"Not a therapist yet". Transformations of personal and professional identity in a systemic family therapy training program

Sophia Petta, Systemic Psychotherapist, Sociologist (MA), Adolescent and Youth Mental Health Unit, General Hospital of Athens "G. Gennimatas", Greece

This paper reports on some of the results of a research project examining the experience of trainees during the process of becoming family therapists[2] —in the context of the Training Program "Systemic Approach in Family Therapy" run by the Family Therapy Unit of Attica Psychiatric Hospital (Greece)[3]— and its impact on

---

[2] The present paper is based on the master's thesis that was carried out as part of the master's degree in the Hellenic Open University: Petta, S. (2019). I would like to express my thanks to my supervisor Professor G. Tsiolis for his support throughout this study. My gratitude, to the interviewees for their trust and cooperation. To the instructors and employees of the Family Therapy Unit of the Attica Psychiatric Hospital, my deep appreciation for their work and for everything they offered me in the training program.

[3] For the characteristics and the history of the Family Therapy Unit (which was established on the initiative of psychiatrists K. Charalabaki and F. Kotsidas) and for the EFTA-TIC-accredited training program "Systemic Family Therapy" of the Unit, see Charalabaki (2018), Charalabaki (2018a), Thanopoulou (2018), Anagnostopoulou (2018), Petta (2019). For systemic family psychotherapy and systemic training in Greece, see Tseliou (2013), Avdi (2011).

their personal and professional development.[4] The aim is to highlight the trainees' viewpoint on the influence the training process had on their insight of becoming a psychotherapist.

Studying the discourse of the graduates of the program, by means of biographical narrative interviews, employing qualitative social research methodology and thematic analysis,[5] the following questions were studied: What type of changes did the trainees identify in themselves and how do they describe their path to becoming a therapist? Which experiences during the training program did the trainees consider important for their personal and professional development?

The professional development of psychotherapists in general, as aptly summarized by Rønnestad et al. (2018),[6] refers to changes in the skillfulness, attitudes, cognitive capacities, emotional and interpersonal functioning as well as in the vocational identity of professional therapists.[7] Their personal development on the other hand refers to an ongoing process of self-understanding and self-improvement, which helps therapists reflectively manage their own personal "involvement" in the therapeutic process[8] (including self-expression, accepting others and their weaknesses and empathic listening).[9]

---

[4] The training program works in each educational cycle with a closed group of about 20 mental health professionals of different specialties, who mainly already work in public settings. The training program includes a) theoretical training (systems theory, therapeutic techniques), b) clinical practice (direct and indirect supervision, one-way mirror observation, etc.), and c) training in the genogram.

[5] In order to investigate the research questions through biographical interviews (Tsiolis, 2006), 6 ex-trainees, who participated in the program during the six-year period (2013-2019), were recruited by purposive sampling, coming from different disciplines (two psychologists, two psychiatrists, two social workers) with previous professional experience in mental health institutions. Employing the method of thematic analysis (Braun &Clarke, 2006 Tsiolis, 2018 Isari&Pourkos, 2015), recurring patterns were identified and analysed through the experiences of the trainees (Braun & Clarke, 2013). For the methodology, the questions and sub-questions, as well as for coding and transition from codes to themes, see Petta (2019).

[6] See also Orlinsky et al. (1999, 128). Drawing indicatively from a broader list in Pascual-Leone et al. (2012). Mearns (1997: 94-95) mentions three steps in personal development: awareness, understanding, and experimentation with self. See also Wilkins (1997).

[7] Professional development involves gaining competence in the role of the psychotherapist both in terms of identity (experience of self as therapist) and in terms of effective performance (working with clients in therapy). See Orlinsky et al. (2015).

[8] For the concept of reflectivity, Rober (2005, 2010), Tseliou (2014).

[9] Drawing indicatively from a broader list in Pascual-Leone et al. (2012). For personal development Mearns (1997: 94-95) mentions three steps: awareness, understanding, and experimentation with self. See also Wilkins (1997).

This research paper seeks to contribute to an emerging body of qualitative empirical social research that focuses on the lived experience of the trainees[10] — drawing on the field's evolution over the last four decades in: a) the systemic family approach that nowadays conceives the therapist's role as part of the therapeutic system that s/he co-constructs with the patients,[11] and b) the findings of social research on the professional development of psychotherapists in general and the training of psychotherapists in particular.[12] This study takes account of the aforementioned developments concerning: i. the conception of the therapist as a person and his/her participation in the processes of the therapeutic system (e.g. self-disclosure or connection to the clients),[13] ii. the relationship between the therapists' personal/interpersonal skills and their effectiveness in therapy,[14] iii. the phases of the therapist's personal and professional development,[15] which are linked to specific processes in systemic therapy and experiential learning in therapist training.[16] All the different versions of the developmental model, acknowledge a novice learner at the lowest level, and a senior, self-sufficient professional at the highest. The mature phases of the

---

[10] Notable exceptions, in the Greek context, with important contributions from two relatively recent studies (belonging to different training programs): Fragkiadaki, E., Triliva, S., Balamoutsou, S., & Prokopiou, A. (2013); Givropoulou & Tseliou (2017). The choice for empirical research of the trainees' experiences, from their own perspective, arises from the identification of a need for qualitative research in the field of systemic psychotherapy training. The relevant literature review also presented in Petta (2019).

[11] In the evolution of the systemic approach, the perception of the therapist's role shifts from the knowledgeable specialist, observer of the family system and guide of the therapeutic process to the therapist discussant. Cf. Pomini and Tomaras (2015, 92-93). For recent developments more generally, Tseliou (2014, 1911-1913). On systems theory and family therapy, see Kotsidas (1994).

[12] According to Carlsson (2012, 5): "Traditionally, psychotherapy research has generally tended to focus on therapy itself (Orlinsky, Rønnestad& the Collaborative Research Network of the Society for Psychotherapy Research, 2005), neglecting the potential influence of the individual therapist."

