

THEORETICAL ORIENTATION AS A PERSONALITY TRAIT

by

KATHARINE MACLENNAN

A dissertation submitted to the Graduate Faculty in Clinical Psychology in partial
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Abstract

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This study aims to explore the meaning of theoretical orientation among psychodynamic and cognitive behavioral doctoral students, looking specifically at the extent to which personal considerations play a role in theoretical identity. It was hypothesized that choice of theoretical orientation among psychodynamic and cognitive behavioral therapists would be informed by personal interpretation and judgment and that the two groups of therapists would differ along specific dimensions of personality.

Data were collected from 30 doctoral students in clinical psychology who identified their orientation as psychodynamic or cognitive behavioral. A personality measure (NEO-Five Factor Inventory; Costa and McCrae, 1986), a test of ambiguity tolerance (MAT-50; Norton, 1975), a projective test (Early Memories Test; Mayman, 1968), and a semi-structured interview were used to create a profile of each participant. Univariate ANOVAS were performed in order to determine differences between the two groups. Qualitative analyses were performed on early memory and interview data to provide further perspective on quantitative findings.

Findings show that, although psychodynamic and cognitive-behavioral therapists share many personality characteristics and influences on their choice of theoretical orientation, there are also significant differences between these two groups. Significant differences were found in the NEO-FFI domain of Openness where those therapists who

identified as psychodynamic showed significantly higher likelihood of manifesting traits associated with Openness than cognitive behavioral therapists. Psychodynamic therapists also scored significantly higher in ambiguity tolerance on the MAT-50. Qualitative analyses of early memory and interview data revealed how theoretical orientation serves not only as a set of guidelines that reflect the needs of the patient, but also as a framework in which each therapist has grounded her personal world-view.

These findings bring attention to the ways that the theoretical identities of psychodynamic and cognitive behavioral therapists are informed by personal proclivities and personality traits. This is particularly important to consider when making comparisons between the contributions of psychodynamic and cognitive behavioral clinicians, and will hopefully lead to further exploration of the ways these differences impact psychotherapy training, treatment, and research.

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Introduction

Certainly in part a function of my being a beginning clinician, I am often faced with a dilemma as to which technique is most useful for my patients; children and adults alike. In these moments, I refer to the suggestions of supervisors, the prescriptions of certain theorists introduced in my coursework, and to my own experience in analysis to help in my decision. Having been trained in a program that is predominately psychodynamic in orientation, it makes sense that the lion's share of the theory and technique I put into practice reflects the psychodynamic perspectives to which I have been exposed. One could say then, with good reason, that my theoretical orientation would be best characterized as psychodynamic.

However, for reasons I intend to explore further in this study, the use of this term to describe my approach to working with others has often felt like an incomplete representation of what I do and I have struggled with defining my position with one, catchall label. In part, I think my resistance to anchoring my work in a theoretical school reflects my expectation that I would have full comprehension of its theories before joining its ranks. At the same time, however, I find myself increasingly reliant on an internal compass when working with patients, one that has been constructed over many years, that reflects my interpretation of the theory I have been taught and that seems, in large part, based upon my own relationships and experiences. In my discussions with fellow students and supervisors, I have been intrigued by the various interpretations of very similar theoretical tenets and have come to assume that similar influences to my own

have impacted the theoretical understanding and the orientation with which therapists identify. This study will explore this assumption.

Below, I will review a range of positions on the meaning of an individual therapists theoretical orientation. There are currently several contradictory trends evident about the relationship between personality and theoretical orientation. In this summary, I will take these data into account and discuss how these differences may be reconciled. First, I will define theoretical orientation and discuss different factors that have been shown to play a role in therapists' choice of orientation. I will then present existing literature that demonstrates real and measurable differences between psychotherapists who subscribe to either psychodynamic or cognitive-behavioral theory as well as how there is a good deal of variation among therapists within the same orientation. I will discuss these findings in terms of the complexity of theoretical identity and how the choice of how one works necessarily reflects personal considerations. I will then present the design and methodology of the current study, which aims to further examine how certain differences manifest themselves between psychodynamically and cognitive-behaviorally oriented therapists, while illustrating and articulating how affiliation to these groups are, in certain ways, quite complex.

Literature Review

In psychotherapy research, the single most prevalent way of defining therapists is according to the theoretical orientation to which they adhere (Lambert, 1989). The significance of subscribing to a theoretical orientation is also widely acknowledged among psychotherapists. In a random survey of members and fellows of The American Psychological Association's Division 29 (Psychotherapy), Prochaska and Norcross (1983) found that 95% of the sample reported that their theoretical orientation either always or frequently influenced their practice.

Within this sample, Prochaska and Norcross found that a significant number of clinical psychologists chose to describe themselves as either psychodynamic or cognitive behavioral in theoretical orientation. These data have been replicated in surveys conducted with clinical psychologists where a vast majority of people indicate an underlying theoretical preference for either psychodynamic or cognitive behavioral concepts, whether they identify their orientation as such or not. In many of these studies, the divide between the number of psychologists within each of these two orientations was nearly even. (Norcross, Gallagher, and Prochaska, 1989; Watkins, Lopez, Campbell and Himmel, 1986; Zook & Walton, 1989).

Theoretical orientation has been defined as "a conceptual framework used by a clinician to understand client therapeutic needs" (Poznanski & McLennan, 1995) and throughout the literature is described as useful for generating hypotheses about a client's experience and behavior, formulating a rationale for specific treatment interventions, and evaluating the ongoing therapeutic process. (Poznanski and McLennan, 1995; Arthur, 2000). Repeatedly, research examining the psychotherapeutic process has asserted that

theoretical orientation is a markedly influential variable in a clinician's therapeutic practice (Norcross and Prochaska, 1982). Increasingly, theoretical orientation is being considered an important determinant of therapeutic efficacy (Beutler, Machado, & Allstetter-Neufeldt, 1994; Cornsweet, 1983).

At the same time, research examining how theoretical orientation manifests itself in practice presents compelling evidence that choice of orientation represents different things to different people, and that perhaps there are atheoretical ideas to which therapists adhere that have an influence on how they identify theoretically and practice. Some studies, for example, have shown that therapists from similar schools vary widely in their technique and in the degree to which they adhere to a particular theory (Fiedler, 1950; Najavits & Strupp, 1994). Still others show that therapists from different theoretical backgrounds work quite similarly (Fiedler, 1951). These findings imply diverse interpretations and applications of similar concepts among psychotherapists.

One of the earliest studies giving rise to the belief that theoretical orientation has complex meanings was Fiedler's study of novice and expert therapists from 3 different theoretical orientations. Fiedler (1950) found that, invariably, experienced therapists from varied orientations converged in their ideas about practice. Specifically, more experienced therapists of different orientations agreed more highly with each other than with less experienced therapists of their own orientation in their concept of an "Ideal Therapeutic Relationship." Fiedler's later findings (1951) gave support to the notion that therapeutic effectiveness has more to do with the therapeutic relationship than with the theoretical orientation of the psychotherapist. He hypothesizes that, "While knowledge of theory is apparently not related to ability as a therapist, it is quite possible that knowledge

of theory permits the therapist to view the patient's behavior in terms of an integrated framework and thus permits him to feel more secure" (Fiedler, 1951). In commenting on the contribution of theoretical knowledge, Fiedler suggests additional aspects of one's practice and ability as a therapist (namely, sense of security) that appear influential to the way she works, yet unrelated to the specific theory she identifies with. Here, Fiedler suggests that one's theoretical orientation is only part of the picture in therapeutic practice.

More recently, the impact of atheoretical factors on a therapist's work has been evident in Orlinsky's (1993) research on the development of therapists over the life span, wherein he found that the greater the discrepancy between therapist's ideal and actual view of herself, the greater the therapist's subjective experience of difficulty in practice, as well as the lower the subjective rating of the therapist of her own skill. Similarly, research has shown that when comparing therapists from similar orientations there is significant variability in terms of practice and conceptualization of a case. Johnson and Brems (1991) offer an explanation for these differences by pointing out that therapists' broad "identification with simple theoretical orientation labels is vague and laden with personal interpretation and judgment."

In exploring the meaning behind theoretical position, Atwood and Stolorow (1993) discuss the necessarily subjective elements of any given theory and observe that disparate theoretical positions typically concern "not specific phenomena but rather the opposing and hypostatized images of human nature within which those phenomena are interpreted". This notion has raised the question of whether theoretical orientation might serve primarily as a framework in which each therapist can ground her personal world-

view, rather than simply as a set of guiding principles that reflect the needs of the patients. Emphasizing what they feel is the subjectivity of theory, Atwood and Stolorow explain that “it is not simply that each theory is the expression of the limits and biases of the theorist, but also that other persons in their reactions to theoretical ideas are similarly subject to these influences”. Ultimately, they propose that attitudes towards theoretical material will be profoundly affected by the theory’s degree of compatibility with the therapist’s personal reality. For psychotherapists, then, this position implies that their theoretical orientation reflects, in part, those principles that have guided them through their own life struggles.

Some theorists have taken the position that therapists necessarily work intuitively and rely on ‘implicit theories’, or un verbalized assumptions, about people and the significance of their behavior in making decisions about how they will work. Kottler (1986) writes, “All therapists are theoreticians. We harbor our own unique ideas about how the world works and how therapy ought to be conducted. No matter what school of thought we align ourselves with, we have our own individual notions about how...to work.” Here Kottler seems to be suggesting, akin to Johnson and Brems, that the real theory that guides the therapist in her work is more personal and unique and perhaps not well captured by a catch-all label such as “psychodynamic” or “cognitive-behavioral”.

Shoben (1962) writes about a therapist’s theoretical orientation as a “personal trait” that is made up of explicit theoretical positions and implicit assumptions about the work he or she does. He writes that theory “is inevitable” to the clinician who is charged to discover or create some order, and to find meaning, in the world of another. And, because theories are necessarily abstractions, Shoben (1962) writes that they are

“somewhat imperfect tools” for accomplishing this task. “To the extent, then, that one’s “choice” of a theory depends on something other than the internal consistency of a system of ideas, its comprehensiveness, or the degree to which it is clearly buttressed by evidence that meets the criteria of scientific validity, it seems at least possible that mere personal and temperamental factors may be determinative.”

Shoben hypothesizes that explicit theory of behavior (i.e. theoretical orientation) is likely to be related to a therapist’s implicit one. As a result, identification with a particular theoretical viewpoint, then, is “partly a function of the extent to which such ideas validate one’s inarticulate and implicit impressions of how behavioral events can be ordered and understood.” Shoben stresses the importance of therapists becoming aware of their implicit theories. “Since theories are inescapable in the ordering of data with which we work as counselors, it would seem important to hold them as explicitly as possible and to examine their influence on our judgment and on our professional conduct with....unsparing honesty. It seems essential to recognize that a theory is a tool of discovery, chosen partly because of the utility it has had in our discovery of ourselves and the ordering of the events and experiences out of which our own lives are made.” Shoben here makes an important comment on the influence that factors, both in and out of awareness, can have on a clinician’s choice of theoretical orientation and on work with patients. From this perspective, it is interesting to consider that theoretical orientation can be understood to represent those ideas that have at some point been useful to the individual.

Certainly theory is a powerful tool in the effective use of individual resources and it can also help to point directions and aid in the selection of more promising therapeutic

techniques (Ginzberg, Ginsburg, Axelrad, and Herma, 1951). However, when compared to other sources of influence on professional choices, theory alone has often taken second place to more interpersonal and emotional experiences in one's personal life. Asking therapists to rank various sources of influence on their development, Skovholt and Ronnestad (1992) found that participating therapists spoke mostly of personal impacts and least about the impact of empirical research. Orlinsky et al.'s findings, based on a large and varied group of psychotherapists, yielded similar results, indicating that across theoretical orientations, nationality, and professional training, psychotherapists rated the most important influences on their professional development as practical and experiential learning situations. These studies are particularly important for their insight into therapists' conscious accounts of influences on their development. They also raise the question of how these more personal influences impact the choices therapists make about which theory is most useful to them and why.

Ginzberg et al. (1950) write of the various perspectives on how people make decisions about their occupation and describe three alternative hypotheses that seem relevant to the present discussion on choice of theoretical orientation: the "accidental" theory holds that individuals stumble into their lives' work and rely on external factors of exposure and chance circumstances, ignoring a wide range of individual options; the "impulse" theory assumes that internal psychological needs or a powerful impulse determine or condition choice of occupation; the "pedagogic theory" asserts that certain occupations are appropriate for certain personality types and that, with proper counseling, individuals can make an informed choice that is neither accidental nor based on impulse.

The intent of this review is to explore the possibility that all three types of factors (chance, unconscious, and conscious) may play a part in choice of theoretical orientation.

For those who embark upon a career in clinical psychology, the initial decision about orientation is often determined by the school that accepts them and at a time when the many routes available are not familiar enough to allow for a fully informed choice. Karl Menninger (1957), in his essay on the selection of medicine as a profession, points out several key factors that play a role in professional choice. For professions that require a significant amount of preparation and investment of time in order to practice, which can certainly be said of clinical psychology, Menninger suggests an inevitable naiveté of the student who is faced with making decisions about the way she will work. "...Since (the choice of preferred life work) must be made ...when knowledge of the world is far from complete and when life experiences have been relatively limited, to a large extent, the decision must be made on the basis of chance, childhood impressions, and the advice, counsel or inspiration of others. Such external influences are sometimes conscientiously solicited and utilized, but perhaps most often automatically acquired and unconsciously organized in the process of a definite decision." (Menninger, 1957).

Although emotional maturity is often a prerequisite for entrance into many clinical doctoral programs, and students often come to the profession inspired by certain life experiences, Menninger's point is useful in thinking about *how* they interpret these life experiences and in turn how they choose which aspects of a given theory guide will guide them in their work. Menninger points to partly "accidental" factors (i.e. orientation of graduate program that accepts you) that play a role in the theory to which a student is exposed. He also suggests the likely impact of other factors, both conscious and

unconscious, that play an equal if not more powerful role in a person's decision about how to work, and in turn to which theoretical orientation he or she will subscribe.

Menninger writes, "When the time comes to choose a career, childish interests are not abandoned in favor of adult interests, but rather rephrased in adult terms." How aware one is of the factors at play in identity, and the extent to which one consciously "chooses" her orientation is a compelling question to me and primary in this paper.

Mayman (1968) writes of how the patient replays on the therapeutic stage, so to speak, deeply ingrained expectancies that shape each important new relationship he or she establishes. He emphasizes, "Conscious reflection about oneself can at best be only a limited source of knowledge about the self in all its depth and complexity." In the same vein, it is compelling to consider how these ideas may apply to a therapist's choice of how to work with another, as reflected in choice of theoretical orientation, or how her understanding of what it means to work with another might be influenced by these ingrained expectancies. As others have suggested, conscious accounts of those factors that have influenced the therapist's work is only part of the story. (Menninger, 1957; Shoben, 1962).

