care. I didn't want them gone....I wanted to spend time with them.----*Frances*

The fact of working part-time does not reflect a diminished significance of work for participants, all of whom reported that their roles as psychoanalytic therapists had been, and continued to be, very important and meaningful for them. Here, Gwen describes what being a psychoanalytic therapist means to her:

I think [having a psychoanalytic identity] means that I have a restless spirit and I want to go deeper, want to feel those multiple meanings on different levels and feel the complexity of life to my best ability, and help others do that....On a one-to-one basis helping a person be able to sit with all their complexity and their primitive parts so that they don't have to go to war with themselves....And then

on a bigger community basis that doesn't have to happen and that doesn't have to happen in the world....So it means a lot to me.

Cynthia referenced the feeling of belonging in a like-minded community of professionals:

[Psychodynamic therapy is] just kind of consistent with the way that I think and go about the world, so it's relieving to me that there's a whole group of people that can talk in ways that are similar to the way that I think about things.

In Lydia's view, being a psychoanalytic therapist gives meaning to her life in many ways:

It's a profession that I love. I'm fascinated with it. I derive a sense of self-esteem from it....It's been tremendously enriching to my life, and I feel like I'm really helpful to the people that I work with....One of the things it means to me is helping someone to come to know the sort of vast expanses inside themselves and really become interested and curious about who they are inside in a very intricate way.

Rachel described experiencing the potency of her identity as a therapist when she was away from it:

There were multiple reasons [involving having children and the effects of that] that work became distant for me, and I was not happy about that. I deeply...during that time I...would dream about the patients I had been seeing when I was pregnant, and even patients back to my graduate career. It was kind of like I really missed that side of myself.

Some participants also spoke of work as providing a positive space that is set apart from other spaces in their lives. Helen laughed as she described the relief of getting to her office and stepping out of her busy mother role:

Once I get in my office, it's actually really nice, because I have control of that space, and nobody comes in there and takes my scissors! ...I feel like I race to work, you know, and I drop something off at school and run to the grocery store and sign a permission slip, and I get to my office, I'm like "Ohhhhhh, I can sit down and put my feet up and just talk to another adult." ...There's [also] a sense of competency [at work]....I feel like I'm something besides a mother....I really

like the mental challenge, the work we do—the intellectual work, the emotional, and trying to put that together.... I think... why I want to keep working is that I do enjoy the...mental and [intellectual] stimulation....I think it's different than what I get at home.

Lydia also described feeling that work provides some respite from the mothering part of her life:

[Work] gives me a sense of myself as a professional, and I like coming to my office. It's calm; it's quiet. My household is chaotic, often. And I like...you know, generally people come in and they want to work, so I like the collaboration. With the kids sometimes there's collaboration and sometimes there's definitely not collaboration!...Sometimes work is really hard, too, but at least there's a focus to it...I think it's the chaos of being at home sometimes...and everybody wanting something, even if it's just attention or an ear—it's sort of the clamor and the noise and the complications and the negotiations.... It feels good just to be sitting with one person, or at most two people, and really all of us focusing on the same endeavor. So it's a relief in that way.

*Theme 3: Being a mother affects the way participants practice psychotherapy.*

All participants in the study expressed feelings and thoughts about having been profoundly changed in their practicing as therapists after having children. All found that new therapeutic qualities, related to understanding people differently on multiple levels, emerged in response to their own personal mother-child experiences. Some became comfortable with more educative aspects of therapy, specifically those pertaining to parenting and child issues. Participants also discussed their openness with clients about talking about parenting directly and disclosing their own views and status, with participants varying in their choices of whether or not to do so.

Many participants expressed feeling changed in terms of their empathy for mothers' (and parents') experiences. This was the case whether those mothers or parents are the

clients themselves, those of the child client, or those of the adult client. Several comments on this topic from participants are included here:

Now...I feel like I have an ability to imagine the context of the family, as it's described to me, to understand, really, what was happening as the patient was developing. ...I feel like I'm a little more forgiving...of people's moms maybe than I had been before having kids.----*Rachel*

I feel [about mothers now] like...now, they're not always the bad guy.----*Helen*

I think I offer a lot of empathy in the sense that I don't overpathologize parents, and I think I can really normalize some of those very intense, painful experiences of parenting in a way that I don't think I could if I didn't have my own kids....My level of empathy and my level of acceptance for the seamier side of parenting [has been deepened]....I think something that I've learned from my own attempts at parenting is that people really, genuinely are doing their best at any given time. And their best might be pretty bad or they might make mistakes, but that they are trying to do their best.----*Lydia*

Some participants, like Cynthia and Helen below, stated that their developmental and contextual understanding of adult clients as people who had grown up in a particular way in a particular family was enhanced and clarified:

[I]f a man is...talking about his experiences either growing up, or even as an adult and his conflicts currently, I can't help but reflect more on imagining him as a young boy, and understanding sort of where the holes are,...And I think [being a mother also] offers me more empathy and understanding with the adult to sort of see the child part. I can't now just see a grown-up as a grown-up. I see them also as a young person sort of managing through life.----*Cynthia*

It's been helpful, actually, in a lot of ways to be a mother and to watch a kid grow up and to then watch people in therapy, to understand more just how people change and also [to] understand if something happened in their childhood, how that might affect who they are.----*Helen*

A number of participants stated that being mothers made them feel much more able to understand primitive affect and to tolerate strong feelings in themselves and others, including patients. Frances pointed out how children bring up raw emotion for parents:

Talk about primitive affect—all you have to do is have children to get in touch with your own!...I think, in general, the experience of having children has opened up a lot more space for acceptance, tolerance, understanding the parameters of what's normal. I can't emphasize that enough.

Gwen explored similar territory in talking about how the affect that she has experienced in herself as a mother has helped her with patients:

[My understanding of primitive affect is] totally better, 100 percent improved or enlarged. More than that....I mean, I knew primitive affects before, but I've had to think about them now in a way that I didn't before....I would just say I access such primitive affects in my parenting, it's amazing....I think being a parent, when it puts you in touch with those primitive feelings [of your own], you have to deal with them in ways that you might not have had to directly before. And it opens up these doors...it helps you go there with patients in a way that they feel tremendously grateful for or helped by.

Rachel spoke about learning tolerance for intense feelings:

I feel like having children has taught me more internal calmness than I ever had. [With my baby], I would have to just sit and rock. And the phone would ring and the laundry would be piled up, and there could be a million things happening, and over months...you just have to do what you have to do and the rest of it has to wait. And so I feel like that's really helped me, too, just personally and professionally, just being, being with someone. Letting them go through what they're going through and tolerating it. Tolerating it and keeping my wits about me, which I couldn't do the same way before....[T]hat was really a way that reality changed for me when I had my kids.

As opposed to the mother's experiencing of primitive affect, Sally and Adrienne, respectively, approached this idea from the standpoint of the child, and reflected on how that affects their work with patients:

[T]here's something about tolerating [clients' emotional demands] a bit better and having a wider sort of scope or purview than before having kids. I think I was faking it at times, honestly, in retrospect. I didn't mean to do that, but I think I was kind of faking my facilitation or being okay with really how needy and dependent some of these patients were....[Now I see that] this is what a regressed patient is like. They

are along the lines of what my three-year-old is like. This is a tantrum that's emotionally on par with what a three-year-old does, and this is why this person is throwing this tantrum. And so it's just different.----*Sally*

[Experiencing with my own kids] the kind of unbridled raw emotions of children and what that's like [has] been very eye-opening...[Those experiences have also informed my understanding of] the intensity of the transference, if it's that kind of maternal transference. Just seeing in my kids...how distressed they could get, how real that is, how intense it is.----*Adrienne*

Other notable interview responses from individual participants included feeling more comfortable with feelings of dependency from clients and feeling able to use boundaries differently, as seen in these two excerpts:

[A]llowing the way [clients are] viewing me and depending on me and experiencing me, I feel like I just have a greater tolerance of that and respect for that since becoming a parent.----*Sally*

In some ways having this most profound relationship with my own child has...lessened...the unconscious motivations to have such close connections with my patients...I haven't looked to my patients for the intensities that I might have before I knew what it was like to have that with my own child. On the other hand...in some ways my boundaries can be more safely fluid because I feel I can go into the other person's experience, which means that I can let down my boundaries; I can more freely feel a merger, I guess, with their experience, without the fear of losing my boundaries. So in essence I'm both more boundaried in that I don't look to my patients for the deeper connection but I also can feel free to go over there on an excursion to see what it's like with that person and to have some genuine connection.----*Gwen*

Given the monumental nature of participants' internal changes, this researcher wondered how these changes might come to bear upon certain aspects of psychoanalytic therapy practice, specifically in relevant areas such as disclosure and psychoeducation, which are traditionally discouraged or at least kept to a minimum. Although the majority of participants (7 of 9) stated that they do not typically disclose personal information to clients, 6 of those 7 have made exceptions in disclosing that they were mothers. They noted that they did so in a way that thoughtfully considered the complexities of the



situation and relationship, although not all of them felt entirely comfortable. The two participants who expressed more frequent disclosure in general also disclosed more frequently about their status as mothers, though they also were equally cognizant of doing so in a helpful and knowledgeable way. The excerpts included here illustrate situations in which disclosure has arisen for some therapist participants:

[I was seeing a couple, and] sometimes it was kind of dull. And at one point they asked me if I had kids. And when I said yes, it was like the room was...full of energy....They totally came alive, because they didn't think I had children. And because I had children, they started to talk to me...on a whole new level....I just think that particular fact of life makes a big difference, like whether or not you're in the parent club, like whether or not you've gone through this.----*Rachel*

I've had patients ask me to see pictures of my family, and there's one patient that I did that with because she was so, so sick, and it was so hard for her to get her head around it, and I don't know that it was the right thing, honestly.----*Sally*

It totally depends on the patient. Some people know that I have children; I have one who knows their names and ages because she really needed to....[W]ith certain people I will share.----*Frances*

In terms of the educative aspects of therapy, five participants noted that they have recommended parenting books to patients, with frequency ranging from "once" to "very often." Five participants (three of whom overlap with the first group) have answered developmental questions from patients or volunteered that information to them. Thus, a total of seven participants has either recommended parenting books or directly addressed child development in sessions with adults. Again, participants were careful to consider the meaning of questions and of providing answers or recommendations. Excerpts from three participants who have included these elements in their therapy are included here:

I have a patient [who was] concerned about his [child's imagination]. And so I talked with him about where his child is developmentally, and that there was really nothing wrong with that, and that it actually is something that he could

really encourage, and play with his child, and get into the role playing....[Before I had kids, that] might not have struck me so quickly.----*Adrienne*

I think the bulk of the work needs to be in understanding something. But I think that education about parenting is...an important component of therapy, if it's used correctly. So I don't withhold that if...they're asking for it and I feel like it's appropriate, I say it.----*Dena*

I'm reluctant sometimes to recommend books because then it can set up this dynamic like what if they don't read it and then they feel guilty. But occasionally I'll recommend books to people. I certainly share with them information about child development based on my own experience or what I do know. I've had kids for a long time and I do have information to share with people.----*Frances*

*Theme 4: Being a mother changed the logistics of being a therapist.*

All nine participants experienced substantive changes in managing the practicalities of working after they had children. Individually, participants cut back on their hours, changed their schedules, and modified both under times of increased family stress, such as when children were sick. For some, the consulting room became less sanctified as participants accepted emergency calls in session about their children. Participants dealt with childcare and their own availability to their children. Not surprisingly, they worked while extremely fatigued. And most of them chose not to take certain types of clients any longer.

Participants mentioned working around their children's school schedules in order to maximize time with their children. Some participants chose to reduce or to not see clients at all during after-school or evening hours, while others chose to work longer hours for fewer days per week, or to go back and forth between work and home throughout the day and evening. Some work less during the summer; some run in to see clients when they can. Participants also discussed rescheduling sessions in order to attend

a particular event in their child's life, such as a school field trip. The common factor denoted by all participants was flexibility in the area of scheduling, as described here:

I think [the home/work balance] is difficult...Especially being in private practice, and especially the fact that I see a number of adolescents and working adults, I have to work a lot of after-school hours and evenings, and so that's always a tension for me, and I kind of have figured it out, but it's still not ideal for having kids and monitoring homework and total availability. So I work it out.... I carve out, hopefully, time when they get home from school to at least greet them, and then we always have dinner together. And then when the kids were really little, I had bedtime carved out so that I could read before bed...[a]nd then sometimes I'd actually see somebody after that..., so I did configure my schedule as much as possible.----*Dena*

I still have my office two days a week just because if there's an emergency and somebody needs to be seen, I want to have that flexibility to go in....I've been able to squeeze in a patient while [my son's] in preschool and still get back in time to pick him up.----*Adrienne*

Regardless of having adapted their schedules as best they could, some participants described times, particularly when their children were very young or when they were sick, when they experienced a lot of conflict in this arena.