[13] On the therapist as a person and the training in family therapy, see Timm and Blow (1999)⍰ Aponte (2016)⍰ Aponte and Kissil (2014)⍰ Karam, Sprenkle and Davis (2014).

[14] For the influence of therapists' personal/interpersonal skills on treatment effectiveness, see Bennett-Levy (2019). For professional interpersonal skills, see also Heinonen and Nissen-Lie (2019).

[15] The different phases in therapists' development, and the processes that accompany them, emerge from the findings of thirty-five years of continuous empirical investigation: Friedman and Kaslow, Kral and Hines, Rønnestad, and Skovholt, Orlinsky, Carlsson et al. in different studies over time. Relevant literature review in Petta (2019).

[16] Nel (2006), Kaiser, Mc Adams & Foster (2012) Bischoff et al. (2002), Bennetts (2003), Carlsson et al. (2011), Pascual-Leone et al. (2012), Fragkiadaki et al. (2013).

therapist's development are associated with specific characteristics for the person/*self* of the therapist.[17]

One of the most important findings of the thematic analysis in the reports of the research participants themselves is the dominant significance of the group and the complex processes that develop from sharing their experience with the co-learners — an element that is highlighted with variations by the respondents in different studies.[18] Participation in the closed group is referred to (signified), in the trainees' terminology, as an "Encounter", as a multilevel participation in the group process that enhances their professional and personal development. "*Encounters! Encounters with certain people. {...} Encounters with some of our teachers. Encounters with some classmates, fellow students, co-trainees. Encounters. Encounter with the group! As a part of which we progressed these last five years!*" (S4)[19]

Within the "Encounters" of the closed group, the processes that form the new professional self occur, as all parties relationally constitute a particular co-construction.[20] They discuss and share impasses and solutions from their practice, contrasting perceptions, attitudes, experiences from different social biographies and work environments, specialties' jargon, codes of conduct, practices, and their personal course. Through "exposure" to different perspectives and experiences, in the setting of a safe environment with mutual emotional support, group members enhance their self-confidence and "negotiate" the transformation of their professional self.[21] The relationship of the group members, thus, leads to mutual recognition, a professional and personal "mirroring"[22] between the co-training therapists who are peers as mental health

---

[17] See Bennett-Levy (2019). Whether it be the adequate and competent professional self (Kral and Hines) or the dialogical self (Rober) and the therapist person (Aponte).

[18] See also the results of Fragkiadaki et al. (2013). For an analysis of participation in a clinical advanced training group, see Thanopoulou (2017). For group psychology, see Navridis (2005).

[19] Interviewees are indicated by the letter S and a number (S1-S6).

[20] The encounter in the training program seems to have analogies with the moment of encounter in therapy where a particular co-construction is produced between therapist and patient. See Kati (2018, 89-90).

[21] On the positive effect of sharing on the development of therapists' self-confidence, see Bischoff (1997), Bischoff et al. (2002).

[22] Mirroring is also referred to by trainees in Fragkiadaki et al. (2013).

professionals, and also between them and the established trainers. "*I think it was period with very powerful moments, and I believe it was a sharing of both the group and professionals! {...} you were essentially drawing from the image you had and that you were offering to the group ... and it became your mirror-image!*" (S1)[23]

As if "Encounters" was used metonymically for a community of practice (according to Wenger's theory), in which the practitioners in training "learn" the "art" of being a therapist. A form of social learning that transforms the being of trainees as persons, and what they can do as practitioners.[24] They learn through active systematic participation in peer-to-peer activities and ultimately "they develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice".[25]

By interacting in the context of the "Encounters", they test in practice, and consolidate their systemic theoretical training, which is provided by the training program, and they cultivate the clinical skills of the psychotherapist. "*Before starting the training, I had embraced the books! {...} I had no experience in practice at all. Not at all!*" (S3). "*I mean [it helped me] actually to couple theory with practice! And this was done through the training in theory that they provided us, though always in combination with the experiential activities that we performed. This is where the connection was actually made.*" (S1)[26] Hence, the trainees feel that an important need that led them to family therapy training was met, namely the daily impasses of clinical practice:*" {...} for myself there was a piece that was missing. That is, the way we largely treated patients. A lot of work with the family was required, but few knew how to do it. {...} So that was the reason why I chose this [training program].*" (S2)

In the "Encounter", we can single out three important aspects which are linked to the personal and professional development of the trainees: a) the

---

[23] The search for professional recognition is a key dimension of psychotherapist trainees' development, see Carlsson et al. (2011).
[24] See Wenger (1998, 214-215). For the community of practice, see Wenger (1998)⬚ Wenger, McDermott, & Snyder (2002)⬚ Busch-Jensen (2014).
[25] Wenger-Trayner (2015).
[26] See Piercy et al. (2016). For trainees, information not related to therapeutic practice is meaningless.

Encounter through relationships in the closed group of the program,[27] b) the Encounter through experiential learning within the activities provided by the program, c) the Encounter with the trainers - supervisors.

Involvement in the group processes enhanced the sense of belonging and trust."*I was in a group where I could, so to speak, trust, open up, feel safe, talk about things of my own*". (S5) Fear of exposure was reduced,[28] and professional confidence was increased making the trainees feel "that they found their feet" —and were more confident as therapists (following broadly the developmental model of empirical studies).[29] "*Since the group was very supportive, it was a group where you felt safe {...} There was no, I felt no competition!*"(S5).

The trainees conceived the training group as a safe,[30] familiar environment —"*their [own] space and time*"— which was conducive to relieving the burden of their work. "*It would be the very time and space of "whew!" that will have "a blow-off, an emptying out effect*". (S4) At the same time, it also favoured reflection on the role of the professional therapist. "*The time when we don't do things but rather think about them*". (S4) A time that gives the "*opportunity to take a step back. And to reflect on all the things I deal with during the day*". (S4) A space and time to share difficulties with colleagues that are capable of containing professional anxieties of clinical work.