That theoretical orientation is not a hard and fast representation of a specific set of theoretical beliefs or method of practice has been shown in numerous ways throughout the literature. As discussed, some theorists have speculated about the existence of highly personal beliefs that influence a therapist's way of working, more or less independently of his or her "official" theory. But the elasticity of theoretical orientation is not without limits, and personal factors may not only influence how the therapist interprets or uses his or her designated orientation but also which orientation with which he or she identifies.

This in turn raises a significant theoretical question about whether there are personality traits that are particularly suited for particular orientations or more likely to lead to certain choices of orienting theory.

Theoretical Orientation and Personality

As mentioned earlier, there are several trends in the literature on theoretical orientation and personality. Theorists have taken a number of positions on the relationship between these two variables and have approached the question with varying methodologies and outcomes. Some have suggested a direct relationship between character structure, personality and choice of theoretical orientation, indicating that a psychotherapist's affiliation with a theoretical orientation is based on personal tastes and preferences (Ellis, 1978) as well as a desire to relieve inner psychic tensions and to meet unconscious motives and drives. Others have stressed the overriding significance of "accidental factors" (i.e. orientation of graduate school) on orientation, in spite of, and sometimes in conflict with, the personality of the therapist (Cummings & Lucchese, 1978; Menninger, 1957). Still others suggest that the topic is misguided. Lazarus (1978), as an example, writes that "there are as many personality differences among therapists who share the same orientations, as between therapists of different persuasions" and suggests that attributing a certain personality type to a particular theoretical orientation merely perpetuates "unfortunate stereotypes".

A majority of the empirical research geared towards exploring the relationship between personality and theoretical orientation has looked specifically at those therapists who are affiliated with psychodynamically based and cognitive-behaviorally based orientations which are seen as representing "extreme poles on many dimensions of

clinical intervention” (Wogan & Norcross, 1985) with their “pure forms” viewed as inhabiting the outermost ends of the theoretical spectrum (Messer & Winokur, 1980). The primary theoretical difference between these two orientations is found in their beliefs about human behavior and how change occurs as well as in the respective methods that reflect these assumptions.

For psychodynamic theorists, human behavior is often driven by motives that are not readily apparent. Change occurs gradually, as a function of insight into the individual’s motivational system, which is gained through exploration of his or her developmental history and its impact on current functioning. The psychodynamic therapist, who is understood to represent important figures in the patient’s life, facilitates the exploration and the expression of important dynamics.

For cognitive-behaviorally oriented psychotherapists, human behavior is more than a function of the individual and is directly related to external, situational influences in the patient’s life as well as ingrained beliefs and expectations of the self and the outside world. Basing their views on a more educational model than psychodynamic theory, cognitive behaviorists understand change to occur as a function of an acquired set of learning skills that help the patient cope with current life problems. In this model, the therapist can be likened to a teacher, who instructs the patient in more adaptable ways of behaving.

The following summary of studies will review a selection of research about the relationship between personality and theoretical orientation. Those data comparing psychotherapists from cognitive-behavioral and psychoanalytic orientations will be the focus of this review. Notable strengths and weaknesses of the research will be highlighted

and discussed in terms of how they inform the development and hypotheses of the present design.

In their study of treatment outcomes of “brief psychoanalytic and behavioral therapy”, Patterson, Levene, and Breger (1971) examined the relationship between theoretical orientation preference and personality of 11 psychology and psychiatry trainees, 2 consultants, and three research staff members, using the California Psychological Inventory (CPI) and a variety of attitude scales. Their findings revealed two factors: a factor that was distinctly behavioral and a factor that was less distinct, but in which participants endorsed a preference for client-centered therapy.¹ Those participants who positively evaluated a behavioral orientation were characterized to be extroverted, self-confident, dominant, and low in social maturity. Their attitudes towards their patients were described according to the test measures as “benevolently protective” and they viewed mental illness in terms of “common sense concepts”. The authors point out that this factor was staff dominated, in that the consultants and research staff had the highest and lowest loadings on this factor. The client-centered factor, reflecting primarily trainee data, was characterized by those with a benevolent attitude towards mental illness and with psychological traits having to do with self-control, desire for status, intellectual attainment, psychological mindedness, social responsibility. It also indicated some doubts about the self. (Patterson et al, 1971).

Clinical interpretation by psychologists trained in CPI analysis distinguished between those therapists who preferred brief behavioral therapy and those who preferred brief psychoanalytic therapy. Specifically, those therapists preferring brief psychoanalytic

¹ It should be taken into account that the number of subjects was very small for a factor analytic study.

therapy were described as “Self-assured, controlled, highly socialized and psychologically complex. People who have profound problems about themselves - not of a pathological type - but with complexities to resolve. Traditionally-oriented, the inner life of the other person is of concern to them.” (Patterson, et al, 1971). Those participants who preferred behavioral therapy were described as “Person oriented. ‘Get something done’ rather than relationship oriented. Gregarious people. Impatient. Wouldn’t sit back and let the patient tell his story. Would be prone to interrupt, take over.” (Patterson, et al. 1971) Overall, however, behavior therapists evidenced a more distinct cluster of personality characteristics than did psychoanalytic therapists.

Patterson and colleagues used a particularly small sample in their investigation but their design and outcomes raised some important questions to consider in future research. Their use of trainees to understand the relationship between theoretical orientation and personality brought to bear the notion that less experienced therapists (i.e. graduate students) may share certain personality characteristics and attitudes that distinguish them from more experienced therapists. The finding that there was a more distinct personality profile for those who endorsed more behavioral attitudes than for those who preferred more client-centered psychotherapy raises the possibility that those therapists who tend towards more psychoanalytic thinking in their work may be a more heterogeneous population than those who practice behaviorally.

In 1978, Herron studied the relationship between personality traits and theoretical orientation in 21 graduate students in clinical psychology. Theoretical orientation was determined by asking students to rank order their preference of three unlabeled statements affiliated with either psychoanalytic, behaviorist, or humanist orientations.

Student's level of self-actualization was measured using the Personality Orientation Inventory (POI; Shostrom, 1972) and the relationship between these two variables was then correlated to determine any significant links.

Herron's findings suggested a relationship between personality and theoretical orientation, based on the personality profiles and rank order of theoretical statements. Most of the participants in this study ranked the statements in an order that revealed a preference for psychoanalytic, humanistic and then behaviorist theory. The POI profile for these participants characterized this group as falling within the range of self-actualizing people, having high scores reflecting sensitivity to their own feelings and lower scores reflecting low self-acceptance. Those participants who did not indicate a preference for psychoanalytic theory also had a somewhat different personality profile from those who did, thus further supporting a relationship between personality and theoretical orientation.

Although these findings do suggest that personality is in some way predictive of orientation, the methodology used is limited and leaves open some important questions about the meaning of the data. For example, where these participants trained, and what aspects of the theoretical statements resonated with them, and how these factors influenced their rankings would be helpful in understanding any complexities in the participant data. Furthermore, whether or not there would be agreement between Herron's theoretical designation of these students and the students' own reports of their theoretical orientation is also worth considering.

Using a larger subject pool and more clearly defined variables, Tremblay, Herron, and Schultz (1986) used the Personality Orientation Inventory (POI; Shostrom, 1964) to

assess 180 psychotherapists to examine the relationship between therapeutic orientation and personality. Focusing exclusively on those psychotherapists who were strongly committed to a self-designation of either psychodynamic, behavioral, or humanistic theory, Tremblay and colleagues set out to investigate whether there was a relation between self-designated theoretical orientation and personality as measured on a standardized personality questionnaire.

Although separate personality profiles emerged for each theoretical group, as expected, there were some unexpected findings that call into question conclusions reached in past studies, particularly in regard to differences between psychodynamic or cognitive-behavioral therapists. Where it was predicted that psychodynamic therapists would endorse more of a focus on the past than therapists from the other two groups, the study data instead revealed no differences between any of the three theoretical groupings in direction of focus. Where past studies showed that behavioral therapists tended toward a more extroverted personality than psychodynamic therapists (Patterson et al., 1971), this study found that psychodynamic therapists were equally as extroverted as their behavioral colleagues.

Also interesting in this study was the finding that the psychodynamic profile was completely a shared one. All features that described the psychodynamic participants were common to at least one of the other two groups. Psychodynamic therapists shared with behavioral therapists “being outerdirected, limiting the affirmation of self-actualizing values, and limiting their spontaneous expression of emotion.” With humanistic therapists they shared “flexibility, acceptance of personal aggression, sensitivity to their own feelings, and the development of intimate relationships.” (Tremblay et al, 1986.). Those

characteristics that emerged as unique to behavioral therapists were “relatively limited flexibility, acceptance of their own feelings, and development of relationships.” The authors point out that these traits appear in accord with the objective, rational approach of behavioral theories. (Tremblay et al.; 1986).

Overall, Tremblay et al.’s findings gave rise to a more general picture of all orientations as having healthy personalities, with overlapping, but separate, personality patterns for each of the three groups. Based on her findings, Tremblay described a “therapist personality” comprised of “a focus on the present, strong self-acceptance and self-regard, synergy, and a constructive view of the nature of humanity.” (Page 109). Tremblay’s use of a large sample size give her results notable power but it is worth considering how her use of a broad personality measure may have limited or even distorted her findings. It is also worth questioning what factors contribute to a shared personality profile among groups and, recalling Menninger, to what extent these similarities reflect similar professional missions among all therapists.

Recently, Arthur (2000) used the Millon Index of Personality (MIPS; Millon, 1994), a new personality inventory chosen for its comprehensive assessment of personality and two other measures of epistemic belief (OMPI; Johnson, Howey, Reedy, Gribble, & Ortiz, 1988; PEP; Royce & Mos, 1980), to assess 247 psychotherapists. He did so through mailed information questionnaires, personality and epistemological inventories, and three theoretical orientation questions that explored clinicians’ commitment, satisfaction and adherence to their theoretical orientation on a 5 point scale.

Overall, Arthur’s findings supported the hypothesis that committed and trained psychotherapists from psychoanalytic and cognitive-behavioral orientations would

differ on personality and cognitive-epistemological measures and would endorse traits similar to those found in past research (Paterson, et al., 1971). On over half of the MIPS scales, orientation accounted for significant differences in personality and cognitive style and, although to a lesser extent, epistemological style measures also showed support for difference between the two orientations. At the same time, reminiscent of Tremblay's findings, Arthur also found that the two groups shared similarities, particularly within the interpersonal domain of the MIPS. Psychoanalytic and cognitive-behavioral therapists indicated similar levels of attention paid to internal and external cues for information and similar levels of need to nurture others. On the epistemological measure, both groups shared the value of clear thinking and analysis as well as a commitment to reliability and validity of observations.

Reminiscent of Fiedler's (1950; 1951) findings, Arthur's data indicated that level of experience had an effect on the relationship between orientation and personality such that, with more experience, therapists within the two orientations seemed to share similar philosophical worldviews. On both the personality and the epistemological measure, differences occurred at the novice level with the total difference between groups in epistemological style accounted for by experience. In terms of satisfaction and commitment to their orientation, psychoanalytically oriented therapists, overall, rated their commitment to and satisfaction with their orientation much higher than their cognitive-behavioral counterparts.

Arthur created two comparative profiles that described in what ways his study showed similarities and differences between psychoanalytic and cognitive-behavioral therapists. When compared to cognitive-behaviorists, psychoanalytic therapists were

more characterized by “the desire to avoid pain, unpleasure or negative affect. They are especially sensitive to threats and avoid unnecessary risk. They may be more aware of feelings of anxiety or depression, they did not appear to be unduly active or passive, and there seems to be a balance of the drive towards self or others. Their cognitive – epistemological style is similar to cognitive-behaviourists in the relative amount of attention paid to the internal and external world for information. However psychoanalytic psychotherapists rely predominately on their intuition rather than the physical sense for gathering this information. They then process their knowledge through the use of feeling through introspective analysis, insight, and empathy. This group often organizes their knowledge in an innovative way, being prepared to step outside cognitive structures and allow their imagination to suggest a unique understanding...Unlike cognitive-behaviourists, there is a marked tendency to use symbolic and metaphorical thought processes, and to test the validity of their perception in terms of the universality of insight and awareness. They are more likely to remain within their theoretical analytic model in both belief and practice. Whilst they may innovate within, they are unlikely to use other psychological models....Psychoanalytic psychotherapists are not unlike the cognitive-behaviourists in actual interpersonal behaviour...Novice psychoanalytic psychotherapists also have a tendency to servility, and adherence to the expectations of those they follow. However...this disappears with experience.” (Arthur, 2000).

Cognitive-behaviorists, when compared with psychoanalytic psychotherapists were, characterized by “the desire to enhance life, not just avoid unpleasure and pain. Their primary motivating drive is to seek out opportunities to develop, foster and enrich life. As a consequence, cognitive-behaviourists may have a tendency to experience less

anxiety and depression and show more signs of psychological adjustment, emotional stability, and cope better with stress....There is a strong sense of reliance on the physical senses for tangible, structural and well-defined information gathering. This orientation prefers quantitative vs. qualitative information, and is pragmatic and realistic. They prefer thinking to feeling, emphasizing the use of reason, logic, and a reduction of emotional input; whereas psychoanalytic psychotherapists may rely on their feelings to understand a patient, the behaviourist prefers observation and measurement of behaviour. They have a tendency to try to fit new information into their pre-existing cognitive system. Cognitive behaviourists are likely to be conventional, conforming, objective, and realistic in their cognitive style....Cognitive-behaviourists have less need to give or receive affection, have relationships or express feelings in their interpersonal relationships than psychoanalytic psychotherapists. Less experienced cognitive-behaviourists are more conventional, orderly, proper and conscientious.” (Arthur, 2000).

The selection of data reviewed from the previous studies, while representing current thinking about personality and orientation, also illustrates one reason that fewer and fewer studies specifically examine broadly defined personality types in their assessment of differences between theoretical groups (Beutler, et al.2004). A common criticism of this research has been that the existent personality measures are considered too general in nature and not sensitive enough to disentangle overlapping personality variables. Some have argued that research examining more specific therapist qualities would fare better than research looking at personality overall, particularly in cases where it substantiated more general patterns identified by broad measures of personality.

One particular personality trait that seems to hold promise in understanding differences among therapists is defensive style. In a comprehensive study, Ginot et al. (1986) studied the relationship between therapist orientation and personality by looking at defensive styles among 169 therapists from various theoretical backgrounds. Therapeutic orientation was measured by a demographic questionnaire and the Therapist Orientation Questionnaire (Sundland & Barker, 1962), which yielded a cluster of attitudes and opinions suggesting adherence to certain theoretical schools. Defensive styles were assessed with the CPI Defensiveness Scale (Joffe & Naditch, 1977) which asked subjects to rate as True or False statements about defensive style and the Defensive Cognitive Styles Scale (Heilbrun, 1982), which required subjects to choose from a series of adjectives to describe themselves.