My little son had terrible reflux and wouldn't take a bottle and cried all the time.... I would literally run in and see a client, run home and feed him, go back in and see a client, run back home. It was *not* a fun year.----*Frances*

[When the kids get sick] and I have, like, eight or ten patients that day, and it's like, do I cancel and stay home even though we have a nanny because they'd rather be sitting on my lap feeling miserable than on her lap? I mean, it's when there's illness, that's a big one.----*Sally*

When asked what aspects of mothering were most difficult and conflictual for them as therapists, two participants emphasized children's illnesses, three emphasized having an infant, and five emphasized transitional times, particularly around the issue of separation anxiety elicited by the transition:

[W]hen he was an infant and it was hard just initially adjusting to doing both things, maybe not being out at all, or being at work and wanting to be home, that conflict.----*Cynthia*

I think the youngest years were probably the hardest. They're very labor intensive years, and there's no way around that....[N]ot just labor intensive;...you're just needed so much.----*Dena*

[H]e had horrible separation anxiety through kindergarten, and that was really rough. I'm sure as a therapist I just couldn't go as deep with people because my psychic energies were elsewhere....It weighed heavily.----*Frances*

Having children become ill was described by participants as difficult not only in itself; it also leads to the occasional interruption during a session. Although anything that might disrupt a session is traditionally considered an intrusion into the analytic space, participants discussed the reality of disruptions and how they dealt with them. Four participants volunteered that being available for emergency phone calls from children or their care providers felt necessary for them. One noted that it made it possible for her to focus on the work, knowing she could be reached if needed. One participant described needing to pick up her child at school, right before her next session was about to begin:

I actually asked the client if she could wait for 20 minutes while I went and got my daughter, gave her some medicine, and put her in someone else's office. So I just left my client in my office and went and picked her up and came back....[If I'd heard of someone doing this before I became a mother,] I would have been like, oh my god, you did what?!----*Helen*

Study participants also spoke of having others involved in helping with the home/work balance. Before their children were school-age, six participants who were working primarily relied on babysitters and nannies who were not family members for child care. These care providers were described as being crucial to participants' ability to feel comfortable working through feeling that their children were in the secure care of

someone they trusted, and difficulties finding such a provider led some participants to change their own schedules so that they could be home more.

[B]ecause of her I was finally able to start a private practice, because I finally had someone that I felt I could trust with my kids....[Without her ] I could not have done this. I would never have been able to do this kind of work if I couldn't be really...mentally free. Which is probably another reason why I wasn't doing it [for several years], because I was constantly thinking about my kids. [Now I have] someone that I trust like you would trust a family member. Then I don't have to worry. It really frees you.----*Rachel*

Participants in the study were balancing all of these choices and meeting all these demands while often under fatigue. When children were very young, which is when the fatigue was described as being the most extreme, it came from the lack of sleep caused by nighttime feeding or a waking baby. Eight participants spoke of fatigue as a significant challenge in their work lives. Rachel and Adrienne shared two of their experiences with patients:

[A]t the time I was first starting to [work at night], my one-year-old would wake up as early as 4:00 a.m., like, for the day....[T]here was kind of no way to sleep ever [during the day]. ...[A]t the time I think I was seeing a couple at 8 pm, and...I felt...almost embarrassed by how tired I was, ...and really, I had a hard time concentrating....I also felt guilty because, you know, these people are paying me. They're employing me and I'm...exhausted....It didn't feel right.----*Rachel*

[I had] fatigue when my children were babies and they weren't sleeping through the night. And I am not someone who functions well without a lot of sleep....[It] was pretty tough...just trying to be alert and being able to make the connections for patients and thinking...clearly....Sometimes I would have to take a nap if I had a break between patients. One time I actually had to apologize to a patient because...I was really struggling to keep my eyes open, and it was obvious. And we talked about it and dealt with it, but I had to acknowledge it [that] one time, so that was hard.----*Adrienne*

For Dena, work occasionally provides clarity of focus that sometimes helps with the fatigue:

I think...that I have this ability to be present with patients....It's not that I don't experience the fatigue but [work] does take me away from myself a little bit more....[T]hat does overcome some of it.

Some participants, regardless of the age of their children, talked about the fatigue caused by not having enough time for themselves or to do what they needed to do, as described here by Sally:

I don't feel like there are enough hours in the day. I mean, there's just not enough of me to go around sometimes....I do at times feel very overwhelmed and impinged upon ...and where I just feel like I'm juggling too much. And then there are times that I look at my friends who don't have kids [and they're planning things for themselves for the weekend]. And I'm thinking...when on earth I'll do that—like somewhere around when I launch my kids into college.

Another important logistical change for most participants came in the form of choosing to no longer take certain types of patients. Eight participants reported that after they became mothers, they specifically chose to avoid working with certain groups of patients. Five participants no longer accepted highly crisis-prone patients or borderline patients, as described here:

I was less able, after having [my child], to take on more lower-functioning borderline patients. I used to do that a lot. And it just was too...consuming. I didn't want to have lots of calls....I didn't want to have to prop somebody up as much. . . . I have less interest in that, and I felt like [I had] less capacity, less energy....The harder...patients, definitely I wasn't as likely to take them on. And I used to be the person that would take on the hardest people.----*Gwen*

I avoid anybody who seems obviously crisis prone....I've kind of tried to not have too many people in crisis, just because I don't have the ability to give them what they might need...because of time and energy....I...could handle it but I would rather not.----*Rachel*

Four participants, including Helen and Cynthia, stopped working with children:

I used to see kids. I didn't see kids for years. I still don't really see young kids...I think I felt like my kid energy went to my daughter. I think I probably somehow felt guilty spending such focused time on a kid when it wasn't my own.----*Helen*

I was working with kids in [very difficult home situations], and I was working also with the parents... And when I was pregnant...I couldn't do that work anymore. I just...I didn't have the level of empathy for the parents that they needed. And it was too painful for me to work with the kids.----*Cynthia*

Divorce and pedophilia were additional areas mentioned by two participants as being cases they would not choose to work with any longer. Two participants wanted to work more with children after having children of their own.

*Theme 5: Participants' own psychotherapy was vitally important.*

Every participant talked about the significant role that psychoanalytic therapy or psychoanalysis played in their own personal development and their developing into the kinds of mothers they wanted to be. Although participants were not directly asked, in discussing this topic 5 of 9 participants volunteered that they did not have what they considered good mothering themselves and/or satisfactory relationships with their own mothers growing up.

Several participants talked particularly about qualities of their own therapists and therapy that helped them with their mothering:

[S]he is kind of a role model...And she does not offer this information up, but I ask...I knew she had kids. So that's been really important to me...[S]he's kind of become like the mother figure in my life...I guess I've internalized her.  
----*Rachel*

[My analyst] ...would support me in my mothering role, which was very helpful to me...and being able to admire my mothering and support me through...all the different changes that were coming up emotionally...[And] my initial

psychotherapy, I think, was the beginning investment that helped me realize how much I valued deeper and deeper connection. And out of that grew this longing to be a mother, and my capacity for love and connection.----*Gwen*

[Therapy has] been a very healing experience for me, and it, I think, has...provided me with the ability to sit with experience, understand my own upbringing and what I appreciate about it and what I don't want to replicate.  
----*Lydia*

All participants thought they would have been very different mothers than if they had not gone through therapy or analysis. Some participants believed they would not have been good mothers in general without having had it:

I think that I would have been trying to have my baby, child, teenager be just like me so that I could feel validated and not struggle with the separateness. I think that my capacity to feel deeply would have been restricted...and that it would be difficult for me to read my baby or child or teenager's signals and really understand what was happening on the emotional plane between us....So I think I would have missed her, and she would have felt missed....Repetition of traumatic experience, not being held in the mind of the other....I think it would have been a disaster, frankly.----*Gwen*

I think I probably would have stunk....I think I would have just not been so great....I'm just...more mellow and I understand things about me....[W]ithout it I wouldn't be as good.----*Cynthia*

I think I probably would not have been a very good mother if I hadn't been in so much of my own treatment. I think that there are a lot of things about mothering that come naturally to me, but I think that I've grown and matured so much as a person because of my own therapy experiences, so I think that's been really crucial for me.----*Lydia*

Helen and Frances each spoke to the difficulty of imagining what they would have been like:

I hate to wonder. It's a scary thought....[I]t's hard to even think about.----*Helen*

I shudder to think. I think I'd be really reactive, angry, critical, and scared. I don't think it'd be a pretty picture. But it's hard to picture because I'm someone wired for self-analysis [as well]. People who aren't wired that way, people who are parenting without self-awareness—it's pretty scary what I see.----*Frances*



Some participants spoke specifically about ways they would have not been as good a mother:

I would have been, in some ways, freer and less hard on myself, and in some ways probably more perpetuating of a bad cycle. Because now I can...be frustrated, but I can...make myself tolerate my own feelings and catch myself, or at least try....[W]ithout those pieces, I would have probably...just been more emotionally out of control somehow....[H]aving awareness...has made an enormous difference.----*Rachel*

I think [I would have been] less confident and less open to loving, really....Before my analysis...I was, I think, uncomfortable about showing my feelings. And I think that having had an analysis and all this advanced training...has just made me more open to...behaving the way I feel.----*Sally*

I'd be a very different parent if I hadn't had that analysis. I don't think I would have been as self-aware....I'm more aware, and just able to apologize to my kids if I feel like I did something wrong, or really made a mistake. And I don't think I would have been able to do that.----*Adrienne*

I think I would have been a far less sensitive mother. I think I would have been more authoritative, less understanding. Less able to foster who my kids really are as individuals, or [have] more tendency to impose my own beliefs and wishes.----*Dena*

*Theme 6: Participants' mothering was influenced by their profession.*

In addition to being affected in their mothering by their psychotherapy or analysis, participants were also affected by their training, their professional knowledge, and their interactions with patients. Participants were also asked whether they have feelings about the quality of their day-to-day parenting moments, given their professional status.

Participants unanimously felt positively about how their training and professional knowledge influenced their mothering in general. Rachel summed up her beliefs simply:

[H]aving read so much about early attachment—that piece is huge....It made all the difference in how I approached motherhood.----*Rachel*

Knowledge of child development was also important:

[Because of it,] I think I listen differently. I think about issues that [my child is] having [in terms of] what it means to her....[Also] I think the developmental part [has informed me]....It's like I feel [my training] gives me some distance, and sometimes that's really helpful...[to know] this is something they're going through.... "She doesn't hate me; she's just upset." ...Allowing the expression of it.----*Helen*

Certainly [because of my training and work, I have] a great appreciation of the ego strengths that are important to healthy living. It's the way I approach my work and it's the way I approach, hopefully mothering, to somewhere be aware of the kinds of skills and qualities that are going to help form a healthy human being....It's the training more than the practice that's made me more aware and has informed my mothering—the knowledge of development.----*Dena*

Sally was similarly influenced, and she additionally mentioned reflective capacity, as did

Frances:

I think dynamic treaters are trained...to be very patient and not so action-oriented and results-oriented and focused on solutions rather than elaborating what the conflicts and problems might be....I think being a therapist and having that training and capacity... is very helpful in parenting....And I think having developmental models as a part of your training, and having that be emphasized, particularly in psychodynamic training—[it's] very, very helpful to have those models in your mind.----*Sally*

My training helps me to be more mindful [in my parenting].----*Frances*

Lydia continued on the topic of personal awareness:

I think particularly...the importance of being able to put language to experience, to be able to articulate experience both to one's self and other people, [is] something I've gotten from my training....[T]hat sort of understanding and interest and respect for the sort of inner landscape is enhanced [in my parenting] by my training....[Things like] my awareness of my own projections onto [my kids], how I see them, how I experience them, what I make of their behavior.

