

Understanding Occupational Histories and how They Influence a Psychoanalytic
Child Psychotherapist's Experience of Their Work: An Interpretative
Phenomenological Analysis

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A thesis submitted in partial fulfilment for the degree of Professional Doctorate in
Child and Adolescent Psychotherapy

The Tavistock and Portman NHS Foundation Trust

University of Essex

28th of October 2024

ABSTRACT

This study explores how Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) experience the influence of their previous occupations on their current work. Using Interpretative Phenomenological Analysis (IPA), it investigates how diverse professional backgrounds shape their identity, skills and therapeutic approach. Addressing a gap in the literature, it highlights the significance of prior occupations—an overlooked topic in CAPPT training and practice.

Participants were selected based on their former roles and current status as CAPPTs, with semi-structured interviews used to elicit personal narratives. The study focuses on the lived experiences of four CAPPTs, analysing how their earlier careers inform their practice and professional development. Analysis of interview transcripts and occupational histories generated five themes: The Seedlings, The Transformation Process, Integration and Conceptualisation of One's Approach, Relationships and Interactions Then and Now, and Learning from Occupational Experiences to Empathise with One's Patient.

Participants reported a sense of identity disintegration and reintegration, facilitating a deeper understanding of self and patient. The findings underscore the value of prior experience in shaping therapeutic work with children, young people and families, as well as associated tasks such as teaching, managing, research, and supervision. The study illustrates a cultivated sense of ownership and belonging in these CAPPTs and offers insights for recruitment, training, and reflective practice—suggesting that engaging with one's occupational history can enrich the development of child psychotherapists.

ACKNOWLEDGEMENTS

Thank you to my family for your ongoing love, support and guidance. To my friends and loved ones, I am grateful to you all for your tolerance, patience and encouragement. To my supervisor and workshop groups for your thoughtful contributions, feedback and instruction. To those that helped me recruit for this project and particularly those who volunteered their time to be interviewed, I am incredibly thankful for your generosity and for entrusting me with your personal experiences, which have been integral to the success of this research. Finally, thank you reader, for showing an interest in something that I really care about, have invested much time and effort in and wish to share with you.

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1. INTRODUCTION

1.1. Background to the Project

The project came about after initial discussions with classmates. At the beginning of training, people shared anecdotes from their previous work in seminars. It became apparent that much could be gained from exploring the pathways to training that different people have taken. It prompted reflections on my own experiences primarily in the performing arts, education and other activities that have meaningfully occupied my time. I began to wonder what influence this has on the kind of child psychotherapist I am becoming; what I carry with me and what I will have to relinquish. I considered this as an area of research and recognised that there was a significant gap in research literature and more generally in considering the relationship between previous occupations and current practice in child and adolescent psychoanalytic psychotherapy (CAPPT). The literature tended to focus on general pathways and influences of psychotherapists and psychoanalysts working with adults¹.

1.2. Problem Statement

Despite the recognised importance of having experience working with children before beginning training, there is little understanding of how previous occupational experiences influence the practice of child psychotherapy. The current literature does not adequately address how these experiences contribute to a

¹ I will develop this further in my literature review.

psychotherapist's identity, skills, and approach over time. This gap in knowledge is particularly relevant as the profession attracts individuals from diverse occupational backgrounds, raising questions about what they bring to their therapeutic work and how these influences evolve throughout their careers. Additionally, there is scope to improve both the theory and practice of psychotherapy with children through integration of knowledge and skills that can be drawn from other occupations and there is a wealth of experience through the diverse occupational histories of those in the profession today.

1.3. Purpose of the Study

In this study I am seeking new insights into the intersection of past and present professional experiences within the field of child psychotherapy. By encouraging CAPPTs to reflect on this topic, I aim to parse out the experiential elements of how they understand their previous occupations in the context of their current work and to think about what these phenomena mean to them. I will explore the interviewees identity as a CAPPT as well as their previous occupations and the bearing this has on their sense of themselves more broadly. In doing so I aim to contribute to the body of literature on the role of a psychotherapist as an aspect of one's identity and how this is understood. In the data analysis, I intend to explore the convergences and divergences of the participants accounts to better understand both the diversity and unifying experiences of their work. I aim to spark in readers further thought about what CAPPTs draw on and how previous occupations influence their work.

1.3.1 Research Question

How do child and adolescent psychoanalytic psychotherapists understand the influence of their previous occupations on the experience of their current work?

1.4. Overview of Methodology

This study employs Interpretative Phenomenological Analysis (IPA), which focuses on the subjective experiences of CAPPTs. IPA is a qualitative research methodology that emphasises the importance of understanding how individuals make sense of their lived experiences, drawing from philosophical traditions of *Phenomenology* and *Hermeneutics*². It is *idiographic*, focusing on the in-depth exploration of individual experiences rather than attempting to generalise findings to a broader population.

I identified four child psychotherapists that met the inclusion criteria (Appendix A) and were available to be interviewed. They sent me a brief overview of their occupational history prior to the interviews. I then offered semi-structured interviews in person which were audio-recorded then transcribed. I analysed the data using the book *Interpretative Phenomenological Analysis: Theory, method and research* (Smith et al., 2021) as a guide, then grouped the findings into themes and combined quoted material from the interview transcripts with my analysis in response to the research question.

² I discuss this in more detail in the Research Design section.

1.5. Rationale and Significance

This research adds to the literature on CAPPTs' professional identity and practice by exploring how previous occupations shape their work. It examines how residual skills, knowledge and attitudes from past roles influence CAPPTs' approach, fostering a broader understanding that could inform training and current practice. Insights from this study may guide refinements to pre-clinical courses like Work Discussion, creating space for CAPPTs to consider not only the fit of psychoanalytic thinking with presented work but also the fit of their occupational backgrounds with psychotherapy for children. Additionally, the findings could prompt reflection on the recruitment process, particularly regarding candidates' suitability based on their prior careers. Finally, it is an invitation for readers to discover the occupational histories of the participants involved and to reflect on how their own occupational histories influence the experience of their current work.

This research is of particular interest to those involved in planning, development, and recruitment to CAPPT training, as well as potential applicants, trainees and qualified professionals keen to reflect on occupational diversity within the profession.

Ultimately, it aims to deepen understanding and promote dialogue on how past roles inform CAPPTs' work.

1.6. Terminology

1.6.1 *Occupation*

In defining occupation for this project, I aimed to balance a broad, inclusive concept with guidance to help participants focus on aspects that reveal meaningful insights into their work as CAPPTs. Cambridge Dictionary (2024) defines occupation firstly as

"a person's job" and secondly as "a regular activity or hobby" among others. I extend the definition of occupation as: any role a participant held for a meaningful period of time or activity the participant engaged with in which the associated tasks and experiences could influence their current work as CAPPTs.

Throughout the interviews, most participants gravitated towards the definition of occupation as a job, likely because of its familiarity and societal association with identity and purpose. However, I encouraged participants to explore beyond this conventional definition, creating a space where they could speak freely about other roles, activities and pursuits.

In drafting the interview schedule (Appendix B), I ensured that questions were open enough to allow participants to explore these different facets of occupation while still providing a structure that kept the focus on influences relevant to their work as CAPPTs.

1.6.2 Work

The main focus of the interviews was on clinical work but their roles went beyond this. They also engaged in research, supervised other clinicians and taught. Some held leadership positions within their organisations. All had provided consultation to other agencies and some had published articles or contributed to books, using writing to connect with the wider professional community. While the data primarily explored how their previous occupations influenced their current clinical work, it also highlighted other aspects of their professional roles.

1.7. Narrative Voice

I have chosen to write in the first person to reflect my active role in the research process. IPA emphasises the researcher's interpretation in understanding participants' lived experiences (Smith et al., 2021), and writing this way acknowledges my involvement in collecting and analysing data. It also demonstrates reflexivity, allowing me to share thoughts, feelings, and potential biases, contributing to the trustworthiness of the study (Breuer, 2003).

Writing in the first person enhances clarity and engagement by personalising the research narrative and helping readers understand how I arrived at my interpretations. As a clinician in the field myself, I considered my own experiences and assumptions that I brought to the analysis and interpretations. This approach aligns with IPA's philosophical foundation in phenomenology and hermeneutics, which focuses on subjective human experiences and highlights the co-constructed nature of the findings rather than presenting them as objective truth.

I have reported the findings in the present tense to bring the participants' experiences to life and actively engage readers in what they shared. This choice invites readers to encounter each participant's reflections with a sense of intimacy and immediacy. By using the present tense, I seek to honour the lived quality of their experiences, allowing readers to connect more closely with the nuances and emotions embedded in their narratives. Though the focus of this project is on the participants, I acknowledge my position as a CAPPT in training and how this shapes my perspective on the phenomenon under investigation.

2. LITERATURE REVIEW

2.1. Introduction

The literature on this topic is taken from a variety of sources from psychoanalysis, child psychotherapy and related research into occupation and identity. Much of the extant literature focuses on psychoanalysts who work with adults. It was a challenge to find any empirical data directly relevant to this topic. The gap in the research literature highlights the need for further development. While this project is situated in the UK with participants who work psychoanalytically with under 25s and their families in urban areas in the 21st century; the literature covers a broader range of practices, contexts and patient populations. However, the papers have been selected because they foreground and contextualise the question under investigation.

2.2. Method

I opted for a narrative, over a systematic review, because it allowed for a flexible and holistic exploration of the literature and enabled me to critically engage with a range of texts, including historical works, empirical studies and theoretical papers. This approach was suitable given the fragmented and context-specific nature of the literature on child psychotherapy and occupational identity, rather than adhering to the standardisation necessary for a systematic review. I sourced key texts from peer-reviewed journals and books by prominent publishers in the field to maintain quality and validity.

I conducted comprehensive searches using databases and libraries. Search terms included "'occupational identity' AND psychoanalysis OR 'child psychotherapy'," "psychoanalytic training," and "'career transitions' AND 'child psychotherapy.'" These

searches produced many results that were not directly related to the topic. I identified some titles through this search method such as *Different Paths Towards Becoming a Psychoanalyst and Psychotherapist: Personal Passions, Subjective Experiences and Unusual Journeys* (Rachman & Kooden, 2020); *The Voice of the Analyst: Narratives on Developing a Psychoanalytic Identity* (Hillman & Rosenblatt, 2017) and *Psychoanalytic Credos: Personal and Professional Journeys of Psychoanalysts* (Salberg, 2022). These were personal accounts of adult work in the relational psychoanalytic tradition. I have included one of these stories to further illustrate the concept of learning from experience³. However, these texts were limited in their capacity to situate the study in the context of previous research and scholarly material pertaining to the topic, present a critical synthesis of empirical literature or outline the theoretical framework of the study as set out in Bloomberg and Volpe (2008, p. 7). So, I had to be more creative.

I employed the method of citation tracing, which allowed me to expand my research by following references from key texts. Starting with foundational papers, I screened the sources they cited for relevance to my research question. I began by checking the titles and abstracts to screen for significance. For sources that appeared relevant, I skim-read sections to confirm their alignment with my focus. Finally, I read the most relevant texts in full, ensuring they contributed meaningfully to my review. This method enabled me to build a comprehensive corpus of literature while maintaining a clear focus on the central aspects of my research.

³ (Altstein, 2017)

2.3. Occupation and Identity

In *An Autobiographical Study* (1925/2024), Freud describes how undergoing exploration of his own psychology in order to develop the theory and practice of psychoanalysis on a personal level, was an essential part of his process. He believed that self-analysis was central to understanding one's own psychology and, by extension, one's work as a psychoanalyst. For CAPPTs now, the training analysis has come to serve this function as a setting to explore oneself through free-association in intensive⁴ sessions with a training analyst. Lasvergnas-Garcia and Avdi (2020) highlight that being in dialogue with an experienced analyst who has undergone similar reflective work is crucial to the personal and professional development of CAPPTs. Their study emphasises that personal analysis during training enables psychotherapists to learn things they could not have gained through other means, such as theoretical study or supervision. This reflective process is integral to the transition into the role of a CAPPT, where past experiences are examined and integrated or worked-through, shaping the individual's approach.

Sandra Ocasio Hansson et al. (2022) used a concept analysis methodology to explore the concept of occupational identity. This is a systematic method used to clarify and define a specific concept by examining its usage, attributes, antecedents, and consequences. The paper explores the connections between "doing, being, and becoming" in relation to occupation (p. 198). This is relevant to those transitioning to work as CAPPTs, where previous professional identities can significantly influence their work. Their concept of occupational identity, as interconnected, temporal, meaningful, and contextual, aligns with the reflective process of the training analysis. In this space and through their relationship with their analysts, CAPPTs can engage

⁴ Four or five times weekly

with important questions about their occupational identities past and present and what these mean in the context of who they are and their work as CAPPTs. For CAPPTs, the training analysis not only helps them reconcile their past occupations with their current roles but also shapes their future “becoming.” This project will explore how CAPPTs navigate the complex process of transitioning from one occupation to another, highlighting what remains and how it affects their work with children, young people and families.

Patrizia Hoyer and Chris Steyaert’s (2015) paper on narrative identity construction in times of career change uses interviews to explore participants accounts of what this means to them. The authors assert that “frictions in career change narratives, such as the paradoxical co-existence of coherence and ambiguity, allude to unconscious subtexts that can become ‘readable’ in the narrative when applying a psychoanalytic framework” (Abstract). They demonstrate how defensive strategies are employed by their interviewees as a way of managing difficult or painful aspects of this change and the implications this has for their sense of themselves that are latent in the narratives they present consciously. They draw from Anna Freud (1936) and focus particularly on three defences: avoidance, rationalisation and sublimation. The researchers interviewed 30 former management consultants using McAdam’s (2001) Life Story Interview Technique.

Hoyer and Steyaert (2015) are particularly interested not just in what people say about their choice to move from one career to another but how they feel about it. Moreover, the authors attempt to capture not just what their participants say about how they feel but to analyse the unconscious material contained in what was said.

They focus on one case study to provide a “fine-grained example” (Results: Case Illustration) of the defences at work.

The paper provides an interesting example of applying a psychoanalytic lens to understanding how people really feel about changing career. At least, in so far as this can be known, understood and talked about. Which leads to the limitations of Hoyer and Steyaert’s (2015) paper and to applying psychoanalytic theory to social phenomena more generally. The authors approach their analysis from a drive theory perspective but do not address the anxieties that are aroused by what Freud (1923/2024) described as “*destructive or aggressive impulses*”⁵ or the “libidinal, sexual or life drives” (p. 250). While the author’s do not claim to be engaged in psychoanalysis with their participants, nor could a single interview replicate the conditions necessary for an analysis to take place, it does call into question the claim that their findings are an expression of that which is unconscious, by Sigmund Freud’s definition or that the defences were employed in the way that Anna Freud suggests. Nevertheless, it is an interesting investigation of how identity can be shaped by one’s occupations and how this finds expression in the work one does and how one feels about it. It also, inadvertently raises an important question as to what can be known about the unconscious, through the interview and to what extent that can be analysed and expressed in publication of research based on interview data. An essential aspect of understanding the experience of the influence of one’s previous occupation is understanding how one feels about it. I am interested in the way defences may be employed by interviewees and what these defences may be in

⁵ Emphasis from the original.

the service of, in the context of the interview. However, I am also clear on the limitations of understanding this following an analysis of the data from one interview.

2.4. Learning from Experience

Wellendorf (1995) applies Bion's (1962/2004) understanding of learning as an emotional experience, to undertaking a psychoanalytic training. Wellendorf quotes Bion in underscoring the premise of his paper:

whenever human beings enter into a relationship with one another—whether it be the infant and his mother, the analyst and the analysand or the members of a group—they create an emotional experience. The two aspects, the relationship and the emotional experience, cannot be understood independently of one another. (II)

Beginning with the primary caring object, Bion suggests that it is through a shared emotional experience that learning takes place. Wellendorf is interested in the particular ways in which training, and the relationships involved, allow for a transformative process through which the candidate learns to work with their patients. Wellendorf suggests that a psychoanalytic training differs from other forms of education in that the primary task of the institute is to facilitate the conditions in which learning from experience can take place. Acquisition of knowledge, facts and skills is necessary but these are in service of the ability to establish a frame and a therapeutic relationship.

This is therefore unlike the training and work involved with any other occupation. Wellendorf (1995) suggests that an element of disintegration and fragmentation is necessary in order for an individual to train and work psychoanalytically with patients. He describes the candidate inhabiting different roles, “which are bound up with different identities. The inner resonance of an emotional experience in a

situation does not end when the situation ends and is replaced by a different situation, but also influences the experience of the next situation” (A). Wellendorf, in this section, is primarily focused on different roles and identities that the candidate inhabits at the time of training. However, I am proposing that this is equally true of aspects of an individual’s sense of who they are based on what they have done. He describes how the different aspects of this: the training analysis, supervision, small group discussions and theory all stir up anxieties in different ways that coalesce, creating an emotional experience through which learning can take place. This involves reconfiguring aspects of one’s identity related to prior professional roles, activities and occupations.

Altstein (2017) describes how a different kind of emotional experience led her to become a psychoanalyst. She attributes witnessing the attacks on the world trade centre along with her two young children as a traumatic experience that was the beginning of a process of disintegration and fragmentation which instigated her transition from working as a public defender to becoming a psychoanalyst. She writes, “there we all were [...] now unzipped with all of our parts disassembled, [...] all of our parts were violently reshuffled, and we were other than who we were before (p. 141-2). She recounts how she had sought analysis following this event stating that, “trauma cannot be approached and articulated cathartically in solitude” (p. 145).

Wellendorf (1995) posits that in undergoing training, one is better able to be in what Bion (1970) describes as “uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (p.125-9).⁶ Wellendorf indicates that it can be jarring

⁶ This is a description of the concept of *negative capability* which Bion adapted for the analytic situation from John Keat’s (1817) beliefs about the conditions necessary for artistic creativity in a letter to his brothers.

to learn in this way for people who have undergone previous professional trainings and that the place of prior knowledge, skills, experience and expertise needs to be worked out in the process of disintegration and reintegration that is part of training. The research question for this project takes a curiosity about this process as its starting point.

Altstein (2017) describes the process of what she refers to as reassembling. She uses the analogy of a snow globe, in which fragments of memory are shaken up and descend slowly so that they can be attended to and considered whilst being held by the frame of the analysis and the analyst (p. 146-7); she says, “I began to feel that September 11 had made me into the person I had always been, only different, rather than a different person altogether” (p. 149). She describes the ways in which she has learnt from her experience as a public defender in order to develop her analytic practice, describing how she was “assigned to represent indigent men and women who are accused of committing crimes, whereas psychoanalysts are people who listen deeply, sometimes interpret, and collaborate with their patients to find language for conveying what it is like to be themselves” (p. 149). She reports that people often expect her to describe the differences between her previous occupation and her current work and even to declare a dissatisfaction with her previous work or to refer to it as a source of unhappiness. However, she instead says,

I wasn't unhappy advocating for an unpopular social tier, and I don't experience my first and second careers as feeling all that different. In fact, both jobs pull on the very same parts of myself that make me feel so very much like me: the part that itches to spring people from their traps and the part that pays careful attention to the language used to tell a life story that feels real, rings true, and can make a difference. Crucially, the goal of each vocation is to unshackle a person, in the first quite literally from concrete prisons, in the second quite figuratively from internal confinements. This is the thread of sameness that crossed through my domains of change, and emerges with regularity in my analytic voice. Sitting with my patients who are locked up in one feeling of stuckness or another, I frequently

have the same stirrings I used to have fighting to get my incarcerated clients out of prison. (p. 150)

Altstein describes the emotional quality of these experiences and the learning she has taken from them in her process of becoming a psychoanalyst. She illustrates how she has integrated aspects of her previous occupation into her current work and negotiated quite different ways of thinking, as a defence attorney and as a psychoanalyst, in her work with her patients. This project is concerned with the process and experience of how CAPPTs do this.

2.5. Pathways to Training

According to Ernest Jones (1957), Freud indicated that psychoanalytic training should include teachings on “anatomy, physiology, and pathology, in biology, embryology, and evolution, in mythology, and the psychology of religion, and in the classics of literature” (p. 311). These were subjects of interest for Freud and areas of study, training and practice, that greatly influenced the development of psychoanalytic theory. Many people who enter training come from professions related to these fields or have a personal interest in these subjects and this may be a factor in what makes a psychoanalytic training appealing to a potential candidate (Freud, 1926/2024). Schröter (2002) outlines how Max Eitingon, between 1925 and 1927, worked to establish what is sometimes referred to as the Berlin or Eitingon Model of training in psychoanalysis; the basic tenets of this model are that a candidate must be in analysis four to five sessions a week, study theory and receive supervision for their training cases. This remains the standard for psychoanalytic training for work with child, adolescent and adult patients.

The Tavistock Model of training, initially developed by Esther Bick and later consolidated by Martha Harris, also acknowledges the influence of Bion's concept of learning from experience. The core principle behind this model is that to cultivate the skills necessary for practice, "learning from experience (as distinct from learning about) takes place only in a context of emotional involvement in a human reality" (Harris Williams, 2011, para. 24). Martha Harris's diverse background played a critical role in shaping this approach. She began her career as a school teacher, then taught at Froebel Teacher Training College, then moved on to work as a psychologist before training as a psychoanalyst and succeeding Bick as the head of the child psychotherapy training. As Meg Harris Williams (2011) notes, Martha Harris changed the Tavistock child psychotherapy training "in many innovative ways, making use of both her Kleinian and her teacher-training experience" (para. 1). This highlights how Harris integrated her pedagogical expertise with her psychoanalytic training to create a more effective and comprehensive approach to CAPPT training.