Correlational analyses gave support to a relationship between therapist orientation and defensive styles, suggesting that cognitive-behavioral therapists used defenses that characterize them as externally oriented, as they redirect impulses, affects and thoughts away from the self. Therapists endorsing attitudes more characteristic of behavioral perspectives indicated a tendency to take action in a decisive manner, without further inspection, which seems related to the fact that they also described themselves as feeling self-assured. Those therapists endorsing psychoanalytic attitudes were associated with defenses that emphasized introspection as well as cognitive and objective understanding. Overall, this study found both notable differences and similarities in attitudes and defenses between groups of therapists from differing theoretical schools, supporting findings of previous studies that in fact personality variables are shared by therapists in different theoretical groups. A strength of Ginot's study is his consideration of

unconscious processes in therapists' theoretical choice. At the same time, the extent to which self-report data adequately assesses defenses is questionable and in future studies should employ different methodologies.

Ginot's defensive constellations are in alignment with the findings of others who have demonstrated that persons who acknowledge the influence of internal psychological processes are also able to tolerate uncertainty, are realistic in their thinking, and exhibit an openness to complexity and indecision that some theorists consider to be the hallmark of the psychotherapeutic process (Patterson, et al. 1971; Fogel, 1993). This style is often associated with psychodynamically oriented patients and psychotherapists (Beitel, Ferrer, Cecero, 2004; Prochaska and Norcross, 1986) and was studied directly by Beitel and colleagues.

Beitel, Ferrer and Cecero (2004) studied the relationship between a psychodynamic construct, psychological mindedness (PM), and tolerance of ambiguity (AT) as a way of assessing the validity of PM when compared to an established cognitive style (AT) and in an effort to bridge potentially similar constructs across psychodynamically and cognitively oriented audiences. Regarded as an important quality in psychotherapy patients (Farber, 1985, 1989), psychological mindedness has been defined as "a willingness to try to understand self and others, a belief in the benefit's of discussing one's problems, openness to new ideas, and access to one's feelings (Conte, Ratto & Karasu, 1996). Ambiguity tolerance is demonstrated in ability to deal with "the shades of gray in life" and lack of reliance on all-or-none thinking (Beitel et al, 2004).

Using the Psychological Mindedness Scale (Conte et al. 1996) and the Revised Scale for Ambiguity Tolerance (MacDonald, 1970), Beitel and colleagues measured the

relationship between these two constructs in 200 undergraduate students. Their results suggested that the two constructs, although related, were not equivalent. Those participants who reported an interest in psychological processes (high-PM participants) also tended to report a tolerance for ambiguity. For many, particularly those who ascribe to psychodynamic ways of thinking, these findings support clinical wisdom.

Beitel explains these findings in terms of their relationship to psychological processes. “Psychological processes are ambiguous because they are not directly observable. It makes sense that individuals who are interested in such processes would be able to tolerate the ambiguity in them. In addition, highly psychologically minded individuals are good at integrating the data of experience to create insight, a process that is one purported mechanism of therapeutic change. In order to do this, in therapy or elsewhere, one must be aware that there are multiple data in the first place.” (Beitel et al., 2004). Beitel’s comments are interesting to consider when reading Patterson et al.’s (1971) comments about the difference between behavioral and psychoanalytic therapies: “The behavior therapy method offers diagnosis and prescription in an authoritative and reassuring context...and gives the patient a concrete sense of ‘doing something’ about his problem.” In psychoanalytic therapy, writes Patterson, “A task is present...but it is a difficult one, namely, to understand subjective experience in relation to problems in living.” Essentially, the degree to which each method allows for uncertainty seems to vary by design, according to Patterson.

Ambiguity tolerance has been discussed in terms of its importance in the therapeutic process. Werman (1979) suggested that those patients who are open to new ideas and discussion of new ideas do better in psychotherapy because of their ability to

tolerate the ambiguity intrinsic to their psychotherapeutic process. Fogel (1983), described how psychologically minded individuals are masters of ambiguity, and at times use this embracing of ambiguity for defensive purposes. Using a broad measure of personality (NEO-FFI; Costa & McCrae, 1992) and an interpersonal ambiguity scale (SIA; Wolfradt & Rademacher, 1999) Wolfradt and Pretz (2001) empirically tested those traits associated with ambiguity tolerance. Their findings suggested a personality profile for ambiguity tolerance, in which AT is positively associated with Extraversion and Openness and negatively associated with Neuroticism, as measured by the NEO-FFI.

Summary and Statement of the Problem

The review above is intended to capture some current thinking on the meaning of theoretical orientation and the relationship between this orientation and an individual therapist's personality. Empirical research has revealed equally important similarities and differences in beliefs and practice among experienced psychotherapists from distinct theoretical schools. Researchers and theorists alike have raised important questions about the value of personality as well as unconscious factors that may affect choice of orientation and in how to work. Taking all reviewed positions into account, there is compelling evidence that there is more than meets the eye in a therapist's choice of theoretical orientation.

It seems reasonable to assume that therapists of different orientations approach the therapeutic task with different strengths. What may appear to be weaknesses from the vantage point of the *other* orientation, can be seen as a strength from within the therapist's preferred orientation. Thus, what might be considered intolerance for ambiguity could also be seen as a preference for precision and clarity. The intent of this

study is to provide a less value laden account of the strengths, life experiences, and personal styles and preferences of therapists from psychodynamic and cognitive-behavioral orientations.

The literature does suggest that theoretical orientation is a meaningful way for psychotherapists to organize their views of human nature and how change occurs. It is also a useful tool for psychotherapists in making decisions about how to practice, informing them about certain techniques that may be useful for certain patients. A number of studies have shown how theoretical orientation is directly related to the way one works with and understands her patients.

How one arrives at the decision about which orientation a therapist identifies with has been discussed in terms of the fantasies, expectations and unconscious beliefs about becoming a therapist. In addition, some have suggested that the underlying assumptions about their role, as well as how people work, greatly influence which theories with which they ally themselves. Some have hypothesized that the reason a person becomes a psychotherapist is inseparable from what kind of therapist he or she becomes.

Research has been conducted on how personality factors influence how one works as a psychotherapist. Some studies suggest that therapists with similar personality characteristics subscribe to similar orientations and share ideas about patient goals and therapeutic techniques. Psychotherapists who subscribe to psychodynamic and cognitive-behavioral orientations, for example, have been shown to differ significantly along specific personality dimensions. Still other studies have found that therapists from all orientations share certain common characteristics and have suggested a “therapist profile” for those who are drawn to work in psychotherapy, across orientations. The methods used

to arrive at these conclusions have been varied and personality has been measured broadly, with a number of well-designed and widely used personality measures, as well as through rather limited or simplistic questionnaires. More specific personality traits have been studied, and their relation to these larger, more general measures of personality have also been assessed. Where some studies have looked at these relationships with quite simple designs, others have used a variety of measures to capture a more thorough understanding of the variables in question.

Although some have discussed the value of the impact that unconscious factors have on study outcomes, none to date have done so in a particularly comprehensive manner. The result is that current empirically based data provide only part of the story about *why* psychotherapists choose the theory with which they identify. The intent of this study is to begin to explore this question and to reconcile the discrepancies about how personality and theoretical orientation are related. In an effort to further investigate questions raised about the meaning behind theoretical orientation, this study will focus on early life experiences and personality of doctoral students in training to become clinical psychologists. By using a comprehensive design to assemble personality profiles from several different perspectives, I expect that the source and meaning of any between group similarities and differences will become clearer.

The design of this study will attempt to capture the complexity of participants' theoretical affiliation from a number of different perspectives. Although a number of studies have collected information about measurable traits associated with certain theoretical orientations, few studies have been conducted that attempt to measure and document personal reflections and expectations about work as a psychotherapist. Even

fewer have gone beyond implying the presence of unconscious motives in one's identification with a certain theory or way of working. While the primary intent of this study is to collect information about which conscious and unconscious elements can be correlated with which theoretical orientations, it may also provide some insight into the extent to which assessment of personality and conscious reflections about work are in alignment with her unconscious conflicts and motives. An updated personality measure (NEO-Five Factor Inventory), a projective test (Early Memories Test), as well as interview data to create a profile of each participant will be used to explore a range of factors that may impact choice of theoretical orientation. All data will be analyzed in an effort to provide a more well-rounded assessment of participants than past studies aimed to provide.

Doctoral students who self-identify as primarily psychodynamic or cognitive-behavioral will be participants in the current study. These two groups have come to represent two extreme poles of the theoretical spectrum in psychological theory and are understood to hold disparate viewpoints about human behavior and change. The choice to use doctoral students as opposed to clinicians who have an established practice is on one hand, a logistical decision. Doctoral students tend to be easier to enlist in peer projects than clinicians. However, the decision is also made with the idea that participants will be able to provide a more vivid account of the process involved in identifying with a given orientation because of their (assumed) more recent exposure to the theories that characterize them.

While studies do support that theoretical orientation informs the type of treatment a patient receives, they also have suggested that theoretical orientation gives insight into

the beliefs the therapist holds about human nature and behavior. In this study, how therapists' work will not be addressed. Instead, the theory to which a therapist reports adherence and why will be considered.

Methodology

Thirty advanced level graduate students currently engaged in the supervised practice of psychotherapy in the New York area will be selected to participate in this study. Students will be recruited from graduate programs that are known to adhere primarily to psychodynamic or to cognitive-behavioral theory, and each subject will be pre-screened in order to determine his/her self-designated theoretical orientation. The final pool will consist of 15 subjects who identify themselves as psychodynamic in orientation, and 15 who identify as cognitive-behavioral in orientation. No attempt will be made to investigate the extent to which they practice these theories, as this is not within the scope of this study.

Fliers will be posted in clinical psychology departments of graduate programs in the New York area, inviting graduate students who a) identify as psychodynamic or cognitive-behavioral, b) are in at least their fourth year of study in clinical psychology, and c) are interested in participating in a study about theoretical orientation, to contact the principal investigator. At the time of initial contact with the principal investigator, potential participants will be asked to rate on a scale of 1-7, the degree to which they identify their theoretical orientation as psychodynamic or cognitive-behavioral. On this scale, 1 will indicate “exclusively psychodynamic” and 7 will indicate “exclusively cognitive-behavioral”. Those who rate their theoretical orientation as 7, 6 or 1, 2 will be selected to participate in the study. The rationale for these selection criteria is to include only those students who identify strongly with either a psychodynamic or cognitive-behavioral theoretical orientation. Those students who identify as ‘eclectic’ will not be included in this study, in an effort to control for overlap and to recruit only those

clinicians who maintain adherence to either psychodynamic or cognitive-behavioral theory.

Measures

The NEO-Five Factor Inventory

The NEO-Five Factor Inventory (Costa & McCrae, 1989) was selected for this study in order to provide a brief but comprehensive measure of therapist personality. The NEO-FFI is a shortened and equally validated version of the NEO-PI which was designed by Costa and McCrae (1985) to operationalize the five-factor model of personality. This model asserts that the vast majority of personality traits identified in psychological research can be structurally organized around one or more of five broad personality dimensions. Personality research has repeatedly shown this measure's utility in providing a realistic representation of the best personality assessment framework currently available (Briggs, 1989). The NEO-FFI is particularly useful for the present exploratory study given that the study aims to a) determine whether certain personality profiles are correlated with theoretical orientation and b) identify a broad yet comprehensive account of personality tendencies that might predict theoretical orientation. Given the comprehensiveness of the NEO-FFI, whether or not findings show that certain personality domains are in fact predictive of orientation, test data will still provide a thorough account of personality tendencies for each participant that will at the very least contribute to a more nuanced understanding of his or her theoretical affiliation along the dimensions described below.

According to the NEO-FFI Professional Manual (Costa and McCrae, 1992) with descriptions of an individual's position on each of the five factors, the NEO-FFI can

provide a comprehensive outline that summarizes emotional, interpersonal, experiential, attitudinal, and motivational styles. Personality is measured at the broadest level on the NEO-FFI along the five dimensions of Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A), and Conscientiousness (C). On the NEO-PI-R, each of these five domains contains intercorrelated traits, referred to by the authors as facets, which offer a more 'fine-grained' analysis of individuals or groups. Each of the five domain scores are defined as follows:

Neuroticism (N): This domain "contrasts adjustment or emotional stability with maladjustment or neuroticism....The general tendency to experience negative affects such as fear, sadness, embarrassment, anger, guilt, and disgust is the core of the N domain."(Costa and McCrae, 1992). The facets for this domain are Anxiety, Angry Hostility, Depression, Self-Consciousness, Impulsiveness, and Vulnerability.

Extraversion (E): This domain contrasts extraversion with introversion and is described according to characteristics and tendencies of extraverts (i.e. sociable, assertive, active, talkative, upbeat, cheerful in disposition, energetic and optimistic, preferring large groups, and liking people, excitement, and stimulation) and introverts (i.e. reserved, independent, even paced, preferring to be alone). Introversion is considered to be the absence of extraversion rather than its opposite. The facets for this domain are Warmth, Gregariousness, Assertiveness, Activity, Excitement-Seeking, and Positive Emotions.

Openness (O): This domain is characterized by elements of personality that frequently play a role in theories and measures of personality, but have seldom been recognized within one coherent domain. Elements of Openness are considered to be

active imagination, aesthetic sensitivity, attentiveness to inner feelings, preference for variety, intellectual curiosity, and independence of judgement (Costa & McCrae, 1992). The facets for this domain are Fantasy, Aesthetics, Feelings, Actions, Ideas, and Values.

Agreeableness (A): Agreeableness is described according to interpersonal tendencies of an individual (i.e. fundamentally altruistic, sympathetic to others, eager to help others, believes that others will be equally helpful in return.). “By contrast, the disagreeable person or antagonistic person is egocentric, skeptical of other’s intentions, and competitive rather than cooperative. . . . Just as neither pole of this dimension is intrinsically better from society’s point of view, so neither is necessarily better in terms of the individual’s mental health.” (Costa & McCrae, 1992). The facets for this domain are Trust, Straightforwardness, Altruism, Compliance, Modesty, and Tender-Mindedness.

Conscientiousness (C): Individual differences in the tendency to be active in the process of planning, organizing, and carrying out tasks forms the basis of this domain. Conscientious individuals are described as “purposeful, strong-willed, and determined” (Costa & McCrae, 1992) and a high score in this domain is associated, on the positive side, with high academic and occupational achievement. On the negative side, “it may lead to annoying fastidiousness, compulsive neatness, or workaholic behavior.” (Costa & McCrae, 1992). The facets of this domain are Competence, Order, Dutifulness, Achievement, Self-Discipline, and Deliberation.

To ensure participant confidentiality, each participant will be provided with a NEO-FFI test booklet (Appendix B) that has been assigned an identification number, will be given instructions on how to complete the measure, and will then be left to do so. There is no time limit for the NEO-FFI but typically it takes 10-15 minutes to complete.