Especially in their "encounter" with experiential learning (experiential exercises, one-way mirror, supervision, genogram, etc.) they feel their self-observation is strengthened: "*it was like shedding light on things*". (S2) As trainees become experiential participants in different roles (as practitioners, as narrators, as observers, as quasi-therapists/clients, etc.), they develop their reflective capacity not only as an inner but also as an outer conversation (Rober).[31] Their reflection on the therapist's feelings and the richness of systemic relationships is

---

[27] For learning through relationships, see also Fragkiadaki et al. (2013).

[28]Thanopoulou (2017) also analyses the complex processes of a clinical advanced training group towards the stress of exposure.

[29] Bischoff focused on the self-confidence factor, which was highlighted by Skovholt and Ronnestad (1992). See Bischoff (1997), Bischoff et al. (2002), Bennetts (2003), Carlsson et al. (2011). For the calming effect of group anxiety, see also Bennetts (2003), Carlsson et al. (2011), Bischoff et al. (2002), Hill et al. (2007).

[30] The value of the safe group is confirmed by the supervisors in McCandless and Eatough (2012).

[31] See Rober (2005, 2010).

externalized, discussed, and becomes relational. Outer reflective dialogue in the group about their therapeutic difficulties, without the pressure for direct therapeutic decisions, leads to a retrospective renegotiation of therapeutic choices and attitudes.[32]

Finally, in the "Encounter" with the supervisors-trainers,[33] especially in group supervision, trainees identify an important resource for practical understanding of therapeutic clinical practice in the "here and now". This helps them "... *essentially couple theory with practice*". (S1) And through the pluralism that develops during the supervisory interaction, they trace new therapeutic perspectives. "*And the possibility of having a plurality of voices on an incident that potentially troubles a colleague {...} even if it doesn't furnish a solution, it really opens, I think, at that very moment, your mind*". (S2)

At the same time, each supervisor-trainer's experience in the clinical field, and the interpretation deciphering his/her attitude regarding the handling of the various cases[34] is experienced as "*revealing*" the ineffable processes of the therapeutic work: "*opening up parts of the case that I would not have thought of*". (S2)[35] Moreover, trainees perceive the supervisor-trainer's practical example as more important than the particular aspects of supervision. As s/he, while acting as a teacher, guide, supporter, comes closer to them, the tendency to idealize him/her is reinforced.[36] And along with it the trainees' claim for recognition by the therapist/role model from whom they imaginatively expect to validate their professional competence.[37]

*

---

[32] See Givropoulou and Tseliou (2017).

[33] For the role of the supervisor, see Carlsson et al. (2011), Rønnestad et al. (2018), Orlinsky et al. (2001) as cited in Rønnestad et al. (2018).

[34] Both in Fragkiadaki et al. (2013) and in research reports on developmental stages (Kral and Hines, Rønnestad and Skovholt, Carlsson in their research with their colleagues), the supervisor is idealized, identified with the source of knowledge and role model.

[35] Supervision "is a space of empowerment and transformation through dialogue" (Moschakou 2018, 186).

[36] The trainee-supervisor identification is about his/her overall presence as a person. And Orlinsky and Rønnestad (2005, 179).

[37] On the claim of recognition, see Carlsson et al. (2011).

Family therapy training is described by our research participants as a process which, through different stages, leads to the emergence of a new professional self, the family therapist.[38] In an initial phase, trainees move away from learned therapeutic skills and essentially give a pause to existing certainties. This period of deconstruction of prior professional automatisms is followed by a period of rebuilding skills, which are progressively consolidated as the new attitude of the systemic therapist. "*The way of thinking brings about a change in how you listen. And how you listen also brings a change in how you ask questions.*" (S3) This is a dual process of "de-skilling" and "re-skilling" (Nel, 2006), which starts from simple applications of therapeutic techniques and reaches the improvement of the capacity for reflection and the strengthening of the therapeutic relationship.[39]

Trainees describe the formation of a professional self that deepens one's own systemic thinking. "*I could put what I was doing before, and didn't know what it was into words! … I could express it with words, give a name to it!*" (S1) A self that can support the client and make conscious, purposeful choices. "*I can now understand very easily, without wasting time {…} when I have a person in front of me. I can help and guide him without exhausting him {…} Because for me that's what this is all about, not to make the person suffer.*"(S5) It is about a self that is a more developed professional who cares, while at the same time maintaining distance and therapeutic neutrality. "*[Previously] I was stepping into a role to help, above and beyond what was called for in my role. And with training and therapy, that's why I talked about neutrality, I learned to stand back a little bit. To wait for the other person. {…} With a greater focus on the needs and goals of therapy. {…} I didn't feel like I was carrying the other person's problems anymore, that is, carrying them so much inside myself.*" (S1)

---

[38] In line with research on phases in the professional development of psychotherapists. See footnote 14.

[39] Nel (2006) studied "de-skilling" and "re-skilling" by employing qualitative research in family therapy training. See also Kaiser et al. (2012), but also Fragkiadaki et al. (2013).

They report that the training helped them to strengthen a pair of key therapeutic skills: empathy and neutrality.[40] "*Getting into a role. How should I express it? Getting in and out of a role! To maintain neutrality in something emotionally charged! {…} so, the one thing was neutrality. And the other thing was stepping into someone else's shoes! Empathy!*" (S1) As they were already working in the mental health sector, and were exposed to the demands of therapeutic work, they focused on these two skills, considering them as prerequisites for the fundamental control of their psychotherapeutic role.