The article further explains that through this process, candidates were able to develop essential observational skills necessary for both their training and work with patients, skills fostered not only by Harris's psychoanalytic background but also by her broader educational experiences. As Harris Williams (2011) observes, Harris's ability to blend her psychoanalytic insights with her teaching background was also informed by "her extensive reading in history and literature, and partly through her own reading of human nature, both inside and outside the consulting room, and—in earlier days—in the school classroom" (para. 18). This combination of intellectual breadth and practical experience enabled Harris to design a training model that emphasised self-awareness, reflection and the emotional engagement necessary for practice.

An important aspect of CAPPT training is the Work Discussion group. This was conceived of early in the development of the training, by Harris (1977/2011, paras. 12-21). These groups provide a forum for people who are working in different fields, to bring material from their occupations and to think together about both the emotional quality of the work and of the present discussion group, through a psychoanalytic lens. Harris states that, "The aim of the seminar is to sharpen perceptions and to enlarge imagination, to understand more fully the underlying dynamics of the personality interactions described. Our belief is that education in sensitivity and awareness is a gradual process" (1977/2011, para. 13). She highlights the importance of developing an awareness of oneself in a group and the quality of the *transference*, *countertransference* and *projection* that influence the experience presented. She states that,

some of the feeling evoked is not a true response to something actually communicated by the child, but an arousal of inappropriate emotions connected with unresolved infantile conflicts in the worker himself. These may be projected in ways that distort the perception of the child's real message and individuality. (1977/2011, para. 16)

Harris outlines the important process of developing observational skills and sensitivity to both the emotional quality of interactions in different workplace environments and to be curious about the aetiology of these feelings and to whom they belong. The work discussion group brings a psychoanalytic perspective to different occupations, which is the inverse of this project's focus. But it also provides an important link between a candidate's previous occupation and the process of training.

Margaret Rustin (2008), gives an account of the kinds of occupations that people come from prior to training as CAPPTs. She focuses on education, health and social care settings as the three broad fields where most people have some prior

experience but writes that the “range of professions represented is wide: drama therapist, learning mentor, teaching assistant, creative artist, hospital play-worker, children’s cancer nurse, therapeutic children’s home worker, community refugee worker, prison crèche worker, residential social worker” (xxiv) and some fields that have little, at least superficially, in common with child psychotherapy, such as, “journalists, lawyers, writers, academics, and head teachers, as well as people with little prior educational experience whose natural talent for human relationships has drawn them to undertake study of this sort” (xxiv). Rustin identifies that it takes a certain kind of person to be drawn to thinking psychoanalytically in their work with children. She describes the exciting process of group members coming to a synthesis between aspects of their role and professional expertise and the observational skills, emotional sensitivity and reflexivity required for working psychoanalytically with children. While this phenomenon is in process at this point in the training and alive to work discussion group members, I am interested in iterations of this that carry over beyond the training. This project concerns the influences that are more integrated into the thinking and practice of fully qualified CAPPTS at different stages in their careers and how the training process has shaped this.

2.6. Identity and Practice

In *Becoming and Being an Analyst in the British Psychoanalytical Society*, Michael Parsons (2009) compares distinct paths toward forming a psychoanalytic identity. He contrasts Elizabeth Bott-Spillius’s experience of encountering the Kleinian theoretical framework, which she embraced as a structured, though flexible, system that resonated with her from the start. Bott-Spillius conveyed her initial reaction to Klein’s work as: “This is it—the approach for me!” (as cited in Parsons, 2009, p. 237),

emphasising her immediate identification with a theoretical perspective that she felt was to be “encountered” and embraced (p. 237). Her analytic identity formed around this external system, which she believed could be adapted and expanded upon while maintaining its core principles. This process of forming an identity through adherence to a theoretical framework illustrates how past experiences and occupational histories can lead individuals to gravitate toward a particular school of thought.

In contrast, Jennifer Johns’s experience reflects an individual, ongoing process of internal exploration in the independent tradition (Parsons, 2009). For Johns, the development of her analytic identity was an ongoing struggle to make sense of psychoanalysis in relation to her own life experiences. As Parsons notes, Johns’s identity formation was “continuous” and “open-ended” (p. 237), with psychoanalytic ideas shaping her understanding of what matters to her personally, rather than being shaped by a single theoretical framework. This internal and reflective approach to identity development demonstrates how training can incorporate and evolve from one’s past occupational experiences.

Eglé Laufer (2009) found her psychoanalytic identity within the Freudian tradition, though her journey was marked by initial hesitation. Drawn to psychoanalysis to engage with people and inspired by the idea of self-understanding, her excitement faded when she discovered she was required by the Institute of Psychoanalysis to make a choice between Kleinian and Freudian approaches. “My dream that I was joining others in a revolutionary movement battling against ignorance and fixed beliefs was dashed by being put in the position of having to take sides between two opposing beliefs” (p. 278). Ultimately, she chose the Freudian pathway but remained wary of being aligned with any particular group. Laufer explains, “I have always continued to rely on Freud’s exposition of the theoretical framework [...] as the basis

from which to develop my own ideas or to evaluate those of others" (p. 278). Her identity was also shaped by her previous work in the obstetric department of a London hospital and her role in establishing the Brent Adolescent Centre with Moses Laufer.

These examples emphasise that a CAPPT's identity is not shaped in isolation, but rather emerges through an intersection of occupational histories, theoretical preferences and personal experiences. I am interested in the interplay between one's identity, influenced by previous occupations, and how this shapes the choice to train in one institution over another or what theoretical model one identifies with. Bergmann (1993) suggests that psychoanalytic training is a process of identification with teachers and the figureheads of different schools of thought such as Freud, Klein, Anna Freud or Winnicott. "It seems the psychoanalytic journey is inwards, into the deep recesses of the self, and like Dante, few can undertake this journey without a Virgil as guide" (Section 11). This is also linked with the trainee's experience of analysis which he suggests either leads to an identification with the analyst or a gravitation towards a different approach if the analysis was not felt to be successful. Bergmann elucidates this phenomenon but misses the defensive aspect of identification which protects the ego from anxieties. So, there is a risk that the trainee occludes aspects of their identity, including their previous professional identity and experience, in this process. Training in psychoanalysis then becomes a process of identification rather than learning from experience in the way described earlier on. The latter would involve a working through of the feelings related to retraining as a psychotherapist, to letting go of aspects of oneself and of the practical skills and competencies pertaining to previous occupations.

Jacob Arlow (1972) suggests that, “If the ritualization of the training experience is not sufficiently explored in the analysis and if the fantasy wishes underlying the mythology are left unanalyzed, the training process of the candidate and his professional career as an analyst may be influenced adversely” (para. 17). In this way, anxieties about difference, ambivalence and competitiveness may be avoided which leaves the trainee unable to develop capacities to think with patients about this. These are areas of conflict that exist in many workplaces and professions which trainees may not have been able to work through, if there are residual aspects of this that are defended against through identification with senior figures from the institution or from one’s analyst.

2.7. Key Figures in Psychoanalysis and their Influences

2.7.1 Sigmund Freud

Thinking about Freud’s process of developing psychoanalysis through his previous professional life, Karen Kaplan-Solms and Mark Solms (2000) demonstrate how Freud drew on his prior work concerning the physiology of the brain, in order to address the challenges he was facing in his clinical work with patients:

Psychoanalysis arose directly out of the mystery of the mind-body problem. The essence of that mystery was (and always has been) this: how is subjective awareness—consciousness—produced by the anatomical structures and physiological functions of the brain? By the time that Freud confronted this problem, he had studied the physical side of the mind-body equation (the structures and functions of the nervous system) for almost 20 years. (Part I)

The authors go on to explore how this led Freud to develop his clinical work and theoretical understanding of neuroses and, “to abandon neuroscientific methods for psychoanalysis” (Part I). Freud’s development of psychoanalysis was shaped by the historical context and challenges of his time, which differ from those faced by the

interviewees in this project. However, the authors highlight the importance of Freud's previous profession in influencing his clinical work.

Peter Gay's (1988) biography of Freud captures how psychoanalysis was conceived from a synthesis of interests and professional experience from a range of fields.

Freud's early interest in Darwin (p. 24; Freud, 1925/2024), led him to study medicine, work in a physiological laboratory and pursue zoological research. In *Beyond the Pleasure Principle* (Freud, 1920/2024), he drew from biology to develop his understanding of the human mind and what drives it. He outlined evidence for this in nature in the spawning habits of fish and the migration of birds to illustrate the compulsion to repeat (p. 36) as a conservative and regressive response that *Homo sapiens* have to external stimuli and the drives.

Freud drew from Greek mythology to develop his ideas on the Oedipus complex (1910) and narcissism (1914/2024a) and on theology (1907/2024, 1913/2024, 1927/2024, 1928/2024, 1930/2024, 1939/2024) to develop many aspects of psychoanalytic theory. In *An Autobiographical Study* (1925/2024), he wrote "here and there I have gone a little way along the path in order to gratify my non-medical interests. Later on, others (not only doctors, but specialists in various fields as well) have followed in my tracks and penetrated far into the different subjects" (p. 55).

While psychoanalysis is unique in its focus on the unconscious, the means by which to define and understand it in both theory and practice draw from many disciplines which Freud acknowledges. While his primary focus in practice was on individuals he also acknowledges that after making a lifelong detour through the natural sciences, medicine and psychotherapy he returned to the cultural problems which had fascinated him when he was a youth (p. 64). He notably won the Goethe Prize (p.

65) for his contributions to an understanding of psychology and to German literature. Process, synthesis and development are embedded in the formation and practice of psychoanalysis and psychotherapy and this project is concerned with how the one informs the other; how the participants practice is informed by the process by which they have developed as CAPPTs and how that is experienced by them in their work with their patients.

Freud's (1926/2024) stance in *The Question of Lay Analysis* was pivotal in shaping psychoanalysis as a profession. He argued that restricting psychoanalysis to the medical field would limit its scope, advocating instead for training analysts from outside medicine. Jones (1957) suggests that Freud had ambitions for psychoanalysis to make "valuable, and sometimes crucial, contributions to all the fields of human mentality, and that further researches increase the value of such contributions" (p. 309). Freud believed its potential would be diminished if confined to medicine alone.

This project aligns with Freud's vision, exploring the value of diverse backgrounds within child and adolescent psychotherapy, reflecting the richness brought by professionals from various fields.

2.7.2. Anna Freud

Anna Freud first trained as a teacher and became interested in the intersection of psychoanalysis and education. She was analysed by her father and became an early proponent of psychoanalytic work with children and young people. Her work was inextricably linked with her involvement in the The Hietzing-Matchbox School. There she developed her understanding of children's development and the role of

unconscious drives on early developmental processes. Nick Midgley (2008) writes that Anna Freud, “argued passionately for the value of a ‘psychoanalytic psychology of normal development’, which could be used in practical ways by teachers, to help them make informed decisions based on the needs and capacities of children at different stages” (conclusion). Her observational method developed both as an educator and in her direct psychoanalytic work with children which in turn influenced her understanding of the unconscious and its bearing on an individual’s engagement with the external world. Her ideas were influential to subsequent practitioners in the fields of both education and child and adolescent mental health. In this project I am interested in how CAPPTs previous work experiences equip them with language and understanding that affects their position within their wider professional network. Anna Freud used her knowledge of psychoanalysis to bridge the fields of education and mental health.

She spoke about the division in professional learning and the separation between those involved in theory development and those working directly with children. She recalls how she was able to integrate her theoretical knowledge of psychoanalysis and her practical experience of working with children in educational and clinical settings: “I had all the vested interests inside myself. If they conflicted with each other, they conflicted in me and I could argue them out inside myself without hurting anybody’s feelings” (1971/1967, p. 227). Here she describes an experience of actively questioning and thinking about her different professional roles in order to deepen her theoretical understanding of work with children and the practical application of this. She promotes having had both practical experience of working with children in different settings and having access to theoretical knowledge of psychoanalysis. In this project I aim to explore the benefits of CAPPTs working today

who have had experience in different professions but I also want to explore the challenges of this. Returning to the quote above, Anna Freud's account of this process is positive but there may be difficulties involved in reconciling past knowledge, training and experience with current work as a CAPPT.

2.7.3. Melanie Klein

Klein's experience as a mother deeply influenced her work as a child psychoanalyst. Her own maternal experiences and observations of her children, particularly her son Erich,⁷ provided key insights into early childhood anxieties. She recognised that adult neuroses stem from early experiences of guilt and shame, leading her to revise Freud's theories on the Oedipus complex and the development of the super-ego, proposing they appeared much earlier (1926/1975, 1928/1975).

Klein's maternal perspective emphasised the importance of early relationships, especially the mother-child bond, in shaping the psyche. As Phyllis Grosskurth (1986, pp. 60-85) notes, Klein's personal experiences of motherhood and family life informed her understanding of how early relational experiences impact mental health. This focus led to the development of object-relations theory, as she observed the defences children develop in response to anxieties from internal phantasies and external relationships.

Klein later cautioned against psychoanalysing one's own children, reflecting on the difficulties in her strained relationship with her daughter, Melitta Schmideberg.

⁷ Disguised as Fritz in *Development of a Child* (1921/1975) and other works.

Schmideberg, herself a psychoanalyst, publicly criticised Klein's theories, leading to lasting personal and professional conflict. Julia Segal (2004) notes that Klein came to believe children need privacy from their parents, acknowledging the complications that arise when maternal care and psychoanalysis merge (p. 11). Klein's evolving views on object-relations were shaped by her experiences both as a mother and in observing her own children.

2.7.4. Donald Winnicott

Winnicott drew significantly from his medical background, particularly his work as a paediatrician, to inform his psychoanalytic practice with both children and adults. His clinical observations of children and their interactions with their mothers were foundational in the development of his theories on object-relations and the concept of the "good enough mother" (1960/1965, p. 45). Winnicott's medical experience provided him with an understanding of the physical and emotional needs of infants, which he integrated into his work to explore the psychological development of children. His dual role as a paediatrician and psychoanalyst allowed him to combine aspects of knowledge and skills from both, bridging the gap between the internal world and external environment, which are evident in his conceptualisation of the object-mother and environment-mother (1963/1965, p. 75) as two aspects of the primary carer that provide for the infant based on instinctual needs and practical care.

Winnicott (1957/1965) makes an important distinction between *deep* and *early* in analysis. He reflects on the insights he gained from his medical observations of infants and how these experiences sometimes contrasted with his psychoanalytic

work. He notes, "Certain concepts ring true from my point of view when I am doing analysis, and yet ring false when I am looking at infants in my clinic" (p. 112). He proposes that patterns of relating and developing an understanding of the external environment form over time and shape characterological and relational patterns, the roots of which are obscured by defences and resistance because they are imbued with strong feelings in the individual. Whereas Winnicott conceives of early phenomena as that which is related to infantile states. He says, "*a human infant must travel some distance from early in order to have the maturity to be deep*"⁸ (p. 115). He is well positioned by his occupational experiences to make these assertions based on observations and experience.

Winnicott's ability to synthesise his medical training with his psychoanalytic practice is evident in his work on *transitional objects* and *transitional phenomena* (1953), which described how children use objects to navigate the space between internal and external reality. His medical background enabled him to observe the subtleties of early childhood development, leading to his influential ideas about the importance of play and its role in fostering healthy psychological growth (1971/2005). This cross-fertilisation of knowledge from different aspects of his professional life came together through close observation of human relationships, beginning with interactions between parents and infants, continuing with young children's use of transitional objects and phenomena, and extending to adults in their relationships with others, their roles as parents, and their place within social and cultural life.

⁸ Italics from the original

2.7.5. *Wilfred Bion*

Bion's autobiographical works, (1991a, 1991b, 1991c) do not give a straightforward recounting of his life's events. Instead, he focuses on living in the present, exploring how past experiences shape current consciousness and perception. As Harris Williams (2010) explains, Bion's "main concern in writing the narrative is to do with living his life in the present" (p. xiii). Bion (1997) himself articulates this focus, stating that the importance of the past is not in its historical accuracy or the events themselves,

The reason why we concern ourselves with things that are remembered, with our past history, is not because of what it was—although that might be quite important in its own right—but because of the mark it has left on you or me or us now. (p. 38)

His autobiographies are about understanding the lasting psychological impact of past experiences, aiming to convey how the past continues to resonate in the present.

His experience as a tank commander during World War I played a critical role in shaping his theoretical development later in life as a psychoanalyst and in his experience of the struggle to make sense of traumatising experiences. He describes how, in a moment before heading into battle, he gets some sleep:

The dream was grey, shapeless; horror and dread gripped me. I could not cry out, just as now, many years later, I can find no words. Then I had no words to find; I was awake to the relatively benign terrors of real war. Yet for a moment I wished it was only a dream. In the dream I must have wished it was only a war." (1991a, p. 237)

This experience encapsulates his concept of nameless dread—a primal, formless terror that overwhelms the mind, rendering it incapable of processing or symbolising the emotions (1962/2004, p. 96). In both the dream and the reality of war, Bion is confronted with an intense fear that escapes verbal articulation, suggesting that such terror lies beyond the capacity of language. Bion's wartime experiences reactivated

early, pre-verbal terrors. He likened these to an infant's reliance on the mother to contain unbearable emotions.

In his work at Northfields military psychiatric hospital during WWII, Bion (1961/2003) applied the insights he gained from the battlefield, where he observed first-hand the effects of discipline and leadership in extreme conditions. This formed the basis of his work *Experiences in Groups*. He saw neurosis as not just an individual issue but a "disability of the community" and emphasised that "in the treatment of a group, neurosis must be displayed as a problem of the group" (p. 13). His leadership in World War I helped him develop an understanding of group dynamics and the role of authority, which he used to create therapeutic environments where soldiers could confront their shared psychological struggles collectively. Bion introduced concepts such as the "basic assumption group," where unconscious collective forces such as dependency, fight-flight and pairing undermine a group's ability to function creatively (pp. 60-69).

Though not a phenomenologist himself, Bion's autobiographical approach focuses on capturing lived experience rather than presenting a chronological life story. This is in keeping with IPA, as Smith et al. (2021) describe, which seeks to examine "how a phenomenon appears, and how the analyst is implicated in facilitating and making sense of this appearance" (p. 23). This resonates with Bion's exploration of his experiences, where he reflects not simply on what happened, but on the psychological imprint those experiences have left. Like IPA's emphasis on the detailed examination of human experience (2021, p. 26), Bion's writing delves into the emotional and psychological residue of his past, as an attempt at conveying a present account of the experience. Here, we see in a different way, how the

influence of Bion's previous occupational experiences have influenced his work as a psychoanalyst.

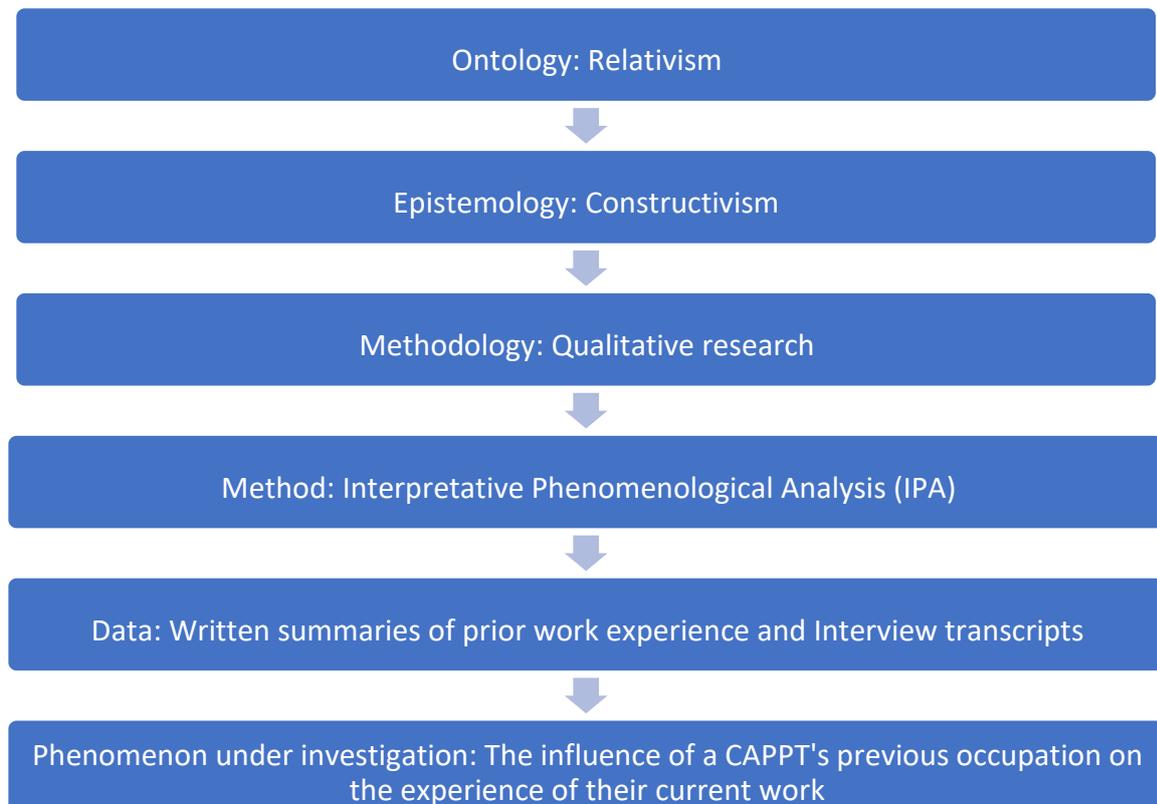
3. RESEARCH DESIGN

3.1. Research Paradigm

I devised an idea for the area of research that I wanted to explore for this project and considered the most appropriate methodology through which to approach it. In weekly seminars early in the training and fortnightly research workshops later on, we discussed the different ways to approach research and the associated philosophical traditions through which to understand and know about the world and one's experiences of it.