The NEO-FFI consists of simple demographic questions (i.e. name, age, gender) and 60 self-descriptive items that are rated by participants on a 5 point scale ranging from “strongly agree” to “strongly disagree”. Scoring of the NEO-FFI involves summing raw score values for each of the five domains, converting them to scaled scores, and graphing them according to guidelines spelled out in the NEO-PI-R Professional Manual (Costa & McCrae (1992). Each NEO-FFI test will yield 5 domain scores which are then converted into descriptive ratings of either “High”, “Average” or “Low”, according to the scaled score for each domain.

The scales of the NEO-FFI measure personality traits that approximate normal, bell-shaped distributions. Thus, individual scores on each domain “will usually represent degrees of the personality trait, and more extreme scores mean a higher probability of showing the distinctive feature” (Costa & McCrae, 1992). The authors express caution in the interpretation of scores, stressing that the NEO-FFI is intended to show the degree to which an individual manifests particular traits, rather than indicating that the individual represents one tendency instead of another.

The Early Memories Test

The Early Memories Test (Mayman, 1968) will also be used to measure certain aspects of each subject’s personality and will be administered as a supplement to personality profiles created by the NEO-FFI. The decision to collect early memories is based upon the assumption that early memories are products of selection and reconstruction (Mayman & Faris, 1960; Last & Bruhn, 1983) as well as the notion that the patient repeats, in the therapeutic context, certain ingrained tendencies and expectancies which shape each important relationship he creates (Mayman & Faris,

1960). In this study, I hope to look at how this paradigm may also apply to therapists in their understanding and treatment of their patients. Specific criteria, as described below, will be used to assess individual aspects of each participant's memory. These data will then be analyzed for their relationship to each participant's theoretical orientation.

Mayman writes, "Psychoanalytic self-concept research would take care not to lose touch with this more deeply personal, less conscious dimension of self-experience. There is more to oneself than one can himself see. One is a particular self more fully than he knows that self, and he is that self to the exclusion of other possible selves he unconsciously fears or hopes to become. Conscious reflection about oneself can at best be only a limited source of knowledge about the self in all its depth and complexity." (Mayman, 1960). It is my expectation that collection of each participant's earliest memories will provide more information about therapists' unconscious patterns of relating and how these might mimic their early relationships as they may have experienced them at a formative time in their identity.

Mayman writes of 'identity patterns' that emerge in understanding the person one has become, which include her "object representations, self-representations, significant introjects, and the relations of all of these to certain core neurotic conflicts.... It is through these identity patterns that a person channels his biological urges and infantile yearnings. And it is in terms of these patterns that he progressively defines his preferred relationship tendencies and limits the range of relationships she can enter into. It is these identity patterns which become ingrained and are then subsequently repressed which become the transference paradigms that the patient will later tend to recreate in his social

intercourse” (Mayman, 1960). An analysis of each participant’s early memories will target these identity patterns.

The Early Memories Test (Mayman, 1968) involves asking each participant to recall a series of memories: 2 earliest memories; 2 earliest memories of mother; 2 earliest memories of father (Appendix C). The duration of this test is contingent upon subject responses and typically takes approximately 25 minutes to administer.

Subject responses will be analyzed for quality of object relations, relationship patterns and the affective quality of memories, according to criteria spelled out in the Krohn Object Representations Scale for Dreams (Mayman and Faris 1960), and in the Comprehensive Early Memories Scoring System (Last and Bruhn 1991). The rationale for using two different scoring systems is to ensure a more robust reading of the early memories than a rating by one scale alone would provide. Both of these scales have been applied to the analysis of early memories by therapists of their patients object representational level (Krohn, A. & Mayman, 1974; Bruhn, 1992). Each assessment scale is described below.

Krohn's Object Representation Scale for Dreams (KORS), developed by Krohn and Mayman (1974) assesses the quality of an individual’s object representations on an eight point scale, each point of which represents a global description of the nature of the object world. It has been used to validate the notion that level of object relations is a “salient, consistent, researchable personality dimension that expresses itself through a relatively diverse set of psychological avenues....(and) is not a redundant construct synonymous with a level of psychopathology or severity of symptomatology” (Krohn & Mayman, 1974). This scale was originally developed for use with dreams, but has

proven validity with other projective measures such as the Rorschach (Mayman, 1968) and The Early Memories Test (Mayman & Ryan, 1972). It is intended to capture an individual's sense of his or her object world and is based on inferential ratings of trained clinicians.

Each point of the scale provides memory characteristics ranging from descriptions of 'primary narcissism' (Scale point 1) to descriptions of 'empathic object relatedness' (Scale point 8). Examples of scale points are described by Krohn and Mayman (1974) as:

- (1) "The subject's world seems to be completely lifeless, vacant, alien, and strange; it is a world essentially without people; he experiences the world as either very stark and static or very fluid and formless; in short the world for him is an unpredictable, desolate, often strange and bizarre place that he only rarely understands."
- (2) The subject's inner world includes other people, but they are not really alive, human, or benevolent. People are insubstantial figures prone to seem malevolent, brutal, murderous, or mechanical. The subject's sense of people is like the subject's own primitive impulses incarnate.
- (3) "People are experienced as insubstantial, fluid, more or less interchangeable. Though people do not seem bizarre or aggress against one another, the subject experiences others in a vague, fluid, undefined fashion. The subject cannot really articulate what someone means to him because he has such an undifferentiated concept of what other people want, feel, or do. Such subjects may be unsure of who did what to whom, for his internal representations of

other people are so unstable, diminished, and distorted, and because his sense of his own boundaries and the boundaries of other people is so poor.”

- (8) “The subject lives in a lively world of fully human objects. There is a sense of rapport with people and a well-developed understanding of their thoughts, feelings, and conflicts. There is a well-articulated internal model of people being involved with each other, including an understanding of why they form relationships, what they get out of the relationship, and what interferes with them. Other people’s behavior and personal characteristics are considered in perspective and remain open to reinterpretation. There is a good deal of self and interpersonal awareness – indeed a psychological mindedness.

Relationships are, for the most part, not neurotically conceived.

The Comprehensive Early Memories Scoring System (CEMSS; Last & Bruhn, 1991) is a multi-dimensional system of assessing each participant’s memory along 5 different dimensions by assigning a score between 1-3 to each category, according to criteria spelled out in the CEMSS Manual (Last & Bruhn, 1983). For the purposes of the present study, only object relations, affective quality (i.e. pleasantness), memory clarity, and number of memories recalled will be assessed according to CEMSS criteria. The Object Relations Scale of the CEMSS classifies early memories as representing one of four qualitatively different levels of object representations, depending on how they score (on a scale of 1-3) within each dimension described below. The more differentiated the quality of object relations, according to criteria spelled out by Last and Bruhn (1983) the higher the score assigned within each level. Individual dimensions that determine the subject’s level of object relations are described as follows:

- (1) Perception of Others: People are either viewed as being on the periphery of the action, or are in a position where they are perceived as need gratifiers.
- (2) Perception of Self: The self is viewed as having no mastery over the environment, as a follower, and observer, or victim, or the subject acts upon the environment and efforts are mainly effective.
- (3) Perception of Environment: The environment is perceived as unsupportive or unsafe and it acts to limit, attack, or deprive the subject, or the environment is primarily supportive, safe, and caring.
- (4) Individual Distinctiveness: Others are poorly defined, vague, or unclear, or they are highly distinctive with specific qualities or characteristics.
- (5) Degree of Interpersonal Contact: Subject and Others are alone or isolated with no interaction or there is sustained interaction.

Subject scores within each of these five categories are tallied to produce a score which determines level of object relatedness. Each ascending level (1-4) represents a more differentiated quality of object relations. At the time of administration, subjects will be also asked to rate the “pleasantness,” “clarity”, and “significance” of each memory. Scales range from 1-7 for pleasantness and from 1-5 for clarity.

Two graduate students in clinical psychology who are blind to the topic of study will independently score each participant’s early memories according to rater procedures spelled out by Krohn and Mayman (1974) and Last and Bruhn (1991). For the Object

Representations Scale for Dreams, scorers will assign scores to each memory. In the case where the scorers disagree, they will provide a consensus score. Therefore, each dream will be assigned two independently rated scores, and one consensus score from this scale. The one score that is assigned to the largest number of memories (i.e. modal score) will then be determined and considered as representative of the participant's level of object representations. Each participant's level of object relatedness (1-4) as assigned by the CEMSS will be correlated with her theoretical orientation to determine any relationship between the two variables. Remaining participant data from the CEMSS will be summarized qualitatively in a short summary of each participant's apparent perceptions, needs, interests, wishes, fears, expectations, major beliefs, and unresolved issues, as explained by Last and Bruhn (1983).

Measurement for Ambiguity Tolerance

The Measurement for Ambiguity Tolerance (MAT-50; Norton, 1975) will be administered to each subject in order to measure tolerance for ambiguous situations. The rationale for using this measure of ambiguity tolerance is to investigate the debated assertion that psychological mindedness is associated with ambiguity tolerance and that tolerance for ambiguous situations is an important aspect of working as a psychotherapist (Beitel et al., 2004). Furthermore, this measure will allow for a more in depth look at any differences between groups of psychodynamically and cognitive-behaviorally oriented therapist along the dimensions of a specific personality variable, namely, comfort with ambiguous situations as reflected in these two measures. Information from the MAT-50 will be used to supplement data collected on empirically related characteristics (i.e. Neuroticism, Extraversion, Openness) on the NEO-FFI (Beitel et al., 2004).

In developing the MAT-50, a definition of the construct “intolerance of ambiguity” was described as “a tendency to perceive or interpret information marked by vague, incomplete, fragmented, multiple, probable, unstructured, uncertain, inconsistent, contrary, contradictory, or unclear meanings as actual or potential sources of psychological discomfort or threat” (Norton, 1975). Each item on this measure was structured in light of this definition and is intended to reflect a potentially ambiguous situation and incorporate a component which entailed some operation of tolerance or intolerance. For each item, subjects will be asked to rate on a scale from 1-7 the degree to which they agree with 61 statements from “very strong agreement” to “very strong disagreement.” This scale requires 10-15 minutes to complete.

Finally, the principal investigator will ask participants a series of questions about their choices of theoretical orientation (Appendix D). Participant responses will be tape recorded and analyzed for content themes in a manner similar to the qualitative analysis of early memories. The intent of this interview will be to collect another more conscious component of each participant’s relationship to her theoretical affiliation: What, for the participant, is her understanding of why she identifies her orientation as she does, and to what influences does she attribute her way of working?

Results

There will be two parts to the data collection for this study: a pilot study collection and a formal data collection. The pilot study will be conducted for the purpose of establishing prevalent qualitative themes in early memory data for the formal study and to fine tune the procedure for the formal study. The pilot study will be conducted with a small sample of doctoral students (n=4) in clinical psychology. Once data have

been collected from pilot participants, according to the study procedures outlined above, the principal investigator will examine data and generate themes as they appear throughout each subjects memories. Themes that seem most salient, overall, to subjects (or appear most frequently) will be collected and used in the larger study to score participant themes in the larger study. Prior to the analysis of data from the larger study, the principal investigator will review with the coders those themes that should be identified (as established during the pilot phase) as they qualitatively assess the early memory data. NEO-FFI, and MAT-50 data will be analyzed and interpreted by the principal investigator during the formal study only, according the scoring guidelines spelled out in the NEO-FFI Manual (Costa & McCrae, 1992).

All data will be analyzed using simple t-tests and qualitative coding to determine relationships between personality variables and theoretical orientation. Multiple regression analyses will be used to examine how the variables interact with one another. Data analysis will reveal a) the degree to which the personality variables assessed by the NEO-FFI and the EMT are correlated with self-designated theoretical orientations; b) the degree to which ambiguity tolerance as assessed by the MAT-50 corresponds to theoretical orientations; and c) in what ways life experiences and relationship patterns as reported in the EMT and interview data have contributed to an individual's choice of theoretical orientation.

Hypotheses

Based on research findings described earlier:

HYP1: Given that research shows that cognitive behavioral therapists tend towards more logical and conclusive thinking, I will expect that they will score lower on scales of ambiguity tolerance than psychodynamic therapists.

HYP2: Those doctoral students who rate themselves as more strictly adhering to either psychodynamic or cognitive behavioral theory will score lower on the NEO-FFI Openness scale.

HYP3: Psychodynamically oriented doctoral students will cite more early life experiences as influential in their choice of theoretical orientation than those who are cognitive-behavioral.

HYP4: Content themes and object representations of early memories of therapists who are psychodynamic on orientation will reveal more conflict than those who are cognitive-behavioral, given the difference in focus on past experiences in the theory they ascribe to.

HYP5: NEO-FFI personality profiles will be correlated with additional measures of personality. Namely, psychodynamic therapists will score higher in Openness and Neuroticism; cognitive behaviorists will score higher in Extraversion.

Exploratory Analyses

This study will also conduct exploratory analyses on a number of inquiries.

- A. Whether labeled adherence to a psychodynamic or cognitive behavioral theoretical orientation is related to particular personality traits.
- B. Whether reflections upon reasons for identifying theoretically with either psychodynamic or cognitive behavioral theory distinguishes the two groups.
- C. Whether those who identify as adhering more strongly with one orientation or another share personality traits and content themes. Specifically, whether a

personality profile emerges for those subjects who rate more strongly their adherence to their theoretical orientation.

- D. Whether there is a difference in types of influences on choice of theoretical orientation, as described in the interview, between two groups.

Results

Analysis of the data collected in this study indicates that, although psychodynamic and cognitive-behavioral therapists share many personality characteristics and influences on their choice of theoretical orientation, there are also significant differences between these two groups. These results support, in general, hypotheses that theoretical orientation would be correlated with distinct personality tendencies. Discussion of these results will focus on differences between those therapists who identify as cognitive behavioral and psychodynamic, in an effort to facilitate further exploration of hypotheses stated in the previous section and to raise questions about how theoretical orientation reflects personal preferences in working with others.

Demographics

Thirty doctoral students and recent graduates of clinical psychology doctoral programs participated in this study. At the study outset, those who ranked their orientation as “mostly” or “exclusively” either psychodynamic or cognitive behavioral were selected to participate. Of the 30 who participated, 4 identified as “exclusively psychodynamic”, 11 identified as “mostly psychodynamic”, 2 identified as “exclusively cognitive behavioral”, and 13 identified as “mostly cognitive behavioral”. The average age of participants was 31.7 overall and they ranged in age from 23 to 50 years. These data are presented in Table 1. Of the 30 participants, 11 were men and 19 were women. Within orientations, there were 4 men and 11 women who identified as cognitive behavioral and 7 men and 8 women who identified as psychodynamic. All participants completed self-report questionnaires and all but 1 subject (who declined) completed the

Early Memories Test. All subjects completed the interview portion of the study and provided reflections on their choice of theoretical orientation.