Like Lydia, Adrienne discussed the ability to not only have awareness but to be able to verbalize it as well:

I can't help but want to acknowledge to [my kids] if they're feeling a certain way that we can talk about things, or sort of encouraging them to think about how they're feeling. I try not to be as obnoxious as, you know, well, tell me how you feel, or [being] patronizing in some way. But I do focus on their inner lives, certainly....[G]etting into all of that with [them], I think, is definitely influenced by my training.

Several participants provided specific examples of times when their profession had influenced them in their mothering:

The first thing that comes to mind is that I do hear parents complaining about the, quote, 'terrible two's,' but because I understand about what goes on there during rapprochement..., at least in my opinion... we sailed through with no problem....So we just need to do this together, and it's going to be a little trying, but good for him when he says no and he figures out that he's him and I'm me, and we're separate and he can go and explore and come back, and I just need to be available. And we can celebrate that....So I think that would be a good example of [how] unknowingly it helped me a great deal.----*Cynthia*

[Because of my training and my work], definitely, I think I have greater tolerance than some other parents for teenager-hood right now in terms of all the squirrely feelings that come up. And I think that I can feel much more comfortable with sexuality, helping [my child with that]. ... I think early on...I had greater ease saying no to things so I could be home with my baby....I felt there were parents that couldn't understand why I would want to do that. And I felt like the training and understanding helped hold me through some times where I felt pretty alone. ----*Gwen*

There are times [such as a time when my child acted out] that I use [psychoanalytic understanding] to describe things to my husband, and sometimes it's really helpful, and other times he's like, yeah, enough with that already. But, you know, [this one time, as an example], I felt like I had to use my profession in a way, or I'd be silly not to use it to help my husband understand what was happening, and to not help frame it out for myself in a way that was helpful. ----*Sally*

Influence has its appropriate uses, however, and several participants pointed out potential hazards of being in the profession:

I think sometimes it gets in the way, too. You think, oh, should I just have empathy—when what they really need is no... to [actually] clean their room....Too much thinking about it and not enough just saying, “Hey, this is it, the answer is no, you don’t get a reason why.” [And very occasionally my teenager] will say, “Don’t psychologize me.”----*Helen*

I do use a lot of resources from our profession in assessing what’s going on with my kids. But, you know, where I find I want to draw the line is in how I interact with them. When I see other people doing this, and when I myself have said something....Like there have been instances where I would interact with [my child] in ways that I would interact with some of my therapy cases, and I was like, wait a minute here, this is ridiculous. And I’ve seen other colleagues and friends who are in the profession who will kind of overvalue our profession in how they’re dealing with their child in an everyday way. And whenever I get a whiff of that in myself or in someone else...it really just turns me off. And so I just try to push that away so that it doesn’t impinge on the spontaneity in the relationship.----*Sally*

You know, people talk about how children of psychologists are so messed up, and I’m certainly aware of that in terms of I don’t want to hawk my kids, you know, like “How do you feel?”----*Adrienne*

[T]here’s a piece of me that worries about...things, and part of it is because I feel like I have read so much....I worry...because I’m so aware of it. There are times that it’s like if I could just be clueless, I would maybe be more chilled out about some things....It’s kind of like I’m giving [my child] the roadmap for all relationships for all time. I don’t want to...screw that up.----*Rachel*

Participants talked about how they are influenced in their mothering and their ideas about mothering through their work with patients, both in general and in instances with particular patients or types of patients. Eight participants felt directly affected by patients’ stories and histories in this way. Rachel and Sally each brought up emotional reactions that have arisen for them in hearing patients’ stories:

[W]hen you hear abuse stories...those things haunt me sometimes...[T]here are certain things that feel...inexcusable....I’m both feeling for the patient as the child and thinking about my own child....There are things [like a deeply inspiring story from a patient] that...make me feel the power of motherhood, the power of attachment, the power of how good it could be, that make me feel kind of closer to my own children in a way....[It] makes me want to hug my kid. [Those] stories bring out powerful mother emotions.----*Rachel*

Sometimes I think that the world is less safe, I think, than it actually is because of [some of the trauma work I've done]. ...[S]ometimes I think that oversensitizes you to how safe the world is for you and your children, and...you have to sort of, at some point, recognize the base rates and not allow yourself to fall into that.  
 ----*Sally*

Gwen talked about how she is helped through her patients' experiences:

[Being] compassionate, try[ing] to understand what [patients are] thinking and doing inside...helps me feel more compassionate to myself when I get into a trouble spot internally, if I feel stuck somewhere or narrow-minded or really angry or jealous or some other primitive, intense feeling. I feel much more able to say, well, that's really human....[T]hat's one of the biggest positive pieces for me in my practice and in my mothering, because I can be more compassionate both places.----*Gwen*

Several participants addressed the question of comparing themselves to patients and patients' families, noting that sometimes there is a shock of recognition and other times an awareness of hoped-for difference:

I hear things that my patients say and I think, oh my god, I do that. Of course, yes.----*Helen*

[H]earing men talk about their mothers and being too close or too far or whatever, and then I kind of wonder what's [my child's] experience of too far, too near....It makes me wonder. It makes me have another way of looking at things.----*Cynthia*

[O]ften it makes me think about the impact that I'm having on my children when I see who the adult is and I hear where they came from and what they went through. It sometimes...makes me very sad for them, but can [also] give me pause in terms of what I might be doing [as a mother] or confirmation in something that I'm doing. So it definitely has an impact.----*Adrienne*

I don't want to be the intrusive mom, the overbearing mom—I mean, there's a lot to choose from that you don't want to do. A lot of people in therapy are working on things with their parents, their moms particularly, so there are a lot of opportunities to be scared that you're going to mess your kids up.----*Frances*

Participants in the study were also asked what contribution their professional knowledge makes toward their feelings about themselves as mothers. Participants split down the middle in their responses to questions in this area. Four participants felt more

accepting of themselves because of the profession, four participants felt less so, and one participant noted that “I go back and forth....I guess that’s the dance.” Some participants’ comments are excerpted here:

I don’t really feel [discouraged or guilty when I have difficulty]. It’s not like it’s a walk in the park raising kids, even with all the training and exposure we have to these things.----*Sally*

[W]hen I sink to the bottom of my capacity and [have] what I consider a failure with a little ‘f’,... I feel badly and I suffer the guilt, but I think that’s part of it and so I don’t feel hopeless about it. It feels like, okay, this is the work of the day, this is what it’s about to be a parent, and I’m going to screw up, and so is my [child], and we’re going to face our human limitations....I think it’s easier, actually [being in this profession]....[It] has helped me be much more comfortable in my own skin with limitations.----*Gwen*

I think it’s easier to be hard on myself, much easier....I remember saying to a friend [that I should have known better about something]. And [that friend] was also a therapist mom, so we commiserated about the fact that there are just certain things that...our kids are doing...that we feel like they shouldn’t be doing, or are not cooperating in a way we feel they should, and that it’s a reflection on us, and we’re supposed to be therapists and know how to make these changes happen. ----*Dena*

Definitely I think that parenting is really hard. And I think sometimes [in my house] we expect ourselves to be better at it....The idea of ‘good enough’ definitely I find very comforting.----*Lydia*

*Theme 7: Participants use cognitive-behavioral parenting techniques  
in important but limited ways.*

This research also examined whether psychoanalytic therapist-mothers also use non-psychoanalytic approaches in their parenting. When asked about the use of behavioral or cognitive-behavioral strategies, all of the participants stated that they have used some form of those strategies at times in their mothering. In general, participants embraced such strategies in a limited way, but with the caveat that they in some ways and at some times seem essential:

[I]t feels very behavioral with them, especially young kids....Reinforcement and punishment,...even reinforcement schedules. I do think that that sometimes comes up, like sometimes I think about what's the most likely way to extinguish a behavior versus inadvertently keeping it going.----*Rachel*

There's a [cognitive-behavioral parenting] book....If you...use it humanely, it's very effective....That book was really helpful with helping [one of my children] with some little behavioral acting-out things, and I'm really thankful for it. There's no amount of psychoanalytic stuff that can help with certain behaviors at that age.----*Sally*

[I]nsight and introspection from psychodynamic or psychoanalytic [perspectives] is really helpful, but if we don't put them into action [they're less so]....I feel like it's not the end of the line, usually.----*Helen*

We have used behavioral charts....[C]ognitive in the sense of trying to help kids think about a situation from a different vantage point. I think that it's really important to be behavioral with kids. And I think that we all as human beings basically respond to reward, no matter how analytic you are.----*Dena*

When asked about behavioral and cognitive-behavioral strategies, five participants stated that they use or had used time-out; three mentioned the use of consequences, setting limits, and taking away privileges; three mentioned charts (two of the three noting, however, that they were ineffective for their families); and two mentioned relaxation strategies for children's sleep. Other strategies that merited comments from individual participants included sleep training, point systems, focusing on the positive, and thinking through alternative points of view. Four of the five participants who mentioned using time-out talked about using it in ways that are individualized and thoughtful. Some of their comments are excerpted here:

When he was younger I did use the time-out thing; it was really effective....But rarely was it used, because...the time-out would have been ten feet from me. The sheer idea of that was 'ugh'—I had to be really careful about types of consequences because he's the kind of kid that [really] has a superego in operation.----*Cynthia*

When [my child] was younger and she would get upset, sometimes we would do time-outs to help her calm down...[I]t was possible for her to take some time by herself where she wasn't [in communication with us], and she needed some space for herself...And she has developed the capacity now to use that skill.----*Gwen*

[W]e give time-outs, but we call them 'taking a break'. We really frame them in terms of needing to take yourself out of a situation and pull yourself together, calm down, find a way to calm down. And they're actually very helpful [for two of our children. With one of them,] what I end up doing...is picking him up and holding him on my lap and hugging him, which seems to help him. He needs a lot of empathy.----*Lydia*

*Theme 8: Being a mother is deeply meaningful.*

Participants were asked about what motherhood means to them, broadly speaking, and their responses displayed great depth of feeling and complexity. Five participants talked about their positive feelings about motherhood, and four participants brought up a mixture of feelings. Cynthia's positive feelings included the sustenance of the early mother-child relationship:

I guess it means everything, really....And so, you know, attachment and connectedness with my patients, with my family, with my [child], with myself. It just feels really primitive....I really feel that those are essential features to survival....I was [my baby's] food source, yes, his food, and warmth, and base, and all of that. And it starts there and...if a person doesn't have those experiences, you can't build them in later.

Gwen also felt strongly about the mother-infant bond, and she also reflected on the continuation of that bond:

I think it's...a wonderful part of life in terms of having an experience of another human being that is just so intimate in a different way than a romantic partner, with an adult....[B]eing a mother means being intimate....[You think of the] psychological birth of the infant, through being there to help a person who...has their own propensities and wonderful aspects and challenges and so forth, and to be the midwife through the early years, anyway, through adolescence, and just to have this most wonderful connection with another human being—that's neat....[A]nd to have a relationship with somebody that I hope will continue through my life---the longevity of the connection—feels really important.



Sally commented on the satisfaction of having children, from pregnancy onwards:

It means a lot. I feel like it's a tremendous achievement. Not just having the children, although that felt like quite an achievement to me with each pregnancy and birth, but actually having the children and have them do well, and meeting their needs....[I]t's the best thing I ever did. ...[T]here's just no substitute for becoming a mother.

Adrienne felt similarly about pregnancy, and she also spoke about the intergenerational transmission of values:

I've always wanted to be a mother, from the time I was a little girl, so it's very fulfilling in so many different ways. Just having grown a life inside of me and sustained a life, and then the nurturing and taking care of a baby, and the attachment that forms, and just the cliché of the unconditional love [which] really is true. To share my values and to teach and to shape the way that my kids think about things or...the choices that we give them or the values that we try to instill in them, just knowing that in some way I'm going to continue on through them.

Dena talked about the smallness and largeness of mothering:

One of the biggest shifts was putting somebody's needs before my own....[And] those little caretaking things, whether it's keeping the child in mind when you go to the grocery store or whether it's being sure that the school papers are in or the laundry's done or the outfit for band is ready and clean and...it's details. And the hugeness, just the caring of something that I think is intrinsic and...I think it's unique to being a mother.