Figure 1

Diagram of research paradigm



3.1.1 Ontology

Ontology refers to the branch of metaphysics concerned with the nature of being. In research, the work is positioned within an ontological paradigm of what is there to know (Willig, 2013, p. 12). The realist ontological position assumes that reality is independent from the observer and can be known objectively (Lincoln & Guba, 1985, p. 82). Realism is commonly used in the positivist sciences and concerns itself with empirical studies regarding nature and observable phenomena (Crotty, 1998/2015, pp. 18-41) It is distinct from the relativist position, which assumes that what can be known is relative to the individual and shaped by their interpretation of the experience (Scotland, 2012, p. 11). I take a relativist position in this project as I am interested in the participants' experiences of the phenomenon under investigation, rather than seeking to make objective truth-claims about it. I consider that what can be known about the participants experience of their work as CAPPTs and how this is influenced by their previous occupations is relative to their individual experiences of it.

3.1.2. Epistemology

Epistemology refers to the theory of knowledge and how we access what can be known within an assumed ontology (Benton & Craib, 2023, p. 4). It is concerned with an individual's access to and perception of phenomena in the world. I have adopted a constructivist stance for this project. From this perspective, I am interested in an individual's experiences and how they make sense of them. I acknowledge that, in line with a social constructionist perspective that individuals are influenced by social

and cultural factors and that these influence subjective experience. Neimeyer (1995) describes a constructivist epistemology as a “basic human quest to seek relatedness, connection, and mutuality of meaning in spite of our uniqueness, using the common grounding provided by our language and our embodiment to form an intersubjective bridge between our phenomenal worlds” (p. 2). The way individuals experience, interpret and make sense of their identities is a personal, subjective process that can be shared and understood by others. People actively engage with the social constructs around them, meaning they do not passively accept these identities, but rather integrate them into their personal understanding and worldview. Therefore, I have chosen constructivism as the epistemology most appropriate to address the research question.

3.1.3. Methodology

The qualitative approach to research explores and aims to understand people's experiences, behaviours, interactions and social contexts. It is primarily concerned with understanding the meaning individuals or groups assign to social or personal phenomena and uses questions devised around these premises to investigate them. Unlike quantitative research, which focuses on numerical data and statistical analysis in order to generalise findings, qualitative research often addresses questions of how or why (Cleland, 2017, Conclusion). Data in qualitative research are typically formed from interviews, observation methods or document reviews (Cleland, 2017, Data collection methods). This allows for a more descriptive, explorative and interpretative engagement with the data. Conducting this project solo, as part of a doctoral training in psychotherapy, I decided that a qualitative methodology was most appropriate for this study. My interest in this topic is

idiographic, meaning I am privileging finding out about individual experiences which are better represented by qualitative data rather than quantitative data that can highlight nomothetic laws that are generalisable, consistent and regular (Crotty, 1998/2015, p. 67).

3.1.4. Method

In conducting this research I have elected to use IPA. This method was originally developed for research in psychology by Johnathan Smith drawing from the philosophical traditions of Phenomenology and Hermeneutics (Smith et al. 2021, p. 4). Edmund Husserl (1927) was the founder of Phenomenology and was interested in the, “consciousness-of’ or ‘appearance-of’ the specific things, thoughts (judged states of affairs, grounds, conclusions) plans, decisions, hopes and so forth” (p. 2) and referred to these things as Phenomena. His written aim was “to the things themselves” (1982, p. 35). This project will attempt to capture the participants accounts of the influence their prior profession has on their work as a CAPPT in the spirit of Husserl, adapted through the research method and data available.

I will consider the participants experience of the phenomenon of interest and how they present this through the language and communication they use to do so. Smith et al. (2021) explain that an experience of a phenomenon is, “always perspectival, always temporal and always ‘in-relation-to’ something—and consequently, that the interpretation of meaning-making activities is central to phenomenological inquiry in psychology” (p. 13). Here, Smith et al. are referring to the work of Martin Heidegger and his development of phenomenology through the hermeneutic lens. He considers the individual’s context and the bearing this has on their experience of a

phenomenon. Heidegger introduced the importance of interpretation to phenomenology and established that meaning making is always contextual and constructed through the perspective of the individual. In this project I will consider this in what is being communicated by the participants in the context of the interview and my interpretation of this in the data as the researcher, interviewer and data analyst. Smith et al. (2021) indicate that Heidegger's formulation of phenomenology was one in which "fore-structures" precede our understanding and that a process of "bracketing" of preconceptions must take place in order to engage with the new object of interest (p. 20). This process is part of the double hermeneutic (pp. 28-31) which refers to both the participants interpretation of their lived experience and the analytic and interpretive work done by the researcher to develop this in the context of the project.

This research method demonstrates consilience with the principles of psychoanalysis and child psychotherapy.⁹ IPA's emphasis on subjective experience reflects a core focus of psychoanalysis, where understanding the individual's internal world is part of understanding their experience. The analytic and interpretive work of both psychoanalysis and IPA share a common focus on examining personal experiences, seeking to understand the complexities of individual perspectives and meanings. Attention is key in both disciplines, where evenly-suspended attention shares features of the bracketing work necessary for both collecting and analysing data for IPA. Both require a self-awareness, particularly of premature judgement, as well as a receptivity to the other. Given that I am a CAPPT, as are the participants of this study, I determined IPA to be an appropriate and philosophically consistent

⁹ According to Grosskurth's (1986) biography of Klein, she was well respected by phenomenologists who recognised the complementarity of her ideas with theirs (p. 447).

choice for examining how psychotherapists' past occupational experiences influence their current practices.

In developing this project, I considered other research methods. While Thematic Analysis might identify patterns across the data, it does not allow for the interpretative engagement with individual lived experiences that IPA offers.

Grounded Theory focuses on generating new theories from data, which is not my primary aim. I also considered Narrative Analysis, however, my focus is not just to analyse the stories participants tell, but to understand the meanings behind those stories in the context of their experience of the work. Therefore, I preferred IPA as the method most suitable to address the research question and phenomenon under investigation.

3.2. Governance and Ethical Considerations

When planning and designing this research project, I considered the ethics of conducting it. I provided all participants with a full and honest explanation of what was involved in taking part in the research. An information sheet (Appendix A) and a consent form (Appendix C) were given to each participant, and I offered consultations before the interviews to address any questions or concerns they might have had.

I took every effort to ensure participants' anonymity and protect their identities, conducting the interviews in safe and private locations, encrypting the recorded data, pseudonymising names and obscuring identifiable details such as institutions or locations. For participants with rare or unique careers, I gave special attention to whether they could be identifiable. In these cases, I consulted with my research supervisor to assess if it was possible to include such individuals and discussed specific anonymity concerns directly with the participants.

This was not just an ethical matter. It reflected the focus of the study, which was not on what

occupations participants had previously held, or indeed, on details of their current work, but on how their past occupations had influenced their current practice. This consideration guided the writing up and editing in later stages of the project.

As participants reflected on their work with patients, I ensured that no sensitive data about patients was included in the final document. I made additional efforts to protect vulnerable individuals whom the interviewees were currently or previously working with. Although the project focused on the clinicians' perspectives, I only included data about their work with patients when the identities and personal information of those patients were sufficiently protected. In preparing for this research, I followed the Association of Child Psychotherapists' (ACP, 2023) Code of Professional Conduct and Ethics regarding the use of patient information, to ensure that I was compliant in all areas of this research. I also considered the emotional impact of reflecting on their work with patients. At the end of each interview and offered a debrief to address any emotional or ethical concerns (Appendix D). I informed participants that they could end the interview at any time and withdraw their data from the project before the final document was completed. Ethical approval was granted by The Trust Research Ethics Committee (Appendix E).

3.3. Recruitment

I initially arranged with three trainees to conduct pilot interviews to develop my interviewing skills and to refine my questions. I also used this as an opportunity to develop some prompting questions, where I thought responses lacked sufficient depth or where there was confusion about exactly what I was asking and thereby seeking to understand. I noted instances where I thought the interviewee was defended or where I detected some resistance to or significant omissions in their responses, in order to prepare for the formal interviews with the selected

participants. I kept a detailed journal of insights, ideas and thoughts from this initial scoping exercise and general conversations I was having on this topic with psychotherapists within my immediate and wider orbit. These interactions led to discussions about whether the individuals would be interested in participating in a formal interview. This was part of the purposive sampling process as it gave me an opportunity to gauge whether the individuals were interested in speaking further about this topic and whether they were able to offer responses that may constitute rich and interesting data for the phenomenon under investigation.

In the inclusion criteria I specified that participants had to have a previous profession, had to have completed a CAPPT training and were registered with the ACP. Participants were required to be actively working with patients who were 25 or younger at the time of interviewing and were able to reflect on the topic under study (Appendix A). I was searching for enough variation in responses to offer some diversity in the phenomenon of interest but was homogenous enough that responses were comparable and focused. In considering readers of the final dissertation, I selected participants with experiences likely to be relatable to others working in the profession and to capture interesting and unexpected insights from those who had taken less conventional paths to train and work in child psychotherapy. It was therefore a purposive sample of participants that could offer rich and meaningful accounts of the phenomenon under investigation.

Having personal experience as a trainee psychotherapist working in the NHS and working with fellow psychotherapists, I was aware of the significant pressure on time and energy for those in this field. Most CAPPTS work in busy CAMHS (Child and Adolescent Mental Health Service) clinics, so negotiating time to meet and interview for 90 minutes at a mutually convenient time and location without offering

compensation was a limiting factor. Nevertheless, there was sufficient interest in the topic for individuals to come forward. I advertised in the ACP newsletter (Appendix F), consulted with colleagues, friends, faculty at the Tavistock, members of other ACP training institutes, the trust that I was employed by and requested that those I had spoken to reach out to their network.

I identified seven individuals who met the criteria and were interested in participating. After consulting with my research supervisor and workshop leader, I decided to focus on four participants for this study. I selected one of three primary school teachers who expressed interest due to her recent qualification, aiming to contrast the experiences of a newer CAPPT with those of more experienced practitioners. One participant could only meet online, so I favoured an in-person interview with another potential candidate as I value the immediacy and physical presence as part of the interview experience; I also took willingness to meet in person as a further indicator of commitment and genuine interest in the subject. I chose these four final participants for their unique, detailed, and insightful perspectives on the topic.

3.4. Participants

I anticipated a large volume of qualitative data from the interviews conducted and wanted to allow time to ensure that each participant's account was understood in as much detail as possible, and that I allowed myself time to engage in the interpretative process, cycling through the hermeneutic circle described by Smith et al. (2021, p. 22-23). Having four participants enabled a focused exploration of how each participant perceived the impact of their previous occupation on their current professional role. It also allowed for enough variation in experiences, within the scope of the project, to add breadth to the data.

3.4.1. Craig

My research supervisor connected me with Craig, who qualified in 2020. He worked part-time as a CAPPT at a generic CAMHS clinic, in private practice and for a therapeutic community. I identified him as a suitable candidate as he had various roles to draw from such as a filmmaker, youth worker in a therapeutic community and other settings, play worker and political activist. He spoke candidly about how being a father influenced his work. This diversity in previous occupations provided a rich foundation for exploring how these different roles might influence his current work as a psychotherapist. Craig's varied occupational history meant he was able to provide insights into how different professional experiences contributed to the understanding and practice of psychoanalytic psychotherapy with children and young people, including from less conventional experiences such as the creative field of filmmaking

3.4.2. Elize

I identified Elize as a potential participant, having previously been her student and being aware of her previous occupation. I contacted her and she expressed interest in taking part. I considered the implications of having had a relationship prior to the interview, as a former student of hers¹⁰.

Before transitioning into her current role as a CAPPT, Elize had a scientific career in a field where she undertook doctoral research including work in a laboratory for 20

¹⁰ See also 5.4. Subjectivity, Reflexivity, Hermeneutics, 6.2. Validity and Quality and Appendix G for further exploration of this.

years prior to training as a CAPPT. Her career in science was marked by significant achievements and she is credited as an author of many publications from her work in that field.

She competed at a national level in activities that require sharp analytical thinking and tactical precision. Her ability to stay calm under pressure, anticipate her opponents' moves and consistently refine her techniques has earned her recognition at a competitive level in these pursuits.

Given her extensive background in fields outside the typical pathways into child psychotherapy, Elize offers a unique perspective on the research question. As the most experienced participant in this study, her insights are valuable for understanding how her previous occupations have been integrated into her current roles as a CAPPT, clinical and research supervisor, lecturer, seminar leader and researcher. The many aspects of her work as a CAPPT additionally offer rich experiential data.

3.4.3. Claire

My service supervisor knew Claire and put me in touch with her. I decided to interview Claire as she had been qualified for just one year. I was curious to know about her experience at the beginning of her career and how she considered the influence of her teaching work, in contrast to other participants who had been qualified for longer. Part of Claire's current work involved being a psychotherapist in a secondary school, so I was particularly interested in hearing from her about this.

She had been a primary school teacher for three years before she did the pre-clinical masters and then the child psychotherapy training. One year of that was her teacher

training. She then spent two years working as a teacher of younger children in a city. Teaching has been her only other occupation apart from child psychotherapy. Her pathway to training and working as a CAPPT will be relatable to many coming from an occupation in education and having exposure to vulnerable children and young people in this role.

She currently works between a generic CAMHS service and a school service run by a mental health charity.

3.4.4. Sophie

Sophie is well established as a CAPPT. Her current professional practice is informed by her diverse career background, spanning over 20 years across various professions. Her journey began with an academic foundation in anthropology, which cultivated her interest in child development, unconscious communication, human behaviour, the symbolic and the diversity of experiences of life and ways of living in the world. Throughout her early career, Sophie engaged in various roles, including childcare, retail, catering, English language teaching and fundraising, all of which contributed to her growing sense of identity and self-sufficiency through her early working life.

As Sophie progressed, she took on roles in fundraising and press communications for charities focused on children and youth education. These roles honed her skills in relationship building, creative communication and managing challenging situations—skills that would later prove valuable in her work as a CAPPT. A significant turning point came when she was made redundant, leading her to reassess her career and ultimately pursue her longstanding interest in psychoanalysis and child development.

This career shift was facilitated by career counselling, which allowed her to explore her desire to work in a caring profession and led her to contact the ACP, who explained the process and requirements for training.

Sophie's subsequent role as a communications manager and patient engagement lead in the NHS was transformative, exposing her to high-pressure environments and the need for resourceful, adaptive thinking. These experiences shaped her approach to psychotherapy, where flexibility, collaboration and quick thinking are essential.

Now, as a course lead for a training program, manager for a charity psychotherapy service for young people and child psychotherapist in private practice, Sophie draws on her extensive background to manage others, take on difficult tasks and apply creative thinking in her work. Her training complements her previous experiences, allowing her to integrate her diverse skillset into the different areas of her work.

3.5. The Interviews

Prior to each interview, I requested that the participant send me a brief synopsis of their occupational histories, so that we could focus the interview on how their current work was influenced by this.

All interviews were conducted in person, at an appropriately private location. I used Otter.ai password protected audio recording software on my phone. The interviews were semi-structured and followed an interview schedule (Appendix B) crafted to elicit rich and focused accounts of the participant's experiences. Participants were sent the questions in advance and I explained the research method and the focus of the interviews prior to beginning.

3.6. Data Analysis

I used Otter.ai to generate the transcripts and checked each one to ensure accuracy (Appendix H). I followed the guidelines set out by Smith et al. (2021, p. 75-108) which enabled me to capture the nuances of each participant's account and get to intimately know what was said as well as beginning the process of interpreting what was meant.

Following transcription, I began the analysis with exploratory noting (Appendix H). This stage involved a close reading of the text and making detailed annotations that captured what was said and some thoughts about possible interpretations of meaning. The notes served as a foundation for deeper analysis, allowing me to immerse myself in the participant's world. Smith et al. (2021) refer to these notes as "meaning units" (p. 79) that capture, in a comment, what is being said. My aim here was to, as far as possible, bracket off preconceptions about what I expected to find or even what I remembered from the interview and to focus in on the *thing*, the particular influence and how it is experienced by the participant as far as it is present in the data.

The next step involved breaking down the text into experiential statements (Appendix H). These statements were derived from the exploratory notes and represented key aspects of the participant's lived experiences as articulated in the interview. I then grouped these experiential statements into themes and sub-themes, which reflected the core experiential elements that I identified from each participant's narrative. This process involved iterative movement between the text, the exploratory notes and the developing themes to ensure that the analysis was grounded in the participant's

original account and the sense I was making of it. I printed and cut out each experiential statement and physically arranged them into thematic clusters (Appendix I), then developed a table of personal experiential themes and sub themes for each participant (Appendix J).

I then did a cross-case analysis of the experiential themes from all participants to synthesise group experiential themes (Appendix K) that represent shared experiences and insights across the group and some interesting deviations from it. These themes form the foundation for the next section. I maintained a close connection with the data at all levels, ensuring that the final thematic structure accurately captured the essence of each participant's experience within the context of the research as a whole, completing the hermeneutic circle.

4. ANALYSIS OF THE FINDINGS

4.1. Introduction

This section engages with themes¹¹ extrapolated from the data, developed using the process outlined in the previous section. This process was crucial in capturing the influence of a CAPPT's previous occupation on their current work, enabling a nuanced understanding of each individual's account within the broader context of the research project. By continually revisiting the data and the themes, I was able to produce a comprehensive and coherent analysis that reflected both the uniqueness of each participant's experience and the shared dimensions of the phenomenon.

Throughout the analysis, I moved fluidly between the original interview transcripts and the thematic framework, as I developed it. This iterative approach ensured that the final themes presented here remain faithful to the participants' words and accurately reflect their experiences. The analysis highlights how their previous occupations continue to influence their experience of their current work as CAPPTs. What follows is an account of their reflections, accompanied by my analysis of why these excerpts are relevant and illuminating for this subject area.

¹¹ See *Table 1*

Table 1*Group Experiential Themes*

Theme Number	Theme Name
1.	THE SEEDLINGS
2.	THE TRANSFORMATION PROCESS
3.	INTEGRATION AND CONCEPTUALISATION OF ONE'S APPROACH
4.	INTERACTIONS AND RELATIONSHIPS THEN AND NOW
5.	LEARNING FROM OCCUPATIONAL EXPERIENCES TO EMPATHISE WITH ONE'S PATIENT

4.2. The Seedlings

What I have termed seedlings are the participants' early exposure to psychoanalysis. This theme illustrates a changing relationship with these ideas as they transitioned through different contexts. Like seedlings in nature, they begin in a different form and continue to change over the lifespan. Their initial exposure to psychoanalysis helped to understand where, in the roots of their occupational histories and their lives more

generally, their interest stems from, leading into their current work, which also continues to grow and change.

Craig describes an experience of working in a therapeutic community. This account comes from his first day on the job. He had explained that he chose to work there because he had experience working with children as a playworker. He had recently lost a lot of film work due to the 2008 financial crisis and had taken this job because it was “a complete emergency.” He was exposed to a psychoanalytic approach to working with children which was both shocking and intriguing:

As soon as I got into the house the first time someone threw a *chair* at me saying that there was, somebody was making a Kleinian interpretation to this child. While this was going on and I thought, ‘what the hell is going on here?’ I was just completely...¹² As much as I was in this, felt like a really hostile environment and I had no real knowledge of what the language that was being used or the way that people were talking to the children or the way that things were understood. I mean I did find it quite compelling.

It was a memorable moment for him, that both shocked him and captured his interest. His exposure to psychoanalysis stretched even further back to his training as a filmmaker. Below is an account of his developing understanding of and interest in these ideas:

[I] moved from youth work to TC's¹³, which [...] was where I got my grounding in psychoanalytic thought. [...] When I was on my film degree there was a lot of academic stuff about psychoanalysis, as it plays to film [...] but it was much more abstract and dry, this was different. So my transition from filmmaker to psychotherapist... Psychologically, I felt like I was already kind of underway with that before I got onto the training.

In contrast to the compelling experience in the therapeutic community, he describes his initial response to psychoanalytic theory in an academic context as “abstract” and

¹² Ellipses indicate a hesitation or tangential thought whereas ellipses in square brackets [...] indicate text that has been omitted for either clarity or because the omitted text is superfluous.

¹³ Therapeutic communities

“dry”. These cumulative experiences leading to training, demonstrate change from his initial exposure to these ideas, shaped through his different encounters with them at important moments through this process. The academic film theory became “compelling” when experienced in this lively encounter.