Table 1: Participant Demographics

	Male	Female	Exclusively	Mostly
Psychodynamic	7	8	4	11
Cognitive Behavioral	4	11	2	13
Total	11	19	6	24

Quantitative Findings

NEO-FFI and MAT-50

The following section will present the distribution of personality profiles within each theoretical orientation, as reported on the NEO-FFI and the MAT-50. Given that there was a higher ratio of men to women among psychodynamic participants than among those who were cognitive behavioral, comparisons were also made between genders in an effort to elucidate the source of any personality differences found between theoretical orientations. In Table 2, mean standard scores, or *T* scores, (mean = 50 SD = 10) for psychodynamic and cognitive behavioral participants are listed for each of the 5 NEO-FFI personality domains. Univariate ANOVAs were performed to determine any significant differences between theoretical orientations on Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Results indicate that therapists from both orientations are characterized by similar personality tendencies in all domains except for Openness, where psychodynamic therapists score significantly higher than

their cognitive behavioral counterparts in Openness, $F(1,28) = 10.17, p < .05$. In the standard categorization of NEO-FFI scores, psychodynamic therapists score as “very high” in Openness where cognitive behavioral therapists score “high” in Openness.

Table 2: Mean NEO-FFI domain T scores and descriptors for psychodynamic and cognitive behavioral participants

NEO-FFI Domain	Psychodynamic	Cognitive Behavioral	Significance
Neuroticism	52 (average)	49 (average)	NS
Extraversion	51 (average)	55 (average)	NS
Openness	69 (very high)	61 (high)	.004
Agreeableness	55 (average)	52 (average)	NS
Conscientiousness	46 (average)	51 (average)	NS

In an effort to determine whether there was any relationship between how strongly participants identified with their orientation and their personality, mean domain *T* scores from the NEO-FFI were calculated separately for subjects who were self-designated as “mostly” psychodynamic or cognitive behavioral and “exclusively” psychodynamic or cognitive behavioral. Results indicate that there are significant group differences in self-ratings of Openness, with therapists identified as “exclusively psychodynamic” scoring highest and “exclusively cognitive behavioral” therapists scoring lowest, $F(3,26) = 3.50, p < .05$. There are marginally significant differences in Agreeableness with “exclusively cognitive behavioral” therapists scoring highest and

“exclusively psychodynamic” therapists scoring lowest, $F(3,26) = 2.43, p < .088$. These results are presented in Table 3.

Table 3: Mean NEO-FFI domain *T* scores and descriptors for sub-groupings of psychodynamic and cognitive behavioral participants

NEO-FFI Domain	Exclusively Psychodynamic	Mostly psychodynamic	Exclusively cognitive behavioral	Mostly cognitive behavioral	Significance
Neuroticism	58 (high)	50 (average)	39 (low)	50 (average)	NS
Extraversion	49 (average)	53 (average)	51 (average)	56 (high)	NS
Openness	71 (very high)	69 (very high)	57 (high)	62 (high)	.029
Agreeableness	46 (average)	59 (high)	60 (high)	51 (average)	.088
Conscientiousness	53 (average)	45 (average)	55 (average)	51 (average)	NS

In Table 4, mean *T* scores are listed for each of the 5 NEO-FFI personality domains for male and female participants. Univariate ANOVAS were performed to determine any significant differences between men and women on each of the five domains. Results indicate that there is no effect of gender on any of the domains.

Table 4: Mean NEO-FFI domain *T* scores and descriptors by gender

NEO-FFI Domain	Male	Female	Significance
Neuroticism	48 (average)	52 (average)	NS
Extraversion	56 (high)	51 (average)	NS
Openness	67 (very high)	63 (high)	NS
Agreeableness	52 (average)	55 (average)	NS
Conscientiousness	52 (average)	47 (average)	NS

In Table 5, mean scores of ambiguity tolerance from the MAT-50 are reported for psychodynamic and cognitive-behavioral therapists. Univariate ANOVAS were conducted to determine differences between groups in ambiguity tolerance overall and ambiguity tolerance by subcategories. Results of these analyses indicate that the two groups of therapists differ significantly in ambiguity tolerance overall, $F(1,28) = 5.59, p < .01$, with psychodynamic therapists endorsing higher tolerance of ambiguous situations overall than cognitive behavioral therapists. When MAT-50 items are divided into pre-established subcategories, significant between-group differences are found in the *Problem Solving* category, with psychodynamic therapists endorsing a significantly higher tolerance of ambiguous situations that involve problem solving than cognitive behavioral therapists, $F(1,28) = 7.33, p < .01$.

Table 5: Mean MAT-50 scores of ambiguity tolerance for psychodynamic and cognitive behavioral participants

MAT-50	Psychodynamic	Cognitive Behavioral	Significance
Overall	260	235	.025
Philosophy	28	26	NS
Interpersonal Communication	20	19	NS
Social	32	30	NS
Problem Solving	44	36	.011
Public Image	17	16	NS
Job Related	19	20	NS
Habit	50	47	NS
Art Forms	34	36	NS

In Table 6, mean ambiguity tolerance scores are reported from the MAT-50 for male and female participants. Univariate ANOVAS were conducted to determine group differences in overall tolerance of ambiguity as well as for differences within each of the 8 MAT-50 subcategories. Results indicate that, overall, there are no significant differences between male and female participants in their tolerance for ambiguous situations. There are significant group differences in two subcategories, however, with male participants endorsing a significantly higher tolerance of ambiguity than female counterparts in contexts related to *Public Image* as well those that are *Job Related*, $F(1,28) = 5.06, p < .01$; $F(1,28) = 4.90, p < .01$.

Table 6: Mean MAT-50 Score for ambiguity tolerance by gender

MAT-50	Male	Female	Significance
Overall	254	244	NS
Philosophy	30	30	NS
Interpersonal Communication	20	19	NS
Social	31	31	NS
Problem Solving	41	40	NS
Public Image	18	15	.032
Job Related	24	20	.035
Habit	53	51	NS
Art Forms	37	39	NS

Early Memories

Mean object relations ratings were calculated according to the KORS and CEMSS scoring system, for each of 6 memories recalled by each participant, with one modal score used to represent each participant's level of object relatedness in each scoring system. Mean object relatedness scores for each orientation were calculated and compared. In Table 7, mean object relatedness scores as assessed by the Krohn's Object Representation Scale for Dreams (KORS) are reported. In Table 8, mean object relatedness scores as assessed by the Comprehensive Early Memories Scoring System (CEMSS) are reported. In both cases, results from Univariate ANOVAS indicate no significant differences between groups of participants in their levels of object relatedness. Though not statistically significant, when memories are rated according to the 8-point scale on the KORS, psychodynamic participants do score somewhat higher and in a qualitatively different level of object relatedness than those who identify as cognitive behavioral. Specifically, psychodynamic participants' modal KORS score indicates that their object relations are of a slightly more neurotic quality than that of cognitive

behavioral psychologists. Implications of these findings will be explored in more detail in the following section. When analyzed according to the 4-point scale of the CEMSS, both groups score at the same level of object relatedness.

Table 7: Mean KORS object relations ratings for early memories of psychodynamic and cognitive behavioral participants

Psychodynamic	Cognitive Behavioral	Significance
5.4	4.9	NS

Table 8: Mean CEMSS object relations ratings for early memories of psychodynamic and cognitive behavioral participants

Psychodynamic	Cognitive Behavioral	Significance
3.1	3.0	NS

Participants' earliest memories were also analyzed qualitatively to determine salient themes in participants' lives. Transcriptions of participant responses to the Early Memories Test are included in Appendix E. Those memories that were rated as "exceptionally clear" according to the CEMSS are understood to be among the most significant in the participant's life and to represent issues that are currently focal for the participant (Bruhn, 1992). Memories that were ranked as "exceptionally clear" and "very pleasant" are considered to represent gratified needs or wishes. Those ranked as

“exceptionally clear” and “very negative” are considered to represent those issues that the individual is trying to work out presently.

When broadening the criteria beyond the extreme CEMSS scale points, to include exceptionally clear memories with variable degrees of pleasantness, there was a similar trend found in the KORS ratings of psychodynamic and cognitive behavioral participants that were reported above. The mean KORS score calculated for salient memories of psychodynamic therapists was a 6 and for cognitive behavioral participants a 5.4. Meaningful themes will be discussed in the next section and can be more closely examined in Appendix E.

Qualitative Findings

Interviews

Participants’ responses to interview questions were analyzed qualitatively to provide further perspective on the quantitative findings from those personality measures described above. The role that personality played in orientation was a point of interest in this analysis. Transcriptions of participants’ interviews are included in Appendix F.

As a whole, the clinicians interviewed were eager to participate and were thoughtful in their responses to interview questions. Numerous times, participants commented favorably on the opportunity to think aloud about their orientation and its influences, and remarked at interview end that they had found discussion of this topic to be helpful and clarifying. In this way, all participants exhibited a willingness to consider the meaning of their work and the reasons behind their choice of orientation.²

² This in itself challenges stereotyped assumptions sometimes held about cognitive-behavioral therapists. The cognitive-behavioral therapists in this study shared

As part of the interview, participants were asked to reflect on general influences on their choice of theoretical orientation as well as whether they felt certain aspects of their personality played a role in this choice. The order of the questions was such that each participant was asked to describe general influences before they were asked about relevant personality traits, per se. While each participant did ultimately provide specific personality preferences, styles, or traits that they felt were well-aligned with their style of working, most participants also volunteered their personality as an influential factor in their choice of theoretical orientation, even before being asked to do so.

Cognitive behavioral and psychodynamic participants, by way of explaining how they came to identify strongly with their orientation, commonly mentioned personal preferences and idiosyncrasies. Some examples of typical participant responses are presented below to illustrate subjects' consideration of factors that influenced their theoretical identities. These segments also illustrate how distinct personality traits were commonly cited as influential in the formation of this identity, and distinguished psychodynamic and cognitive behavioral participants.

A psychodynamically oriented participant provided the following reason for identifying her theoretical orientation as "exclusively psychodynamic":

I don't like following other people's rules. So the idea of following a protocol does not appeal to me at all. The idea that one protocol will be applicable to many patient's I just don't believe...I guess I believe feelings are more important than thoughts and perception...So the question 'what do you think about that' is less interesting to me than 'how did you feel when that happened.'

A participant who identified as "mostly cognitive behavioral" provided the following comment about what, in general, she felt influenced her choice of orientation:

the same interest in examining the source of their choices as the psychodynamic therapists.

I think maybe it's more of a personality thing. I feel more comfortable with structure. But thinking about it is kind of weird because I like abstract things like math and philosophy. I really enjoy that. But I think with math, for example, there's a lot of methodology in it in order to solve a problem. And I guess similarly I look at treating a disorder that way...When it comes to treating a problem I just feel like structure more or less is something I feel more comfortable with and I feel kind of works.

After reflecting on general influences, participants were asked to reflect specifically on aspects of their personality that may have influenced their choice of orientation. Most participants were able to identify specific traits that they felt reasonably led them to their orientation and way of working with patients, or that explained their preference for a certain theoretical perspective. Qualitative analyses of these responses indicate that participants who identified as cognitive behavioral were distinct from psychodynamic participants in the types of traits they commonly cited as influential to their theoretical identity.

Though there were exceptions within each orientation, commonly mentioned characteristics among cognitive behaviorally oriented participants were 'structured', 'pragmatic', 'scientific', 'solution oriented', 'skeptical'. A few representative responses from cognitive behaviorally oriented participants are presented below:

I guess I would say that I am rationally minded, structured, and thoughtful, and that fits well with CBT. I tend to approach everything from cleaning my house to relationships in a very practical and solution oriented way. I want to get it done most effectively and efficiently.

Well I would say that I'm a pretty precise person...I like to bake because I can follow the recipe to the "t". But I get a little worried with cooking when you sort of have to finagle. As far as CBT treatment goes I guess this would probably be the case for any treatment not only just CBT. I have to make sure that whatever I'm working on with the patient is something that has already been shown to be effective. So I can back it up.

I'm pretty practical and wary of people. Show me the research before I'm going to believe something. I hope I'm not saying something that will upset someone who is not cognitive behavioral!

Characteristics that were commonly cited by psychodynamically oriented participants, on the other hand, were 'introspective', 'non-directive', 'and analytical'. Though there were participants who departed from the general trends described below, a few responses that are representative of psychodynamic participants are as follows:

Attending to emotional experience is significant to me. Sort of like seeing rather than doing is important to me. I'm increasingly developing my ability to recognize complexity and hold different feelings and different identities at the same time. This is opposite of my mother's (rational and definable) view.

I think of psychodynamic people as more introspective and more like, I don't know. I'm not the type of person who would ever be like, 'Ok, this, this, and this. You need to think like this.' I'm just not like this and am not good at setting an agenda. Like I sort of like to talk about whatever you want to talk about.

I think I'm not very inclined to surround myself with structure. I like a certain amount of ambiguity. It's useful.

I like to think about things and analyze things in depth. And it's hard for me to get over certain things without processing it and without really feeling wholesome about it.

Aside from personal preferences and personality traits, participants offered a number of other factors as influential in their choice of theoretical orientation. Commonly mentioned influences were graduate programs, work experience, individual psychotherapy, research findings, family, and psychological theorists. Overall, cognitive behavioral and psychodynamic participants offered a similar range and sort of influences as a whole. As mentioned earlier, within each orientation, there were cases of participants who offered characteristics or influences that were exceptions to the general

trend. For example, one cognitive behavioral therapist indicated her “introspection” as influential in her choice of orientation, and a psychodynamic therapist referred to his interest in the “technical aspects of one’s behavior” as influential in his choice to identify as psychodynamic. Though the focus of this paper is the ways in which the two groups differ, the variation even within orientations is important to note, and underscores the complexity of personal influences on each person’s theoretical identity. The range and implications of these influences will be explored further in the following discussion.

Discussion

This study was intended to explore the sources and subjective meaning of theoretical orientation for clinical psychology doctoral students and recent graduates who identify strongly with one of two distinct theoretical schools. Quantitative and qualitative data were gathered on participants who identified as cognitive behavioral or psychodynamic to provide a rich picture of the relationship between their personality and their theoretical orientation. Data were analyzed with attention to the way personality as well as other factors played a role in their choice of theoretical affiliation.

The personalities of the participants in this study were varied and the source and meaning of their theoretical affiliation proved to be quite complex. Within this complexity, there were interesting patterns noted and some preliminary conclusions drawn based on these findings. With regards to personality alone, on standard measures of personality styles and ambiguity tolerance, cognitive behavioral and psychodynamic participants were found to share many personality traits, but also revealed measurable personality differences that distinguished them. In line with some of the initial predictions made at the outset of this study, clinicians who affiliated with cognitive behavioral and psychodynamic theory were found to differ significantly in the extent to which they manifest characteristics associated with Openness, and in the degree to which they tolerate ambiguity.