Along the way, they felt that they could take responsibility for managing the therapeutic relationship with greater confidence and trust on what was negotiated in the therapeutic encounter.[41] "*I trust the process! Which I used to doubt. That is, I was afraid to step forward {…} Now I trust what the person coming in will bring.*" (S3) "*Something that has shifted in me quite a bit is "letting go of time"! Not to rush! To let what is happening in here evolve with the other person!*" (S4)

As trainees gain greater control of the therapeutic process, a previously "nebulous" ideal of helping and caring for the client,[42] is transformed into a concrete commitment by the trainee-therapist to effectively "intervene" in the therapeutic relationship. "*It's not just the systemic or the psychoanalytic, it's how to help others! It's about knowing what we are doing! And once we know how to do it whether… The question is whether it helps*" (S4). This is a development in line with the principles of the "Family Therapy Unit" which oriented itself early on towards "solution-focused- therapy", with its measure of effectiveness being helping the client within the public mental health sector.[43]

The experience of training, in the narratives of the trainees, signals changes not only in their professional but also in their personal development. It is described as a period with a desire for self-improvement and a reduction of

---

[40] For empathy and neutrality (two concepts directly linked to the therapeutic relationship and the Milan group), see Pomini & Tomaras (2015), Woolley (2016), Pocock (1997).

[41] For the therapeutic relationship in systemic therapy, cf. Charalabaki (2015), Pomini and Tomaras (2015); in systems education, see Aponte (2016); and for its effect on therapy, see Pocock (1997).

[42] On helping and offeringas starting points for a therapist's development, see Rønnestad and Skovholt (2003), Rønnestad et al. (2018).

[43] See. Charalabaki (2018a, 123). On psychotherapy in a public setting, cf. Marketos (2018, 45-47).

insecurity and fear in interpersonal relationships (which in some cases manifests itself in changes in their personal life: e.g. marriage, having a child, commitment, and so on). They attribute the reconsideration of their personal relationships and the broadening of their perspective on the relational dynamics of their families to the deepening of their systemic thinking.[44] "*Yes, I think my lens has become wider now. It's more wide-angled than it was before*." (S2) They are learning to approach relationships with clarity: "*You see your blind spots*." (S3), "*You remove the other things around you that keep you from seeing*." (S5), "*And I think that now I am listening better and from all sides*." (S2)

They even attribute a quasi "therapeutic" character to the experience of training. "*I think I forgive a little easier! I get angry a little easier too! There is a part that worked therapeutically for me*." (S2) The quasi "therapeutic" perspective that the trainees acknowledge, however, does not refer to the individual experiences of personal therapy. Rather, it refers to a personal achievement of self-awareness through experiential reflective practice with oneself within the program. *"{...} so what I always try to do is... Okay, you see the behaviour... The story behind all this, do you know the story behind all this? I mean, try to be a little more forgiving!*" (S2)

It seems as if the trainees perceive personal development as a prerequisite for professional development. "*Because you know, I can't make the distinction: professional and personal [development], it's the same thing for me*". (S6) They embrace the idea that the therapist's identity is constituted by means of this close interconnection. "*{...} our work is about something very personal. {...} It is not just somebody who is a good psychoanalyst or a good systemic therapist. It's S. who is a good therapist. {...} if she carries certain qualities as a person, and by extension as a professional. In our work, these are completely intertwined. {...} We relate to people. {...} We are in a relationship and, therefore, in that relationship we carry ourselves!*" (S4)

They realize a dual function of the therapist 's self: the therapist as a mental health specialist, and the therapist as a *person* (Aponte, Bennett-Levy). On the

---

[44] By contrast to what happens with the respondents in Nel (2006), our trainees do not report a "crisis" in their family life due to their absence because of education.

one hand, s/he has the responsibility of caring for the therapeutic relationship and uses himself/herself as a tool in therapy — in order to be able to relate to the experiences of his/her clients (therapist self, according to Bennett-Levy's distinction). To the extent that s/he is at the same time entangled in this relationship as a person, s/he is called upon to reflect on the beliefs and emotional reactions shaped by his/her history that have an impact on the therapy (personal self, according to the same distinction). "*Our main tool is neither a genogram, nor training in systemic practice, nor any graduate degree. Our primary tool is our self! {...} It is the key tool that will bring change*." (S3)[45]

In fact, it seems that the experiential process in which the trainee therapists experienced the importance of working with the self, was the group processing of personal genograms.[46] On the one hand, each trainee, in working through the history of his or her family of origin, engages in an in-depth work on the self that helps him/her "*illuminate the piece of [his/her] own history*". (S2) And s/he becomes aware of the multiplicity of roles, alliances, patterns of interaction and the increasing complexity of relationships. "*My story, your story, is part of a larger story. And part of an even bigger story*". (S4) Like a "Russian doll" of narratives and meanings that the learner discovers experientially.

On the other hand, the trainee "steps out" of the role of the narrator of the genogram and adopts the position of the practitioner, who approaches his/her genogram "neutrally", externally (the genogram then becomes the object of intensive commenting and processing in the entirety of the group), as if it were any genogram for the benefit of a "client". This is a work that is carried through (the use of) the self as a tool. In this way, the prospective therapist learns to identify the elements of his/her own family of origin's story that "resonate" with issues in the families of those being treated that have an impact on therapeutic work. *"{...} you can understand what has happened in your own family. You can then automatically understand much better, your own part on which you are working*

---

[45] On the distinction between "therapist self" and "personal self", see Bennett-Levy (2019).
[46] Petta (2019). On the value of genogram in training, see Timm and Blow (1999); McGoldrick (2002); McGoldrick (2016); Young et al. (2003); but also, Piercy et al. (2016); McCandless and Eatough (2012).

on, if you see it in front of you. That is, I can understand some particular issues, let's say, that may be going on in a family, perhaps because I have experienced them myself." (S5) Doing work on their own genogram, trainees can, as M. Bowen mentions, reflectively shield themselves against the influence of their own family history on the therapeutic work.