Sophie also first encountered psychoanalysis at university, studying anthropology. She had an academic interest from this early encounter, but no clear sense that these ideas would be foundational for her future work. Her interest in people carried through her work in communications, teaching and other aspects of her occupational history, leading her to train as a CAPPT:

The first introduction I had to psychoanalysis and child psychotherapy, set the psychoanalytic lens of looking at things was when I studied anthropology, [...] I was very interested in it, but I didn't quite make the links... Didn't realise until later that that was the kind of route I would be drawn down in the end. And I was always really [...] interested in working with people and understanding people's... Why people were motivated to do things and why they did things in groups and anthropology makes you think a lot about the symbolism of things about people's lives and why... Just an interest in people.

Sophie discovered her master's thesis during the CAPPT training and realised that she had been reading psychoanalytic literature for that project although she had not been consciously aware of the connection between her interest then and her current work as a CAPPT, until that point.

There was a lot that was rich with symbolism and then lots of people who wrote about that wrote about it from a psychoanalytic perspective. And I put that world aside, and many years later when I was in the training, I just happened to read a thesis from my Masters which I've completely neglected. I thought, oh my goodness, it's all there. I was reading all this back then.

It was a surprise to her to discover the convergence of the ideas she had been grappling with academically in her anthropology project and the psychoanalytic theory she was then using in her training. She initially "put it aside" because she thought, "there are studies then you got to go into work." However, after being made redundant, she realised she wanted to "marry these two things together"—work and

her earlier academic interests. She reports finding her career "very satisfying because it brings these two bits together." She had initially wanted to do a doctorate in political anthropology but opted to go into the work force to do something of "benefit and useful." She says:

I really had always worked, since I was a teenager, I had part-time jobs, which often involved working with people and doing bits of teaching [...] The main point that got me to the training was in 2009. I was made redundant [...]. And I was working in the charity sector, then I was a communications manager.

Sophie outlines how these circumstances meant that she had to reconsider her occupation and sources of income. She indicates again her interest in people and teaching and in the earlier quote about the satisfaction she derives from bringing together intellectual curiosity, meaningful work and remuneration.

Claire's seedling begins with her early exposure to psychotherapy as a patient and her mother's experience in analysis. This prompted curiosity about the theoretical underpinning of their treatments but it also helped her to think differently about what she enjoyed in her teaching work and what interested her:

I had a lot of experiences of psychotherapy throughout my life, since I was a teenager. I think I was always interested in that in the theoretical background of psychotherapy. I grew up in a family where my mum being in analysis for a long time, so it was always around. And I think I talked to my therapist at the time about wondering about doing something different. I was interested in the emotional lives of the children. I guess that was the part... Increasingly I realised that the part of the teaching that I liked the most was not the academic delivery, not getting them to learn things, but being with them and seeing them play and seeing them develop and getting to understand their personalities that that was the bit that was interesting to me. And so, wanting to do more of that. And my therapist at the time said had I thought about child psychotherapy?

These early exposures were generative of her interest in psychotherapy. She realised through her own experience of being in therapy and being helped to think differently about teaching, the part that she "liked the most" was observations of their emotional development and understanding who these children are. The cumulation of these factors led her to not only think about child psychotherapy but to do it. She

reported excitement about the possibilities of developing her understanding through the ideas she was exposed to in her pre-clinical training: “I felt like I'd been given like, the keys to understanding the universe and I was like, there's no turning back now.” Claire’s enthusiasm for the ideas she was engaging with at this stage in her training carry through to her work now as she reports, “I also think I do the most interesting job ever (laughing).” Her laughter suggests awareness of the hyperbole, but in speaking to a fellow CAPPT, there was a shared sense of celebration in having found a career that uses one’s intellect for meaningful work and excitement about starting out.

Elize says of her initial exposure to psychoanalysis that, “it's a very long story, but I think I was reading broadly and read a few things that made me think this sounds interesting. I need to know more.” She went on to say that “I got to a point in my scientific career when I thought I would take a year off to do something different and by then I was interested in psychoanalysis.” Elize had always been interested in many things and found it difficult to know what to focus on. In psychoanalysis, she found a valency for these broad interests and their application in her work:

Sigmund Freud said psychoanalysts should have a broad knowledge of everything. Literature, archaeology, which he did have. And I, I think the broader the knowledge one can have the better and the, not just knowledge but interest. It's just personally enriching, but I think it's also helpful to be able to connect with one's patient.

Her interest in, and skills from her scientific career, although very different superficially, were useful and valuable in her work. While other participants spoke of transformation, Elize presents this process as a continuum, in terms of development.

The scientific method, she suggests, could be “applied to anything.” Similarly, the playfulness is what matters to her, whether with ideas, lab experiments or children. She claims, “Playing with ideas is what empirical researchers do.” Elize identifies

herself as a “player and a thinker”, explaining how each aspect of her previous career continues to inform her current practice. Curiosity and open-mindedness are essential aspects of empirical science, where “the capacity to be patient and the capacity not to know” form the bedrock of discovery. In psychoanalytic work with children, these qualities are equally important, as one must remain open to the unexpected rather than rush to conclusions. Much like in science, “you never know what you're going to find” and although “you have a hypothesis and hope that you will find something,” the real understanding emerges if one can embrace uncertainty. “Colleagues complained of being infantilised on the training. I never felt that but I [...] didn't know much about the human psyche, so I was very happy to learn.” Here she was speaking particularly about the value of supervision.

4.3. The Transformation Process

Becoming a CAPPT involves significant personal and professional change. The participant's past experiences and challenges in working through these changes shaped their understanding of themselves and others. Through training and analysis, they have each experienced shifts in considering themselves in relation to their work, fostering a more personal connection to their work and how they feel about what they do.

Claire speaks of considering, in her analysis, her reasons for choosing the psychotherapy training and how her choice previously to be a teacher, fits into this:

I spent a lot of the first year or two with my analyst, working out why I'd even applied for the training in the first place and was the reason that I applied *actually* the reason I applied? And deconstructing that and thinking about you know, even going back to... Well, why did I become a teacher in the first place? And... That it's related to my relationship with myself as a child and wanting to get back to

something early and that was also to do with... That was also partially a reason of training as a psychotherapist.

Claire's account indicates the importance of her relationship to herself as a child and seeking to return to something "early" as a thread that runs through her occupational history that has come together through her analysis and training in the work that she is now doing.

She reflects on her role as a teacher with a sense of nostalgia but acknowledges the disconnect she now feels with that occupation. Although she expresses some fondness for teaching, saying, "It's kind of quite weird, actually to sort of miss something, but not want to go back," she questions whether her memories are distorted, wondering, "maybe I'm only remembering the good parts now." She conveys unresolved feelings about leaving it behind.

Claire contrasts her work with that of her friends. This comparison highlights her appreciation for the sense of purpose she finds in her role as a CAPPT. She says, "I don't think that anyone else does anything that's as interesting or as important as us." Despite laughing and acknowledging that this might seem "over the top," Claire's conviction is clear—she believes that her work is both intellectually stimulating and crucial to the wellbeing of others. She indicates that this was present in her work as a teacher too, she says, "you can't really overstate the impact that the teacher can have on a child's life and what an important relationship it is." This came up in the context of her last day of teaching at a school, in which the children were overwhelmed with emotion at saying goodbye; she found this quite confronting at the time, saying "What's actually going on here?" But this question conveys both her surprise and her curiosity about what is going on in the emotional state that the children were in when faced with saying goodbye. The work of a CAPPT is to understand these difficult and confronting questions.

Both Claire and Craig express pride in their identity as CAPPTs, rooted in different aspects of their work but reflecting a shared commitment to meaningful and fulfilling careers. For Claire, the pride stems from the privilege of doing work that holds personal significance and broader social importance. Similarly, Craig's pride in his role as a CAPPT is tied to the commitment and effort he invested in his training. He emphasises the solid foundation that his years of training and analysis have provided, stating, "I can look at my two years of doing the infant obs¹⁴ and my four years of clinical training and I know what I went through to become the person I am now." For Craig, this process has transformed him, making him feel like a legitimate psychotherapist, rather than a "dilettante." Elsewhere, Craig spoke of working in a therapeutic community "without any real training or anything" and referred several times to the precarity of his filmmaking career, describing "the non-creative bit of it, the freelance life, the hustling, the persuasion, that you had to do to get people to give you money to make things. Those were exhausting," particularly during the financial crisis when he "lost loads of contracted film work all in one go." Craig describes a lengthy process of internal transformation and changes to his external circumstances running in parallel. This internal process affects how he feels about the work he does now as opposed to previous occupations.

His experience working in a therapeutic community, before training, influenced his ability to manage emotional intensity in his professional life. Before training, he describes feeling "terrified" by the unpredictable and violent behaviours he encountered. The emotional demands of the job, combined with his lack of tools to understand these behaviours, left him uncertain about how to respond: "I didn't have

¹⁴ Candidates are expected to observe an infant and discuss their observations in a seminar as part of the pre-clinical component of the training; This is a shortening of infant observation.

the knowledge and understanding of myself or of the ideas that were helping me to make sense of this 'chair throwing' behaviour." Craig recognises how ill-equipped he was to face the challenges of that work.

Transitioning to therapeutic community work, reflects a dissonant shift from earlier experiences: "no part of me wanted to do that work at that point." Along with his filmmaking career which, "gradually sort of faded out and [...] I sold all my camera kit to pay for my analysis." This left him grappling with an undefined professional identity. However, his training as a CAPPT marked a turning point, as it was "the first time that I'd really engaged with ideas... about the self and the relationship to the outside world." This, combined with analysis, helped him develop a clearer sense of self. "I felt completely dismantled by being in analysis... but then became very grateful for it," he explains, recognising that without it, he "would have really crashed and burned." The training reshaped him personally and professionally, allowing a move from previous occupations to work that "feels more solid". This resonates with Sophie's account above of the difficult process of seeking a balance between meaningful, intellectually stimulating and remunerative work following the uncertainty she faced after being made redundant.

Craig says, "the training and the analysis are one and the same thing really, aren't they? And the idea of a personal transition and a professional transition aren't really separable for me." This sentiment underscores the inseparable nature of personal and professional growth in the process of becoming a CAPPT, for Craig. He spoke of his development, supported by his analysis, to face the intensity of work with traumatised patients to "deal with the feelings of... That you get sometimes of not knowing what's going on or uselessness." This seemed to be something missing from his life beforehand.

I work with quite traumatised children, so the feelings in the room are always very powerful and it's very, there's a lot of acting out and lots of kind of... Sometimes physical violence [...] But, I still feel like there's something solid now I know what I know... Standing on more solid ground than I was when I was a filmmaker.

Part of this was an understanding of projective identification. He says, "I know whatever you're doing, however you're making me feel, there are ways of understanding this which don't necessarily relate back to whether I am a good therapist." Craig indicates that he can now bear feelings of uselessness and uncertainty. He has the capacity now, to interrogate these feelings and assess whether they belong to him or his patient which allows him to make informed clinical decisions about his responses to these feelings. "I can weather it now a bit more... it's this complicated matrix of things that have made up that feeling of being able to weather it in the room." Having gained the skills to do this as a CAPPT, is a development from the "debilitating uncertainties" he reported from previous professions. Grasping theories of object-relations helped him to develop the confidence to not only face these feelings within himself but to help traumatised patients with this.

The theory Sophie was beginning to grasp deepened her understanding of other people and how they make her feel. Having a psychoanalytic understanding of narcissism helped her to face challenging encounters with those she supported as a CAPPT. She realised that "they really need long term support and it can be very destructive. But yeah, I think we all find it... Sadly encounter that and of course somewhere you know, you realise that these people are really suffering." She had previously encountered narcissistic individuals, in occupations. But, with some understanding of the suffering beneath the narcissistic presentation, she had developed in her resilience and confidence with such people: "I encountered this kind of character again, but by that point I was in analysis and I knew a bit more

actually. This is something I've seen before." She refers to her analysis as an important factor in the development of her understanding in working with narcissism in clinical encounters.

Sophie found her analysis helpful in confronting a manager about mistreatment in her communications job and in transitioning to work as a CAPPT:

My analyst was trying to get me to harness... To kind of be able to be firm and stand my ground and also kind of think then, well, there's a world outside of this and I'm training and going on to something else.

She then says, "on the training, I had really good examples of people who would not turn a blind eye to things." Through these experiences, her capacity to face and challenge injustices in her work improved. This helped her with a boy whose "parents were very narcissistic." She could recognise that "that boy was really suffering" and used the understanding through her previous experience in her communications job and what she had learned in analysis to grow from this experience and attend to her patient in the way he needed.

As a teacher working abroad, Sophie wanted to "create something social and friendly amongst the children," a relational aspect that stayed with her as she transitioned to other jobs. However, in her role in communications, she acknowledges feeling "a step removed," realising that she wanted to work more closely with children and young people again. During this period, she combined various roles: doing M7¹⁵, working in communications, school counselling and working in a crèche. This was a "bridge" that connected her previous work to her CAPPT training. Both the structure and the dynamic and interesting aspects of communications sat well together with

¹⁵ This is a course titled: Perinatal, child, adolescent and family work: a psychoanalytic observational approach. It is the Tavistock's pre-clinical course that can be taken as a Postgraduate Certificate, Diploma or Masters.

her work, “making sure that patients were involved in the decision making around services” in a Clinical Commissioning Group¹⁶. Sophie was able to reconcile disparate aspects of her occupational experience and transition to CAPPT training and work. She shifted from familiar work in communications to working with children, with a focus on relationships and understanding.

Elize describes her time in the scientific field as one where relationships and emotions were often undervalued, stating that the scientists she worked with, “tended to value things and ideas more than relationships and emotions.” She highlights how this environment was well-suited for ambitious men who prioritised precision and productivity over people. This left Elize feeling out of place, particularly as she observed female colleagues adapting to the male-dominated culture, becoming “very trill, very ambitious” and adopting characteristics she “did not want to have to adopt.”

Elize had a preconceived idea of psychoanalysis from some exposure to it but realised that it was different to what she had anticipated: “I discovered very quickly that it was far more than just a complementary part of learning the theory. So I got into analysis quite quickly. And it blew my mind.” Unlike Craig, who viewed the training and analysis as the same thing, Elize saw her analysis as quite distinct, at least from learning theory, even if both were components of the process of becoming a CAPPT.

Elize recognised significant cultural differences in her occupation as a scientist and how she was regarded, which she gradually began to understand: “Well, there certainly are big differences [...] in terms of the respect accorded to, say, university

¹⁶ Clinical Commissioning Groups (CCGs) were set up in the NHS to organise clinically led delivery of NHS services in each of their local areas in England and to cut administration costs.

teachers or not. Very different in different countries or the respect given to scientists versus psychotherapists.” As she shifted from one role to another, she noticed particular differences about how she was treated by others, which she attributes to the culture of the respective country and profession.

I moved from science [...] It's a very male dominated field. So I was very aware of that and it was fine, absolutely for me. But then I moved to psychoanalysis, which is a totally female dominated profession, but where the males get big advantages because they are the only males.

Elize's transformation process was not just an internal one but an adaptation to the environment and culture that she was joining. Developing awareness of this in her previous occupation allowed her to recognise the differences, how they affected her opportunities and how this allowed her to better understand her patient's experiences. Elize explained that she missed laboratory work and “loved the years that I was doing my doctorate” but that it was “marvellous work and I think they're great people pursuing it. It just wasn't quite enough for me.” Like Claire, Elize also expresses a sense of nostalgia for her previous work and indicates a sense of loss of this experience that she enjoyed.

4.4. Integration and Conceptualisation of One's Approach

The participant's approaches to their work as CAPPTs are grounded in their clinical training. However, within this paradigm, each psychotherapist brings unique influences from previous occupations that shape their practice in distinctive ways. These prior experiences complement their psychoanalytic work, adding richness and variation to how they engage with and understand their patients.

Reflecting on her experience with organisational restructuring and redundancy, Sophie noted how the work discussion seminar helped her understand the emotional

dynamics in organisations. She was able to integrate this into her current work not only as a psychotherapist but as a course lead and manager in the charity service:

What it helped me think about was that I was in an organisation undergoing massive change in 2010 with the Health and Social Care Bill. We went through three rounds of redundancy [...] it really helped me think about the dynamics of an organisation, how people react, and how they either cut off from or engage with emotions in such an environment.

This helped Sophie appreciate how emotional reactions within organisations mirror the psychological processes she encounters in her clinical work and other aspects of her role where external events influence the deepest anxieties of individuals that can be observed either through enactments or other defences but can also be attended to and better understood through psychotherapy.

Sophie reflects on how her emotional experiences have shaped who she is and how she works, noting that these experiences precede learning and the ability to think critically about them: "You learn through experience... you can only do what you can with what you have at the time." In earlier occupations, she did not have the insight she has now, shaped by the process of training, analysis and the integration of who she is and what she has experienced leading up to that. She finds it "very interesting to think how might these things from then be linked to now." What stands out to her is the development of "an independent way of looking at things or thinking about things," which has become central to her approach to psychotherapy. Rooted in the intersection of her personal and occupational history, this allows her to engage with her work, bringing a perspective shaped by individual experiences.

Elize's background in science continues to shape her work as a CAPPT, particularly in her approach to forming and testing hypotheses. She explains,

What I've brought from my previous career is a methodology [...] which is precise observation, clarity of thinking. Testing a hypothesis or forming a hypothesis,

testing it, and then doing the theory [...] and I think that methodology is applicable to any psychoanalysis, to anything.

This scientific approach, based on careful observation and systematic investigation, has carried over into her psychotherapy work with children.

Elize's doctoral research in her scientific career had a significant bearing on conceptualising the emotional world and the influence of the environment on child development. Reflecting on her findings, she notes that "nature and nurture combine" in shaping children's development, explaining that while genetic traits can be inherited, the environment plays a crucial role in how these traits are expressed. She highlights how "nurture in the early environment is critically important," influencing neural development and having "lifelong consequences." This understanding allows her to observe the impact of environmental changes on children's behaviour, particularly in her work with families facing challenges such as domestic violence.

Elize sees a close connection between her former role as a scientist and her current work in terms of the openness required in both. Reflecting on the importance of play in both research and psychotherapy, she explains,

You're open to difference. You're open to ideas and you entertain them. So you don't go in with a fixed idea of what you will find [...] You play with ideas all the time, you have to be very open. And I think it's the same in playing with the child.

This is central to her way of working with children, just as it was in her scientific research. Her conceptual framework as a psychotherapist is shaped by this blend of rigorous methodology and creative play.

Elize's views on gender and biological sex are influenced by her scientific work and research. She emphasises that "it's not just gendered... there are chromosomes as

well, and that really is important." She acknowledges that while some people may dismiss the importance of biological factors, she believes that "chromosomes count."

In her current work with children, she draws from an attitude in science, explaining,

one thing that empirical science has taught me is that one pursues the truth and one doesn't just adopt dogma. That or some subjective thing that I think this is that, and therefore it is. We perceive the truth and... there's no doubt that nature and nurture create us. So genes and chromosomes matter, there's no doubt.

She feels strongly that biological factors matter: "to say that it doesn't matter [...] is nonsense." Elize expresses her thoughts and feelings about gender identity and the different views in psychoanalysis, child psychotherapy and in the public discourse.

Reflecting on the connection between filmmaking and psychoanalytic work, Craig noted: "There are definitely aspects of being a filmmaker which are still with me in my work, particularly documentary filmmaking. Because obviously it's still storytelling, but it's a kind of observational medium, I suppose." He was interested in the crossover with this genre and the importance of observation and narrative stating, "Training for me, really, was about the similarities and differences between infant observation and documentary filmmakers." He then described, with enthusiasm, his experience of a conference where psychotherapists, psychoanalysts and documentary filmmakers formed a panel to discuss the crossover between documentary film making and infant observation. It resonated with his personal interests at a time when he was transitioning from his previous occupation to his current work as a CAPPT, undergoing his infant observation. He described enjoying this event and finding personal resonance that remained an important influence on how he conceptualised his work. "I really feel that that sense of... (long pause) The kind of slow watching of what's going on and trying to figure things out as a process. I think that's a really natural fit with psychotherapy." At the time of the interview, these were not completely novel ideas for him, but in this long pause, and in the

enthusiasm with which he spoke, he conveyed a synthesis of different strands of thinking.

The *in vitro* observational skills he honed as a filmmaker are applied in his work as a psychotherapist both conceptually and practically to *in vivo* interactions with his patients. This process became a personal “investigative tool” deeply rooted in his curiosity about human behaviour. He linked this to an early desire to make sense of the complex emotions and behaviours of the adults in his life, stating, “I understood that as an early need to understand crazy adults.” Observation, developed through filmmaking, became an integral part of Craig’s identity, providing both an escape and a means of understanding people in the world around him. He recalls “growing up watching films and being transported to another place that felt nicer than my actual home environment.” At the same time, filmmaking served as a method of understanding others, a skill that he continues to use in his work as a CAPPT. His filmmaking background honed his ability to watch closely and patiently, mirroring the slow, deliberate observation required in psychoanalytic work. “The kind of slow watching of what's going on and trying to figure things out as a process.” His curiosity about people, expressed through the observational lens of filmmaking, found new life in his role as a psychotherapist. The legacy of his interest in film, both as a means of escape and as an investigative tool, has carried over into his conceptualisation of psychotherapy, where observation and understanding continue to play central roles in his practice with children.