Frances pointed out some of the powerful effects of motherhood:

It's an enormous part of my identity, my life. I had known since [childhood] that I wanted to be a mom....It's probably the single biggest part of my identity. It's very grounding and very untethering all at the same time, scary and comforting—a lot of paradoxes in there. It's also probably the single most significant influence on my life and who I am.

Lydia shared her feelings about the uniqueness and difficulty of being a mother:

It means to love some people in a way that I've never loved anyone before....It's a really different kind of love and endless fascination....And it also means to have this enormous amount of responsibility that I didn't have before. And that can be irksome and hard and makes me miss my freedom, sometimes, that I used to have, although it's great. I would never in a million years not want to do it. But it's hard, very hard work, much harder than anything else I've done. So it means that

and it means to be a real, guiding influence in someone's life. It means to have responsibility for the safety of little children and for their mental and physical happiness and well-being. To try and teach them to be good citizens. [T]o co-parent with another person, to communicate...about how we want to parent.

Helen also spoke about the difficulties inherent in being a mother, as well as about parenting in an intentional way:

To me, being a mother and being an older mother, I feel like mothering is such a responsibility, and really such a burden. And it's not that I don't want that burden—well, sometimes I don't—but I feel like that's primary for me. And the second part of it is probably enjoying it. And I think I enjoy more watching my child do things sometimes from afar. And it often feels like work. And I think it's because I'm really serious about it. I want to do the right thing....So in that respect, I don't think I'm very lighthearted about it.

Like Lydia, Rachel spoke to the changes in one's singularity that occur when a child's needs become part of one's life:

I have a lot of thoughts about that, or maybe a lot of feelings about that. It means responsibility and joy and certainly brings up feelings of love and connection and family. But also sacrifice and misery and a loss of individuality. For me, as a mother, I feel like there are a lot of contradictions. I can...in my mother role, switch very quickly from being happier than I have ever been in my entire life and feeling a more intense love of another human being to hating my life fully.  
[laughs]

*Theme 9: Motherhood creates change.*

When asked if and how they changed when they became mothers, participants all reported having experienced substantial emotional changes that transformed them.

Change in self-identity was an important aspect for Dena, Cynthia, and Sally, respectively:

I'm always mindful of having a kid. And the child's in there somewhere, always.  
---Dena

I'm forever changed, really. I'm no longer not a mother. I'm always a mother....[I]t's not just about me. I have an extension. I remember saying out

loud to somebody that I feel more important now than I ever have, like I really matter. My status as a human being has really been elevated by the sheer fact that I'm a mother now. And I don't think I really appreciated that [before].----*Cynthia*

I feel more mature and...I didn't really feel like an adult before I had a child....[Y]ou're always a child until you have a child, I think....[I]t somehow really enriched my life and has made me feel like I've completed something.  
----*Sally*

Lydia focused on growth and emotional experience:

I certainly became happier. I think it was a real outlet for a kind of lovingness that has been really fun for me. I think that I'm probably stronger. Actually having the kids, being pregnant and giving birth, was incredibly empowering and gave me a different relationship with my body...and a different sense of being a woman and being female....I feel sort of stretched [emotionally], like I have more room. I think I can hang with more different kinds of experience.

The emotional aspect of motherhood was something Gwen brought up as well. She also talked about some of the ways in which her priorities changed:

I learned to slow down, and my ambition that had driven me a lot in the past has shifted to wanting to invest my time more in different aspects of life. Being able to value making dinner and having time with my [family] or even time alone rather than running off to do this next project or that next project and getting so busy and so caught up in lot of professional things, primarily. So that's one big change. And... it helped me emotionally get access to feelings that I hadn't had access to—that was very meaningful and transformative in my life. It was an opening up to feelings that I had not been in touch with....I already knew something about that intellectually, but emotionally the full oomph, the connection, just came bursting through, and that was very powerful, and it has remained that way. So affectively I've just continued to grow and change. So I feel more grounded in my emotions and more present with myself and others, and less frenetic about getting ahead or getting ahead in an externally defined way. And I think it's a much more satisfying life.

Like Gwen, Helen's focus changed:

I became less involved in professional things and more involved in my life. I feel like my life revolves around my family first and not my jobs.

Frances talked about the ongoing nature of change, and about how she, as a mother, took on more daily responsibilities in her household:

I feel like I am always changing as a mother....[O]n a daily basis I am constantly being affected and challenged at being a parent....It was really hard to know that my life had changed so dramatically and [my partner's] much less so....That was an important shift for me....The burden has been huge but I wouldn't give it up.

Adrienne noted that she also has experienced both positive and negative changes:

My focus is different. [I'm] probably not as social as I used to be. I think I'm probably sometimes a little more irritable. But...I hope I've grown as a person....I think I just have a totally new perspective that I've been able to add, in terms of how I see things and think about things. And think about how I see the world, how I think about the world.

Rachel felt the difficult struggle of never-ending mothering:

On the positive side, I've become more patient and more tolerant and more accepting of things I can't change. And on the other hand I've been bitter and frustrated and less accepting of things I can't change. There are some of the realities of parenthood that just make me mad, like that it's endless and you don't get a break....Given that we don't have family that helps us...for me it's been relentless.

*Theme 10: Participants feel, at a minimum, good-enough in how they mother overall.*

During their interviews, participants were asked to describe their general perspective on the characteristics of a good mother and qualities of good mothering. In their responses, seven participants brought up the importance of being interested in and paying attention to one's child. Five participants specifically mentioned patience and five referred to empathy. Several other qualities that arose in multiple interviews included being loving, providing consistency, being able to set appropriate limits, being tolerant, being reflective, being compassionate, being respectful, having the ability and desire to play, and having a sense of humor. A number of other characteristics—such as being able to step back at times, being open to learning from children, thinking what's best for them, teaching a sense of discipline, allowing natural consequences, and knowing yourself deeply—were also mentioned individually. Some additional qualities are described here:

I'd say resilience. Being able to feel one's own feelings intensely and use them to the benefit of the relationship....Loving, and being in that space where you know you're going to do whatever it takes to get through to the best of your ability....[B]eing able to have other loving relationships, so [children] can see that [you] can have multiplicity of relationship and it doesn't mean less love for [them]....Love and all that means. Willing[ness] to get through the hard moments.----*Gwen*

[B]eing emotionally available for your kids and in an immediate way instead of just in a theoretical kind of way, like I'm here, I'm present...in a real way....Dealing with whatever curve balls you may be thrown without feeling like that's a reflection of who you are.----*Sally*

I think trying to understand before making a judgment. I think being able to set firm limits, but in a very matter-of-fact, non-angry way. Certainly empathy, ability to soothe and to help the child learn to self-soothe. Imparting values, modeling values.----*Dena*

Patience, lots of patience, steadfastness, love, affection, being able to set limits at the right time, picking battles, a sense of humor, humility, being able to apologize and acknowledge you've been wrong, laughing with kids, getting really excited about what they're excited about, giving them space when they need it.  
----*Frances*

All participants unequivocally felt that they are good-enough mothers, with most going into detail about the vicissitudes of what that means, as described here by several participants:

It varies moment by moment. Sometimes I think I do really well. And there are some things I think I'm better at than others. I think I know my kids really well, both in their easy-to-understand parts and then the more mysterious, quirky parts....I have a sense of them and an appreciation for them....I'm not terrific at discipline....I think that there are some things I'm good at and other things I'm not.----*Lydia*

[A]t the risk of sounding like I'm tooting my own horn, I think I'm a really good mother....[T]he flaws that I have, I think, are reasonable flaws to have and [are ones that] I don't feel bad about. I'm not perfect, but I'm good.----*Sally*

Of course, there are days where I feel like a complete loser or failure as a mother, but mostly I feel like I'm doing a good job of it.----*Frances*

Oh, it depends on the day! It really just depends on what's going on. Sometimes I think I'm a really great mother, and sometimes I think I just suck. And it varies with [each kid].----*Adrienne*

I guess...really what I'm going for is sort of being good enough, that I can't be everything, actually, that I am who I am and that's who we are together....I think I'm doing a pretty nice job.----*Cynthia*

*Theme 11: Participants have a worldview that reflects psychoanalytic values.*

In exploring whether participants' lives reflected a psychoanalytic mindset, the researcher asked whether participants felt that who they are as people and mothers is the same as or different from who they are as therapists in terms of worldview. Worldview was described as being the lens through which participants experience and understand their lives and the world around them. All nine participants stated that their way of being in the world is consistent across their various life roles. Adrienne described how she experiences life through a reflective lens:

It's the way I think about things. I can't help but think about what might be motivating someone to do what they're doing or to act in a certain way or to think about things in a certain way based on their own experiences. And it's kind of difficult for me to separate that out from how I live my life, I suppose....If something is going on with one of my kids...then I'm definitely going to be thinking about what's been going on today or what's been going on in the past couple of weeks that might be contributing to this behavior.

Gwen also described her worldview in psychoanalytic terms:

I think I have a basic philosophy that human beings are inherently good and yet have struggles with primitive places inside, and that I try to hold the whole picture with both my patients and my daughter that sort of idea that it's a mixed bag and that even though I think that basic motivation is to have more health and more coherence and more harmony internally as a person and as an organism in the basic biological sense, I think there's also this other more destructive element that leads to primitive experiences and that I try to understand that.

Cynthia also spoke to the psychoanalytic aspect of her worldview, although from a different angle:

[M]y world view is I believe that there are a lot of unconscious motives of which we as humans are often unaware, and my world view is that I try to at least understand mine the best I can—what’s motivating me, what’s calling me back, where my conflicts are and such—and I assume that others have those things operating simultaneously. That means also politically, it means interpersonally, it means also in the home.

The following participants explained their individual mindsets:

I feel like I’ve always sort of been psychologically minded, and I’ve always thought this way....I feel like I have always wanted to understand, more deeply, who people are and why they are the way they are....[I]t’s all merged together as part of me.----*Rachel*

I think that it’s hard to separate what’s therapist and what’s person.----*Dena*

It all seems to be of a piece at a certain point, and it’s not like there’s some point of demarcation.... T]here is a sort of fusing that happens....And I’m noticing in myself...that it’s hard to not be just who you are, you know. It comes together, and to parse it out gets artificial past a certain point.----*Sally*

[R]elational...I think I view the world like that all the time....[T]hat’s how I think. I kind of think that we pick our theory that’s our personality or our view of the world, so I would say I don’t know how I could not see the world that way.----*Helen*

When asked about what hopes they have for their children as they grow up, participants responded with values that are consistent with this analytic worldview. While certainly these specific hopes and values are not unique to psychoanalytic therapists, their centrality in participants’ narratives is notable.

Five participants spoke of the importance of their children being caring towards others, helping others, and treating others with fairness and respect, as noted in these excerpts:

I hope they’re kind and empathic and responsible for the planet; that they’re not self-involved, selfish people. I hope that they’re happy and fulfilled. I hope that they can have successful relationships and are joyful. It’s really important to me

that they're able to make the world a better place somehow, ease suffering for people.----*Frances*

[H]onesty and integrity...I'm hoping that they think about others and are caring towards others, put themselves out for others. And certainly I want some self-discipline and them being on the road to achievement. But in terms of values—humanitarian values.----*Dena*

Five participants specifically mentioned their children being happy and fulfilled, and able to be themselves. The comments of three participants are included here:

That they're empathic and honest and good people, whatever that means. That they treat people fairly and have deep connections to their friends and family members, and that they are able to do what's good for them and not necessarily do what they think other people want them to do, so that they're true to themselves.----*Adrienne*

I want her to be happy, so that's really been probably the most important, is that she feels good about herself and that she's happy in her life.----*Helen*

I hope that she will feel sturdy enough and healthy enough inside...that she can live with her own feelings and conflicts and desires to go after what it is in life that she's passionate about. And I hope that that includes...relationships that are meaningful to her. But also her zest for her own [interests]....And I hope that she can follow her own inklings.----*Gwen*

Along with those values, Cynthia demonstrated her willingness to let her child discover his own profession and life:

I want my kid to be a good kid. I want him to have a strong sense of who he is, a strong sense of empathy for others. I want him to be committed to himself and a something. I don't really...have any specifics of what I want him to, quote, 'be' when he grows up, but whatever he does, I want him to derive great satisfaction from it. That... he's really excited about living and life and learning, and that he contributes to his community and family....I want him to be a good citizen. And I want him to be able to...[stand] up for himself or his friends...when things get hard.