<div align="center">*</div>

In their interviews, all participants in our research acknowledge that their professional development has "progressed" during training. They even attribute to their old professional self an omnipotent attitude, entrenched in a self-referential perception of good intentions in providing therapeutic support. "*Inexperienced. {…} Romantic. {…} So you think you're going to save the world. {…} That you'll change people. {…} Omnipotence. {…} That its 'okay, I can do it'.*" (S5) They feel empowered, more confident in their abilities as therapists, now freed from the anxiety and feelings of therapeutic inadequacy that dominated the initial phase of their training.[47] They now feel more composed, and not just as someone who "*absorbs the shocks and does nothing to them*". (S2) Previously "*{…} I was very supportive. I was there for the other person! Yet I was 'sucked in' easily.*" (S1) "*So it was very supportive what I was doing, very helpful, but it wasn't therapy!*" (S4)

Despite the fact that they acknowledge their progress after the training (saying "*I'm digging more than before*", "*I'm going one step beyond*"), they do not adopt the title of therapist. They have internalized the belief that becoming a therapist is a long and evolving process, and this is why they prefer to self-identify in an apophatic manner, as "not yet a therapist", with reservations of the following kind: "*No, I don't call myself [a therapist] yet! {…} I'm still not a therapist!*" (S3), "*I think I would call myself a clinical psychiatrist... with a much more psychotherapeutic approach!*" (S2), "*I can't call myself that yet [a therapist]. {…} How does it feel to me? That I am... I'm trying. That I still have a long way to go... And I'm trying though, aren't I?*" (S6)

---

[47] In line with Bischoff's findings.

It seems that the identity of the therapist, although strengthened, is not fully established internally.[48] They do not feel that they "fully" meet the "standards" so as to be "entitled" to call themselves a therapist — even when they are trainees who now have professional therapeutic experience. Here is one reason why respondents deny their self-identification as therapists, and still refer to the "security" of status that comes from a formal degree or professional license (e.g. psychiatrist, psychologist, etc.).[49]

The title of "psychotherapist" is recognised only for experienced teachers-therapists who, according to their descriptions, possess: a breadth of theoretical knowledge, the gift of empathy that was acquired during an in-depth work with themselves, experience in supervision and in therapeutic relationships that are long-lasting and effective. "*The therapist, for me at least, has years of experience on his/her back! And s/he has seen many cases and has gone to a depth of time! S/he also has helped these cases substantially.*" (S3) This hard to achieve but complete model of personality is not reduced to a formal professional status, "*a therapist in name only*" (S3), precisely because s/he enters the therapeutic relationship as a person. "*The therapist does not bring his/her academic credentials in therapy {…} he brings himself!*" (S5). The title of therapist, thus, seems to carry a particular personal and professional weight, which they are not ready to assume. "*For me, it is a very strong word [therapist]*" (S3) "*In no way can I say that I am a therapist because I have graduated {…}. I take it as sacrilege {…} to say that thing*". (S2)

Although they perceive being a therapist as a "sacred" and "unattainable" ideal, they maintain it as the final destination and the measure of their aspirations, something that helps them to envision and systematize objectives for their future identity. "*And at the same time, I imagined myself as I would be in some years from now, or how I myself might function. {…} How I would deal with the issues that were used as examples! {…} So I make a projection into the future!*

---

[48] See reports on the first years after trinking (Friedman and Kaslow, Kral and Hines, Rønnestad and Skovholt, Orlinsky, Carlsson, in different studies), and for the Greek case Fragkiadaki et al. (2013).
[49] In Fragkiadaki et al.'s (2013) research, participants expressed similar concerns in identifying themselves as therapists. See also Petta (2019), and a similar pattern in Orlinsky et al. (1999).

Whatever it is, OK. Where are you? Where would you like to be? How are you going to get to where you want to be?". (S3) For now, remaining in the position of a "Not yet a therapist", the trainers-therapists' qualifications act as models, a repository of experiences and skills to which novice therapists can refer until they fully develop their own.[50]

<div align="center">*</div>

Graduates of the program are at a stage where they have formed a more competent professional self, but not complete, or sufficiently mature and self-sufficient as to be able to claim the idealized title of the therapist. With the completion of their training, they have not been led to the end of a path yet, but to the "starting point" of a new trajectory, a next phase in their professional path the final destination of which is the status of an accomplished psychotherapist — and for which, nevertheless, they now possess the *therapeutic readiness*. The program has provided them with the necessary background of skills that serves as a stepping stone for their further personal and professional development. They have achieved a level of relative self-reliance that allows them to move progressively, with greater reflectivity,[51] towards the formation of a personalized therapeutic identity with a degree of exploration, experimentation and eclecticism.

Hence, the trainees' self-identification as "not yet a therapist" seems to be a metonymy of the desire and therapeutic readiness of the new professional therapist to pursue his/her new professional path in a more autonomous manner.[52] Maintaining a potential for autonomy, firstly in the face of the commitments of their previous professional identity, but at the same time in the face of the externally imposed "disciplines" of psychotherapeutic traditions that draw a roadmap of ideal therapeutic attitudes, or even in the face of the

---

[50] The description of the senior therapist, if we remove the "sacredness" terms, preserves a realistic trace. Training, personal development and experience are important for the therapist (Carlsson et al., 2011), and the personality of the therapist is important for the outcome of treatment (Orlinsky and Rønnestad, 2005).

[51] For the correlation between stages of professional development and therapist's reflectivity, see Rønnestad et al. (2018).

[52] See Rønnestad et al. (2018) for references and a summary of prior empirical research and the correlations of therapist autonomy with the therapist's post-training trajectory.

compromises of the professionalization of the therapeutic function and "*the small concessions*" (S2) of the market framework. A stage in their development, following the end of their training, in which it is now up to them, being aware of their competences and the demands of their role, to negotiate autonomously the different "speeds" of professional development, and the individual aspects of the future family therapist's personal psychotherapeutic presence.