Craig explains, a particular challenge in coming from his previous occupation: “as a filmmaker, the storytelling is already there in your mind... I was much more setting out to tell a story.” He found himself “imposing something onto the material.” In filmmaking, he describes how there was always the question of “what story do I want

to tell?" However, in psychotherapy, Craig acknowledges, "I had to lose that a bit [...] because obviously you can really mess up clinically if you're [...] coming in too much with your own agenda." Despite this awareness, he admits that "the temptation sometimes to jump in early, to impose a story [...] is still present," which can interfere with fully grasping "what's really going on in the room with the child." This awareness has been critical in shaping his conceptual framework and approach to psychotherapy with children.

Claire's teaching background informs her approach as a CAPPT, shaping how she understands development and works with children. She chose her training school for its connection to a psychoanalyst who was also a teacher; a shared frame of reference that helps her think about typical and atypical development. "A lot of my patients are not typical latency children, so they're not really doing typical latency things." In this approach, children's ability to manage basic instincts, allowing these to become latent and enabling focus on learning, is seen as a key part of development; something the patients she considered were still working towards. Her years as a teacher gave her an informed sense of how play reflects a child's developmental stage.:

Being a teacher and having been around lots of children who were for the most part on track developmentally, I think sort of really gave me quite a good reference point to then think about where things go off course and what that means.

Though in a different context from Craig, observational skills were equally vital for Claire; her close attention to students' play became central to the conceptual framework she later drew on as a CAPPT. She also draws on her teaching experience when formulating therapeutic approaches.

As a teacher, Claire worked with a boy who displayed "challenging behaviour." She describes him as a child who would "act out in a really big way and run around and

run around the school.” Claire recalls the difficulty of managing him, particularly as “he didn’t have a one-to-one” and no Education, Health and Care Plan (EHCP) was in place at the time. She explains, “All of the stuff at the time, which I don’t think I really knew about, but obvs¹⁷ then, which I know kind of more now.” The school excluded him because “we weren’t able to keep him safe.” His behaviour impacted the learning and well-being of other students, and the school lacked the resources to meet his needs, with safety becoming the primary concern: “He would just run out of the class all the time, into the road once.” This experience had a lasting impact on her and continues to inform her work as a CAPPT. “It reminds me [...] of interactions that I’ve had with patients.” This parallels her evolving understanding of how children’s behavioural outbursts signal emotional conflicts they are struggling to manage internally. Reflecting on the similarities between her patient and a former student, Claire observes:

Thinking out loud about the similarities between him and the boy that I taught when I was a teacher, I think they probably have very similar, not backgrounds, necessarily, but sort of core conflicts, I guess like the core personality issues.

This reflection underscores how she has built up a conceptual framework from her teaching experience and her practice as a CAPPT, particularly in recognising how internal conflicts are acted out.

4.5. Relationships and Interactions Then and Now

The participant’s previous occupations influence their approach to relational dynamics and the practical skills that carry over. These past experiences shape how they build connections with patients, manage teams and collaborate with colleagues. In their work, they emphasise the importance of fostering relationships, which reflect

¹⁷ obviously

the skills and insights developed in their earlier professional lives as well as their understanding through theory and practice as CAPPTs.

Sophie felt an immediate sense of belonging when she joined the NHS communications team, describing it as a "lovely feeling." The camaraderie among her colleagues, many of whom came from big families, contributed to her perception that "kids from big families [...] just know how to socialise." This environment made her feel valued and integral to the group's decision-making, reinforcing her connection to the team as if they were family. Then the team went through restructuring, enduring multiple rounds of redundancy. This has influenced her engagement with people as a CAPPT, team manager and course lead. The skills she developed in navigating organisational restructuring and managing uncertainty have proven valuable. Reflecting on her past, Sophie shares,

I think what I learned [...] was that you can survive these things and find things that are interesting afterwards. Even though it's devastating to be part of and witness services being cut back [...] you have to keep a level head about what you do and how you make decisions.

This ability to remain calm and balanced during difficult times now informs Sophie's decision-making processes, ensuring the well-being of her patients and the colleagues she supports, while recognising the constraints of the organisation.

Sophie's experience highlights the conflict between the pressures of working in mental health organisations and the personal need to slow down and reflect in order to provide effective therapeutic care. She notes that her "need to make a living" and "fears about not making enough of a living" have sometimes interfered with her ability to "take time to do things" and to recognise that "slowing down is very important." This financial pressure, coupled with her experience in fast-paced

organisational environments, where people are often "up against something, a threat or something," creates a culture that is "the antithesis of what we're trying to do" in psychotherapy. The need to meet deadlines and achieve organisational goals conflicts with the process, where the focus should be on "let's just stop and [...] have a look at this for a minute together." Sophie describes the difficulty of reconciling these two demands, especially in her managerial and course lead roles, where there are constant pressures to manage waiting lists and ensure timely care. Clinically, she acknowledges the challenge of giving time and space to each patient when she is "aware of the waiting lists" and feels "up against it." The tension between external pressures and the need for reflection affects her capacity to fully engage in therapy; a challenge she continues to navigate in both managerial and clinical roles. Yet she remains aware of this as an ongoing process, responding internally and externally to the needs of her service and patients.

Sophie's emphasis on collaboration is another key aspect of her leadership style, which stems from her work in the CCG. She explains, "I think what I learned [...] was that people are really committed to working together and working things out together, and you're not alone in the work." This focus on teamwork shapes the way she manages her team, ensuring mutual support is prioritised, particularly when dealing with complex cases. Her previous experience has encouraged her to value slowing things down, in a leadership position: "If you're kind of... Up in deadlines and getting this thing done [...] the two don't go together." She prefers to take time to foster a collaborative and thoughtful environment that helps her team navigate the challenges of psychoanalytic work. Her ability to manage crises without giving in to the pressure and promoting teamwork and collaboration exemplifies how her previous experiences continue to shape her leadership and clinical practice. The

collaborative approach from her previous non-clinical NHS role became vital in her CAMHS work as a CAPPT, where she drew on shared resources to advocate for patients. When working with a boy with an “appalling early history” and “a diagnosis of ADHD,” Sophie faced a challenging situation in which the school was preparing to exclude him for violent outbursts and aggressive language.

Despite the school's frustrations, Sophie was determined not to give up on the boy. She recalls how her understanding of teamwork and resource-sharing helped in this experience. "I just thought, I have to advocate for this boy." When the school declared they couldn't hold him any longer, Sophie drew on the lesson she had learned in the NHS, believing that with the right support, they could find a way forward.

In a meeting with the school, local authority, and the boy's grandmother¹⁸—where permanent exclusion was being considered—Sophie stood firm: “Absolutely not. You can't do this without us thinking through other alternatives.” The decision felt like a “fait accompli.” The school seemed resolute and the grandmother left, saying, “I'm sorry, I'm leaving the meeting because I don't think anybody's listened to me at all.” Recognising the need for further support, Sophie contacted a friend, a former barrister, who helped her draft a letter outlining the legal basis for securing additional help for the boy.

Sophie's belief in the power of collaboration was reinforced when the school received external support from specialists. "Without realising it, it worked, and he stayed in the school." Her previous experience in the NHS had taught her that "it's so important to make good links with your colleagues and the people around you," a

¹⁸ This boy was looked after by his grandmother.

lesson that proved essential when advocating for this boy. She realised that "if I can build relationships with people enough to get support myself, then you can support the young person." She was able to utilise her interpersonal skills and understanding to galvanise the network.

Elize spoke of practical skills she developed in her previous work: "science teaches dexterity. Particularly advanced working in a laboratory with molecules. It's high precision dexterity. And I suppose that's helpful in drawing and crafts." However, she is keenly aware of the need to adjust these skills to be sensitive to the emotional and developmental stages of the children she works with. She understands that being overly skilled in activities could unintentionally make a child feel inadequate or highlight their struggles. She explains how she modifies her behaviour in these moments: "sometimes I do be more mindful and not always catch the ball. And if I'm with a three-year-old who's not able to catch and he gets upset because he can't catch it, I'm going to be very careful (laughing)." Elize's consideration of how her own abilities might impact a child's sense of competence reflects her attunement to their emotional well-being. By intentionally adapting her interactions, she ensures that the focus remains on creating an environment where children feel safe to express themselves.

Her experience in "male-dominated" fields, including as a national champion in a sport, further informs her understanding of gender and biological sex. She claims this has given her insight into aspects of masculinity that aid her understanding of certain children and parents: "I know boys pretty well... I think that is helpful for my patients. Of course, I know girls pretty well because I was a little girl once upon a time." Past experiences of her embodied self and her conceptual framework based on biology and genetics informs her interactions and relationships with patients. This is shaped

by her understanding through her previous occupation as a scientist and her discoveries based on research in this field. Elize emphasises respect for each patient's individuality in her views on biology: "I will stay with the patient wherever the patient is and I will listen to the subjectivity of the patient." With young children "in the process of forming a gender identity," she aims to "understand them and stay with where they are," while recognising that her own perspective shapes her approach.

Claire's teaching experience has also become part of her "intuitive" responses to patients. She reflects on how her past has become an amorphous influence on her clinical instincts, noting that her responses are "partially to do with having been a teacher but also to do with the training I had, or, you know, my supervisor." These influences inform how she navigates therapeutic work, although conscious of not slipping too far into the teacher role.

Claire reports often wrestling with impulses to act, a reflex from her teaching background, rather than maintaining evenly-suspended attention in her work as a CAPPT. As a teacher, she was inclined to get involved but as a psychotherapist, she describes how it can be hard to observe and interpret as opposed to acting into the role assigned to her in the relationship. Reflecting on this challenge, she shares, "I guess that's just like a reflex. And I don't think I'll ever be able to get out." This highlights how her instincts as a teacher, which involved direct intervention, continue to surface in her psychotherapy practice. She describes reflex responses to everyday situations, for example: "I'll be like, you need to do up your shoelaces and be like, I can't do it. I'll be like, I'll do your shoelaces for you, that kind of thing." These moments, she notes, feel automatic, "like, things that you do without thinking that are like... to do with looking after, I guess." This impulse is part of a duality in her identity as a psychotherapist who had been a teacher. She acknowledges finding

herself responding practically, offering immediate solutions: “they say that they're hot and the window's open. It's like, why don't you take your jumper off or your jacket off, things like that”—without engaging in the more reflective, analytic stance that her training promotes. Claire recognises that these are “interventions that... maybe if I sort of question them, it might be like, well, why am I saying this stuff? But I sort of do it without really thinking.” Claire hypothesises, “maybe it's sort of entered into my way of working more than I realise,” suggesting that the skills and mindset she developed as a teacher continue to shape her clinical approach, sometimes without her full awareness.

Working in a school service with an adolescent, and drawing from her previous work as a teacher, Claire has been seeing a 13-year-old who is physically big for his age but developmentally much younger:

We'll play Uno together. Things that you would be doing with someone who's like 9. Like some latency, more than actually an adolescent. He's like a young adolescent, but he really isn't and I think that that's to do with his early years and I really think a lot about his experiences and.... How much time has he actually had of an adult paying attention to him and noticing him and... I don't know making space for him in an emotional sense or even [...] in an ordinary way.

She describes a tension between her interest in attending to the young child and unmet needs from earlier and her view of the organisation she works for, that supports young people up to 25 and who tend to “treat adolescents like they're young adults.” Claire reports being surprised that the centre does not routinely provide therapy boxes for their patients. She explains that “I need to have a box of stuff like, that's just gotta happen.” This highlights the importance of play and attending to the younger child within the adolescent, familiar territory for her because of her teaching experiences.

Claire finds it challenging to leave her identity as a teacher behind, in her role as a CAPPT, especially working in a psychotherapy service for schools. "For all my patients at school, it's more complicated for them because that's just the environment." This difficulty is pronounced, with a CAMHS patient whose experiences of exclusion and suspension colour his view of her. "The ones who find it difficult to distinguish me from teachers are the ones with whom a lot of their interactions with adults are where they're being told off for their behaviour," she explains. His experiences in school are transferred to the work with Claire, which can also be complicated for her, given her background. "He calls the sessions lessons sometimes and his mum will sometimes say Miss [Claire]." For this boy, school is "the locus of all of his issues," and his frustrations with teachers seep into his relationship with Claire. When he becomes angry with her, "he sees me as just another teacher who's [...] rubbing him up the wrong way." This dynamic creates a particular challenge for Claire, as she navigates the boy's strong associations to her as a teacher.

Craig's background as a filmmaker influences his engagement with the visual aspects of his patients' communication. His interaction with a girl who had been abused exemplifies this. Moving from in-person to online therapy, she initially struggled but then began using the camera to communicate in highly visual ways, such as when she "put her mouth over the camera... so I can see right down her throat." Craig says, "It felt filmic, but it also felt really instant and raw." He draws from his experience in creating and interpreting cinematic images to better understand how his patient communicates with him and what the communication is. The girl's use of gestures and visual metaphors are her way of expressing her internal world.

[she] just spent a lot of time doing those kinds of... gestures that communicated what was going on for her in a way that I felt like I instantly had [...] An understanding of, I think that was related to a deep familiarity [...] with the kind of, [...] poetic aspects of the visual image and the cinematic image.

His connection to visual metaphor allows reciprocity between Craig and his patient, where the visual medium becomes a bridge for further understanding and intimacy that feels safe enough to be expressed.

His personal experience as a father has also influenced his work. He reflects on his struggles balancing the demands of working in a children's home with being a father to his son, who was dealing with his own difficulties during adolescence. "My routines were all over the place, so I would be doing a three-day shift at the children's home and he was really quite in need and I wasn't there." Craig acknowledges that what his family needed most at that time was a cohesive, collaborative parental unit, but that was something he and his partner struggled to provide. This deeply personal insight into the impact of parental discord gave him first-hand knowledge of the challenges faced by parents and the emotional toll it takes on children. "One of the painful things about doing a clinical training is gaining an understanding of exactly how those things would have impacted him," he says, reflecting on his son's experience of growing up "where there's discord, where there's two divergent ways of seeing the world. Where you get projected into massively by two parents without any diffusion, with other siblings." This realisation was, "really hard to unpick and quite painful" but in allowing himself to be in touch with these feelings they inform his empathy for young people caught in similar emotional conflicts, as well as for the parents who find themselves unable to offer the stability their children need. By drawing on both his personal experiences as a parent and his professional training, Craig approaches his work with an enriched understanding of the emotional complexities at play. This perspective enables him to

engage with the children and families he supports, bringing together the lessons learned from his past with the tools he has developed as a psychotherapist.

4.6. Learning from Occupational Experiences to Empathise with One's Patient

In their work as CAPPTs, the participants draw from their previous professional experiences to cultivate empathy for their patients. These past roles, combined with their training, allow them to engage with their patients in a more nuanced and compassionate way, helping them navigate complex emotional landscapes with tolerance and understanding.

Returning to the patient Craig previously described, he elaborates on the initial in-person work before the Covid-19 pandemic, describing how there was “lots of stuff around the boundaries in the room, so she tried to sit on my lap and she did some things... Lots of a feeling of real intrusion going on or seduction or those kinds of things.” He describes how moving online meant she had to find a different way of conveying this, in the virtual world they shared, giving the example of putting her mouth over the camera. “It was quite interesting territory and she was able to... Show me things that I felt like I was quite in tune with because I understood the visual medium.” Aspects of his patient's unconscious communication, previously expressed through physical interaction, became recognisable to him through the screen. A shared symbolic language emerged, and the patient recognised a consonance between them in the exchange.

I think she kind of instinctively knew without words being exchanged, that I was really... I was kind of understanding her when she was doing that. There was a lot of stuff on her part that would have been unconscious, but that sense of... the things that she was doing on there was using visual metaphor were... They felt known to me and I think she then felt known in that way.

Craig's filmmaking background enabled him to recognise, empathise and engage with the patient's non-verbal, visual communication intuitively, enhancing their connection.

Sophie had previously worked abroad as a primary school teacher before moving into communications; this experience sparked her interest in working with children.

She recalls striving to understand the roots of a former student's troubling behaviour, feeling compelled to make sense of him in order to support his learning.

When I worked as a teacher, there were always children [...] getting into trouble or who had difficulties, and I think I was quite [...] drawn to try [...] I never wanted to give up on them, and we've got to understand why this boy, the only thing he wants to do is draw [...] He really struggled with maths or English or science and then tries to take the stick insects and pulls his legs off [...] I felt I had an obligation to try and understand what was going on.

Like Craig's experience with the "chair throwing behaviour," Sophie's encounter with this student captured her interest and left her wanting to "understand."

As a psychotherapist, Sophie continues to demonstrate a curiosity about her patients' behaviours, much like she did as a teacher. She talks about her commitment to not "give up" on her patients, which echoes her earlier determination to help students who had difficulties. "Wanting to understand what's on children's minds and why they behave as they do" is also seen in her work with the boy previously mentioned. Sophie applies this same determination to her psychotherapy work, particularly in trying to comprehend the emotional roots of challenging behaviour and responding empathically on this basis:

If I'm really truthful [...] I remember thinking I don't know if this is the first child that I've really thought I had such a maternal feeling for. I just really thought I really fight for this boy [...] not that I don't [...] feel that for other children, but I think there was something really particular about him that I felt very... Yeah, very moved to help.

This stems from understanding what he needed from her and what was within her power to do as this boy's psychotherapist. This was driven by her ongoing wish to understand "what's on children's minds and why they behave as they do," stemming from experiences in previous occupations and having some agency to not only understand but do something that was of "benefit and useful," returning to her phrase used earlier, describing reservations about doing a doctorate as opposed to entering the workforce.

Elize's experiences of living and working in various countries inform her understanding of her patients' cultural contexts and challenges. This insight fosters empathy with the children and families she works with:

All kids in this country pick up that I'm a foreigner, so it immediately is apparent... That's part of my identity that I think helps me understand some of the children and the families I work with because I know their cultural context.

Her shared experience of being foreign enables connection with patients who come from abroad or feel like outsiders. Transitioning from a male-dominated scientific field to CAPPT has also shaped her perspective on power, gender, and identity. Her observation that women in science often had to become "trill and ambitious" reflects an awareness of social pressures that have influenced her past and present roles. This sensitivity to external influences on identity is mirrored in her clinical work with child patients navigating their own emotional and social worlds.

Craig acknowledges that being a parent influences both his internal and external experience as a psychotherapist. He recognises that his patients are likely to intuit this aspect of his identity: "They must do. I mean, obviously that is something that I wouldn't speak to them directly about." This tacit understanding suggests that Craig's experience of fatherhood influences his interactions with his patients, as they

unconsciously perceive a parental, and more specifically, paternal quality in him, particularly in response to their distress and vulnerability.

Craig conveys the emotional parallel between his own child's distress and what he witnesses in his patients. He speaks about the closeness he has felt to his son during moments of emotional intensity: "I've had really close contact with my own child when he's been in states of real distress." This visceral experience allows him to "draw on that" in his work, suggesting that his personal parenting experiences deepen his empathy and understanding of his patients' emotional worlds and their suffering. However, Craig also acknowledges that these experiences can sometimes "get in the way of the work." The emotional intensity of seeing a child in distress, whether his own or a patient, can become overwhelming. This duality, where personal experience both enriches and complicates professional practice, is central to his lived experience as a CAPPT. He is acutely aware of how these emotional resonances can be beneficial, enhancing his sensitivity to the needs of his patients, but also recognises the potential for these feelings to intrude upon his clinical objectivity.

Reflecting on her time as a teacher, Claire recalls, "there's quite an interesting sort of parallel with one of my patients at the moment... I had a boy that I taught... he was selectively mute. And I have a patient at the moment who is selectively mute." With her student, she was able to create a supportive environment that eventually helped him begin to communicate: "Perhaps he could sense that I cared about him and wanted him to succeed and to be able to communicate and take part." Claire recognises the importance of the relationship she built with the child, noting, "It was the relationship [...] between me and him, maybe, that allowed him to start communicating in a verbal way." This connection, grounded in empathy and a

genuine desire for his emotional well-being, allowed her to support him in overcoming the barriers to communication. Claire also reflects on her intention to ensure the child felt emotionally supported and understood: "Wanting this boy in my class to feel safe and really caring about that, his emotional experience of being at school and feeling that I could help that in some way." In reflecting on this experience, she could recognise the importance of a frame and setting in fostering this relationship.

This has deepened her sense of connection to the challenges faced by her current patient, a 9-year-old autistic boy who speaks at school but has yet to speak to her.

The memory of past teaching success sustains her hope: "I feel like I've got this fantasy that he'll talk to me [...] like helping someone come out of their shell."

Working with him is demanding, particularly in accessing his emotional world and understanding his anxiety. Though he engages in activities like Jenga or writes responses, "it's not stuff that he's ever initiated, like spontaneous or anything." The absence of spontaneous communication limits her access to his symbolic world, so she relies on subtle behavioural shifts to gauge progress. Complicating matters, "his mum feels quite frustrated [...] He's moving so slowly." Claire must navigate this frustration, balancing empathy for her patient with the pressure and expectation of a successful treatment.