Standard measures of personality can be interpreted in multiple ways depending on the context, and this study's inclusion of qualitative data made it possible to supplement the quantitative results with personal reflections on the value and role that individual's personality traits play. Interview data capture some of the personality

differences reflected in the standard measures, and provide a more subjective account of the way these differences have influenced cognitive behavioral and psychodynamic clinicians' thinking. In the interview, when given the opportunity to reflect freely on the meaning of their theoretical orientation, subjects revealed a wide range of influences, including personality, on their choice to identify as cognitive behavioral or psychodynamic. Among other things, subjects explored candidly the meaning of their theoretical affiliation and spoke to the ways that theoretical views are shaped, in large part, by the personalities of those who adhere to them.

Personality

In many ways, even though the two groups included in this study were chosen based on their differences, one might reasonably expect them to be quite similar, given that they are all psychotherapists. Regardless of their orientation, each participant in this study has made a decision to pursue the long and arduous process of attaining a doctorate, and more specifically, a doctorate in the field of clinical psychology. There are multiple ways to become a psychologist and as many ways of becoming a therapist; this group has made a very specific choice about how to do both. From this perspective, the choice to pursue a career in clinical psychology alone makes this group as a whole already quite distinct, and we might then expect that, in many ways, they would be more alike than not.

In fact, both personality inventories and the interviews do shed light on some of the ways these groups' personalities are similar. As reported in the results section, on self-report inventories of personality styles, cognitive-behavioral and psychodynamic clinicians report very similar tendencies. Similarly, when interviewed, these participants'

personalities are manifest in their shared enthusiasm and dedication to work as a therapist as well as in their journeys of arriving at their choice to become a clinical psychologist.

At the same time, statistically significant personality differences do emerge between cognitive behavioral and psychodynamic therapists in this study, and these differences are reflected in their thinking about their choice of theoretical identity. After reviewing the similarities, personality differences will be reviewed and supplemented by personal accounts of how these differences manifest and how they impact the subject's choice of theoretical orientation.

Personality Similarities

As reported in the Results section, findings from the five-factor model of personality (NEO-FFI) suggest that the participants, as a whole, share similar personality profiles. Both psychodynamic and cognitive behavioral subjects scored in the average range in the areas of Neuroticism, Extraversion, Agreeableness, and Conscientiousness, which means, most broadly, that participants from both groups have an equal likelihood of demonstrating characteristics associated with each domain. Based on how their scores compare to most others who have completed the NEO-FFI, cognitive behavioral and psychodynamic clinician's who participated in this study can be characterized roughly by the following descriptions (Costa and McCrae, 1992):

Neuroticism: Overall, study participants are average in terms of their emotional stability. They experience an average amount of psychological distress and have a typical balance of satisfactions and dissatisfactions with life. They are neither high nor low in self-esteem, and their ability to deal with stress is as good as the average person's. Some examples of statements within this domain with which participants neither agreed

strongly nor disagreed strongly are: “I am not a worrier”; “I often feel inferior to others”; “When I’m under a great deal of stress sometimes I feel like I’m going to pieces”.

Extraversion: Overall, study participants are moderate in activity and enthusiasm. They enjoy the company of others but also value privacy. They are moderately affectionate and friendly, and have typical levels of assertiveness where they are able to take the lead but also can contentedly follow. They can enjoy actively doing things, but also enjoy time to “smell the roses,” and they experience average abilities to experience positive emotions. Some examples of statements within this domain with which participants neither agreed strongly or disagreed strongly are: “I like to have a lot of people around me”; “I don’t consider myself especially light-hearted”; “I often feel that I am bursting with energy”; “I would rather go my own way than be a leader of others”.

Agreeableness: Overall, study participants are about as good-natured as the average person. They can be sympathetic but also can be firm. They are trusting but not gullible and are as ready to compete as to cooperate with others. Some examples of statements within this category with which participants neither agreed strongly or disagreed strongly are: “I try to be courteous to everyone I meet”; “I often get into fights with my family or co-workers”; “I tend to be cynical and skeptical of others’ intentions”; “I’m hard-headed and tough-minded in my attitudes”.

Conscientiousness: Overall, study participants indicate an average level of need for achievement and are able to set work aside in pursuit of pleasure or recreation. They are moderately well organized and fairly reliable and have an average amount of self-discipline. Some examples of statements within this category with which participants neither agreed strongly nor disagreed strongly are: “I keep my belongings neat and

clean”; “I’m pretty good about pacing myself so as to get things done on time”; “I try to perform all the tasks assigned to me conscientiously”; “I waste a lot of time before settling down to work”.

In sum, these quantitative data tell us that, on a standardized measure of personality, psychodynamic and cognitive behavioral therapists appear to be generally well-balanced, and moderately extraverted, agreeable, and conscientious.

In their own words

When asked to elaborate on their theoretical orientation in the interview, these and other similarities emerged in the ways that participants discussed the influences on their thinking and way of working. For one, participants from both orientations were thoughtful about their theoretical identity and forthright about the process involved in grounding themselves theoretically. For the bulk of participants, the question of how they came to identify as they do was not an easy one, and their responses reflect their willingness to carefully consider it.

One participant, Phillip, who selected the label “mostly psychodynamic” to describe himself, elaborated on his understanding of this label and the meaning it has for him. Having grown up with parents who were both psychoanalysts, Phillip discussed the relevance of this influence on his own identity:

When I get over my discomfort of using terms, I guessed I’d (clarify and) say analytically informed psychodynamic therapy (best describes me). I’m not there yet to use terms. It seems silly and pretentious and awkward. I mean it’s my discomfort. Just using terms in general. It’s because of my own insecurities, my own discomfort. Somehow I equate expressing myself with something aggressive and I have difficulty with aggression and whatever, and I’ve been working on it in therapy over the past couple of weeks... I don’t know where I feel that I’m ready to be smarter than my parents and move on and to use the terms they might use. It’s a loaded topic. I don’t think they would hesitate to use different techniques if that is what is needed but their approach is very dynamic.

Reflecting on those factors that influenced her decision to identify as “mostly cognitive behavioral,” another participant, Antonia, speaks to the complexity of her path to her current theoretical identity:

I don't want to go into too much detail but I never thought I'd be a cognitive therapist... (I went to a graduate school where) there are a lot of analysts and even though (my graduate school) is now very cognitive behavioral, it was very mixed when I went there. And I sought out a lot more psychodynamic training experiences. I was very turned off by cognitive behavioral initially, in the way it was taught to us. But basically what happened, let's see, I guess after internship when I was out in the “real world” practicing, I really started thinking more about coming back to the cognitive behavioral stuff and how I might use that with people, and someone directed me to a cognitive behavioral fellowship in New York. I wasn't ... sure, I wanted to get more training as a therapist, and once I got to that post doc I loved it. I realized that what I thought cognitive behavioral was and what I was taught at (my graduate school) was not what cognitive behavioral therapy has to be. It was much broader in scope.

Another participant, Natasha, referenced her childhood as relevant in her current identification as “exclusively psychodynamic”:

I feel like I always had an outsider point of view. In my family I am the youngest by quite a large difference, by 11 and 8 years. So, in family systems they would say I'm part of a different sib system. That's one part of it. When I was 8 we moved to a small community, a small village, and it was very hard for me to fit in with a group of peers and I was very much an outsider there. So I had to rely a lot on myself and my own view of other people, my own interpretation of other people's behaviors from a distance. So A., I guess I'm very self reliant and B., I'm very interested in other people.

Citing her graduate school and the influence of her father's profession on her perspective, Rebecca described her understanding of how she became “mostly cognitive behavioral”.

Well, definitely the school I went to. I went to undergrad and grad in the same place, which stressed empiricism and cognitive behavioral. There was no... I think psychodynamic things were seen as maybe a fun intellectual exercise. It's really the program I'm coming from. But, you know, I think probably also my dad is an engineer, so along with that comes more wanting things that are well validated and supported and all that. Which is how I view CBT.

This selection of quotations epitomizes the thoughtful and forthright participation of those who were interviewed for this study. At the same time, each example indicates a shared dedication on the part of participants to having a meaningful professional identity; as one that has personal significance and was selected carefully, and influenced by multiple factors, rather than simply a result of chance or lack of any better option. Examples like these as well as those included throughout this discussion continue to reveal ways that these two groups bring a shared rigor, dedication and investment to their work and to their belief that their identity has deeply personal significance.

From the perspective outlined earlier in this section, that psychodynamic and cognitive behavioral psychologists would reasonably share characteristics based on their professional pursuits alone, the quantitative and qualitative data presented above support the idea that on the whole, those who pursue a degree in clinical psychology tend to be similar. Recalling Tremblay and colleagues' findings (1986), these personality similarities may in fact speak to a "therapist personality" that is characterized by the generally well balanced, moderately extraverted, agreeable and conscientious profile found to be representative of those who participated in this study.

From yet another perspective, as Patterson and colleagues (1971) brought to light, personality similarities, in this case, might also be reasonably attributed to the fact that participants were trainees and had limited experience working as a therapist, and thus may not yet have enough clarity about the orientation with which they affiliate. Certainly Phillip's comments above support the idea that his identity is not as clear as it may be later on in his career. Similarly, Antonia suggests that her once limited understanding of cognitive behavioral theory caused her to seek out other approaches. However, in the

same way that Natasha, Antonia, and Rebecca reference life experiences in their discussion, Phillip's lack of comfort with labels at this point is discussed not as it relates to his understanding of theoretical concepts but more as a result of an ongoing and dynamic process that dates back beyond his formal introduction to theoretical concepts. In other words, in the excerpts of participants cited above, whether one knows enough about the orientation with which he affiliates seems less relevant to one's comfort about allying with the orientation than other factors unrelated to the orientation itself.

It is interesting to consider that despite possessing many similar personality traits, the subjects in this study affiliate with one of two rather distinct theories on human nature. This gives credence to the idea that there may be other factors, personality or otherwise, that better capture theoretical affiliation, aside from the four personality domains on the NEO-FFI. It seems possible that neuroticism, extraversion, agreeableness, and conscientiousness have less to do with their choice of theoretical orientation than other factors or personality characteristics do.

In the remainder of this section, those factors that play a role in psychodynamic and cognitive behavioral therapists' choice of theoretical orientation will be explored further. To be sure, findings are open to interpretation, according to the perspective we take and the questions we ask of the data. By sharing statements from a variety of participants, multiple perspectives will be considered in order to address various possible interpretations of the data, and to illustrate the complexity of one's choice of theoretical affiliation. Next, participants' differences will be explored with an eye towards better understanding whether these personality differences explain why cognitive behavioral identity and approaches are preferable to some and psychodynamic to others.

Personality Differences

Openness

As reported in the previous section, cognitive behavioral and psychodynamic participants differ significantly in the extent to which they are likely to manifest traits of openness, when measured as one of the five dimensions of the NEO-FFI. Statistically, psychodynamic participants show a significantly higher probability of demonstrating characteristics associated with openness than cognitive behavioral participants. It is notable that *both* groups of participants received scores that were above average in the domain Openness, which suggests that participants in this study can be considered more likely than *most* people to display qualities such as an active imagination, aesthetic sensitivity, attentiveness to inner feelings, preference for variety, intellectual curiosity, and independence of judgment (Costa and McCrae, 1992). However, within this range of high likelihood, psychodynamic participants display a statistically significant higher likelihood than their cognitive behavioral counterparts of manifesting these qualities.

According to Costa and McCrae, the *very high* rating on the domain Openness, that characterizes psychodynamic therapists in this study, implies the following:

Openness: As a group, psychodynamic participants, when compared to a norming sample, indicate that they have a strong interest in experience for its own sake. They seek out novelty and variety and have marked preference for complexity. They have a heightened awareness of their own feelings and are perceptive in recognizing the emotions of others. They are very responsive to beauty in art and nature. Their attraction to new ideas and alternative value systems may make them especially tolerant of others and may lead them to adopt unconventional attitudes. Peers rate such people as

imaginative, daring, independent and creative. Some examples of items in this category, with which psychodynamic participants agreed very strongly are: “I am intrigued by the patterns I find in art and nature”; “I often try new and foreign foods”; “I often enjoy playing with theories or abstract ideas” ; “I often enjoy playing with theories or abstract ideas.” Some examples of statements with which they disagreed strongly overall are: “I don’t like to waste my time daydreaming”; “I believe letting students hear controversial speakers can only confuse and mislead them.”

In making sense of the significant difference in ratings of openness between the two groups, there are a number of questions that can be asked of the data. For one, given that both groups score as higher than average, it may be relevant to consider that part of the difference is explained by the fact that psychodynamic clinicians rated their level of agreement with statements about openness more strongly than cognitive behavioral therapists. For example, where cognitive behavioral therapists indicated overall that they “agreed” with a statement such as, “I am intrigued by the patterns I find in art and nature,” psychodynamic therapists indicated overall that they “strongly agreed.” Both groups of clinicians indicated higher than average tendencies towards openness, but psychodynamic clinicians indicated consistently stronger feelings in support of their openness, and thus a statistically stronger likelihood to manifest these traits.

It is also interesting to consider the paradox presented in the findings that those participants who identify as “exclusively” psychodynamic (and thus with a stated limitation to their orientation) score higher in openness than all other participants. It appears contradictory, in other words, that “exclusively” psychodynamic participants are found to indicate a higher likelihood of manifesting openness than all other participants.

The extent to which openness (and its accompanying characteristics) relates to strength of adherence to theoretical identity may be best explored in participants' own words.

In their own words

In an effort to illuminate the nature of the difference found in the Openness domain between the two groups, interview segments from cognitive behavioral and psychodynamic participants will be presented below. Through the experience of Robert, who identifies as “exclusively psychodynamic,” and Allison, who identifies as “mostly cognitive behavioral,” we can begin to see how openness as a construct represents different things to different people, and also see how it manifests in one's theoretical identity.

Robert

At the outset of the study, Robert identified his orientation as “exclusively psychodynamic”, and he indicated a very high level of openness on the NEO-FFI. When asked to elaborate on the meaning of the term “exclusively psychodynamic,” Robert clarified that this label for him did not exclude the possibility that he might use some behavioral techniques in his work, but that he did *not* believe in a treatment goal aside from “making the unconscious conscious”. Robert clarified that, in general, he approaches his work with patients with the intent of “not establishing a specific goal”.

Robert illustrated how behavioral interventions manifest in his work, when they do, and described his efforts to reconcile his use of behavioral methods within what he considers to be a dynamic framework.

I understand it in two ways and it's kind of something I'm struggling with at the moment because it's kind of paradoxical. On the one hand I think I'm helping the patient work certain things out in their everyday life and that may not always be about insight...Like in a recent session I asked a patient 'does fulfilling yourself

as an artist exclude your working?’ because he hasn’t been working, so I kind of pushed him towards looking for a job...(I wonder) if maybe it was more about my issue to help in a concrete way. So I think that there’s this paradoxical thing in me of, when do you help, and when is it my issue of needing to be a helper.

In reflecting on what influenced his choice of theoretical orientation, Robert prioritizes his identity as an artist.

I’m an artist. I was a designer before this. I feel like creativity is important to me and I think it’s kind of a buffer against, or adaptive in a lot of ways in life, and I think the analytic or dynamic perspective is creative for me. But I think also it’s teaching patients to be creative and to be an individual and not have conformity as the ultimate goal, but rather adapting as opposed to conforming.