Finally, in contrast to respondents in other research projects,[53] participants in our study express their desire to "become" psychotherapists for reasons that have to do more with the wish of social concerns of giving and helping others, and a relevant therapeutic expertise from which they derive meaning, satisfaction and personal fulfillment — and less for reasons that relate to career prospects, specialization, education or training. This is consistent with the public, free of tuition fees, character of the training program, and the "statutory" concepts of the Unit: "Systemic education is not only, and may not be at all, a way to achieve 'specific therapeutic skills'. It can, however, be a great experience (personal, linked to professional activity) for all kinds of mental health professionals".[54]

It is probably no coincidence that the trainees were workers in public mental health services who have relatively recently completed a public, free of tuition fees training program. They can thus envision the therapist as someone aiming at providing the "gift" of treatment in return, rather than as someone who is a mere provider of professional services."*{...} This huge gift that I have been given, {...} which is my therapy and by extension my training {...}. To be able to offer it! So that people who can't afford it can get it.*" (S4)

The "gift" of therapy as a horizon of expectations that gives meaning (even if imaginatively) to their personal and professional development, provides new therapists, who are at this stage with an identity that is open, evolving and permissive in including other elements of therapeutic skills — beyond the closed boundaries imposed by formal recognition certificates. A certain "*openness*" as

---

[53] See Carlsson et al. (2011).
[54] Charalabaki, K. (2018a, 126).

they characteristically report: "*Well, in terms of the training part of it, what it definitely has to do with, is that this training has helped me a lot to get out of moulds and stereotypes that I was definitely in {...} And gain an 'openness'... and a permissiveness... {...} To get that AND anyway!*" (S4)

*

Our research participants highlight which dimensions of the training program had a decisive influence on the formation of the therapist's identity, and their words would be worth listening to and adopting in the design of new training programs. The small number of participants (and moreover of participants in a single training program) dictates that we should be cautious when generalizing our conclusions. Furthermore, we should examine to what extent their retrospective explanations may be "aligned" with the idiom of the framework (program, therapeutic tradition, etc.). The value of the apprenticeship in genogram was also highlighted as worthy of further exploration. The same applies to the impact of supervision on participants' perceptions, and the importance of trainee interactions outside formal educational processes.

References

1) Greek

Αναγνωστοπούλου, Ι. (2018). Οργάνωση και λειτουργία της Μονάδας. Στο Κ. Χαραλαμπάκη, Μ. Borcsa & Κ. Θανοπούλου (Επιμ.), 23-44.

Bowen, M. (1996). Τρίγωνα στην οικογένεια: Για τη διαφοροποίηση του εαυτού. Αθήνα: Ελληνικά Γράμματα.

Θανοπούλου, Κ. (2017). Το μακρύ, σύντομο ταξίδι μιας μικρής, μεγάλης ομάδας (large group) μέσα στο πέλαγος των δυναμικών της: Μια βιωματική καταγραφή της εμπειρίας μου ως συμμετέχουσα σε συνεδρίες μεγάλης ομάδας. Συστημική Σκέψη και Ψυχοθεραπεία, 11, 29-44.

Θανοπούλου, Κ. (2018). Βιωματικές εμπειρίες από την Εκπαίδευση στη Μονάδα Οικογενειακής Θεραπείας Ψ.Ν.Α. Στο Κ. Χαραλαμπάκη, Μ. Borcsa & Κ. Θανοπούλου (Επιμ.), 147-150.

Ίσαρη, Φ. & Πουρκός Μ. (2015). Ποιοτική μεθοδολογία έρευνας. Εφαρμογές στην Ψυχολογία και την Εκπαίδευση. [ηλεκτρ. βιβλ.] Αθήνα: Σύνδεσμος Ελληνικών Ακαδημαϊκών Βιβλιοθηκών. (Διαθέσιμο στο: http://hdl.handle.net/11419/5826).

Κατή, Κ. (2018). Η στιγμή της συνάντησης-Η στιγμή της θεραπείας. Στο Κ. Χαραλαμπάκη, Μ. Borcsa & Κ. Θανοπούλου (Επιμ.), 88-98.

Κωτσίδας, Φ. (1994). Γενική θεωρία συστημάτων. Η επίδρασή της στη θεραπεία οικογένειας. Τετράδια Ψυχιατρικής, 45, 67-71.

Μαρκέτος, Ν. (2018). Η σχέση της Μονάδας Οικογενειακής Θεραπείας με το ευρύτερο πλαίσιο. Στο Κ. Χαραλαμπάκη, Μ. Borcsa & Κ. Θανοπούλου (Επιμ.), 45-53.

Μοσχάκου, Γ. (2018). Η εποπτεία στο πλαίσιο της εκπαίδευσης. Στο Κ. Χαραλαμπάκη, Μ. Borcsa & Κ. Θανοπούλου (Επιμ.), 184-188).

McGoldrick, M. (2002). Ανοίγοντας τα παλιά σεντούκια. Αθήνα: Ελληνικά Γράμματα. Ναυρίδης, Κ. (2005). Ψυχολογία των ομάδων: Κλινική ψυχοδυναμική προσέγγιση. Αθήνα: Εκδόσεις Παπαζήση.

Πέττα, Σ. (2018). Η μαθητεία στο Γενεόγραμμα: Χαρτογραφώντας το παρελθόν, αλλάζοντας το παρόν. Στο Κ. Χαραλαμπάκη, Μ. Borcsa & Κ. Θανοπούλου (Επιμ.), 159-167.

Πέττα, Σ. (2019). Οι εμπειρίες των εκπαιδευομένων επαγγελματιών ψυχικής υγείας σε εκπαιδευτικό πρόγραμμα οικογενειακής θεραπείας: η διαδικασία προσωπικής και επαγγελματικής ανάπτυξης. (Master's thesis, ΕΑΠ). [Διαθέσιμη στο Ιδρυματικό Αποθετήριο του ΕΑΠ.]