Claire remains committed to the process, even though "they ended up having to do a very extended assessment... it was really unclear whether... psychotherapy [was] actually going to help." Her experience with selectively mute children has given her a sense of patience and compassion, and while the boy's progress has been slow, Claire believes that the therapeutic relationship could eventually facilitate the communication and emotional growth he needs. Her careful attunement to both the

boy's struggles and the family's concerns, reflects her dedication to building trust and providing a space where progress, however gradual, can occur.

5. DISCUSSION

5.1. A Guiding Disposition through Occupational Experience

This section develops Rustin's (2008) idea, introduced in the literature review, that a certain disposition lends well to CAPPT training. Across participants, a pre-existing curiosity, about themselves and others, emerged as a consistent quality, evident in reflections on their previous occupations. In section 4.6, Sophie recalls feeling compelled to understand a student's learning difficulties and their link to his sadistic treatment of a stick insect. Claire, in section 4.2, describes realising during her teaching career that she was more interested in "being with them and seeing them play and seeing them develop and getting to understand their personalities," than in teaching itself. In section 4.4, Craig refers to "slow watching of what's going on and trying to figure things out as a process" in his filmmaking work. Elize, also in section 4.4, emphasises the value of beginning from a position of not knowing—an openness that engenders curiosity and learning.

Psychoanalysis offers a language that elucidates why people may be curious about themselves and other people and where this comes from. Freud (1905/2024) proposed that the epistemophilic drive develops early on and is particularly strong between the ages of three and five when children are beginning to grapple with questions such as: where do babies come from? They are becoming curious about their bodies and those of their parents, siblings and other children around them. Freud explains that this drive is not primary, nor is it solely related to sexuality. He says, "Its activity corresponds on the one hand to a sublimated manner of obtaining mastery, while on the other hand it makes use of the energy of scopophilia" (p. 172)—the love of looking and curiosity particularly about bodies and their functions.

In choosing work centred on understanding children's emotional and psychological lives, each participant expresses a distinct desire to explore their inner worlds. Through their own analytic process, they confront and work through unresolved tensions, conflicts, and disturbances in their psyche, enhancing their capacity to work psychoanalytically with child patients—a process that was evidently meaningful to each of them. Lasvergnas-Garcia & Avdi (2020) suggest that the training analysis is an important space to confront one's own difficulties and, through this experience, realise the difficulties and resistances that might arise when one works through difficult material. The participants in their study were able to make links between how personal changes brought by analysis had an impact on their practice as a CAPPT (p. 10).

Elize reported that her previous occupation was populated by men who “tend to value things and ideas more than relationships and emotions.” Whereas we can infer from Elize's research into nature and nurture and her findings that her interests were different to those of the male colleagues she describes in the interview. Elize took a particular interest in the differences between male-to-female dominated professions, and her experiences of this as a woman. She focussed on the conceptualisation of identity grounded in biology, which links with Freud's theories about the epistemophilic and scopophilic drives in the early stages of development. The data suggest that Elize's way of understanding the world, which guided her to both science and later to work as a CAPPT, predates and transcends her specific professional roles.

Claire makes explicit reference to her interest in working with children and why she chose the professions that she did. She reports exploring with her analyst the question: “why did I become a teacher in the first place?” and found that it was

grounded in her relationship to herself as a child “and wanting to sort of get back to something early.” She goes on to say that in her pre-clinical course she felt like she had been given “the keys to understanding the universe” which was similar to Bott-Spillius’s reported experience of discovering the work of Klein where she reports: “this is it—the approach for me!” (Parsons, 2009, p. 237). Claire seemed to have a similar experience with the ideas she encountered in her training, that it introduced possibilities for understanding both herself and other people that were not available to her before. Having a body of knowledge to draw on can be a source of confidence and enthusiasm for understanding previously muddling experiences such as those reported by Claire with the student who would run out of the classroom.

Freud (1905/2024) emphasised the aetiology of psychoneuroses in the internal conflicts of children at different stages of development. Subsequent theories acknowledge the importance of relationships and the environments in which children are growing up. The CAPPTs that I interviewed have shown an interest in understanding themselves better and what draws them to this work. In each case these interests were not exercised in the previous occupations in the unique ways that they could be in psychoanalytic work with children. In becoming CAPPTs, they engage their own self-curiosity and support their patients to face disturbances in thought and experience, seeking insight that fosters growth and change. Craig, in 4.2, speaks of the frightening and compelling experience of the ‘chair throwing behaviour’ in the therapeutic community and the Kleinian interpretation given by a staff member intending to bring awareness to whatever may have driven them to throw this chair, in the hope of strengthening their ego-capacities in future situations where unmanageable feelings take hold. This connected with Sophie’s wish to

understand her student better and both his difficulties in learning and what drove him to pull the legs off the stick insect.

These are individuals who, through their accounts of their current work and the influence of their previous occupations, demonstrate a drive to know and understand through close observation. In exploring how their former occupations have influenced their current work, I have shed light on the kinds of individuals they are, to the extent that this can be understood from the data available. It follows that their development as individuals can be discerned from their former occupations through training and analysis to their professional identities as CAPPTs.

5.2. The Emotional Experience of Learning

For Craig, becoming a psychotherapist was a process of moving from precarity to stability. He described his circumstances after the financial crash as “a complete emergency” and took a job in the therapeutic community that “no part” of him wanted to do. He was passionate about film and enjoyed the work but described the “hustling” that he had to do to get funding for his creative projects as “exhausting.” So, for Craig, the through-line of influence was not the external phenomena from filmmaking, youth work, even fatherhood or other occupations he had been through but an internal “dismantling” of a state of being and a state of mind that left him feeling “more solid.” Craig came to understand through the process of training and his analysis he needed to develop an internal sense of stability or the internal sense of precarity would continue to reflect in his external life. This process relates to

Altstein's (2017) analogy of the snow globe (p. 146), where fragments of memory are attended to in order to understand the unconscious functioning of the individual, its bearing on one's external life and its roots in the past¹⁹.

Sophie reflects on the difficulty of aligning her own pace with the demands of the systems she had been operating within, observing that "fears about not making enough of a living" and the need to do so often conflicted with her wish to "slow down" and engage in more meaningful, reflective work. She came to understand this tension was not merely personal but ingrained in the organisational cultures she encountered, where there was consistently "a threat" that created pressure and imposed deadlines—forces in stark contrast to the thoughtful engagement required in psychoanalytic practice. Sophie had long struggled to reconcile her intellectual curiosity and enjoyment of learning with the financial pressures of work, noting that "there are studies, then you got to go into work."

In line with Bion's (1962/2004) theory of learning from experience, Sophie's earlier professional life can be seen as a series of emotional experiences that have contributed to the psychological imprint those experiences have left on her and the reverberations of this in how it is made use of, or interferes, with her life and relationships both personal and professional. Emotional turbulence in the learning process is where real growth emerges, not from the acquisition of technical knowledge, but through emotional engagement with difficult situations. In this sense, Sophie's experiences of working within challenging environments and confronting difficult personalities were instrumental in helping her develop the emotional resilience and reflective capacity necessary for her work as a psychotherapist. This

¹⁹ This has roots further back in Freud's (1914/2024b, pp. 141-153) Remembering, Repeating and Working Through: Further Recommendations on the Technique of Psychoanalysis II.

was best captured in her description of working under a narcissistic boss then encountering narcissistic parents later in her work. Having described the suffering that came with the experience with her former boss, she was able, through exploration in her analysis and in the work discussion seminar, to learn about what this experience meant to her individually, to be able to be curious about why her boss had treated her this way and to think about the functioning of the organisation she was in.

Craig recalls that film was a way to both understand “crazy adults” and an escape to a place that “felt nicer than my actual home environment.” This memory raises questions about what Craig was drawn to in his work with young people in different settings, filmmaking and eventually child psychotherapy. His work with young people conveys his empathy for and understanding of young people who themselves needed an escape from their home environments. Particularly in therapeutic communities for children whose home’s were unsafe or ill-equipped to care for these young people under the circumstances.

He goes on to say, “There are definitely aspects of being a filmmaker which I think are still with me in my work, particularly documentary filmmaking. Because obviously it's still storytelling, but it's a kind of observational medium, I suppose.” Like Freud’s (1925/2024) account of self-analysis, this may also be a necessary process of personal reflection in the formation of one’s professional identity as a CAPPT; to understand the “crazy adult” aspects of one’s internal-objects and how this has been and continues to influence one’s work. This is not to suggest, as Hoyer and Steyaert (2015) do, that a participant’s unconscious can be “readable” through narrative subtext (Abstract) but rather an interpretation based on the data available. These

personal experiences are imbued with emotion for Craig and they have shaped his experience of working as a CAPPT.

Wellendorf (1995) illustrates how the training itself is an emotional experience that involves a process of disintegration and fragmentation which resonates with Craig feeling dismantled by analysis and training. An aspect of this process is a dismantling of one's occupational identity, which can be observed in the experiences that all the participants had. When Claire expresses nostalgia for her previous occupation, she conveys sadness at the loss of this aspect of her identity as a teacher. Elize similarly expresses nostalgia for her previous work when she says she loved the years that she was doing her doctorate and that it was marvellous work but not quite enough for her. She refers to the differences in respect accorded to university teachers in different countries and the "respect given to scientists versus psychotherapists" which alludes to feelings about what has changed in how she is regarded in her work as a CAPPT. She also emphasises the similarities between her previous occupation and her work as a CAPPT. Altstein's (2017) comment about her transformative experiences precipitated by the September 11 attacks that they, "had made me into the person I had always been, only different, rather than a different person altogether" (p. 149) corresponds with Elize's sense that the methodology she employed as a scientist is consistent with her approach as a CAPPT and that clarity of thinking and rigour have always been important to who she is, irrespective of what she is doing. Through the emotional experience of working with people who "tended to value things and ideas more than relationships and emotions," Elize was able to understand that she did value emotions and relationships and sought an occupation where this was the focus.

5.3. Taking Ownership

One sense of the word occupation suggests ownership. Each participant has, in their own way, taken ownership of their work and occupied their role as a CAPPT.

Training in different traditions and having altogether different experiences of training does not fully account for the unique ways in which they practice. This is significantly influenced by what they have done with their time before: their previous occupations.

Like Dante's Virgil, mentioned in Bergmann's (1993) paper, Sophie was guided through her training by her analyst, supervisor and colleagues. Through this support she found her way in the different aspects of her work. Organisations, groups, collaboration and mutuality featured prominently in the data but my interview with her ended on this point about an "independent way of looking at things or thinking about things." Sophie describes coming from this big NHS family that nurtured her but also facing redundancies and feeling exposed and cast-out. This led her to reassess and train as a CAPPT which was a process of moving from dependency to independence. She now works in private practice, manages a team and teaches; all indicators of leadership and independence that suggest ownership of her work as a CAPPT through which she can guide others to find their own way to independence.

Elize took ownership of her work as a CAPPT by maintaining the rigour and systematic approach to child psychotherapy that was consolidated in her occupation as a scientist, a contradistinction to those she perceives as going in with a "fixed idea of what you will find," or "adopting dogma." Wellendorf (1995) emphasises the fragmentary and disintegratory process of training, so Elize's self-possession in maintaining this approach, developed through previous occupations, is a different way of taking ownership. Maintaining this aspect of herself throughout training and

analysis was not a resistance to change but grounded in the need to stay in touch with reality and "pursue the truth." Just as Freud used his background in the sciences to address questions of the mind, Elize maintained her "capacity to be patient and the capacity not to know" grounded in empirical science.

Craig reports how he struggled with the impulse, carried over from his documentary film work, to resist imposing a story on the material his patients bring him. The capacity to be in negative capability, that features prominently in the literature referenced (Keats, 1817; Bion, 1970 & Wellendorf, 1995) was a difficult task for Craig as it ran contrary to the purpose of his previous profession—to tell stories through film. Craig reports that he sold his camera kit to pay for analysis; in choosing analysis he had to give up the kit he used to tell his stories. He had to sacrifice a part of himself in order to take ownership of his psychoanalytic identity as an analysand and give in to not having full control of the story. Craig tells us that, like Sophie, he was driven in part by the external circumstances of the financial crisis. But he speaks of beginning to engage with ideas on the training and becoming grateful for the analysis which he was initially resistant to. In doing so he was able to claim his occupation as a CAPPT and in the process let go of both internal and external aspects of his past occupations and identity.

Claire faces challenges in taking ownership of her model of psychotherapy while continuing to work in schools, albeit in a different role. I have used the gerund form *taking* ownership in the title of this section because it is a process. Claire has spent less time working as a CAPPT than the other participants and spoke the most about negotiating the impulse to respond from a teacher stance. It is not possible to know from the data whether Claire's struggles are more to do with the length of time she has been a CAPPT, the time since she has been a teacher, how much this has been

worked through in her mind, the importance being a teacher has to her sense of herself before training or other factors that were not mentioned in the interview. But Claire clearly demonstrates some ways in which she does take ownership of her work, by insisting on the importance of recognising the younger child aspects of patients in the work and not just treating adolescents like they are “young adults.” She makes clear the value she sees in using a therapy box with children of all ages and recognising the importance of play in her work. Her developing interest in selective mutism is another instance of her taking ownership of her work that is influenced by her experiences as a teacher but takes on a different form in her work as a CAPPT. Anna Freud (1967/1971) reminds us of the value in being able to argue out inside oneself, differing perspectives from education and psychoanalysis “without hurting anybody’s feelings” (p. 227) which will be familiar to many coming from an educational background and beyond in working out through this process how to take ownership of their work as CAPPTs.

The findings above are biographical accounts that tell the histories of the individuals involved. Even the current work referenced is part of the historical narrative told in the interviews. These are stories of occupational identities that illustrate the “doing, being, and becoming” in relation to occupation (Hansson et al., 2022, p. 198). The individuals I spoke to for this study have grown to make their occupation of child and adolescent psychotherapy a professional home for themselves. Through their occupational histories, each uniquely defined collaboratively through the interview, we are given a picture of movement towards a different derivative of the word occupation—occupancy as home. They have created an occupation in which to dwell and to feel at-home. They have built a way of working they can own and occupy. Heidegger (1971) says “We attain to dwelling, so it seems, only by means of

building. The latter, building, has the former, dwelling, as its goal [...] For building is not merely a means and a way toward dwelling -to build is in itself already to dwell” (p. 145). So, taking ownership of their occupations is both a process and a state of being in the phenomenological sense, for the individuals involved in this study.

5.4. Subjectivity, Reflexivity and Hermeneutics

As a researcher in the final stages of CAPPT training, this project has been a deeply personal experience. At each stage, it has been shaped by my circumstances and influenced by my previous occupational experiences. My engagement with participants’ narratives has been informed by my own history, shaping my interpretative stance. Heidegger (1962/1985) argued that a complete suspension of preconceptions is neither possible nor desirable. Instead, he introduced the idea that our understanding is always situated within historical and contextual horizons (p. 434-439). Rather than striving for neutrality, Heidegger’s hermeneutic phenomenology advocates a reflexive awareness of one’s forestructures of understanding. In IPA, this aligns with the recognition that bracketing is not a process of eliminating preconceptions but of holding them in awareness and critically engaging with them. I engaged in a dynamic, iterative process of reflexivity—documenting emerging assumptions, revisiting transcripts, and discussing interpretations in supervision. This practice allowed me to remain critically engaged with my own positionality while ensuring that participants’ voices remained central to the analysis. My own professional trajectory, marked by experiences of precarity in grassroots theatre, the search for flexible work to sustain creative pursuits and work in schools, has sensitised me to themes of instability, adaptability, and the tension between

economic necessity and vocational fulfilment. These personal experiences have influenced my engagement with the data.

For example, Craig's account of occupational precarity, uncertainty in training, financial constraints and evolving professional identity led me to reflect on aspects of my own experience of this, to better understand my presuppositions about what he was saying. Recognising this initially in the interview and later in the analysis enabled me to approach his account with both resonance and critical reflection. Similarly, my identification with Sophie's reflections on the tension between financial survival and intellectual-emotional engagement highlighted the interplay of passion and pragmatism in her narrative. My past work in primary education surfaced in my engagement with Claire's experiences, prompting me to consider how prior professional roles continue to shape the process of developing a therapeutic stance that differs from the role and function of teaching. In these instances, it was important to recognise my own assumptions about what I perceived to be shared experiences, to clarify what they were trying to communicate about theirs. I also had to consider the nuances in the dynamic between myself and the interviewees.

I remained alert to potential biases, such as the risk of confirmation bias or social desirability bias when interpreting Claire's enthusiastic descriptions of her work as a CAPPT, given my status as a trainee. Her amplification of the positive aspects of work as a CAPPT may have served to appease perceived anxieties I held about entering a profession replete with challenges, some of which she had described in responses to earlier questions. Furthermore, as a researcher in the process of transitioning from an occupation in education to work as a CAPPT, she may wish to present a narrative that skews positively about her experience of this. Giving attention to this aspect of the interview, may also reflect my own bias—an idealisation of a

profession I am working towards qualifying in and a hopeful attitude in my progression from work as a teaching assistant, to imagined future occupational experiences.

To maintain the primary focus of the interviews on participants' work as CAPPTs, I requested an occupational history in advance, aiming to prevent the interviews from being dominated by detailed descriptions of past roles. The intention was to succinctly outline their previous occupations, providing context for exploring the influence on their current work. Insights from pilot interviews highlighted that while participants found it easy to describe what they had done previously, articulating the influence of these roles was more challenging. Providing the interview protocol and information sheet, alongside the request for a written occupational history, helped steer the interview towards capturing the salient points of influence rather than becoming mired in lengthy contextualisation. This pre-reflection may have influenced how they perceived the significance of their occupational past, encouraging coherence at the expense of ambiguity, contradiction and unconscious aspects of their experience. Similarly, reading their accounts in advance may have reinforced my own interpretative biases, subtly influencing my questioning and expectations. This highlights the inherent tension between providing structure and maintaining openness in phenomenological inquiry.

The interview with Elize²⁰ presented a particular challenge, as our pre-existing relationship necessitated an awareness of the risk that familiarity might lead to assumptions in interpretation or inhibit depth of inquiry. I was especially attuned to the interference of external and internal *noise* in my experience of the interview, my

²⁰ See Appendix G for an excerpt from my Research Journal capturing some reflections following my interview with Elize.

subsequent reflections and the data analysis. Having previously been a student of Elize's, I found myself contending with strong personal responses to the interview process, making it particularly challenging to focus on and faithfully capture her experiences as reflected in the data while maintaining awareness of my own preconceptions.

This challenge was heightened by our engagement with themes that were divisive, emotionally charged, and reflective of differences between us, including gender, professional status, cultural heritage and my decision to train at a psychoanalytic institute with a different orientation from the one where Elize taught me. These were primarily addressed with the focus on Elize's occupational experiences, though not explicitly about our relationship or differences, they may hold relevance, as interpreted through the lens of this method. Additionally, I recognised my desire to know Elize beyond our former teacher-student relationship. In reflection, I became aware of a wish to avoid personal feelings about our different positions within the profession, while also respecting her need to maintain boundaries around the disclosure of personal or clinical details. These factors rendered the task of capturing her experience of the influence of her previous occupations on her work as a CAPPT particularly complex, while also making the analytic process a rich one.

In IPA, the researcher is an active participant in meaning-making. Recognising one's forestructures is not a methodological weakness but an integral part of the analytic process. Heidegger's (1962/1985, p. 434-439) perspective suggests that understanding is always shaped by historicity—our past experiences and preconceptions. Rather than attempting to erase these influences, I have sought to engage in a reflexive and dialogical process, critically examining my positionality while privileging the data as the primary source of the participants experience. This

approach aligns with the constructivist position that knowledge is co-constructed through interaction between researcher and participant, with meaning developing relationally (Neimeyer, 1995, p. 2).

My working definition of occupational history evolved throughout the project in response to participants' interpretations of the term. Initially, I sought a definition that balanced breadth and specificity, using supervision to explore the merits and limitations of different scopes. I later refined my approach, holding in mind a broad scope of what could be considered occupation, allowing participants some freedom to define the term in their own way. Through the interview process, from pilot interviews onwards, I was conscious of what had been said by others and whether subsequent participants accounts correlated with other accounts of occupation, added something new or when the interview was moving away from the intended focus. Thus, my confidence in my capacity to do this developed from my first interview with Craig, to Elize, Claire and then Sophie. I refined my definition of occupation by considering what the interviewees were talking about and whether this could fit meaningfully into the aims of the project. This was an iterative process, which allowed me to privilege the lived experiences of the participants in accordance with the methodology.

By making explicit these connections between my own trajectory and those of my participants, I aim to foreground the co-constructed nature of this research. This inquiry is not merely an exploration of CAPPTs' experiences in isolation but a relational and interpretative engagement, wherein my own history and understanding frames the narratives I have sought to illuminate.

6. CONCLUSION

6.1. Validity and Quality

The small sample size, while fitting with IPA, restricts the diversity of experiences I could capture. With four participants, the insights gained cannot be considered representative of the wider experiences of CAPPTs. The idiographic focus of this approach allows for an in-depth exploration of each individual's perspective. I have included extensive quotations to anchor my analysis closely to their words, aiming to accurately capture their perspectives. Participants ranged in terms of age, gender, experience, training background, languages spoken, culture and other characteristics. Though the race of the participants, as well as my own, did not explicitly feature in the interviews. I am white, and all the participants interviewed presented as white. This homogeneity limits the diversity of experiences available for investigation, as voices from other racial and ethnic groups are not represented. Consequently, racialised experiences within previous occupations, as well as how they may influence the work of a CAPPT, are not explored in this data set, which is a limiting factor in conclusions that can be drawn from the present study.