Lydia additionally mentioned having a sense of agency and of curiosity:

What I hope for them is that they feel comfortable with who they are, whoever that is. I hope that they are kind and respectful people. I hope that they have a sense of social responsibility. I hope that they are happy and fulfilled in whatever they decide to do. I hope that they can really follow their interests and be motivated and agentic in finding a way to do what they're interested in. I hope that they're curious and thoughtful and productive in some way.



*Theme 12: Participants feel most similar to other insight-oriented mothers.*

Given the worldview described above, and given the importance participants ascribed to mothering, one would anticipate that they might feel similarities both to other psychoanalytic therapist-mothers and to mothers in general who parent in an insight-oriented manner. Indeed, eight of nine participants stated that they felt there are significant commonalities among psychoanalytic therapist-mothers, despite certain individual differences, with six noting that they have very frequent contact with therapist-mothers. All nine participants reported feeling drawn to other mothers who had similar ways of parenting. Lydia commented on deeply knowing one's children:

I have endless conversations with my [analytic] friends who are mothers, and I think that really what it is, is this consuming interest with our children's minds. I think we're just so interested in them and interested in who they are and how they develop. I think everybody is really interested in their kids but I think...we're particularly interested in their minds and in how they think and how amazing it is to know someone from birth. The intimacy of the knowledge is really extraordinary....It doesn't tend to be very authoritarian parenting. It tends to be based on empathy, and I think that probably there's a focus on the ability to manage affect and use words to manage affect.----*Lydia*

Sally and Frances discussed self-awareness and accurately recognizing children's own emerging selves:

I would say that they [the analytic mothers] tend to be more flexible—more flexible even than people from other kinds of theories, more cognitive or behavioral mothers....I can relate to them more than [to] my mom friends who are outside of the profession, [who are] more projecting all of their ideas about things onto their kids, and it's really hard to be around....I would like to think we [analytic mothers] understand more, [and] that there's hopefully less projection of what we are....[That projection] is disturbing to be around, even the very benign forms....So I do tend to be more comfortable around people who are in the profession.----*Sally*

My closest friends are either therapists or very therapy-oriented people, so they get it....i see a lot of the less aware a parent is, the angrier the kids are. They just

put more of their crap on their kids....Obviously people are doing the best they can but often they don't want to be aware of their stuff....Maybe one of the differences is that with parents who have done their own work or are therapists are more inclined to talk with their kids about what's going on, whereas others might not have conversations like that with their kids or with other adults. Maybe that's something that really distinguishes this: Processing.----*Frances*

Gwen spoke about the central nature of interiority:

The commonalities include] being tuned in to the internal world, valuing the space of the internal world, being interested in that. Understanding development from a point of view that is internally generated and motivated as well as interacting with the external world....[M]ore focus on...developing the self and emotions and the capacity for imagination and playfulness and the richness on the inside rather than how to be on the outside. It's an internal map rather than an external map. And I feel drawn to how those parents seem able to be present with themselves and with their children and not caught up in a lot of activity, busy-busy, but actually make space in their lives for that creative play and time for kids to do imaginary play, or not schedule them up so that they don't have a minute to hang out and find their own minds....So it's just the whole level of activity doesn't sit well with me, or it's not comfortable, when I know some of my colleagues with kids who are more cognitive-behavioral therapists, and they just live their life in a different way.----*Gwen*

Several participants pointed out individual differences that can arise among psychoanalytic therapist-mothers. Gwen spoke about the broader psychoanalytic community and specifically about different sub-orientations:

You know, I think I'm surprised that there are as many differences as I see....My first response is yes, I think there are commonalities, and several of my friends are psychoanalytic psychotherapists or analysts who have children. But...I also find that no one escapes dealing with struggles, and analysts come in as many different shapes and kinds and personalities and parenting styles as anything else. So it's just amazing to me. I select my friends...partly because they have similar styles in life, and therefore parent their children similarly, my closest friends. But amongst the larger [psychoanalytic] group, there's quite a range....I think it might be more a drive-/conflict-oriented, classically trained person [whom I feel is more rigid].

Sally has occasionally seen more lenience in therapist-moms:

[S]ome of them, I think, are overly flexible, and that they maybe should be a bit more disciplined with their children....Like they're just over-gratifying, I think sometimes.

Several participants talked about mothers outside the profession having similar qualities to mothers within it:

I think I'm drawn more to people who think in that way, even if they're not psychologists...I think they do [parenting] somewhat differently.----*Helen*

I think that some people are either more intuitive or probably had...experience with kids....So I certainly don't think it's unique to analytic therapists.... I admire how loving and patient and directive, in a good way, mothers can be.----*Dena*

I think probably a lot of parents have that....I live in a community of people who are really very dedicated and good parents, and I feel very appreciative of that. ----*Lydia*

Adrienne is in agreement, but also notes that there are limitations:

[There are non-analytic] women I know who are very empathic with their children; they absolutely are. But in terms of going more in-depth on stuff, I don't think [they do that].

In terms of mothers who are not insight-oriented, a number of participants pointed out situations that arise. Sally expressed the difference in focus that she has seen:

I think it ends up putting some distance between you and other mothers who aren't in the profession, or other psychologists who aren't mothers, for example, or do not espouse the same kind of general theoretical views as you. It ends up really dividing things, I think....I think a lot of people [distract themselves], and...it seems to be getting worse, that people's priorities are kind of messed up. And there's something about doing what we do in this profession that—if you're well-trained and you have the right disposition for it—you...worry about the big things in life and mourning the things that you figure out you can't have instead of knocking your head against the wall about getting those things.

As Cynthia illustrates, basics such as ways of playing can be different:

I'm like, 'come on over to the psychologist's house, we've got plenty of [toy] swords and weapons.' Because a lot of people in the neighborhood [don't let their kids play with them]. And...[kids] need to do that. That's aggression and all these other things.

Cynthia and Dena, respectively, gave examples of major differences between their approaches and those of such mothers:

Parents will make really big assumptions about their kid...about their total personality...Like when babies are hungry, 'Oh, he's greedy, this means he's going to be greedy.

I think that probably I would find more people whom I would not agree with, though, among non-analytic people raising their kids. I mean, you go into a women's bathroom and you hear some of the ways some mothers talk to their kids in the bathroom, and sometimes I just cringe.

*Theme 13: Mothers and therapists have substantial commonalities.*

In describing the commonalities between being a mother and being a therapist, participants were united in their belief that the two overlap significantly in a number of ways. Development and exploration in a safe context were common qualities Frances identified as important:

I think it's a very similar process of helping people become who they are, helping people find their voice and crystallize their identity and their confidence and go out into the world and be happy and productive people. I believe that there's a lot in both of those roles that has to do with instilling confidence in people to try on what they believe in. There's an element of safety to do that exploration, and the environment to try on who they are.

Exploration was also mentioned by Lydia, who also talked about mentalizing and other factors:

I think a lot about mentalizing in both being a therapist and being a mother. That's a term that's been really helpful to me and interesting in terms of how I think about a person and how I imagine myself into their experience...I do think there are similarities...in terms of helping someone to articulate their experience, helping someone to explore areas that are shut down. I think I try and do that with both my kids and my patients. I think I try to be honest with both—I consider that to be very important—about my responses. I try to be helpful to both. I try to be kind and respectful and compassionate to both.

Gwen highlighted a number of qualities that occur in both mothering and analytic therapy, including attachment, the dyadic relationship, the transitional space, and growth.

I think there is a good feeling of relationship and bonding, attachment, object-seeking...That it feels good to be close and it feels good to be sort of inside somebody's experience and have an influence...on somebody's else's life—that's

major. And the reciprocity of that—the baby affects the mom, the mom affects the baby, the patient affects the analyst, the analyst affects the patient. The psychotherapist and that feeling of how much happens within that dyad. That is...you want to be in contact with somebody...I think the attunement, I think the curiosity in the other, I think the facilitation of the step-by-step process, like the scaffolding idea of a therapist or the mother is just a few steps ahead and helps organize and contain and doesn't take over, but doesn't retreat and go away too far, but stays in that transitional space. The way I think about it is a way to foster growth on the leading edge of the person that you're working with. And I think with a baby and a child, not with such conscious intent, but it just happens through virtue of the intensity of the attachment.

For Rachel, the holding environment, empathic attunement, and affect tolerance came up:

[E]mpathic attunement, you need patience, ability to tolerate someone else's emotions while keeping your cool. It's like having a good holding environment...[E]ven just having that little piece of you that can remember that there's more to the world than just whatever this person's experiencing in this moment—that, I think, is a similar process in motherhood and in being a therapist, trying to hold onto some sense of reality when it feels like you could easily be convinced that it is a crisis that you can't have that toy right now, you know....And I think with patients, too, we have to hold their feelings and tolerate them....There are a lot of similarities that way, I think....I do think there's a huge overlap in terms of the skill set.

Containing and nurturing were two of the qualities Adrienne mentioned:

[In both roles, we are] receptacles—for a lot of good stuff and a lot of negative stuff as well. And receptacles in the sense of receiving and also in terms of holding a lot of stuff...And then...there is nurturing involved in both worlds...more actively nurturing as a mother, I think, but also as a therapist, just being there consistently for a patient, being reliable and consistent, setting limits. Being open. All those things.

Of course, mothering and therapy are not the same, despite their meaningful commonalities, and Lydia articulated some of the important qualities that differ between the two:

I think that there are differences also. I think that a person doesn't come to therapy only to be parented, I think. It's a different relationship and a different endeavor....The people I work with...are grown-up people who have capacities and histories and strengths and vulnerabilities. And it isn't really my place to mother them. It's more my place to collaborate with them on understanding their experience and untying knots so that they can proceed with their lives. And with

my kids—I take care of them. I feed them, I wash them, I listen to them, I put them to bed, I help them regulate themselves. It's a much more, in some ways, body-based and intimate experience that informs our relationship.

*Theme 14: Participants sometimes actively choose to think analytically as mothers, and at other times are unconsciously psychoanalytic.*

Participants were asked whether they have any hopes or expectations that their kids will grow up with the qualities that are relevant to psychodynamic therapy (e.g., tolerance of affect, introspection, appreciation of unconscious processes, etc.).

Participants were clear that they do want their children to possess these qualities, although they might not be the first that come to mind for all of them. However, they note that they do not consciously hope for analytic values for their children but rather assume those values as part of their worldview. The comments of two participants are included here:

Yes....And it's just the lingo that we communicate in, and not technical at all. I think that our thoughts are—just because of who we are—based in an understanding of what's important for kids.----*Dena*

You know, I think I just look for that in the people that I feel close to....I don't consciously think I want her to be introspective, but by virtue of how we talk together, it's part of what we cultivate just by who we are, and I think I value it. I think it must be certainly conscious in my way of being in the world, so yeah, I think those things are there. Thinking on multiple levels—I get pleased when I see her able to do that. You know, I'm sure these are measuring sticks that I use to think about how somebody is doing, and when I see evidence of any one of those things, I feel reassured or confident that she's growing in a direction that I think will make her happier....I'm invested in that and so wish that for her. [But] I haven't really sat down and thought of those words in particular. I don't think psychoanalytic terminology for my family....But I think just by virtue of how I live my life, it's part of the fabric. But less conscious.----*Gwen*

When asked whether they consciously parent their children in a way that reflects their knowledge as psychodynamic therapists, all nine participants stated that they parent

that way in the larger scheme of things, as something that comprises their worldview.

Eight participants, on the other hand, noted that on a moment-to-moment basis, they are not consciously aware of trying to parent in that way—perhaps because they are engaged with their children and parenting instinctively from within that worldview.

