

My journey toward becoming a psychotherapist: Reflections on a long career

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Abstract

As the New Zealand Association of Psychotherapists (NZAP) celebrates 75 years as an association, the author, a psychotherapist of long-standing and considerable experience as a practitioner in Aotearoa New Zealand, reflects upon her journey to becoming a psychotherapist. She considers the influences that have impacted upon her in this journey, and the qualities essential, in the author's view, to the practice of psychotherapy. The article is a reflection on lessons learnt throughout her career, in the hope that this may be of benefit to other practitioners, whether beginning or well-seasoned.

Whakarāpopotonga

I tēnei te wā e whakanui nei te Rōpū Kaiwhakaora Hinengaro o Aotearoa (RKHA) i te whitu tekau mā rima tau tūnga hei rōpū, ka tahuri ake ki te whakahoki whakaaro mō te hiko i hikoia e tētahi kaiwhakaora hinengaro kua roa nei e mahi ana i te mahi whai mātauranga kaimahitanga i Aotearoa nei. Ka aro ake ia ki ngā pānga me ngā kōunga, e ai ki tāna tirohanga, tau mai ki runga i a ia. He tuhinga tēnei o ngā mātauranga i mau mai i te wā e mahi ana ia, ā, ko te whāinga kia whai hua ētahi atu e mahi ana i tēnei tūmomo mahi, ahakoa he kaimahi hou he kaimahi kua roa kē e mahi ana.

Keywords: psychotherapist; psychoanalysis; NZAP; analyst.

I worked for many decades as a psychotherapist, before retiring some time ago. As our Association celebrates 75 years, I was invited by the Editors to offer my reflections on my career as a psychotherapist, and the many lessons this work has offered me. The following are these reflections.

Being a psychotherapist was never on the horizon when I was growing up, as it was assumed I'd become a concert pianist. I was certainly precocious, but this idea faded when I was at college. Everyone in the family was a pianist and Mum taught the piano. It's of interest

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that Ella Freeman Sharpe, a psychoanalyst from way back, thought that enjoyment in listening to music was similar to listening to patients in analysis. Looking back, I can see several strands that later cohered into psychotherapy and “mending”. All my teddy bears were operated on when I was quite a young child, with neat little scars carefully stitched. I wanted to be a surgeon, involving the same hands that coaxed the piano into performing at its best.

My parents had friends, the Stewarts; Catherine Stewart became a Labour MP in 1938, and when I was nine years old she developed asthma and was hospitalised. I remember Mum taking me to visit. While there, I clearly heard a voice say, “This is where you belong.” I wanted to be a doctor.

My twelve-years-older brother had a bookcase of *The Best American Plays*, including *Death of a Salesman*, *Cat on a Hot Tin Roof*, *A Long Day’s Journey into Night*, and *The Iceman Cometh* (by Arthur Miller, Tennessee Williams and Eugene O’Neil respectively), and although my parents had left school at 14 they were very intelligent and the house was always buzzing with conversations about psychology, philosophy, war, literature, music, and Labour Party politics, and I think such a rich background made me very aware of world issues and the psychology of people.

I was put into almost the lowest class at college because I didn’t attempt much of the entry IQ test, so I had a low opinion of my abilities. I could not do even the simplest of mathematics, and finally I was exempted from any future maths classes, with a note sent home to my parents: “The child is mentally defective.” Walking home from college one day I heard footsteps running after me; it was Jocelyn, the class genius! I was astounded that she talked to me until we reached the bus, and concluded there must be something of value in me if Jocelyn thought so. So I started to study and eventually qualified for university, which I began in 1950. I studied psychology simply because my brother had taken it for his MA. To my surprise I did quite well, getting top marks in my final two years and being awarded the Hunter Memorial prize which I shared with the professor’s daughter, getting my MA in 1957.

My brother had Freud’s *Interpretation of Dreams* and after reading this I was hooked on psychoanalysis and becoming a psychiatrist like Freud, but after a visit to a psychiatrist to ask him how one achieved this I was shocked by his verdict that I was mentally unstable — delivered after I had answered his hushed question, “Do you ever touch yourself?” with a “Yes, all the time!” thinking it was a trick question: how could one bathe and dress without touching oneself! A very naive 18-year-old, who promptly gave up the idea of psychiatry. In any case I’d have needed to win a scholarship to enter medical school and I didn’t consider this likely, so I thought about becoming a veterinary surgeon, but the only schools were in Australia and again I’d need a scholarship. Ironically, my daughter has become the veterinary surgeon I’d wanted to be.

The real problem I had to confront was: could I leave my mother? She’d assumed we’d be with her always and she needed us. Her background exuded loss: she’d lost two fathers, one to pneumonia and the other in WW1, and had seen her mother miscarry with twins, her younger sister choke to death on an apple and her younger brother die from hydrocephaly. There were the horrors of living in London during WW1, and her first baby, Joyce, was premature and died from pneumonia aged six weeks. When she and Dad emigrated to Aotearoa New Zealand in 1921 they also lost all their friends. She could not tolerate the loss

of my brother and me, and I now know I could never have left her anyway, due to my own unresolved issues with separation. Mum had been so terrified of the Plunket Nurse's injunction that I be fed every four hours and not when I was hungry, that I screamed all day and night for the first six weeks of life, my brother has told me, till Mum finally gave in and fed me every two hours. These experiences can drive a baby mad, leading it to forcibly split the good mother who does finally feed from the bad, abandoning mother who left it to starve.