Respecting anonymity meant conceding important data because they were revealing of biographical information. This was a challenge and limitation of the study. While de-identifying participants allowed them to speak more openly about their experiences, it meant that in writing-up, I had to be selective with the information I shared about their histories and current work. Having a personal relationship with Elize²¹ meant that I felt more inhibited in both the interview and data analysis because I was conscious of the effect this may have on our relationship and of the boundaries between us as former teacher and former student. She was less

²¹ See Appendix G for Research Journal reflections on this.

forthcoming in some aspects of the interview, perhaps for this reason. The profession is small and this consideration is relevant by degree to all the participants and to research of this nature more generally.

Balancing a focus on the current work of participants with comprehensive accounts of their occupational histories was a challenge in the data collection phase. Using a standardised proforma with more specific questions about this and an approximate word count would have aided this phase of the data collection. Though speaking about this in the semi-structured interviews was fruitful and more engaging than the summaries provided. Often the accounts they gave of their experiences in previous occupations inspired spontaneous questions about this in their current work. Nevertheless, it was sometimes necessary to guide participants towards the influence on their current work as this was the harder subject to engage with. While having a shared experience of being a CAPPT united us, there may also be rivalrous feelings in discussing current work or apprehension in speaking about work that was difficult, stuck or deemed to be unsuccessful. This may have been exacerbated by my status as a student; it occurs to me that being a more experienced clinician speaking to a trainee could feel exposing for them or be perceived to be dispiriting for me as someone preparing to enter the profession.

I retroactively expanded the focus from solely the participants' clinical work with patients to encompass the broader work of CAPPTs. Initially, I intended to keep the focus narrow, expecting that the most insightful data would derive from their clinical experiences. However, during the analysis, I recognised that valuable insights from other aspects of their work would otherwise be lost. The focus remains on clinical practice, as reflected in the interview schedule (Appendix B), which limited data on

other areas of participants' work. Future research could develop an understanding of influences on the non-clinical aspects of CAPPT.

6.2. Recommendations and Implications

This research offers several avenues for further study, especially with larger samples and mixed methods approaches. Audits of CAPPTs' previous occupations could provide insights into common career pathways leading to this field, which may be valuable to training institutions, the ACP and to the profession more broadly in thinking about what occupational experiences people may bring to the profession. Broader research questions might examine who is drawn to CAPPT training, how emotional experiences influence the decision to train, and what it means to build a professional identity as a CAPPT. Adopting a nomothetic approach could also help contextualise findings and offer generalisable insights. Alternative qualitative methods could deepen understanding of occupational histories and their impact on therapeutic practice. Expanding this research to other regions or countries, as well as sampling for race and other protected characteristics, would offer diverse perspectives and enrich conclusions about the influence of previous occupations on CAPPT practice.

This research could be adapted into a column for the ACP newsletter, using interviews with CAPPTs to explore how previous careers shape current practice. This format would make the findings more accessible, invite reflection from others on their occupational histories, and encourage broader engagement with how diverse backgrounds enrich therapeutic work.

I intend to disseminate the findings from this paper by submitting a revised version to the *Journal of Child Psychotherapy*. The paper would explore how occupational histories shape therapeutic identity and practice in psychoanalytic child psychotherapy, contributing to the broader conversation on professional development within the field.

I also intend to offer workshops, in collaboration with the ACP or other psychoanalytic organisations. CAPPTs could be invited to reflect on their own occupational histories and how these experiences inform their therapeutic practice. Such formats would also encourage discussion on integrating occupational backgrounds into ongoing professional development. Presenting the research at conferences would provide an opportunity to engage directly with peers and further explore how occupational backgrounds influence the therapeutic process.

Work discussion seminars in pre-clinical training could be used as a forum to think not just psychoanalytically about the work being presented but also to think about how insights and experiences as well as practical skills could be transferable to work as a CAPPT. This would need to be done with respect for the primary purpose of work discussion groups, recognising that not all members attend with the aim of training as a CAPPT. Nevertheless, for those that are, it may be helpful to raise this with potential candidates so it can be explored further in analysis, in preparation for interviewing and eventually in their work as CAPPTs, should they choose to pursue it.

6.3. Contributions to the Profession

A key finding of this project is that prior occupational experiences meaningfully shape CAPPTs' therapeutic approaches and professional identities. This suggests

recruitment for training and clinical roles could more fully value diverse professional backgrounds and their potential contribution to psychoanalytic work. Interview questions, for example, might invite candidates to reflect on how past roles inform their current practice, offering insight into their self-awareness, relational curiosity and capacity to learn from experience.

This research highlights the broader value of occupational diversity—not only in enriching individual learning but in strengthening the profession. CAPPTs are encouraged to reflect on how their own histories influence their clinical stance. A wider range of backgrounds can foster theoretical innovation, enhance practice and deepen engagement with patients. Though psychoanalysis is often framed as a self-contained discipline, this study demonstrates its receptiveness to external influence. As discussed in the literature review, the tension between innovation and tradition has long shaped psychoanalytic development. By focusing on the interplay between occupation and experience, this research contributes to that evolving conversation—preserving psychoanalysis's core while ensuring its ongoing relevance.

This stands in contrast to views of training as mere immersion in established doctrine. Instead, it reveals a dynamic process: the integration of past and present, where previous roles are neither erased nor uncritically preserved, but reworked for the betterment of clinical practice. Participants grappled with the continuities and tensions between former and current identities, describing a practice shaped as much by what they brought with them as by what they encountered in training. Their accounts show that tradition and innovation are not opposites but coexist in everyday clinical work.

Accordingly, recruitment should not view occupational history solely as preparation, but as a source of ongoing contribution; an occupation that one can take ownership of. What has the candidate done to reflect on their professional past? What qualities

or tensions do they carry forward, and how might these enrich the field? This study invites a deeper appreciation of occupational histories as vital to the development of psychoanalytic practice with children.

This research serves then as a seedling from which new branches of scholarly inquiry will lead to adjustments in training and clinical practice. Participants describe not merely a shift in professional activities, but a transformation in how they conceptualise and emotionally engage with their work. It is, in the fullest sense, a process of learning from experience.

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APPENDICES

Appendix A



Understanding Occupational Histories and how They Influence Psychotherapists' Experience of Their Clinical Work with Young People

Information Sheet

You have been given this information sheet as an invitation to take part in a research project. It describes the study and explains what will be involved if you decide to participate.

What is the purpose of this study?

The purpose of this study is to explore the experience of coming from a previous occupation to child and adolescent psychoanalytic psychotherapy. I am interested in participant's thoughts on how their previous professions and other experiences influence their current work, what challenges they face in coming from that profession to this one and how retraining has shaped their identity.

Who is conducting the study?

My name is Mischa Resnick

I am a researcher and child and adolescent psychoanalytic psychotherapist in doctoral training at Central and Northwest London NHS Foundation Trust. I am conducting this research project as part of the child and adolescent psychoanalytic psychotherapy (M 80) doctoral training programme. I work in a clinical placement at the Hillingdon Child and Adolescent Mental Health Service (CAMHS). This project is being sponsored and supported by The Tavistock and Portman Centre and has been through the relevant ethics approval process. This course is overseen and certified by The University of Essex.

Why am I conducting this study?

People in this profession come to this work from an array of backgrounds and I am interested in how this influences their current work with their patients. I want to explore what this can tell us about the kind of person that is attracted to training to work psychoanalytically with children and young people and what they bring with them to this profession. In doing so, I aim to contribute to thinking on the identity of child psychotherapists and the development of clinical practice through rethinking how they negotiate the transition from their previous field of work to this one. I hope to develop an understanding of both the challenges and benefits of transitioning from their previous professional

roles. I believe the field of psychotherapy could also benefit from this as we move to expand the training and workforce of psychoanalytic psychotherapists working with children and young people.

What will participating in this project involve?

Prior to the interviews, participants will be asked to write a short paragraph foregrounding their previous occupations. This will be used to inform the interviews and to reduce time in the interview contextualising their previous work. Participation in this project will then involve interviews in person at the Tavistock and Portman clinic or virtually, via a secure video calling platform. The interviews will be recorded and transcribed for data analysis. The interviews will be 60-90 minutes in length. Questions will be sent prior to the interviews although there will be opportunities to elaborate on responses or to cover aspects of this topic that are not covered by the questions.

Do I have to take part?

No, it is completely your choice whether or not you take part in the study. If you agree to take part, you can withdraw without giving any reason at any time up to three weeks after the interview. This timescale has been decided as the data will then be being processed and analysed. If you decide to withdraw all data collected or about you it will be destroyed immediately.

Criteria to take part in the study:

- **To be a fully qualified child and adolescent psychoanalytic psychotherapist registered with the ACP.**
- **To be currently seeing patients under 25 years-old.**
- **To have had at least a year of experience working in this capacity post-qualification.**
- **To have had previous professional experience in any field and be interested in and willing to talk openly about this in an interview for this research project.**

What will happen to any information I give?

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep any necessary information you provide for this study for 5 years after the study has finished. The interview will be audio recorded and transcribed by myself. The data generated in the course of the research will be retained in accordance with the [Trusts 's Data Protection and handling Policies](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/).

<https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person

who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but I will withhold personal information that could make you identifiable to them.

Quotes from the transcript will be used in the write up of the project but these will be de-identified. However, please note, it is possible that other individuals who know you well may recognise you in some of the quotes used, although every effort will be made to prevent this. Any extracts from what you have said that are quoted in the research report will be entirely anonymous.

All electronic data will be stored on a password protected computer. Any paper copies will be kept in a locked filing cabinet. All audio recordings will be destroyed after completion of the project. Other data from the study will be retained, in a secure location, for 5 years.

If you would like more information on the Tavistock and Portman and GHC privacy policies please follow these links:

<https://tavistockandportman.nhs.uk/about-us/contact-us/about-this-website/your-privacy/>

<https://www.ghc.nhs.uk/privacy-notice/>

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, [REDACTED]

There will be limitations to the confidentiality of information provided if it is deemed yourself or someone else is at risk.

What will happen to the results of the project?

The results of this study will be used in my research dissertation project and doctorate qualification. It may also be used in future academic presentations and publications.

I would be happy to send you a summary of the results if you wish. Please contact me to request this if it is of interest to you.

What are the possible benefits of taking part?

Participants will have the opportunity to reflect on their personal and professional development and to consider their experience of coming from one profession to another. It is hoped that this will be of value to participants in their work with their patients. Preparing for and participating in dialogue with myself on this topic and focusing on the benefits, challenges and even the meaning of moving from one professional context to another could be developmental for both parties and will contribute to further thinking on this aspect of becoming a child and adolescent psychotherapist.

Are there any risks?

Risks in participating in this research project are minimal although you may find speaking on this personal subject brings up difficult feelings, memories or associations. If the interview becomes overly distressing then we can stop at any time and if you require further support on anything that

has come out of participating in this project, then I can support a referral to relevant services or resources that may help with this.

Contact details

I am the main contact for the study. If you have any questions about the project or would like to discuss this further please contact me.

Mischa Resnick

Email: [REDACTED]

Telephone: [REDACTED]

Alternatively, any concerns or further questions can be directed to my supervisor:

Dr Elena Della Rosa

Email: [REDACTED]

If you have any concerns about the conduct of this research, the researcher or any other aspect of this research project please contact Simon Carrington, Head of Academic Governance and Quality Assurance [REDACTED]

Thank you for considering taking part in this study and taking the time to read this information. If

you are willing to take part in the research please complete the consent form provided

Appendix B



Understanding Occupational Histories and how They Influence Psychotherapists' Experience of Their Clinical Work with Young People'²²

interview questions:

Can you describe the process of moving from your previous profession to this one?

What role did the training institute have in the transition from your previous occupation to the application of psychoanalytic psychotherapy with your patients?

Could you speak about how the transition from your previous profession to this one has been addressed in the process of becoming a child psychotherapist (for example in analysis or supervision)?

- Has it come up in other work-related contexts?
- How was this applied to your work with patients?

From the position you are in now professionally, how do you regard your previous occupation?

- How do you feel about your work then compared to your work now?

²² This was the working title at the time.

Thinking about a particular clinical experience in your current occupation, can you tell me about a time where you have noticed influences from a previous occupation.

Can you tell me about ways of thinking from your previous occupation that feed into your work with your patients?

- How do these fit with the psychoanalytic approach?
- what does this look like in practice?
- Can you give examples?

Can you tell me about the challenges in your current work that stem from your previous profession?

- In what ways does this come up for you?
- How do you think your patients experience this?

Are there aspects of your previous occupation that you find helpful in working psychoanalytically with children?

What place do the practical skills you acquired in your previous profession have in your current work?

Do your patients pick up on aspects of you that you associate with your previous occupation?

- How does this come up?
- How did you deal with it?

How do you feel about the decision to retrain as a child psychotherapist?

- How does that feeling influence your work?

Can you tell me about your current understanding on the influence of your previous occupation on your work with your patients, after speaking with me about this topic?

Do you have any final reflections that you would like to share?

Appendix C



**Understanding Occupational Histories and how They Influence Psychotherapists'
Experience of Their Clinical Work with Young People**

Consent Form

Name of researcher: Mischa Resnick

- I _____ voluntarily agree to participate in this research project.

- I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

- I understand that my participation in this study is voluntary and that I am free to withdraw, without giving a reason, at any time up to three weeks after the completion of the interview.

- I understand that the interview will be digitally recorded and transcribed as described in the participant information sheet.

- I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk.

- I understand that direct quotes from the audio recording may be used in this research study but will be made anonymous to the reader and held securely by the researcher.
- I understand that it is my responsibility to anonymise any examples referring to cases I chose to discuss during the interview.
- I understand that the results of this research will be published in the form of a Doctoral research thesis and that they may also be used in future academic presentations and publications.
-

Contact details:

Researcher: Mischa Resnick

Email:



Supervisor : Elena Della Rosa

Email:



Participant's Name (Printed): _____

Participant's signature: _____ Date: _____ **Thank****you for agreeing to take part in this study.****Your contribution is very much appreciated.**

Appendix D



Dear....

I am writing to thank you for your contribution to my Doctoral Research Project. I hope you found this to be a beneficial experience.

If following taking part there are any issues that are concerning you, I hope that you can access the support network around you (colleagues, supervisor and managers). However, if this isn't possible there is a confidential counselling service provided by Central and Northwest London NHS Trust.

Keeping Well

Keeping well is part of the improving access to psychological therapies Services provided by Central and North West London NHS Foundation Trust and West London NHS Trust. They offer access to confidential psychological assessment and evidence-based treatments. All their interventions are provided by trained NHS professionals with a wealth of experience of working with common mental health problems.

Their treatments will be tailored to your needs following a comprehensive assessment.

Please visit:

<https://www.keepingwellnwl.nhs.uk/>

Call: 0300 123 1705

Or email: keepingwell.nwl@nhs.net

If you have any questions or would like further information here are my contact details:

Email: [REDACTED]

Phone: [REDACTED]

If you have any concerns about how the study has been conducted please contact myself, my supervisor Elena Della Rosa or Lisa Harris, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Kind regards,

Mischa Resnick

Appendix E

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699

[https://tavistockandportman.nhs.
uk/](https://tavistockandportman.nhs.uk/)

Mishca [*sic*] Resnick

By Email

12 May 2023

Dear Mishca, [*Sic*]

Re: Trust Research Ethics Application

Title: 'Understanding Occupational Histories and how They Influence Psychotherapists'
Experience of Their Clinical Work with Young People'

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

A rectangular box containing a handwritten signature in black ink on a light grey background. The signature is stylized and appears to be the initials 'M.B.'.

Academic Governance and Quality Officer

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Research Lead

Appendix F

Dear team,

I am writing to request that you post the following recruitment message for my research project.

Understanding Occupational Histories and how They Influence Psychotherapists' Experience of Their Clinical Work with Young People

I am undertaking my Doctoral Research Project as part of the Child and Adolescent Psychotherapy training at the Tavistock and Portman NHS Trust. I am inviting you to consider participating in this project.

The project focuses on psychoanalytic child and adolescent psychotherapists' experience of the influence their previous careers have had on their current work with patients. This will be an opportunity to explore what this means to you and to discuss the implications of this on your clinical work, with a researcher and child psychotherapist in doctoral training. You will be invited to consider this aspect of your personal and professional development and to contribute to a broader understanding of this phenomenon in the field of psychoanalytic psychotherapy with young people. The project will use an Interpretative Phenomenological Analysis methodology with a 90-minute semi-structured interview in person or online.

I am recruiting psychotherapists who currently work with patients under 25 and who have come from a previous occupation. Candidates are required to have at least a year of experience working post-qualification. It is also expected that participants will have some interest in speaking on this subject and will have done some thinking about their experience of this, prior to the interview.

Please contact me at [REDACTED] if you are interested in taking part or would like further information about the project.

Kind regards,
Mischa Resnick

Appendix G

Research Journal Entry 10/08/2023

Elize and I had not had direct contact in about 5 years and so there was a sense of a reunion in first meeting as we caught up on each other's news about what had changed. Though this was kept in a professional context. Elize had let me know that she had actually never been to [REDACTED] before and so this was a new experience for her. It felt significant and was perhaps suggestive of the way she felt about divisions between different psychoanalytic training institutions. Having chosen to train at [REDACTED], this was on my mind. Nevertheless, she had agreed to meet me there and was perhaps curious about [REDACTED], though this was not obvious. There was also a lot of talk about the changes to [REDACTED] which were going on at this time and affecting for Elize who had been a longstanding member of the institution and had worked hard to carry forward the tradition of teaching and learning that had developed there.

Although the interview focused on Elize's occupational experience, underlying differences between us—such as professional seniority, cultural heritage, gender, and our affiliations with different psychoanalytic traditions—were significant focal points in the interview. These are emotionally charged topics in and of themselves. It was important for the purposes of the interview to keep the focus on Elize's experience but I was sometimes preoccupied by how what she was talking about in other contexts, related back to the differences between us. It was also hard to quiet the thoughts and feelings stirred up in addressing these charged topics and to hone in on what Elize had to say about them.

As her former student I was also aware of a tendency to want to impress her or demonstrate my own progress in the time since I had been her student, perhaps to signal my own achievements but also to affirm the value of the teaching she had offered me during the pre-clinical course where we had met. I had a sense of being impressed by her and wanting to emulate or identify with her confidence, self-assuredness and clarity of thinking. All of this was a challenge to maintaining the interviewer/interviewee dynamic underpinning this particular meeting between us.

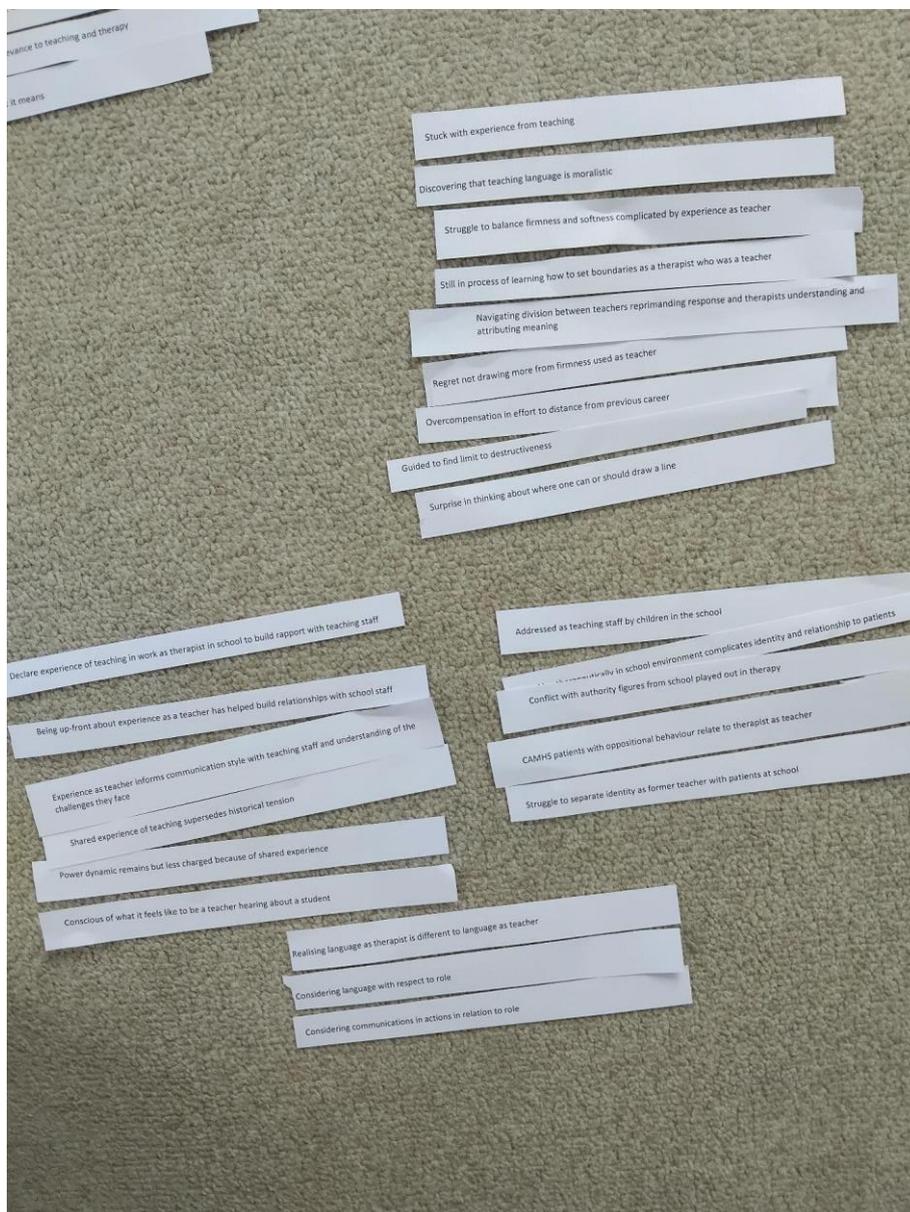
I noticed moments where she seemed to hold back, particularly when discussing personal or clinical material. I wondered whether this was related to the nature of our relationship, a wish to protect her privacy or concern about how her narrative might later be interpreted and represented by me. But it felt important to balance some probing where I thought there was more to say and to respect her stance in holding back on some of the material.