I think that probably what happens is that when I'm thinking about things or talking with my [partner] about them away from my kids, I bring in the stuff from analysis, but in the moment I'm like any other parent being in the moment being triggered by whatever I'm triggered by....I don't know that I can separate it out. At that moment it doesn't really work like that. I think where I am really thoughtful is that I try really hard to not attack their character and not confuse their actions with who they are; I try to be conscious of that. I think it's probably informed by my work. But again, I do the work I do because of who I am, so it's hard to separate out.----*Frances*

Not moment to moment....yeah, in the big moments, like staying home with my [colicky] baby....I think I was also scared that someone else would hurt him the way—in a [fantasy] way—I wanted to. You know, like if a babysitter had him, I thought that no one could possibly tolerate this like a mother....So, in those moments, I guess there were pieces of really thinking about it, like...in the earliest days, about wanting my baby to have a secure bond. But now I don't think so....There's a part that's still just a mom and responding to the moment-to-moment struggles of life with young children, and frustrated about the fact that it's raining when I'm trying to make dinner on the grill....[T]here's an immediacy to it all that doesn't always allow for reflection. But then, [when I step back at times,] I think about the bigger picture.----*Rachel*

No, [it's not that we are being psychoanalytic]. No, I don't think so. I think...maybe ideally that would be good. I think my own parenting is a little more reactive than that and...[kids] don't tolerate it if it comes across as too therapist-y either.----*Dena*

Respectively, Cynthia and Sally talked about being aware of how analytic ideas could be used wrongly and in a damaging way in parenting:

I [once] had this really terrible, terrible experience [with another mental health professional]....In front of me she says [to her child, who has asked for help with his book], 'Now, is it really the [book] or is it that you want my attention?' And she sort of went on to undress him, if you will....I don't use my inclinations or curiosities as a weapon like that mother did.

I think you can go overboard...I'm sure some of it [psychoanalytic stuff] filters through [in my parenting]...despite my wishes to the contrary. But I'm a bit careful and suspicious of that in myself. In instances where I feel like some of that creeps in, I sort of think, well, what's going on? I do have to stop myself and say...what's with the artificiality of that? Because it just seems wrong to me. It just seems defensive and over-professional in a bad way [when you actually interact that way with a child].

Data analysis ends here with Dena, who sums up the concept of being in the real relationship with a child in the moment while being informed by a world view that supports insight:

I think it could be seen as psychoanalytic, but I also think it's good mothering. It's trying to be empathic and understanding, aside from my theoretical orientation. And it's...a deliberate not wanting to shut up my kid. I don't want them to stop talking, even if it's something I'm worried about. Not that it's not present in the analytic, but that's not what's on my mind when I'm trying to do it.



## CHAPTER IV

### DISCUSSION

This research study was intended to give voice to participants' individual, subjective experiences of being mothers and psychoanalytic therapists. In so doing, this study has provided nine examples of women who have each followed their own unique paths and has highlighted the multiplicity of perspectives that women have on the mixture of their personal and professional lives.

At the same time, this study also was designed to find any existing commonalities that arose among participants and their experiences. Thus, while each participant had her own unique story, the group of participants itself had its own narrative as well. Because this is a qualitative study, this group narrative cannot be considered to be representative of that of all psychoanalytic therapists who are mothers, although one could surmise that there are likely similarities between the members of this group and other individuals like them. What is more important for the purposes of this study is that even within a group that was heterogeneous in terms of age, age of children, and length of time practicing as a therapist, there were common themes that emerged consistently across the group. These themes, arranged further into the master themes described below, illuminate some of what it is like to be both a psychoanalytic therapist and a mother and how those roles influence each other.

## Interpreting the Data

### *Master Theme I: Motherhood changes everything.*

Becoming a mother was a life-changing experience that affected all participants profoundly in their lives, including in their roles as therapists. The latter seemed to flow naturally from the overall changes participants experienced in having a new understanding of themselves and the world. In terms of how they practice, therapist-mothers felt that they had a new way of understanding patients on multiple levels, that they were better able to tolerate and appreciate strong feelings in their patients, and that they were more present in the session. Some of these descriptors fit in with the concept of the maternal in psychoanalytic thought and will be explored more closely below in the section on the commonalities of being a mother and therapist. Eight participants have felt it was important at times to disclose their status as a mother to patients, many despite their typical lack of disclosure. The educative aspect of therapy—the direct and active discussion in the here-and-now of a session about how to manage a problem, and the therapist’s provision of information relevant to that problem, as opposed to interpreting a patient’s questions about it—came up in this study as well. Five participants have directly answered questions from patients about child development and have recommended parenting books. Based on individual participant’s responses, knowing what it is like to be in the trenches of parenting and having done and seen a lot as a mother who has been there seem to be the driving force behind helping patients in this way.

Women’s work lives also changed dramatically on a practical level with the birth of their children. Career paths were disrupted for all participants, who took maternity leave, decreased their hours, and slowed down or stopped altogether in their pursuit of

career goals like going into analytic training or working in higher-profile positions. This study showed that women's reactions to these changes were, as expected, highly complex. Some participants wanted as much time as possible with their children and were comfortable with these changes; others missed working even as they enjoyed being with their children; many existed in a state of satisfaction mixed with ambivalence.

In an effort to manage her life in a way that was in keeping with her needs, desires, and values in this area, each therapist-mother had to work out a system of her own to make it work. Although these systems were as individualized as their makers, there were several components that most shared. Among these were: (1) being flexible—for example, fitting in patients between other activities or running home in-between patients to see a sick child; (2) scheduling patients around children's schedules—for example, rescheduling patients in order to attend an important school activity or seeing fewer patients during children's summer vacations; (3) relying in varying amounts on a caregiver, typically a nanny or babysitter, before children's school-age years; (4) working part-time; and (5) choosing to no longer see certain types of patients. In regard to the latter, eight total participants made changes in patient selection. Five participants chose to not work with borderline or other crisis-prone patients due to a feeling of not wanting to be as available during non-work hours and not wanting to deal with the investment of time and energy such patients often need. Four participants chose to not work with children due to feelings for some that painful parent-child situations felt more intensely painful and for others that their child time felt better spent with their own children. Other findings from this study, discussed elsewhere in this discussion, suggest that participants, after becoming mothers, feel more able to manage affect and relate to strong emotion in

patients and can understand children (and adults) better than they did before becoming mothers. In light of the combination of these findings, it seems a possibility that certain types of patients most in need of a therapist with the qualities enhanced by motherhood are the very patients least likely to get one, at least during the times in their lives when therapist-mothers have children living at home, as in this sample.

*Master Theme II: Insight changes everything.*

This study found that participants were affected in their mothering by various aspects of being a therapist, as a number of themes that emerged from the data were related to this question. Participants' own therapy or analysis was considered the most important of these aspects, and almost all participants very strongly believed they would not have been good mothers without having had it. Given that a majority of participants, though not all, noted that they wanted to parent differently than they had been parented, it appears that personal therapy plays a substantial role in bringing about this change. These results reflect the fundamental psychoanalytic belief that therapeutic intervention and repair stops repetition of unconscious experience.

Several questions are raised by the finding of the importance of personal therapy for participants, given that many of them wanted to rework their own mothering. First, one wonders whether there are fundamental differences in mothering between therapist-mothers who needed this therapeutic repair and those who did not—for example, whether mothering might be easier and/or less complicated for the latter. And second, given that the loss of good mothering often is grieved during therapy, and given that there is a qualitative overlap of mothering and therapy, there is the question of what the implications may be for individuals both in experiencing this loss and in receiving the

transmission of certain values through the person of the therapist rather than the mother. It seems possible that such individuals may be more likely to be psychologically attuned to or focused on the importance of good mothering, as compared to a general psychoanalytic population.

Additionally, all participants felt that they had benefitted positively in their mothering from their training and professional knowledge as psychoanalytic psychotherapists. Benefits ranged from having knowledge of children's developmental trajectories to being aware of potential underlying causes of behavior. Almost all participants also felt that experiences they had with patients had some kind of influence on their mothering—whether, for example, they recognized themselves in hearing a patient's story of his/her parents, whether they related to a patient's struggle with his/her own children, or whether they were aware of not acting out a behavior with their own kids that they had heard about in session with a patient.

When it comes to putting all of these professional influences together, therapists in the study were of different minds in terms of how their professional role affects their self-acceptance of their mothering. Half felt that being a psychoanalytic therapist helped them be more accepting of themselves in their imperfect parenting, while half acknowledged that it made them feel guiltier or more pressured than they might otherwise feel. This finding persisted regardless of how participants saw themselves in terms of overall personality and temperament (e.g., being more self-critical in general).

In addition to being informed in their mothering by their psychoanalytic histories, all therapists in the study reported that they had used cognitive-behavioral or behavioral strategies in their parenting, though only on occasion. Notably, none of the participants

spoke of these strategies in terms of a worldview—as a way that they understand and relate to their children—but rather in the narrower terms of how they teach their children limits and help them manage their behavior. Several participants were dismissive of these types of strategies as being superficial, as requiring inflexible levels of consistency that are often impossible to maintain, and as being less individually nuanced and sensitive. Some other participants, on the other hand, welcomed the clear-cut nature of these strategies. Still others modified strategies to be more consistent with their own parenting beliefs.

Time-out, endorsed by five participants, was the most-used cognitive-behavioral approach. The finding that each participant noted that she had used only one or two cognitive-behavioral strategies raises the possibilities that either (1) these therapists truly do not rely on cognitive-behavioral types of methods except in very specific circumstances, or (2) that they use some of these methods but do not label them as behavioral or cognitive-behavioral. While many strategies, such as sticker charts, are clearly identifiable as behavioral or cognitive-behavioral, others may not be. For example, three participants described “having consequences,” “losing privileges,” and “setting limits” as being cognitive-behavioral approaches. One could argue that these same qualities could fall under such psychoanalytic headings as “containing” and “boundary setting” and thus do not fall solely under the purview of a different theoretical orientation. Since participants were not asked about these specific strategies, there are several possibilities for why they did not come up during interviews. First, it is possible that participants who did not bring them up as being cognitive-behavioral may feel that the strategies are actually psychoanalytic. Second, it may be the case that the

reflexiveness of the response for the endorsing participants gives it a more behavioral feel, leading them to label it as behavioral. Third, it may be that limit-setting and the like are indeed not considered psychoanalytic by some therapist-mothers and may not be part of their parenting style. The “permissiveness” of some psychoanalytic mothers alluded to by two participants elsewhere in the interview may be related to this idea. Regardless, these implications raise questions for any conceptualization of psychoanalytic parenting, and it would be helpful if they were further explored and understood.

*Master Theme III: Therapists’ experiences of motherhood are complex.*

Participants’ feelings about the meaning of motherhood were powerful and passionate, in ways that embraced positive and ambivalent aspects of being a mother. All participants spoke about the sustenance and strength of the mother-child bond throughout the life span and about the love a mother feels for a child, and they spoke in superlatives like “It’s the best thing I’ve ever done” and “It means everything.” Some participants spoke about the “burden” and the responsibility, and the loss of personal freedom involved in having children. All acknowledged the daily stresses of managing schedules, childcare, sick children, and the like. Given the personal insight of the participants and their comfort with self-examination, it is not surprising that they would identify and describe such a variety of feelings and that they would be comfortable acknowledging the agonizing aspects of motherhood as well as the joyful ones. These findings are consistent with the current analytic literature on maternal ambivalence (e.g., Hollway & Featherstone, 1997) and maternal desire (e.g., De Marneffe, 2004), discussed earlier in this paper.

As noted earlier, all participants felt dramatically changed upon becoming mothers. These changes included changes in self-identity (e.g., now always being a ‘mother’ and an ‘adult’), emotional changes both positive (e.g., being happy) and negative (e.g., being irritable), and changes in life focus and priorities. All participants felt that they were good-enough mothers, and many felt that they were good mothers. Major qualities inherent to good mothering, from the perspective of participants, included being interested in and paying attention to one’s child (in an emotional sense), being patient, and being empathic. It seems likely, given the effect on their mothering that participants say they have gained from having their own therapy—and that many continue to gain from current therapy—that if participants felt they weren’t good-enough mothers, they would address that.