Πομίνι, Β. & Τομαράς, Β. (2015). Η θεραπευτική σχέση στη συστημική προσέγγιση: Πολλαπλοί δεσμοί. Στο Χ. Καραμανωλάκη, Κ. Χαραλαμπάκη, Γ. Μιχόπουλος (Επιμ.), Η θεραπευτική σχέση. Ψυχοθεραπευτικές προσεγγίσεις από την ψυχαναλυτική, τη γνωσιακή και τη συστημική οπτική (85-123). Αθήνα: Εκδόσεις Καστανιώτη.

Τσιώλης, Γ. (2006). Ιστορίες ζωής και βιογραφικές αφηγήσεις. Η βιογραφική προσέγγιση στην κοινωνιολογική έρευνα. Αθήνα: Κριτική.

Τσιώλης, Γ. (2018). Η θεματική ανάλυση ποιοτικών δεδομένων. Στο Γ. Ζαϊμάκης (επιμ.), Ερευνητικές διαδρομές στις Κοινωνικές Επιστήμες. Θεωρητικές – Μεθοδολογικές Συμβολές και Μελέτες Περίπτωσης. Πανεπιστήμιο Κρήτης – Εργαστήριο Κοινωνικής Ανάλυσης και Εφαρμοσμένης Κοινωνικής έρευνας (97-125).

Χαραλαμπάκη, Κ. (2015). Κλινικό σχόλιο για τη θεραπευτική σχέση στη συστημική ψυχοθεραπεία ζεύγους και οικογένειας. Στο Χ. Καραμανωλάκη, Κ. Χαραλαμπάκη, Γ. Μιχόπουλος (Επιμ.), Η θεραπευτική σχέση. Ψυχοθεραπευτικές προσεγγίσεις από την ψυχαναλυτική, τη γνωσιακή και τη συστημική οπτική (296-312). Αθήνα: Εκδόσεις Καστανιώτη.

Χαραλαμπάκη, Κ. (2018). Αντί εισαγωγής: Τι παραμένει, Τι άλλαξε. Στο Κ. Χαραλαμπάκη,

M. Borcsa& K. Θανοπούλου (Επιμ.), 2018, 11-16.

Χαραλαμπάκη, Κ. (2018α). «Κάτι περισσότερο ... κάτι λιγότερο». Προσωπική και

επαγγελματική ανάπτυξη ως μέρος της κοινωνικής διεργασίας. Στο Κ.
Χαραλαμπάκη, M. Borcsa & Κ. Θανοπούλου (Επιμ.), 122-135.

Χαραλαμπάκη, Κ. Borcsa, Μ. & Θανοπούλου, Κ. (Επιμ.) (2018). Αναμνήσεις και

αναστοχασμοί. Ιστορίες συστημικής Ψυχοθεραπείας. Αθήνα: Εκδόσεις Κοροντζή.

2) In English

Aponte, H.J. (1994). How personal can training get? *Journal of Marital and Family* Therapy, *20*(1), 3-15.

Aponte, H.J. (2016). The Person-of-the-Therapist Model on the Use of Self in Therapy. The Training
Philosophy. In H. J. Aponte & K. Kissil (Eds.), 1-13.

Aponte, H.J., & Kissil, K. (2014). "If I can grapple with this I can truly be of use in the therapy room":
Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of
Marital and Family Therapy*, *40*(2), 152-164.

Aponte, H.J., &Kissil, K. (Eds.). (2016). *The person of the therapist training model: Mastering the use of
self*. New York: Routledge.

Avdi, E. (2011). Psychotherapy training and practice in Greece. *European Psychotherapy*, *10*(1), 51-80.

Bennetts, C. (2003). Self-evaluation and self-perception of student learning in person centred
counselling training within a higher education setting. *British Journal of Guidance and
Counselling*, *31*(3), 305-323.

Bennett-Levy, J. (2019) Why therapists should walk the talk: The theoretical and empirical case for
personal practice in therapist training and professional development. *Journal of Behavior
Therapy and Experimental Psychiatry*, *62*, 133-145.

Bischoff, R.J. (1997). Themes in therapist development during the first three months of clinical
experience. *Contemporary Family Therapy*, *19*, 563-580.

Bischoff, R.J., Barton, M., Thober, J., & Hawley, R. (2002). Events and experiences impacting the
development of clinical self-confidence: A study of the first year of clinical contact.
Journal of Marital and Family Therapy, *28*, 371382.

Braun V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in
Psychology 3*(1): 77-101.

Braun, V. & Clarke, V. (2013). *Successful Qualitative Research. A practical guide for beginners*. London: Sage.

Busch-Jensen, P. (2014). Community of Practice. In T. Teo (Ed.), 280-284.

Carlsson, J. (2012). Research on psychotherapists' professional development during and after training. *Nordic Psychology*, *64*(3), 4-21.

Carlsson, J., Norberg, J., Sandell, R., & Schubert, J. (2011). Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first few years after it. *Psychotherapy Research*, *21*(2), 141-153.

Fragkiadaki, E., Triliva, S., Balamoutsou, S., & Prokopiou, A. (2013). The path towards a professional identity: An IPA study of Greek family therapy trainees. *Counselling and Psychotherapy Research*, *13*(4), 290-299.

Friedman, D. & Kaslow, N. (1986). The development of professional identity in psychotherapists: Six stages in the supervision process. In F.W. Kaslow (Ed.), 29-50.

Givropoulou, D. & Tseliou, E. (2017). Moving Between Dialogic Reflexive Processes in Systemic Family Therapy Training: An Interpretative Phenomenological Study of Trainees' Experience. *Journal of Marital and Family Therapy*, *44*(1), 125-137.