It will be interesting to consider the impact of these factors on the data analysis and writing up as things progress. I also wonder about the particular nuances of this interview, as compared with participants that I have fewer points of connection or different points of intersection with.

Appendix H

Experiential Statements	Interview Transcript	Exploratory Noting
<p>Mercilessly attacked by patient with little let-up</p> <p>Understand the fear of own fragility beneath the Bravado</p> <p>Vulnerability projected from patient</p> <p>Recognising the connection in the core conflict, with the student from school</p> <p>Recognising shared capacity to project vulnerability as defence</p> <p>Concern about frequent exclusions due to extreme behaviour</p>	<p>like get in a couple of comments before he would like attack me, but it didn't last long. And essentially, his whole thing is he's is so full of bravado and you know, he's so terrified of feeling like vulnerable and fragile that he just <u>sort</u> of makes everyone else feel vulnerable and fragile, basically. And that's why he sees me, you know, constantly excluded. He's <u>sort</u> of just one started in secondary school in October and the suspend has been suspended sort of five times in the first kind of couple of terms, went to the pupil referral unit. And that's been the case for him since he was in primary school sort of back and forth. <u>So</u> kind of now that I'm sort of like, like kind of thinking out loud about the similarities between him and the boy that I taught when I was a teacher. I think they probably have very similar not backgrounds, necessarily, but sort of core conflicts, I guess like the core personality issues. are really similar. And the presentations are really similar in the kind of trajectory as well. Unfortunately, I couldn't really see the trajectory of my patient. He invites conflict because he's so <u>sort</u> of just like, can't tolerate what's going on internally. So he just sort of puts himself in</p>	<p>Bravado masks more vulnerable feelings. Intolerable feelings put into therapist</p> <p>Not managing in school and not able to cope with rules</p> <p>Therapy with ■ in context of school exclusion</p> <p>Drawing parallels between experience with this child and her student as a teacher</p> <p>Similarity is in the conflict and personality</p> <p>Internal conflict leads to</p>

Appendix I



Cut-outs of experiential statements grouped by theme

Appendix J

Personal Experiential Themes (excerpt)

A. UNSTABLE TO STABLE IN OCCUPATION

Circuitous route to stability

The experience of moving through different occupations to CAPPT was circuitous

“I was kind of all over the shop at that point, really there was some interesting stuff going on, but it wasn't very well formed. It was whatever and whatever arrived in front of me”

Experience of young adult life not stably occupied over significant period of time or in a specific place

“I've done all sorts of things, really. I mean I had... I was a youth worker and a play worker in my early 20s. I spent a whole period of time before that in my late teens to maybe early 20s where I was just on the dole. I was working, doing casual work when it came up, but I was living away from home. I went to university and then dropped out, so I spent about four years, I think, where I was just... I was doing... Not a lot really. I was a bit of a political activist.”

First encounter with CAPPT in TC experienced as strange and hostile

“... As soon as I got into the house the first time someone threw a chair (emphasized) at me saying that there was, somebody was making a Kleinian interpretation to this child. While this was going ...And I thought, what the hell is going on here?!”

Strangeness experienced as compelling

“No real knowledge of what the language that was being used or the way that people were talking to the children or the way that things were understood. I mean I did find it quite compelling.”

Curiosity about influence of attunement to emotions now on influence of approach to film “I wonder what I would have done with some of the material in those films. Ummm, had I been less... Had I been, been more in tune, actually.”

Experience curiosity about how enhanced understanding of self and other people might influence approach to filmmaking now

“I think it would be a, a very interesting because I think I understand not only myself better, but people better through the training. I kind of understand more about how people work.”

Experienced shift towards psychoanalysis and clinical occupation while film work faded “my filmmaking gradually sort of faded out and I started... I sold all my camera kit to pay for my analysis”

Experienced introduction to psychoanalysis more through shift from youth work to TC than from TC to training

“the work moved from youth work to TC's, which, so there was a, a good that, that was where I got my grounding in psychoanalytic thought.”

Experienced transition from filmmaker to CAPPT prior to beginning training

“my transition from filmmaker to urgh... To, to, to psychotherapist. Psychologically, I felt like I was already kind of underway with that before I got on to the, the training.”

Experienced return to working with children as compromise driven by lack of stable film work “the only thing I knew how to... To do was to work with children and young people. Which was, you know, I wasn't... I didn't feel myself to be interested in that at that point.”

Experienced advance in professionalism but time still occupied variably

“I then finished in my late 30s. Then after that it was a real mishmash still [...] I had a child at that point, so I [...] did some work to fit in around that. So I was doing the after school club still, but I was starting to get... I was starting to get proper film work”

Experience of events resonant with emergent personal interest and experience at that time

“training for me, really, because it had, it was about the similarities and differences between infant observation and documentary filmmakers”

Struggle with personal experience of parenthood despite knowledge and profession

“I wasn't there and there were times that, that what it really needed in his adolescence, what it really needed was a, a collaborative couple. And we weren't able to be that. So, he was under CAMHS. He was, he had a, quite difficult adolescence.”

Sensitivity to permeability of the personal and professional

“Because you are, your tools are your mind essentially. You know, if you're... If, if I'm... Ever in struggle or, or... Feeling like I'm having, kind of adverse experiences in my external life, things can feel quite precarious in that sense...”

Uncertainty about ability to manage anxiety and tendency to impose order

“I can feel that there's a temptation in me to, to, to impose an order mentally, in my mind, and perhaps on the, on the material and in my interpretations... That comes from a kind of... Not being able to manage the, sit with the anxiety for them very well. I mean, I think it doesn't... I'd like to think I've got a good handle on that, but I, but I can feel it as a current in the, in the work sometimes”

Turbulence leads to change

Experience of working with children lifeline in a crisis

“there was suddenly ummm, no, no money around and I had a panic at that point. I needed to earn some money and the only thing I knew how to... To do was to work with children and young people. Which was, you know, I wasn't... I didn't feel myself to be interested in that at that point.”

Emergency leads to experience of occupation unprepared for, distant from and resistant to

“(with emphasis) No part of me wanted to do that at that point. But I was just, it was just a complete emergency and, and... I went to... See these people. And it was miles away from where I lived. And I did my first shift without any real training or anything.”

Experience personal crisis due to external world crisis

“in the sort of financial downturn, a loss suddenly had a... A time where I lost loads of contracted film work all in one go had things lined up for the year... And there was suddenly ummm, no, no money around and I had a panic at that point.”

Experienced personal and professional transformation after working through turbulent period of life in analysis

“I felt that there were lots of things going on in my personal life that I think had, had those, had those currents been allowed to continue, I would have, I would have really crashed and burned at that point. So. So I was in my late 40s, my mid 40s at this stage. But it was a kind of, there was a...Time of... Where a lot of people I think you know quite often people have... A feeling of, not knowing what they're doing, or what they're doing or... You know, some kind of sense of futility or whatever. But I was... I was, I was in the whole thing was really wide open, so it transformed me as a person, but also as a... Professionally.”

Towards confidence and stability

Qualitative difference of internal and external insecurity as filmmaker with experience of internal and external security through process of analysis and training as CAPPT

“there, there is something about that. There, there was an insecurity for me about being a filmmaker that I think is not there now.”

Confidence in capacities as CAPPT due to commitment over time and experience of analysis and training

“that precariousness that I was in while I was a filmmaker, financial precariousness, the umm. That sense of, sort of an internal insecurity which was, which was acted on by my analysis and the training. That's, that's a big difference in terms of how I feel about myself and the world, (softly) I think. And I like, I like the fact that I kind of, I know that I'm a therapist and I know it from the inside but I also know it because there are lots of people telling me that I'm, I am a therapist and I have a kind of a certificate to prove it. It's kind of... Something more solid”

Confidence in ability to face the intensity of CAPPT

“I work with quite traumatised children, so the, the, the feelings in the room are always very powerful and it's very, there's a lot of acting out and lots of kind of... Sometimes physical violence and things like that. But, but I still kind of feel like there's something solid now I know what I, I know... Standing on more solid ground than I. was when I was a filmmaker.”

Appendix K²³

Group Experiential Themes (excerpt)

C. RESIDUAL INFLUENCE OF PAST OCCUPATIONS ON WORK AS CAPPT²⁴

Past occupations are present in the experience of conceptualising one's approach as therapist

Experience of events resonant with emergent personal interest and experience at that time

"training for me, really, because it had, it was about the similarities and differences between infant observation and documentary filmmakers"

Work Discussion seminar helped to understand how people cut off from or engage with the emotions of redundancies

"What it helped me think about was that I was in an organization undergoing massive change in 2010 with the Health and Social Care Bill. We went through three rounds of redundancy [...] it really helped me think about the dynamics of an organization, how people react, and how they either cut off from or engage with emotions in such an environment."

Experience storytelling as aspect of filmmaking that carries over to CAPPT

"there are definitely there are aspects of being a filmmaker which I think are definitely still with me; in my work. So, and particularly documentary filmmaking. (█: OK) Because obviously there's a, there... It is still storytelling, but it's a, it's a kind of an observational medium I suppose."

Alive to visual phenomena in experience of CAPPT

"a sense of the visual, which I think probably enters into the work sometimes. The psychotherapy work. (█: OK) Which I wonder whether that, that filmmaker part of me is more alive to when I find myself more in tune with visual things"

Experience change in perspective of aspects of identity and experience that constitute current understanding of identity as CAPPT

"it's made me think something about what it is about the filmmaker part of me and the father part of me and, and the political activist part of me that is, that are still kind of running around in my head, being part of the, the work that I do now."

Training in the █ tradition resonated with experience as a teacher

"that's kind of why I chose to train where I did and to kind of continue, I guess, in the █ and sort of trained at █. I was really thinking about her and like where she came from as a teacher and kind of her professional life and how it developed and... that is perhaps partially to do with having been a teacher myself but also to do with the training I had"

Teaching work as frame of reference for developmental stages of current patients

²³ Care has been taken to remove Identifiers but initials were used for the original

²⁴ This heading style marked the Superordinate theme while lowercase-bold indicated subthemes, which were removed in the re-drafting and writing up process of the Analysis of the Findings section.

“a lot of my patients are not typical latency children, so they're not really doing typical latency things”

Teaching in primary school helps to understand encounters of deviations or delays in developmental stages of adolescence

“... Sort of being a teacher and having been around lots of children who were for the most part kind of on track developmentally. I think sort of really gave me quite a good reference point to then sort of think about where things go a bit off course and what that means”

Work with children also process of testing hypotheses

“I think the influence is again the methodology. [...] You never know what you're going to find, and you, you have a hypothesis and hope that you will find something. But, so I think those two qualities have been useful in my work with children” **IP**

Play and thinking carry over from [REDACTED]

“I'm a player and a thinker and, the thinking part... Well both of them I did with [REDACTED].”

Play as measure of development understood through previous occupation

“what teaching really helped me to do is to place play in a kind of developmental context in terms of what's, what's sort of developmentally appropriate.”

Playing with ideas in science equates to playing with a child in therapy

“it's totally synchronous, I mean, playing with ideas is what empirical researchers do. You're open to difference. You're open to ideas and you entertain them. So you don't go in with a fixed idea of what you will find, or a fixed dogma, or a fixed belief. You play with ideas all the time, you have to be very open. And I think it's the same in playing with the child.”

Formulation informed by experience as teacher

“So kind of now that I'm sort of like, like kind of thinking out loud about the similarities between him and the boy that I taught when I was a teacher. I think they probably have very similar not backgrounds, necessarily, but sort of core conflicts, I guess like the core personality issues.”

Helpful to adapt skills in managing groups to therapeutic role

“experience of running the toddler group was really helpful to help me to think about how I can... I guess, like, adapt the ways of kind of managing groups of children that I learned as a teacher,”

Past Occupations are Present in what one does as a CAPPT

[REDACTED] informs technique and understanding

“It's a way of thinking. It's a way of thinking fast and responding fast. I think it informs the way I am in every...Everything, every interaction, everything I approach.”

Dexterity from lab work helps in CAPPT

“I think the science teaches dexterity. Particularly advanced working in a laboratory with molecules. It's high precision dexterity. And I suppose that's helpful in drawing and crafts.”

Sometimes skills need to be toned down in order to be sensitive to the patient's deficits

“sometimes I do be more mindful and not always catch the ball. And if I'm with a three-year old

who's not able to catch and he gets upset because he can't catch it, I'm going to be very careful" (laughing).

Reflex responses to situations that come from experiences as teacher

"I guess that's just like a ref-reflex. And I don't think I'll ever be able to, like, get that through, get out. And that's (To herself) what's another thing, would be like. They've got shoelaces undone and I'll be like you need to do up your shoelaces and be like I can't do it. I'll be like, I'll do your shoelaces for you"

Experienced coming together of importance of 'slow watching' as analytic tool in filmmaking and CAPPT

"the kind of similarities and the, the, the crossovers and the differences were all really apparent. And so I really felt that that, that. I really feel that that sense of... (longish pause) The kind of slow watching of what's going on and trying to figure things out as, as a process. I think that's a really natural fit with psychotherapy."

Past Occupations are Present in Interactions as a CAPPT

Able to stay with patient despite incongruence between subjectivity on both sides

"I will stay with the patient wherever the patient is and I will listen to the subjectivity of the of the patient, of course (MR: Mmm). So it's, it's a slightly different thing, of course I have to views. I have views on many things, on everything. But I'm... when I'm with a patient, a child patient, and most of my children patients are young, very young, so they're in the process of forming a gender identity. Ummm I try and understand them and stay with where they are. I mean, I certainly try not to impose any of my thoughts on them, although it's inevitable that my approach or what I think will be felt to some extent."

Awareness of impulse to overidentify with patient's sense of themselves through film "where I suddenly felt I had to kind of pull myself back from, from my kind of wanting to have a conversation with the child about how fucking brilliant I think this film is, or why I think it's so great. And, and I feel like I'm kind of going off task if you like. Because cinema and film, and the filmic language has always been one of the ways in which I've understood myself, too."

Parent work improved by experience of working in male and female dominated environments "I think it helps me to work with ease with the parents of my patients with the dads, the men and the women"

Curious about being needed and its relevance to teaching and therapy

"the feeling that you get when you're a teacher of like being needed all the time and that also being quite a powerful thing that I think was again around in my mind, even in an unconscious way in terms of thinking about being a child psychotherapist."

Responsibility felt more deeply for a patient than the class

"it's it may be a bit different from when you're a therapist, and that's your patient. Like if a case breaks down or something. I think maybe I would feel that more deeply. Like I was responsible a lot more than when you know, you're actually also responsible for all these other children as a teacher and so you can't give all of your time to this child."

Amorphous influences that inform intuitive responses to patients

"it's become part of how I respond like intuitively to patients in a way that is perhaps partially to do with having been a teacher but also to do with the training I had, or, you know, my supervisor"

Experience patient's as having an intuitive sense of biographical details about him through experience of him in sessions

"There must be a feeling, I think, that when you're in a room with a child where they had a sense that you, you know the territory"

Becoming conscious of identification with [REDACTED] the teacher

"maybe it's sort of entered into my way of working more than I realise. As in maybe it's sort of, how I, it's like kind of, it's become part of how I respond like intuitively to patients in a way that is perhaps partially to do with having been a teacher"

Aware of competitiveness

"You know, I'm careful not to win immediately in three moves ([REDACTED]: Right) That's what I meant. But thankfully, you know, my analysis really sorted out my competitiveness." (joking)

Aware of competitiveness in self so can think about meaning in work

"You know, don't just let children win. So, I certainly will push to the extent that I think it would be helpful for them."

Used skills developed in previous roles to access resources to address difficult situation at school and in therapy for this boy

"my commitment to thinking, look, we have to just find the right resources, stick at it with him, and get people to stick with him, came about because the school said, 'We can't deal with him.' Very quickly, I found myself in a meeting with his grandma, the school, the local authority, education, and other professionals, who were saying 'We can't have this boy swearing in our school and behaving as he is, so he's gonna have to go,' and I just said in the meeting, 'Absolutely not.'"

Aggression resonant with current work with patients

"He was very aggressive to me, I guess. So, it kind of reminds me I suppose of interactions that I've had with patients, since I've trained."

Ambition for success in work with mutism, started in experience of teaching

"I feel like I've got this fantasy that he'll talk to me and then that will be like my thing. It'll be like, another success of like making some you know, like helping someone come out of their shell. It's sort of a quite sort of Narcissistic exercise on my part."

Selective mute patient resonates with experience of teaching a selective mute boy

"A boy that I taught... I think in my second year, he was selectively mute. And I have a patient at the moment who is selectively mute"

Patient found a way to connect to him through use of visual media

"It felt filmic, but it also felt really instant and raw."

Positive reciprocity through visual metaphor

"just spent a lot of time doing those kinds of... Those kinds of gestures that, that communicated what was going on for her in a way that I felt like I instantly sort of had an under- an understanding

of I, I think that was related to a deep familiarity with... With, with the kind of, with the, with the...
The poetic aspects of the visual image and the cinematic image”

■ experiences his patients as having an implicit sense of his understanding of film when they engage in this topic

“I'm pretty sure that I reveal myself in that sense in that in that and even if I'm not saying well, I really like that film or anything as far as that they... I think they know that I understand film.”

Past Occupations are Present in Experience of Understanding One's Patient

Experienced resonance with patient's use of mediated visual metaphor

“the things that she was doing on there was using visual metaphor were... They were just... They felt known to me and I think she then felt known in that, in that way”

Drawn to understand and motivated to address troublesome children and children with difficulties

“When I worked as a teacher, there were always children [...] getting into trouble or who had difficulties, and I think I was quite [...] drawn to try [...] I never wanted to give up on them, and we've got to understand why this boy, the only thing he wants to do is draw, and he can't [...] He really struggled with maths or English or science and then tries to take the stick insects and pulls his legs off [...] I felt I had an obligation to try and understand what was going on [...]”

Experience of making sure that patients were involved in decision making as significant experience to current work as CAPPT

“I was in that part of the NHS where [...] my job was communications [...] responsible for making sure that patients were involved in the decision-making around services. [...] I find it hard to [...] see how one influences the other [...] it's very hard to [...] quantify it, but I do think [...] those things are there together”

Being foreign helps to understand families' cultural context

“All kids in this country pick up that I'm a foreigner, so it immediately is apparent, maybe less so than when I arrived than when I arrived to train but that's another area of... That's part of my identity that I think helps me understand some of the children and the families I work with because I know their cultural context,”

Online sessions resonated with filmmaker part of him

“it was quite interesting territory and she was able to... Show me things that I felt like I was quite in tune with because I understood the visual medium”

Provoked by and sympathetic with patients' cathexis of anger in political causes because of resonance with ■'s personal experience

“There's a part of me that feels riled in a kind of, at their stridency, because I recognize what I feel like I used to be like. There's also part of me that, that has a, has a kind of a sympathy for it, because I remember that level of anger and frustration”

Interested in how patient used visual media to communicate feelings about abuse

“Lots of a feeling of real intrusion going on or seduction or those kinds of things. And when she got online. She was initially quite frustrated with it, but she was doing all sorts of things with the camera on the, that, that were, kind of instinctively and, you know, they felt sort of known to me in some ways”

Knowledge of female experience because of personal experience

"I know girls pretty well because I was a little girl once upon a time."

Fact of being a parent holds significance both internally and externally in experience of CAPPT for both patient and ■■■

■■■: And what about for your patients? Do they have a sense of that aspect of you?

■■■: They must do. I mean, obviously that is something that I wouldn't speak to them directly about"

Having experienced close contact with own child in state of distress is primarily beneficial but can intrude on work with patients

"I've been right. Right. Really close contact with my own child when he's been in states of real distress. That I see the children that I see in my work in those kinds of states. I just, it's this sort of, so again, it's sort of like I can, sometimes I can draw on that, and sometimes it feels very painful and I feel like it might get in the way of the work a little bit, but, but it's still, It's very definitely there.