Robert also mentioned being gay as influential in his choice of theoretical orientation.

I think also being gay I had many experiences of the system bumping up against me and where I was supposed to be put in this box and sometimes when I went along with and sometimes I didn’t, but it was always a negative experience...so I think it was in response to negative situations I had of being told to ‘do this’.

When asked specifically about whether he felt there were aspects of his personality that influenced his choice to identify as exclusively psychodynamic, Robert elaborated on elements of his personality that recall aspects of Openness as described by Costa and McCrae (1992).

Yeah, the creativity. I’d probably like to deviate as much as possible from a script, I don’t like the idea. And I think even if you’re doing something well, I think you’re doing it your own way, even with a script probably...I also think life is really complicated and I’ve had lots of hard times based on trying to make it simpler, so I don’t think there’s a way around the complexity.

For Robert, accepting complexity is a defining aspect of psychodynamic work and one he makes efforts to adhere to exclusively. When thinking about the path he imagined his career and theoretical identity would take, Robert was clear that his orientation would not change, which he clarified to mean it would not change “categorically,” in that he would always identify as “dynamic” rather than “behavioral.” Robert did add that even so, he

can envision some change that would involve his modifying his work to suit himself in a way that he would be able to “work outside of the box...in a unique way.”

Robert speaks directly to ways that his experience and personal proclivities have shaped his identity as a therapist. He does not speak directly to openness, per se, as influential in his choice to identify as exclusively psychodynamic, though elements of his descriptions recall much of that written about in the literature. In reference to Costa and McCrae’s (1992) description specifically, Robert indicates that he seeks out novelty and variety, has a heightened awareness of his own feelings, is responsive to beauty in art and nature, is attracted to new ideas and alternative value systems, and adopts unconventional attitudes.

Allison

Allison is a participant who identified her orientation as “mostly cognitive-behavioral” and scored at a high level on openness. According to Allison, she selected her theoretical identity because it best represents the work she does with her patients. She explains that where she occasionally has sessions that are less structured, or without a specific agenda, having at times used interpersonal interventions, she prioritizes cognitive behavioral concepts in her work, which means using a structured format and setting goals with her patients that are worked towards with homework from week to week.

Similar to Robert, Allison acknowledges the possibility of using techniques that don’t fall within the rubric of her theoretical identity, but continues to define herself as mostly cognitive behavioral. “I have pulled in other aspects of other orientations but haven’t defined it that way. With some patients I have pulled in interpersonal interventions but it all takes place in a CBT framework. Once I worked with a family and

my supervisor and I spoke about the family in psychodynamic terms but worked in a CBT way. We understood it psychodynamically and worked cognitive behaviorally.”

Allison reflected on important influences on her choice of orientation, and identified ways she felt that her personality might be best suited to cognitive behavioral approaches.

It’s an interesting question. I haven’t thought about it. I guess I would say that I am rationally minded, structured, and thoughtful and that fits well with CBT. I’m not sure if that’s true though or if its because I tend to be analytical and question a lot of what I read and hear, if that makes me more likely to be interested in CBT. I think the biggest thing is that I tend to approach everything, from cleaning my house to relationships, in a very practical and solution oriented way. I want to get it done most effectively and efficiently. As far as personal and family experiences, it has been my experience that ignoring the past is not a good option, but that it can be harmful when people get stuck there or they use it as the lens that they see everything through. I’m very much oriented to what’s happening in the present.

In a way similar to Robert, Allison speaks to how personal proclivities have shaped her choice of theoretical orientation. Allison’s willingness to consider alternative perspectives (psychodynamic) to those she feels strongly are effective (CBT) is one area where we see her openness manifest. Another is in her description about her process of coming to identify as a cognitive behavioral therapist. Though educated early on in her career according to psychodynamic tenets, Allison sought out her interests in research and CBT approaches in line with an interest she was aware of prior to attending graduate school. As early as college, where she was instructed in psychodynamic theory, Allison talks about her interests in empirically supported treatments and particularly of their relevance for a population struggling with eating disorders and substance abuse. “Early on I felt that cognitive behavioral techniques were important for this population”.

Where Robert and Allison differ totally, and what may lead to some understanding of the way their differences in openness manifest, is in their expressed

tolerance of complexity, a characteristic of Openness, according to Costa and McCrae (1992). This difference becomes most evident in their discussion of goals they have for treatment and in their discussion of their choice of orientation. Where Allison indicates a sense of responsibility to “get people out of treatment and working in a self-efficacious way,” specifically through practical and solution-oriented means, Robert values complexity and acceptance above all else. Recalling their own words, both of these approaches reflect their approach in domains outside of work as well.

In both of these interviews, each participant’s strong affiliation with one theoretical orientation necessarily involves refuting the presumed approach of the other, and specifically as it relates to a key component of openness, complexity. Both Allison and Robert underscore the extent to which they differently value complexity versus efficiency or simplicity, and speak to their belief on how these concepts define their particular orientation, in contrast to the other. In refuting the notion of using the past to understand the present, Allison clarifies her perspective on what it means to be cognitive behavioral, which is to have a clear structure and definable resolutions to problems. Similarly, by refuting the idea of using a script, Robert clarifies his definition of what it means to be psychodynamic, which is to promote exploration and acceptance of complexity. In both of these perspectives we can see the ways that characteristics associated with openness are more central to Robert’s understanding of human nature than to Allison’s.

Tolerance of Ambiguity

Recalling the earlier discussion about current thinking on the relationship between ambiguity tolerance and psychological mindedness (Patterson, 1971; Werman, 1979;

Beitel et al, 2004), theorists suggest that those who tend to acknowledge the influence of internal psychological processes are also more able to tolerate uncertainty and exhibit more openness to complexity and indecision. Some theorists have considered this way of thinking to be the hallmark of the psychotherapeutic process, and believe that tolerating complexity and ambiguity are what makes the process of psychotherapy a distinct one for both patient and therapist alike. Findings from the current study support this assertion and give reason to believe that therapists on the whole, across orientations, have a similarly high level of tolerance of ambiguous situations in relation to a norming sample.

Some notable differences do emerge in this study between the psychodynamic and cognitive behavioral therapists in their ambiguity tolerance, however, when therapists are divided according to their theoretical orientation. As discussed in the previous section, although all participants in this study endorse higher than average levels of openness, psychodynamic participants nonetheless showed a significantly higher likelihood of manifesting traits associated with openness than those who are cognitive behavioral. Analyses of ambiguity tolerance data from this study show a similar trend, with both groups indicating relatively high tolerance for ambiguous situations, but with psychodynamic participants endorsing a significantly higher tolerance of ambiguous situations than cognitive behavioral participants. When the data are analyzed according to the *type* of ambiguity, psychodynamic participants are shown to have a significantly higher tolerance for ambiguity in those situations that are related to *Problem Solving*, in particular.

To provide some context, examples of statements from the MAT-50 that distinguished the two groups of therapists in their *overall* tolerance of ambiguity are:

“Almost every problem has a solution” (*Philosophy*), “It irks me to have people avoid the answer to my question by asking another question” (*Interpersonal Communication*); “In a situation in which other people evaluate me I feel a great need for clear and explicit evaluations” (*Job-Related*), “I get pretty anxious when I’m in a social situation involving me which I have little control of” (*Social*), “I am tolerant of ambiguous situations” (*Habit*), and “If I miss the beginning of a good movie, I like to stay to see the start of it” (*Art Forms*).

Although the two groups differed significantly in their ratings of these items *overall* -- again with psychodynamic participants rating their tolerance of ambiguous situations more highly than cognitive behavioral participants -- further analyses showed that specifically in the category of *Problem Solving*, psychodynamic participants scored significantly higher in their ability to tolerate ambiguity. Some examples of *Problem Solving* statements are: “Before any important job, I must know how long it will take”; “A problem has little attraction for me if I don’t think it has a solution”; “In a problem-solving group it is always best to systematically attack the problem”; “I don’t like to work on a problem unless there is a possibility of coming out with a clear-cut and unambiguous answer.”

These results are interesting to consider in light of the previous discussion of Robert and Allison as well as the ongoing discussions in the literature about the extent to which psychodynamic and cognitive behavioral approaches value problem solving. Recalling Patterson’s (1971) observation that the degree to which each of these therapeutic approaches allows for uncertainty seems to vary by design, it may be that the current data speak to one’s preference for psychological approaches that are more or less

concerned with precision and clarity because of their own comfort with ambiguity. These data suggest that psychodynamic therapists may value more highly those situations that are *not* clearly defined, where cognitive behavioral therapists may value those situations that are. Certainly, Robert and Allison illustrate these different preferences well.

As hypothesized, these data give credence to the idea that therapists' theoretical orientation and approach to psychotherapy reflect their personal proclivities.

Psychodynamic and cognitive behavioral therapists indicate that they feel differently in situations that are not characterized by clarity and precision and it seems consequential that their approach to therapy reflects these preferences.

Looking at how participants address this issue in their own words gives us a chance to further examine the extent to which one's attitude toward ambiguous situations in one's own life translates into one's understanding of what is most important in the therapeutic process.

In their own words

In the interviews we have the opportunity to read how participants feel about their own ability to tolerate ambiguity and whether they feel it is relevant to their work as a psychotherapist. Participants differed in how they discussed the relevance of ambiguity in their work and in how they identified theoretically. More often than not, cognitive behavioral participants referenced the need to "problem solve," "reduce symptoms," and "create structure" in their discussion of how they work. In contrast, psychodynamic participants described their intent in working as "exploring", "understanding", "experiencing feelings".

Recalling Robert's and Allison's discussions of their theoretical identity and therapeutic approach, the focus on their work differs in the extent to which they value clarity and precision. Where Robert states that he expressly does *not* establish a specific goal with his patients, Allison cites goal setting and finding a solution as primary in her work. Both Robert and Allison cite personal reasons for their preference about whether or not to establish goals, but also discuss their approach in terms of what they feel is best for the patient. Where for Robert, having felt burdened by his own experience of being "put in a box" for much of his life informs his intent to have less structure in his work, for Allison her experience of having seen people "stuck in the past" informs her preference for getting people moving forward in a specific way, by focusing on the present.

This distinction in goals was common between the psychodynamic and cognitive behavioral participants in this study and each participant provided a context in which to understand these differences by elaborating on the reasons they value certain goals and approaches to working with patients. Like Robert and Allison, other subjects too revealed aspects of their personality and spoke to those elements of their theoretical orientation that they value, in turn revealing how their theoretical orientation and personal proclivities are intertwined. In this way, they also shed light on ways that proponents of psychodynamic and cognitive behavioral approaches differ, particularly in the extent to which precision and problem solving is an organizing concept.

Adam, a doctoral student who identifies as "exclusively psychodynamic," reflects on his approach to therapy and how it differs from what he understands cognitive behavioral work to be.

I think (psychodynamic work) is much harder. I think you have to really work at it and consider all kinds of stuff. You have to kind of consider a list of different

things all the time and be willing to reject them. Like, my bias is this – could it be this, this, etcetera. I'm constantly playing around with coming up with a new idea and changing it and altering it.

Adam highlights his understanding of the necessarily undefined nature of psychodynamic work and speaks to his role as one who is constantly adapting to an ever-changing structure with his patients. Though he speaks to the difficulty of generating ideas within session, Adam goes on to describe ways that this approach suits him.

I feel like it frees me up a lot and lets me wait longer than I might. Kind of let stuff go and I feel like it takes a lot of pressure off and I can have something I don't understand and I can stay with the confusion for awhile and it gives me more freedom I think.

Jamie, an “exclusively cognitive behavioral participant” speaks to her preference for precisions and clarity when working with her patients.

Well I will say that I am probably a pretty precise person. I like to think that like – I like to bake because I can follow the recipe to the 't'. But I get a little worried with cooking when you sort of have to finagle. As far as CBT treatment goes, I guess this would probably be the case for any treatment, not only just CBT. I have to make sure that whatever I'm working on the patient with is something that has already been shown to be effective. So I can back it up. So a lot of my treatment involves having the patient trusting that what I'm giving them is effective. Most of my patients are fairly impaired and I don't really think I would have the confidence to give them something that I didn't know was already shown to help their problem. So I feel it's my duty to make sure I'm giving them something that it's not just me who says it's useful it's been shown to be helpful. I think that gives me confidence in what I'm doing.

In a way characteristic of participants from both groups in this study, Jamie and Adam both speak to the extent to which they conceive of their role as one of problem solving and ways it draws them to a particular theoretical orientation. Where Adam conceives of his role more as one that is dynamic and changing according to the material presented, Jamie feels strongly that she is there to solve a problem and in a way that has been predetermined and shown to be effective. Adam, on the other hand, is focused less

on a solution and more on adapting to the dynamic state of the patient, relying on his own impressions to determine his direction in any given moment.

Object role and salient life themes

In addition to reflecting on themselves in terms of their theoretical identity during the interview portion of this study, participants contributed valuable information about themselves when recounting and examining memories from their early days. As reported in the results section, participants from both orientations indicated a similar sense of their object world, though the two groups differed in the nature of their core issues, as reflected in the thematic content of these memories.

When examining participants' clearest memories for salient themes, it is interesting to notice how patterns emerge that mirror much of participants' discussions about their theoretical orientation and how they conceive of their role as a therapist. Specifically, where psychodynamic therapists recall positive memories that reflect themes of feeling acknowledged or understood, cognitive behavioral therapists recall positive memories that recall moments of feeling grounded or well guided. Unpleasant memories recalled that illustrate unresolved or conflictual issues for the participants also reflect some of the guiding principles found in their discussion of their theoretical identity. Where for psychodynamic therapists themes of disconnect and misunderstanding are central in memories rated as unpleasant, for cognitive behavioral therapists, issues of defiance or undermined authority are more prominent.

These themes recall much of the content cited and discussed by the participants in reference to their choice to identify with psychodynamic or cognitive behavioral approaches to psychotherapy. Recall that psychodynamic therapists spoke of the

importance of “understanding”, “adapting to the patient” and encouraging “exploration”, where cognitive behavioral therapists spoke of “guiding”, “directing” and working according to predetermined and “empirically supported” methods. Considering the prioritizing of similar perspectives in early memories, it seems probable that principles that guide each therapist are innate to those who follow them.

Some examples to illustrate different thematic content in participants’ early memories are provided below. A psychodynamic participant spoke of a memory that she rated as extremely clear and extremely positive:

Subject (S): I think I was a kid I had a high fever and was very sick and coming into their bed and lying in between my parents feeling safe and sick. They gave me medicine for my high fever. I remember not being scared and my parents not being scared. I remember from exhaustion thinking there were animals in the next room. And I told my parents. I knew there weren’t any animals. I would see a bear in the other room. My father, I remember, telling me when you have high fever and the medicine they gave me made people see things. I remember feeling acknowledged. And he took me to the room; we can go meet the animals. I remember feeling understood.