Heinonen, E. & Nissen-Lie, H.A. (2019). The professional and personal characteristics of effective psychotherapists: a systematic review. *PsychotherapyResearch*. Retrieved from: https://doi.org/10.1080/10503307.2019.1620366

Hill, C.A., Sullivan, C., Knox, S., & Schlosser, L.Z. (2007). Becoming psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy: Theory, Research, Practice Training*, *44*(4), 434-449.

Kaiser, D.H., McAdams, C.R., & Foster, V.A. (2012). Disequilibrium and development: the family counseling internship experience. *The Family Journal: Counseling and Therapy for Couples and Families*, *20*(3), 225-232.

Karam, E.A., Sprenkle, D.H., & Davis, S.D. (2014). Targeting threats to the therapeutic alliance: A primer for marriage and family therapy training. *Journal of Marital and Family Therapy*, *41*, 389-400.

Kaslow, F.W. (Ed.) (1986). *Supervision and training: models, dilemmas, and challenges*. New York: Haworth.

Kral, R. & Hines, M. (1999). A survey study on developmental stages in achieving a competent sense of self as a family therapist. *The Family Journal*, *7*(2), 102-111.

McCandless, R. & Eatough, V. (2012). Her energy kind of went into a different place: A qualitative study examining supervisors' experience of promoting reflexive learning in students. *Journal of Marital and Family Therapy*, *38*(4), 621-638.

McGoldrick, M. (2016). *The Genogram Casebook: A Clinical Companion to Genograms: Assessment and Intervention*. New York: W.W. Norton & Company.

Mearns, D. (1997). *Person-centred counselling training*. Sage Publications, Inc.

Nel, P.W. (2006). Trainee perspectives on their family therapy training. *Journal of Family Therapy*, *28*(3), 307-328.

Orlinsky, D., Ambuhl, H., Rønnestad, M., Davis, J., Gerin, P., Davis, M., SPR Collaborative Research Network. (1999). Development of Psychotherapists: Concepts, Questions, and Methods of a Collaborative International Study. *Psychotherapy Research*, *9*(2), 127-153.

Orlinsky, D.E., Strauss, B., Rønnestad, M.H., Hill, C., Castonguay, L., Willutzki, U., Hartman, A., Taubner, S., & Carlsson, J. (2015). A Collaborative Study of Development in Psychotherapy Trainees. *Psychotherapy Bulletin*, *50*(4), 21-25.

Pascual-Leone, S., Wolfe, B.J. & O'Connor, D. (2012). The reported impact of psychotherapy training: Undergraduate disclosures after a course in experiential therapy. *Person-Centred & Experiential Psychotherapies*, *11*(2), 152-168.

Piercy, F., Earl, R.M., Aldrich, R., Nguyen, H.N., Steelman, S., Haugen, E., Riger, D., Tsokayada, R., West, J., Keskin, Y., Gary, E. (2016). Most and least meaningful learning experiences in marriage and family therapy education. *Journal of Marital and Family Therapy*, *42*(4), 584-598.

Pocock, D. (1997). Feeling understood in family therapy. *Journal of Family Therapy*, *19*, 283-302.

Rober, P. (2005). The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation. *Family Process*, *44*(4), 477-495.

Rober, P. (2010). The interacting-reflecting training exercise: addressing the therapist's inner conversation in family therapy training. *Journal of Marital and Family Therapy*, *36*(2), 158-170.

Rønnestad, M.H. & Skovholt, T.M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development*, *71*, 396-405.

Rønnestad, M. H. & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, *30*(1), 5-44.

Rønnestad M.H., Orlinsky D.E., Schröder T.A., Skovholt T.M., Willutzki U. (2018). The professional development of counsellors and psychotherapists: Implications of empirical studies for

supervision, training and practice. *Counselling and Psychotherapy Research*, *19*, 214-230.

Skovholt, T.M. & Rønnestad, M.H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, 70, 505-515.

Skovholt, T.M. & Rønnestad, M.H. (1995). *The evolving professional self: Stages and themes in therapist and counsellor development*. Chichester, UK: Wiley.

Teo, T. (Ed.) (2014). *Encyclopedia of critical psychology*. New York: Springer

Timm, T.M. & Blow, A.J. (1999). Self-of-the-therapist work: A balance between removing restraints and identifying resources. *Contemporary Family Therapy*, *21*(3), 331-351.

Tseliou, E. (2013). Systemic family therapy in Greece: Polyphony and diversity. *Contemporary Family Therapy*, *35*(2), 223-243.

Tseliou, E. (2014). Systemic family psychotherapy. In T. Teo (Ed.), 1908-1913.

Webster, J. & Watson, R. (2002). Webster and Watson literature review. *MIS Quarterly*, *26*,(2), xiii-xxiii.

Wenger, E. (1998). *Communities of practice: learning, meaning, and identity*. Cambridge: Cambridge University Press.

Wenger, E., McDermott, R. & Snyder, W.M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Boston, MA: Harvard Business School Press.

Wenger-Trayner, E. & Wenger-Trayner, B. (2015). Introduction to communities of practice. A brief overview of the concept and its uses. Retrieved from: https://wenger-trayner.com/wp-content/uploads/2015/04/07-Brief-introduction-to-communities-of-practice.pdf

Wilkins, P. (1997). *Personal and professional and development for counselors*. London: Sage.

Woolley, S.R. (2016). Neutrality of Therapist in Couple and Family Therapy. In J. Lebow, A. Chambers, D. Breunlin (Eds.), *Encyclopedia of Couple and Family Therapy*. Springer, Cham. Retrieved from: https://doi.org/10.1007/978-3-319-15877-8_541-1

Young, J., Stuart, J., Rubenstein, R., Boyle, A., Schotten, H., McCormick, F., et al. (2003). Revisiting family of origin in the training of family therapists. *New Zealand Journal of Family Therapy*, *24*, 132-140.