This early trauma led to my seeking an analyst but he was unable to help. At that point I met my husband, so any idea of medical school was abandoned. It was while bringing up the children and realising I had major problems that I sought another analyst. I was so fortunate in my choice: I needed someone who could tolerate madness, bend the rules by sitting on the floor with me and holding my hand, and allowing himself to be used in the full Winnicottian sense, including being whacked occasionally. I became very identified with my analyst and yearned to become one myself. During this time I also enrolled for a Ph.D. on *Alcoholism in New Zealand*, finishing this in 1977.

Armed with my new Ph.D. I visited the psychiatric unit in Wellington Hospital and asked if they needed a psychologist, and they employed me in Outpatients until 1984. This exposed me to a huge variety of patients, and I was expected to make diagnoses — useful when I went into private practice. So, at the age of 47, I finally became a psychotherapist, a doctor/psychiatrist of sorts. I do recall walking around the hospital corridors and thinking of that voice, “This is where you belong,” the only thing missing being the longed-for stethoscope round the neck.

I became a member of NZAP in 1983. All one had to do then was to present an original paper at Conference and the judges would then decide on potential membership. Over the years I've written several articles for *Forum* (now *Ata*) and presented a few papers at branch meetings. NZAP was helpful in arranging for me to attend Psychoanalytic Psychotherapy Association conferences in Australia in the 1990s. These were very intensive live-in events with usually 6-8 papers given daily over three days. I made many friends amongst that group and was actually offered a position in a private clinic, but after sharing an evening meal with my new-found colleagues I saw a financial side to them that was alien to me and I did not take the job. (This is why I refer to “patients” rather than “clients” as the latter implies business and financial contracts while the former implies someone needing a bit of help. No hospital ever has “Inclient” and “Outclient” signs.)

I attended many weekend seminars at Ashburn Hall in Dunedin in the 1990s-2000s, where psychoanalysts from Australia would provide intensive supervision. I recall being torn to shreds by one very austere analyst (with whom I later became friends) but also being significantly helped by others there. I also enjoyed the happy contacts with Dunedin therapists while there.

Several “happenings along the way” have influenced me in becoming a psychotherapist. Finding my brother's book by Freud, my need to be something medical — in the sense of being a helper — and my identification with my analyst, stand out. So much seems to have been serendipitous: finding that book and wanting to be like Freud (and intrigued by the theories he had), Jocelyn talking to me, the “voice” in the hospital when I was nine, the rich conversations when I was growing up, finding the analyst who fitted me. I stumbled across

Klein and Winnicott while browsing in a book shop and was again hooked. Much later, I came to understand how Klein's defences (Klein et al, 1952) had played a major role in my illness and how Winnicottian "holding" (Winnicott, 1960, 1986) had been vital in the analysis, plus the importance of attachment theory (Bowlby, 1969, 1988; Mahler, 1969).

I have many memories of working over 45 years. When a senior psychiatrist retired, she bequeathed to me her suicidal patient. He considerably improved and developed a coterie of good friends. This gave me the courage to work with psychotics, which I did with some success. I learned some bitter lessons along the way, such as that one can be so "clever" as to analyse away all the patient's defences so that psychosis is no longer possible, but sometimes be left with someone who is deeply unhappy. But I have also had some intensely rewarding experiences, such as a very withdrawn patient who eventually asked me to come closer, and later generated a dream image gesturing towards the gradual development of her true self.

Thinking about the ingredients that prepare someone for working as a psychotherapist made me reflect on the stimulating environment I was brought up in, and I think being well-read is a huge advantage. Enough liking for one's fellows to be able to establish good working relationships, even with those who can be unlikeable, also applies. My personal view is that analysis is essential. I was dragged kicking and screaming into the depressive position and my perception of everything became more whole and realistic, accompanied by an ability to tolerate loss. Stumbling across the "right" authors certainly helped me, and it pays to have studied those authors intensively, as well as much reading of authors with differing views. A therapist needs a good knowledge of *all* relevant theories plus the ability to extract from each what seems crucial to one's own work and applies to any particular patient, without resorting to the "Gospels of St. Freud, St. Klein, or St. Relational Therapy". Access to good supervision is also vital, i.e. having a supervisor who gently encourages one to think about the problems, not one who barges in with ideas of their own, intrusively. Currently, I belong to a group of six therapists meeting monthly, of whom four are NZAP members. It's particularly useful that we all practise slightly different forms of psychotherapy, which makes for stimulating meetings and helps me keep in touch.