*Master Theme IV: Therapists have a worldview that encompasses their parenting and their professional lives.*

The existence of a worldview that permeated all aspects of participants’ lives was another finding of the study. Every participant described her worldview in ways that are inherently psychoanalytic in the contemporary sense: They attend to unconscious meanings and are psychologically minded within their relationships and individually, and they are aware of needing to understand themselves and their children. These findings are consistent with the literature on the personality characteristics of psychoanalytic therapists described earlier in this paper (e.g., McWilliams, 2004). Participants were attracted to and came to this profession because of who they are; who they are is contained within the values of the profession; and these values then are continually replenished and come to more fully comprise their lived world. Further, participants did not appear to idealize themselves or their experiences of motherhood but rather seemed to



recognize the challenges inherent in their situations and to understand the need to change themselves or the situation at times. Such an acceptance of one's own limitations and of being imperfect is another important psychoanalytic tenet in itself. There is in these interviews an appreciation of subjectivity and an acceptance of complexity in the difficult, painful, and darker parts of mothering.

Participants' hopes for their children as grow up are consistent with this analytic worldview—all mentioned, in some form, their children being caring towards others, helping others, and treating others with fairness and respect; being happy and fulfilled; and being able to be themselves. As described earlier, these hopes are certainly not unique to psychoanalytic therapists. However, it is notable that these particular qualities have a focus on awareness and appreciation of self and others as well as openness and freedom of choice. A couple of participants discussed times when they had felt challenged in accepting their children's choices to not pursue a particular activity that participants wished they had, but in each case the participant was aware of her own investment and took pains to not enact it with her child. This suggests further that there is a larger psychoanalytic worldview at play in participants' mothering.

Another finding in the study suggestive of an overarching psychoanalytic worldview was the belief of every participant that being a mother and being a psychoanalytic therapist, while they are obviously not the same, have many similarities on a deep level. Among the similarities mentioned were development and exploration in a safe context, mentalization, attachment, transitional space, growth, containing and holding, empathic attunement, affect tolerance, and nurturing.

This study also found that 8 of 9 participants believe there are significant commonalities among psychoanalytic therapist-mothers as a group, individual differences notwithstanding. These commonalities included being interested in children's minds and who they are, having a common language and an appreciation of children, and possessing an awareness of one's own inner state such that it does not impinge on one's children. Again, these findings are consistent with the idea of an overarching psychoanalytic worldview. Seemingly as a result of this worldview, all participants in this study also reported being drawn to, and directly seeking out, other mothers—whether therapists or not—who parent in a similar vein.

One might think that mothers who are invested in insight and in the qualities described above might parent in the same fashion, with self-awareness, a measuring of self against ideal, a recognition of their children's emotional and behavioral world, and the like. And, indeed, participants in this study did mother this way at specific times, using the ideas that they have learned and that they practice professionally in two different ways. First, they use them to look at the large picture or at times when a major issue has come up. Second, they use them preventively, to step back at times to reflect upon their children and notice what's going on with them. Eight of nine participants noted, however, that they do not consciously mother *in the moment* with psychological development and psychoanalytic theory and practice in the forefront of their minds. This being in the moment between mother and child is being in the real relationship; perhaps it is the creation of thirdness in the relationship (see Benjamin, 2004; 2005) or the presence of Winnicott's going-on-being (see also Epstein, 1999). In not actively thinking psychoanalytically, these participants allow themselves to just *be* psychoanalytic. Their

psychoanalytic worldview—who they *are*— is incorporated into their mothering. In going through the actual motions of parenting, what they know is less important than who they are and is, in fact, subsumed within it.

### Limitations of This Study

This study has several limitations that should be kept in mind when considering the data and results. It is of note that some of the factors construed to be limitations of qualitative research (such as sample size and control variables) are at the same time the very factors that provide the depth and richness of qualitative work.

Study participants were not chosen at random, and thus the results from the study cannot be construed to definitely represent the characteristics of the population at large. Although participants in were drawn from several sources of advertising that were distributed nationwide, only 14 interested individuals contacted the researcher. In addition, interested women had to be willing to schedule and go through a lengthy interview process. The combination of these two factors suggests that it is likely that participants are women who sought out participation in the study because they were highly interested in the issues raised by the research. This suggestion was, in fact, corroborated by participants, who were asked at the end of the interview whether they had thought of this particular topic before and who expressed interest in the material. It is possible that therapist-mothers who have actively thought about this topic may differ in important ways from therapist-mothers who do not have this particular interest and thus that the study would have different results with a sample drawn from that group instead. In addition, because of the lack of a control group of equally highly educated, highly interested, motivated mothers, the study cannot definitively state that the psychoanalytic

therapist-mothers in this study would be different from that group, Participants who were selected for the study also all came from urban or suburban areas, or from towns near urban areas. There were no participants from places that were rural or more geographically isolated. Most, although not all, participants had the experience of having some form of psychoanalytic community in their vicinity. As a result, this study cannot be seen as being representative of the experience of therapists practicing in places where they are more removed from others with similar theoretical foundations.

The study's small sample size of nine participants means that statistical conclusions cannot be drawn to infer similar characteristics to the larger population of psychoanalytic psychotherapists. As an exploratory study, this research deliberately did not make an attempt to control for all variables in the participant sample. Although interested individuals were screened to restrict the sample according to certain important variables (such as limiting children's age, not including children with disabilities, etc.), selection criteria were intentionally kept somewhat broad and heterogeneous. While broader selection criteria are helpful in gathering qualitative information about a range of experiences, they also potentially allow for real differences between participant groups to be obscured. For example, it may well be the case that mothers of teenagers and mothers of elementary-school age children, or mothers of different economic backgrounds, differ in the way they might answer the questions asked in this interview, but this was not able to be examined in the study.

Another limitation of the study was the homogenous ethnicity of the sample, all members of whom described themselves as Caucasian. It is possible that mothers of different ethnicities may have different experiences of motherhood than did the

participants in the study. Further, aside from gender and age, information about participants' children was not collected in this study, and as a result, it is unclear how results might differ based on such variables as children's temperaments and their capacities for and openness to talking to parents. Last, but not least, the researcher was the sole coder of the data in this study. Although I constantly attempted to be aware of my own perceptions about this topic, having one coder does increase the possibility of bias in the coding.

### Suggestions for Further Research

The limitations above suggest a number of different avenues that could be useful in understanding more about this topic in more specific populations. It would be beneficial to explore this topic with another group of diverse individuals to see how closely this study's results are replicated. In addition, because this study was exploratory, its findings raise the potential for others to find questions of their own in the data. Some areas of exploration for future research raised for this researcher include the role of partners in co-parenting and how closely partners match in terms of parenting style, as well as the question of what the results of this study would have looked like if the topic had been fathers instead of mothers. As a female interviewer who is a therapist-mother herself, I was able to develop and ask certain questions, and to have a dialogue that I imagine a male interviewer may not have been able to have had. In return, it seems likely that a similar study of fathers might be best served by the engagement of a male researcher and interviewer. There is potentially also room for some of the concepts in this study to be extended into further developing the idea of psychoanalytic parenting as the specifically named framework upon which thoughtful, insight-oriented parenting is built.

In other words, must we avoid using the term “psychoanalytic” in parenting books that espouse these values, or is there a contribution psychoanalytic thinking can make openly to the mothers and fathers who may not know this way of thinking exists?

### Conclusion

In exploring the reciprocal nature of mothering and psychoanalytic therapy for those women who are being and doing both, this study found that, indeed, there is an interchange between the two: being a mother affected participants profoundly in their work with patients, and being a psychoanalytic therapist likewise affected participants as mothers. These mutual effects are representative of a worldview that can be called psychoanalytic, in the contemporary sense of the word, based on the values of which it is comprised. With this combination of findings, this study contributes to the lineage of writing on the role of the maternal and of the mother herself in analytic thought, with the mother here poised as both the subject and the object. In keeping with this stance, some of the questions posed by this research, as discussed earlier, related to what it looks like to be a therapist-mother and what types of mothering adhere to psychoanalytic concepts. Based on the participants involved in in this study, I believe that here there are the beginnings of being able to say that there is indeed a psychoanalytic mother—and that this, in all her complexity, individualities, and commonalities, is what she looks like.

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## APPENDIX A

## PHONE SCREENING QUESTIONS

Hi. This is Laura Robinson. I'm returning your call about participation in the study on mothers who are psychoanalytic therapists. Thank you so much for your interest in being in the study. I have a few questions to ask you over the phone to determine whether you are eligible to participate, and then I can tell you a little bit about the study. Do you have about five or ten minutes at this time for me to ask you those questions?

**Caller's first name and phone number:**

**1. Do you identify yourself as a psychodynamic or psychoanalytic psychotherapist?**

- *If no:* Caller is ruled out; go to Script B below.

**2. What is your graduate degree?**

- *If Psy.D. or Ph.D. (Clinical Psychology; Developmental Psychology; Personality Psychology):*  
Go to Question 3.
- *If Psy.D. or Ph.D. (Organizational Psychology):* Caller is ruled out; go to Script B below.
- *If MSW or other master's level; School Psychology or Counseling Psychology Ph.D. or Psy.D.:* **What additional training in psychodynamic therapy have you had?**  
*If satisfactory training:* Go to Question 5.  
*If none:* Caller is ruled out; go to Script B below.
- *If M.D. (psychiatry):* Caller is ruled out; go to Script B below.

**3. A) Was your graduate training done in a purely psychodynamic program or internship?**

- *If yes:* Go to Question 4.
- *If no:* **B) Did you specialize in a psychodynamic concentration?**  
*If yes or no:* Go to Question 4.

**4. Have you had advanced psychoanalytic training post-graduate and/or have you had your own personal psychodynamic therapy or analysis?**

**Please describe (for therapy: how intensive; how long; how often):**

- *If no on Question 3B and yes on Question 4:* Go to Question 5.
- *If no on Question 3B and no on Question 4:* Caller is ruled out; go to Script B below.

**5. Are you currently practicing?**

- *If yes:* Go to Question 6.
- *If no:* Caller is ruled out; go to Script B below.

**6. How long have you been practicing since receiving your degree?**

- *If two or more years:* Go to Question 7.
- *If less than two years:* Caller is ruled out; go to Script B below.

**7. Do you have at least one child who is living at home and who is either your biological child or was adopted at birth?**

- *If yes: Age of child:*  
Caller is ruled in; go to Script A below.
- *If no:* Caller is ruled out; go to Script B below.

**Script A (Caller DOES qualify for participation in the study):**

Based on your answers, you are eligible for participation in the study. Let me tell you a bit about the study, and you can decide if you're interested. This is a study for my dissertation at the Graduate School of Applied and Professional Psychology at Rutgers University. If you decide to participate, I would conduct one audiotaped telephone interview of about 1 ½ - 2 hours' length with you, asking about your ideas about motherhood, how your position as a psychodynamic clinician may affect you in your role as a mother, and how your role as a mother may affect you in your role as therapist. During the interview you would need to be in a private location in your home or office. Before the interview, I would send you a packet with information about the study and a questionnaire to fill out and return to me, which should take about 15 minutes to complete. Thus your entire time commitment to the research project would be between approximately 1 hour, 45 minutes to 2 hours, 15 minutes. I will send you a \$20 book gift certificate as a token of appreciation for your participation in the study.

If you choose to participate in the study, your identity will remain anonymous to me throughout the entire process. Although I will need your address and telephone number to contact you, I will not know your last name. Your address will not be recorded; it will only be written on the envelope I send to you, and your phone number will be thrown away after your interview is completed. As a result, your participation in the study is completely anonymous. I chose to make participants' identities anonymous to me because in pilot interviews it was suggested that participants might otherwise feel sensitive disclosing such personal beliefs about mothering and therapy to someone who will be entering the profession.

Do you have any additional questions that you would like me to answer? Based on what you've heard, would you like to participate in the study? Great! Let's figure out a time to schedule your interview. [If no, "Would you mind letting me know, out of interest, what makes you feel uninterested in participating?"]

- WRITE ADDRESS ON AN ENVELOPE.
- Date and time of interview:
- Phone number to call for interview:

Well, thank you again, and I will give you a call a day or two before the interview to confirm that it still works for you. Is it OK to leave a message on your voice mail at the number you gave me? [Yes No] If you have any questions in the meantime, please feel free to call me again, and I look forward to seeing you soon. Goodbye.

**Script B (Caller DOES NOT qualify for participation in the study):**

I'm sorry, but unfortunately you do not meet the criteria for participation in the study because I am looking for participants who [state criterion the caller did not meet]. Thank you so much for answering my questions, and I really appreciate your interest. Do you have any questions that you'd like me to answer? OK. Goodbye.