The therapist needs to develop a body of knowledge that best fits, and for me that was Klein with her two fluid developmental positions, the paranoid-schizoid and the depressive position, attachment theories as exemplified by Bowlby (1969, 1988), the crucial importance of the mother-infant relationship as revealed by Winnicott (1960), and Mahler's (1969) separation-individuation continuum. (I cannot accept Klein's theories of infantile aggression directed at the breast as the basis for "normal" development, nor her concept of a death instinct.) I have read much about intersubjectivity and the analytic "third", but am not sure these are not a re-inventing of the wheel. Brodie (2020) has discussed this thoroughly, but when trying to define intersubjectivity he has come up with "wholeness" and "the ability to see the other as autonomous and separate", which has already been seen to arise from the depressive position, and from the separation-individuation continuum studied by Mahler.

Qualities that a good therapist should embody would be, as well as the liking for and listening to people, a strong desire to help and a determination to "see it through" no matter what. Maybe one should also enjoy being a detective, ferreting out mental mechanisms that are not immediately obvious. Some of my favourite TV programs are detective ones,

including plane crash investigations where experts have to deduce the cause from shattered bits remaining on the ground. (In parenthesis I must admit I also watch medical programs, and a recent highlight for me was my surgeon allowing me to watch his surgery on my arm.)

Ability to understand and handle one's own aggression, gained through analysis, enables the therapist to see it in patients, and to distinguish whose anger it is in the room. This leads on to handling rage in the consulting room, as when a patient took all my books from the bookcase and hurled them at me one by one, with unerring accuracy. (I had to hide my delight that she could no longer deny I mattered to her.) Knowledge of one's own defences and traumas is vital, so that these do not intrude into a patient's analysis.

Having a better than average memory I also consider vital, not using it as Bion (discussed in Grotstein, 1981) warned, to direct a session, but to be able to remember what happened in the last several sessions that may be determining what is happening in the current one, and to remember the whole flow of the analysis generally. I retired at age 88 when I was beginning to doubt that I could recall most of a session easily. Psychotherapists must also be able to function with that peculiar ability to become thoroughly involved with what is happening to the patient, but also to switch off that involvement on leaving the consulting room, or before the next patient.

A therapist also needs to be able to relate comfortably to people from backgrounds different from their own and with differing problems. Keeping up to date with any developments in the field is also necessary, while ultimately retaining faith in one's basic theoretical models and not being swayed by the latest fad.

It is generally accepted that the essence of psychotherapy is the relationship between patient and therapist, and the transference (though what transference actually may be is still hotly debated — see Brodie, 2020). My own analyst said that when it occurred he could only think of it as “awesome”. Therapist and patient have to work their way through a minefield of defences and traumas as they struggle together to understand past experiences which are being enacted in the here-and-now relationship. The therapist needs to have patience, to allow a sense of “timelessness” to develop, to reach back to the early traumas (to reach the “feeling-memories” of the first six weeks, in my case). I was “fortunate” in having problems that required going back over aeons of time as it helped me deal with those who, like myself, are or have been a little mad. It does not seem necessary that patient and therapist always like each other, though usually they do, but no-one likes everything about everyone else. I certainly disliked my own analyst's superior knowledge of *everything!* He could be quite conceited about his own abilities, which included having a pilot's license to fly Catalina flying boats during WW2, and I recall on one occasion after he'd commented on the street layout of Adelaide, tartly remarking, “You seem to know more about my impending holiday than I do!” However, I also acknowledge that it was his faith in psychoanalysis and huge general knowledge of the human condition that got us through in the end.

Finally, I would like to stress my incredible good fortune — serendipity again! — in having my life changed by four remarkable fur-people (all now deceased), without whom I would probably not be here. In 1994 I did not want a cat in my life but Tara, an unwanted stray cat, adopted me. She taught me how to love again and to accept the awful risk of loss that goes with love, after the death of my husband. Later came Rose (a Burmese) and Chaos (an SPCA moggie), whose love and antics made me laugh and showed me there has to be life

after a stroke in 2008. Finally Simba, a Burmese, who shared the last three years of his life with me as an “only” cat. He developed a series of little chirps and chatters just for me, so we had many daily “conversations”. When in 2020 I fell and broke my leg, lying stranded on the floor, he came running over making worried little chirps, and tried nudging his head under my broken leg in an effort to help me stand up. What more could one ask of love and companionship than that, if family and friends cannot always be there.

References

- Bowlby, J. (1969) *Attachment and loss*. Hogarth Press.
- Bowlby, J. (1988) *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Brodie, B. R. (2020). *Object relations and intersubjectivity Theories in the practice of psychotherapy*. Routledge.
- Grotstein, J. (Ed.). (1981). *Do I dare disturb the universe?: A memorial to Wilfred R. Bion*. Caesura Press.
- Klein, M. et al (1952). *Developments in psychoanalysis*. Hogarth Press.
- Mahler, M. (1968). *On human symbiosis and the vicissitudes of individuation*. International Universities Press.
- Winnicott, D. W. (1960). *Maturational processes and the facilitating environment*. Hogarth Press.
- Winnicott, D. W. (1986). *Holding and interpretation*. Hogarth Press.



Carol Worthington has been a psychoanalytic psychotherapist for over 40 years. She is a member of NZAP and was a member of the New Zealand Psychological Society, holding a Ph.D. Carol retired in 2019 aged 88. Before breaking her leg in 2020, she was a keen gardener and an addicted overseas traveller.