## APPENDIX B

## DEMOGRAPHIC AND BASIC INFORMATION QUESTIONNAIRE

Participant # (for researcher to fill in) \_\_\_\_\_

First initial of your first name \_\_\_\_\_

Age \_\_\_\_\_

**Family Information**

Relationship status \_\_\_\_\_ Length of relationship \_\_\_\_\_

Is partner male or female? \_\_\_\_\_ Spouse/partner occupation \_\_\_\_\_

First initial, ages, and gender of children \_\_\_\_\_

Are children biological or adopted? \_\_\_\_\_

Do any of your children have special needs? \_\_\_\_\_

**Psychodynamic and Work History**

Degree: \_\_\_\_\_ Graduate School: \_\_\_\_\_

Was your graduate school psychodynamic or have a psychodynamic concentration? \_\_\_\_\_

Have you had additional psychodynamic training (e.g., analytic institute; psychodynamic seminars/coursework)? Please specify: \_\_\_\_\_

\_\_\_\_\_

Have you yourself undertaken long-term personal therapy or analysis? \_\_\_\_\_

How long have you been a psychodynamic therapist? \_\_\_\_\_

Were you trained to work with children, adults, or both? \_\_\_\_\_

Are you currently working part-time or full-time? \_\_\_\_\_ Hours per week: \_\_\_\_\_

Where do you work? Please describe (e.g., inpatient adolescent unit of psychiatric hospital; private practice in home office; etc.):

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How long have you been practicing in your current position? \_\_\_\_\_

How long have you been practicing with your current hours? \_\_\_\_\_

Did your job or your hours change with children? How? \_\_\_\_\_

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Please describe your previous work experiences: \_\_\_\_\_

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What types of patients do you see (e.g., child; adolescent; adult; couples; families)? \_\_\_\_\_

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What diagnoses do you typically see? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your theoretical approach within a psychoanalytic orientation? (If integrative, please check more than one and label your primary approach with a "1" if possible.)

- Relational \_\_\_\_\_
- Self \_\_\_\_\_
- Object-Relations \_\_\_\_\_
- Ego \_\_\_\_\_
- Drive \_\_\_\_\_
- Other \_\_\_\_\_

What are your childcare arrangements during work hours?  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your weekly schedule with as much detail as possible:  
*(e.g., MWF take kids to school; see patients 10-3; pick up kids; TTh off;*

*OR*

*M-F kids with nanny 8-6):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## APPENDIX C

## SEMI-STRUCTURED INTERVIEW

*Questions are in regular typeface; prompts, which are used only if needed to progress the interview, are bulleted and italicized.*

**PART I:**

**THE EFFECT OF BEING A MOTHER ON  
BEING A PSYCHOANALYTIC THERAPIST**

“Thank you for participating in this interview today. We’ll start out first with some questions about how being a mother has influenced you as a therapist.”

**Section I: Balancing Work and Motherhood**

1. What does being a psychoanalytic therapist mean to you?
  - *How is being a therapist part of your identity?*
  
2. How have your children influenced the trajectory of your career?
  - *Can you describe, for each child, where you were in your career and how you balanced having children and working as a therapist?*
  - *What specifically did you do? (e.g., work full-time, work part-time, stay home, etc.)*
  
3. Have you been able to do what you’ve wanted to do in regard to balancing work and home, or have you needed or felt compelled to do otherwise?
  - *What are your feelings about that? How does that affect you?*
  
4. What feelings have you had about balancing work and motherhood?

## **Section II: The Direct Influence of Motherhood on the Practice of Therapy**

5. What time periods in your life with your children have been most challenging for you in terms of working as a therapist, and which have felt easy?

6. What aspects of motherhood, in terms of your work as a therapist, have seemed to be the most difficult for you, and which the least difficult?

- *How have you been affected by fatigue?*
- *Have you experienced what is sometimes called “mommy brain”—the idea that your attention is so divided that you feel that you are scattered and lack focus, have difficulty remembering things, and have greater difficulty paying attention to some things? How did that affect you?*

7. How has being a mother affected your choice of patients, if you are able to choose?

- *Have you changed in regard to the types of patients you see? (e.g., borderline; suicidal; serious mental illness) If so, how and why?*
- *If you work with these patients, are there issues with regard to boundaries, time, or safety that you have navigated differently since becoming a mother?*

## **Section III: The Educative Aspects of Therapy for Therapist Mothers**

8. Have your ideas about sharing your personal life with some patients, specifically in terms of giving parenting advice or sharing your own parenting experiences, been influenced by your being a mother? Is this something you do?

9. What is it like for you to work with patients who desire guidance in their own parenting?

- *Do you ever teach them about child development?*
- *Do you recommend parenting books for them?*

10. What is like for you to work with patients whom you feel need guidance with parenting but who are not pursuing that in therapy with you?

#### **Section IV: The Inner Experience of the Mother as Therapist**

11. In what ways were you changed as a therapist after you became a mother, if you were?

- *Do you “mother” your patients differently?*
- *Have your boundaries, or the strength of them, changed?*
- *Does seeing patients provide you with a different experience than it did previously? (ie, more draining; more liberating; a relief from daily family life)*
- *Are you more, or less, engaged with patients?*
- *How has your understanding of patients’ mothers changed?*
- *Have your attunement and empathy changed?*
- *Has your understanding of primitive affect changed?*
- *Do you experience guilt feelings? (towards patients? towards children?)*

12. In your opinion, what can mothers potentially bring—beneficially or detrimentally—to the therapy relationship, or to the practice of therapy, that non-mothers cannot, or do not? Can you elaborate on that idea?

13. Are there ways in which you feel that you benefit as a therapist from being a mother?

14. Are there ways in which you feel that being a mother affects you negatively as a therapist?

15. How is your awareness of patients’ difficulties affected by watching your own children grow and develop?

- *Are there parallels you can draw between your children’s experiences and the transference and relational experiences your clients have with you? (e.g., separation issues; loss; individuation/autonomy)*
- *Do these parallels inform your treatment or aid you in understanding patients?*

**PART II:**  
**THE EFFECT OF BEING A PSYCHOANALYTIC THERAPIST**  
**ON BEING A MOTHER**

“Okay, now we’ll move on to questions regarding your ideas about motherhood in general.”

**Section V: Therapists’ Ideas About Motherhood in General**

16. Do you feel that who you are as a person and as a mother is the same as who you are as a therapist in terms of worldview, or do you feel that these roles are more separate for you?

17. What, in your opinion, are the qualities of good mothering?

18. Do you believe that your ideas about good mothering are informed by your training and your work in any way?

19. In your opinion, do mothers and psychotherapists have any commonalities?

**Section VI: Therapists’ Ideas About Their Own Motherhood**

“Now we’ll talk a bit about your feelings about being a mother yourself, both in general terms and then in terms of being a psychodynamic therapist.”

20. What does “mothering” and the role of “mother” mean to you personally?

- *What does it mean to you to be a mother?*

21. What, for you, constitutes ideal mothering?

22. How close or far are you from the ideal you've described?

- *What are your feelings about that?*

23. How did you change as a person when you became a mother?

### **Section VII: The Effect of the Therapist Role on the Mother**

24. Have you been affected or changed as a mother because of your involvement with psychotherapy—either through your training, your work with patients, your own therapy or analysis, or other means?

- *Did your involvement with psychoanalytic psychotherapy help prepare you in any way to be a mother?*
- *Did your involvement hamper you in being a mother?*

25. Which of those aspects of being a therapist has most affected or changed you as a mother, and how have you been changed, both philosophically and practically?

- *Do you view the world, and thus your mothering, through a psychoanalytic lens?*
- *How do you feel in terms of being knowledgeable about your children's emotional and developmental experiences? Does hearing patients' stories affect your understanding of what it is like to be a child experiencing a mother?*
- *Do you feel more, or less, accepting of your own imperfections as a mother?*
- *Do you ever feel discouraged or guilty when you have difficulty with your children? Do you think these feelings are amplified by your profession?*
- *Do you sometimes feel more distant or neutral, or take a clinical stance, toward your children? Are you less emotionally involved?*
- *Are you ever concerned about being like the mother of a particular patient?*
- *Do you consciously hope to avoid duplicating a client's experiences for your own children?*

26. What do you think you would have been like as a mother if you had not been influenced by the therapy experiences you've described?

- *Do you think you would be the same, or a better or worse mother than you might have been? In what ways?*

27. Before becoming a mother, did you consider aspects of yourself or your life experience that might be problematic for your children or for your mothering?

- *Did you think about these things because you were a therapist, or did you examine them before you became a therapist or trained to be a therapist?*
- *What, if anything, did you do about these potentially problematic aspects?*
- *Did you come to realize any of these things after becoming a mother?*

### **Section VIII: Therapists' Specific Ways of Mothering**

28. What are your hopes and/or expectations for your children in terms of personal qualities?

- *Do you hope or expect that your children will grow to possess qualities relevant to psychodynamic therapy—such as tolerance of affect, introspection, appreciation of the unconscious, and others?*

29. Do you try to facilitate the development and growth of these personal qualities?

30. Do you consciously parent your children in a way that reflects your knowledge as a psychodynamic therapist?

- *Are you guided by psychodynamic principles when you think about how you want to parent your children?*

31. If so, can you describe exactly what it means for you to parent your children within a psychoanalytic framework?

32. Can you talk about behavioral, or cognitive-behavioral, strategies that you might use in your parenting?

33. In general, do you find that you tend to overpathologize, or underpathologize, your children, or do you feel that you have an accurate lens through which to view their development? Can you give me an example of this?

34. Based on your own experiences, do you feel that you have particular commonalities, in regard to parenting beliefs and actions, with other mothers who are psychoanalytic therapists?

- *Do you find that other psychodynamic therapists who are mothers seem to parent in a way similar to your parenting, or do they seem no different from any other mothers?*
- *Is this dependent on the particular type of psychoanalytic theory endorsed by the therapist mother?*

35. How do you believe that you are similar to, and different from, mothers who are not psychodynamic therapists?

- *How has that affected you?*
- *Do you feel accepting of various styles of parenting, or are you more apt to feel that there is a best way to parent, or do feel some combination of both of those? Can you describe or give examples?*

### **Section IX: Conclusion**

We'll be coming to the end of the interview in just a moment.

36. First I want to ask you whether the ideas and questions we've talked about today are things you've thought about before. In other words, has contemplating how your profession of psychoanalytic psychotherapy might affect your mothering, and vice versa, been something that typically informs your understanding of your life experiences?

Is there anything else that you'd like to add, or do you have any concerns or questions about what we've discussed or about the project in general?

Thank you so much for participating today.

### **End of interview**

## APPENDIX D

## EMAIL, NEWSLETTER, AND LISTSERV POSTING

Dear Psychoanalytic Practitioners:

As a clinical psychology graduate student at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University, I am seeking participants for my dissertation study, a qualitative project in which I will examine participants' narratives in order to learn about the individual, subjective experiences of psychologists and social workers who are both mothers and psychodynamic psychotherapists. Even if you are not eligible for the study, I would greatly appreciate it if you are able to pass this information on to colleagues who may not be members of this organization but whom you feel may be interested.

To be included in the study, participants must be mothers who: (1) have at least one child living at home who is either a biological child or a child adopted at birth; (2) are currently working as psychoanalytic psychotherapists; (3) have been in post-degree practice for at least two years; and (4) demonstrate a commitment to psychoanalytic approaches and viewpoints through means such as training in a psychodynamic-specific graduate program or internship, having post-graduate analytic training or supervision, or being involved in psychodynamic coursework, seminars, or activities. Clinical psychologists, other psychologists practicing clinically, and clinical social workers may be eligible. Participants will receive a \$20 book gift certificate as a token of appreciation.

Participation in the study will include completing and returning to me a brief written questionnaire of approximately 15-minutes' duration, followed by an audiotaped telephone interview lasting approximately 1 ½ - 2 hours. The identities of participants in the study will be unknown to me in order to minimize participants' potential concern about disclosing to a future colleague personal information that may be sensitive or emotional.

If you would like to determine whether you are eligible to participate, please call my cell phone at XXX-XXX-XXXX and leave a message with **your first name only** and some times that I can reach you. I look forward to talking with some of you, and I appreciate your help and support in advance. Thank you for taking the time to consider my request.

Sincerely,

Laura Carter Robinson, Psy.M.