Interviewer (I): How would you describe the general feeling tone of this memory?

S: Feeling very acknowledged and understood. And the clarity is very high a 5 and the pleasantness is a 7.

A cognitive behavioral participant recalls the following memory as similarly clear and pleasant:

S: Okay, my earliest is skiing with my dad and I was around four and that’s relevant because I could barely stand on the skis. I was in the ski mountain during the day but what was most important about that day was that day my dad came to ski with me. We rode up the chairlift and we rode down the big boy trail. Since I was so small, he held me between his legs and skied down and his skis seemed endlessly long. He held me in front of him. And I was bent over and held onto my torso. My legs just kind of hit the snow but sometimes a bump would throw them off but it didn’t matter. My skis kind of knocked around. It was probably a beginners trail but I just remember the skis being so long and the thrill of riding down on the big boy trail from really high up.

I: What do you notice most about yourself in this memory?

S: I felt so steady but sometimes I'd look down and see my skis trailing and hit his skis and I looked up and look out. It was like Vermont, very you know, picturesque scene.

I: What do you notice most about your dad?

S: His skis and his steady boots. The whole thing seems like a metaphor. And by metaphor, I mean, my father guiding. It wasn't a metaphor, he confirmed this. He had done this with my brothers as well.

I: And what is your perspective on this one?

S: From the eyes of a little boy.

I: And a general feeling tone?

S: Happiness, closeness, excitement. Three of them.

I: And then in terms of pleasantness and clarity.

S: 7 and 5.

Memories understood to represent areas of conflict or unresolved issues also echo themes and considerations of participants in their thinking about how to work as a therapist. A psychodynamic participant recounted the following memory as clear and negative:

S: You know what I remember is him – we had like a video game console. This intellivision. And he I remember coming home one day and he had actually given it away to the neighbors. And being very upset about that. Realizing they didn't have that much money and it was kind of a large family and it probably made sense and I could sort of understand where he was coming from – I understood his impulse to do that but I was very upset that he didn't really ask me about it or didn't really seem to be concerned with how I would react. Like I knew I could understand why he was giving it to them but there was no consideration for my feelings, so that upset me.

I: How would you rate this in terms of pleasantness and clarity.

S: Pleasantness – very neg, 1 – clarity 4.

A cognitive behavioral participant recalls the following memory as a clear and negative:

S: We were members of a tennis club, and I was four so of course I didn't play but there was a pool there and I remember I went in the women's locker room with my mom. And I remember the women's locker room to a "t". The lockers were orange; the floor was hard and yellow. I was running from one end to the other on this bench that was meant for sitting and my mom was in regular clothes and going to change and said that I wasn't supposed to do that, and said I didn't do that, what I really should do was just sit down on the bench and then she went into the stall and then there was a crash and the bench flipped over and I broke my collar bone. And I was crying and the bench was on top of me, my mother was in the stall and I disobeyed her.

S: I'm noticing more about the room than about myself, the lockers and how the bench was wobbling. I know I wasn't supposed to be doing it but I was having so much fun. But I was aware this is bad don't let mommy know but I don't know what I was wearing.

I: What did you notice about your mom?

S: Then she of course came out of stall and took the bench off me and was very loving and supportive. At the beginning of the memory, she was setting a rule and she wasn't big on that. She wasn't big on limits. She was really saying don't do this and I disobeyed her.

I: Is there a feeling associated with that?

S: Happiness because it was fun. Anxiety because I was disobeying her and then shame.

I: You were four. Pleasantness and clarity?

S: I'm going to say a 2, mostly negative. On clarity, a 4.

These examples are intended to illustrate some of the distinctions observed between cognitive behavioral and psychodynamic therapist memories. As mentioned previously, these data can be interpreted in a number of ways depending on the questions asked of the data. For the purposes of this study, the segments above are used to illustrate how internal conflicts as represented in early memories do distinguish cognitive behavioral and psychodynamic therapists in this study. Specifically, themes of feeling

acknowledged or understood recall earlier statements by psychodynamic therapists about their goals of allowing for such in working therapeutically. For cognitive behavioral therapists, clearer memories recalled themes of informed guidance and clearly defined parameters discussed in earlier descriptions of therapeutic goals. Highlighting these themes is intended to inform future discussion and exploration into the complexity of personal influences on theoretical identity.

Directions for Future Research and Implications

By design, this study is exploratory and thus has a number of limitations worth bearing in mind when considering implications and conducting future research. First and foremost, the small sample size likely impacted the power of findings, in some cases exaggerating it, and in others not detecting it. As discussed earlier, any significant findings were considered noteworthy specifically *because* they were found in such a small and distinct sample of subjects. Nonetheless, the small sample size in this study limits generalization of findings.

Subjects were divided into two distinct groups early on in the study based on their selection of one of seven theoretical orientation labels. Though the study's aim was to give subjects the opportunity to elaborate and "personalize" these labels, similarity of subjects within groups was not screened beforehand. As a result, the demarcation between the two groups may be considered somewhat artificial. This, in and of itself, may be an interesting topic of study for future research. Specifically, looking at individual differences and variations of those therapists within one orientation, and considering the implications these differences have for psychotherapy practice, could be a valuable topic of study.

Another possible limitation of this study has to do with the measures used and the constructs measured. Constructs of “openness” and “ambiguity tolerance” and levels of “object relations” were examined using validated measures, and precautions were taken to measure these constructs from multiple perspectives in order to give the findings more validity. Nonetheless, significant findings will be better received if these constructs are validated further with more up to date measures. For example, “ambiguity tolerance” was measured in this study using a questionnaire with subcategories that are not well operationalized. Defining more precisely different types of ambiguity tolerance will be a helpful contribution to research on this construct.

Participants in this study were recruited first and foremost, according to their theoretical orientation and second, according to their status as doctoral candidates. Though most participants had had at least a year of experience working with patients, the variation in experience of these subjects was not taken into account when analyzing these data. Though the study aimed to illustrate ways theoretical identity and theoretical understanding have less to do with the theory and more to do with personal factors separate from facility with theoretical concepts, variation in participant doctoral level and experience is worth considering. Specifically, it may be interesting to look at the development of theoretical identity as a function of experience and personality.

Given these limitations, this study’s findings could have important implications for the field of psychotherapy research and on the role and value placed on psychotherapy as a profession and resource for those seeking treatment. For one, given that this study supports distinctions between psychodynamic and cognitive behavioral psychotherapists in personality and goals for treatment, it raises the question of how accurate studies

comparing the outcomes of these two can be, recalling the familiar adage of comparing apples and oranges. Can we rightly rank the work of two significantly different groups of therapists on the same scale?

This study also raises a question about the role that theory plays for practitioners. By revealing the complexity of thinking behind theoretical identity, this study recalls Atwood and Stolorow's (1993) discussion of the necessarily subjective nature of any given theory. Findings resonate with Atwood and Stolorow's comment that "it is not simply that each theory is the expression of the limits and biases of the theorist, but also that other persons in their reactions to theoretical ideas are similarly subject to these influences". This study shows that attitudes towards theoretical material seem to be profoundly affected by the theory's degree of compatibility with personal reality. For psychotherapists, then, this position implies that their theoretical orientation reflects, in part, those principles that have guided them through their own life struggles. These findings may have implications for the practice of therapy, and specifically for the impact that match between therapist and patient has on treatment outcome.

The discussion of psychotherapy as art or science is a divisive one. While this division may be a necessary outgrowth of efforts to defend a hotly debated profession, more constructive results may be achieved by accepting the division and attending to the core reasons for the division in the first place. It was the intent of this study to shed light on how differences between the two approaches are informed. I have found that, in large part, these differences are informed by personalities and life experiences that were in formation long before any decision was made to enter the profession. Given the role of personal factors in distinguishing practitioners of the psychodynamic approach from

those who follow the cognitive behavioral approach, it may be an even more informative discussion to consider how these factors impact the efficacy of treatment, rather than the approach itself.

Summary and Conclusion

This dissertation is an attempt to explore the meaning of theoretical orientation among psychodynamic and cognitive behavioral doctoral students, looking specifically at the extent to which personal considerations play a role in their theoretical identity. It was hypothesized that data would reveal how identification with orientation labels is complex and informed by personal interpretation and judgment. It was also hypothesized that psychodynamic and cognitive behavioral therapists would be distinguished by specific personality tendencies. Quantitative and qualitative findings have shown that cognitive behavioral and psychodynamic therapists do have idiosyncratic understandings of their theoretical identities and that these understandings are influenced and distinguished by particular personal proclivities and personality traits. Further, this study has provided some insight into the ways that theoretical orientation serves as a framework in which each therapist has grounded her personal world-view. In this way, theoretical orientation does not act simply as a set of guiding principles that reflect the needs of the patients. It is the intent of this study to bring attention to the ways that two disparate approaches to treating human beings operate with very different goals and understandings of human nature. This is particularly important to consider when making comparisons between the contributions of both groups, and will hopefully lead to further exploration of the ways these differences impact psychotherapy training, treatment, and research.

Appendix A: Consent Form

CONSENT FORM

Theoretical Orientation as a Personality Trait

Katharine MacLennan, Principal Investigator
Paul Wachtel, Ph.D., Advisor

You are invited to participate in a research study of the role that personality and life experiences plays in psychotherapists' choice of theoretical orientation. You were selected as a possible participant because you have indicated that you identify yourself as primarily psychodynamic or cognitive-behavioral in theoretical orientation. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Katharine MacLennan in the department of Clinical Psychology at the City University of New York.

Background Information

The purpose of this study is to investigate the relationship between personality and life experiences in a psychotherapist's choice of theoretical orientation. This study is developed in response to the widely acknowledged significance of theoretical orientation within the community of psychotherapist's and the limited amount of available research on why psychotherapist's choose the theory with which they identify. It is the intent of this research to elucidate those factors that influence one's choice of theoretical orientation, for clinicians and researchers alike.

Procedures:

If you agree to be in this study, we will ask you to indicate the extent to which you agree with a variety of hypothetical statements provided in several pencil and paper surveys. You will then be asked to describe some of your earliest memories and to reflect on your theoretical orientation and life experiences. We would like to tape record the descriptions of your earliest memories as well as your reflections. Please indicate below whether you agree to have your responses taped. If you do not want your responses audiotaped, it will not influence your participation in any way, only how much of your data is included in the analysis.

_____ Yes, I agree to have my responses audiotaped

_____ No, I do not want my responses audiotaped

Risks and Benefits of being in the Study

The measures used in this study are standardized and have been used widely by clinicians and researchers. As none of the measures involve invasive procedures, there is no risk of potential physical harm. It is conceivable that you may experience mild emotional discomfort when asked to reflect on your early

memories and theoretical orientation. If for any reason you should wish to take a break or discontinue participation at any time, you will be able to do so simply by notifying the principal investigator.

This study is designed in response to a limited amount of data available about the relationship between psychotherapists' personalities and theoretical orientations. It is the hope of the investigator that information gained in this study will provide important feedback to both clinicians and researchers about those factors that influence psychotherapists' choice of theoretical orientation. Participation in this study could also prove beneficial to those who participate in so far as it encourages reflection and understanding of one's relationship to his/her theoretical orientation.

Confidentiality:

Information obtained during this investigation will be kept completely confidential. All participant data (i.e. tapes, transcripts, measure responses, data analyses) will be kept in a securely locked drawer in the PI's home office, and subjects will be assigned codes that will replace any identifying information. Consent forms, where subjects will be asked to sign their name, will not be assigned a code in order that names and codes are not linked and they will be stored separately from all other participant data. Published reports of this study will include no identifying information of subjects and the identities of subjects will be disguised in various ways to ensure that they cannot be recognized.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not have an effect on your current or future relations with the City College of New York or your home institution. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships. In addition, if you should wish to review and/or exclude any portion of your audiotaped responses, you are allowed to do so by simply notifying the principal investigator.

Contacts and Questions:

You may ask any questions you have now.

The researcher of this study is Katharine MacLennan. If you have questions later, you are encouraged to contact her at 917.587.7270 or katiemac@mindspring.com. You may also contact her dissertation advisor Dr. Paul Wachtel at 212.650.5660 or plw79w@yahoo.com.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact Christina Garidis, IRB Administrator, at 212.650.5418. *You will be given a copy of this information to keep for your records.*

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

Appendix B: NEO-FFI and MAT-50 Questionnaire

Instructions

This questionnaire contains 60 statements. Please read each statement carefully. For each statement circle the response that best represents your opinion.

Circle **SD** if you **strongly disagree** or the statement is definitely false.

Circle **D** if you **disagree** or the statement is mostly false.

Circle **N** if you are **neutral** on the statement, if you cannot decide, or if the statement is about equally true and false.

Circle **A** if you **agree** or the statement is mostly true.

Circle **SA** if you **strongly agree** or the statement is definitely true.

Please circle only one response for each statement. Respond to all statements making sure that you circle the response you intend to.

1. I am not a worrier	SD	D	N	A	SA
2. I like to have a lot of people around me.	SD	D	N	A	SA
3. I don't like to waste my time daydreaming	SD	D	N	A	SA
4. I try to be courteous to everyone I meet.	SD	D	N	A	SA
5. I keep my belongings neat and clean	SD	D	N	A	SA
6. I often feel inferior to others.	SD	D	N	A	SA
7. I laugh easily.	SD	D	N	A	SA
8. Once I find the right way to do something, I stick to it.	SD	D	N	A	SA
9. I often get into arguments with my family and co-workers.	SD	D	N	A	SA
10. I'm pretty good about pacing myself so as to get things done on time.	SD	D	N	A	SA
11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.	SD	D	N	A	SA
12. I don't consider myself especially "light-hearted."	SD	D	N	A	SA
13. I am intrigued by the patterns I find in art and nature.	SD	D	N	A	SA
14. Some people think I'm selfish and egotistical.	SD	D	N	A	SA
15. I am not a very methodical person.	SD	D	N	A	SA
16. I rarely feel lonely or blue	SD	D	N	A	SA
17. I really enjoy talking to people.	SD	D	N	A	SA
18. I believe letting students hear controversial speakers can only confuse and mislead them.	SD	D	N	A	SA
19. I would rather cooperate with others than compete with them.	SD	D	N	A	SA
20. I try to perform all the tasks assigned to me conscientiously.	SD	D	N	A	SA
21. I often feel tense and jittery.	SD	D	N	A	SA
22. I like to be where the action is.	SD	D	N	A	SA

23. Poetry has little or no effect on me.	SD	D	N	A	SA
24. I tend to be cynical and skeptical of others' intentions.	SD	D	N	A	SA
25. I have a clear set of goals and work toward them in an orderly fashion.	SD	D	N	A	SA
26. Sometimes I feel completely worthless.	SD	D	N	A	SA
27. I usually prefer to do things alone.	SD	D	N	A	SA
28. I often try new and foreign foods.	SD	D	N	A	SA
29. I believe that most people will take advantage of you if you let them.	SD	D	N	A	SA
30. I waste a lot of time before settling down to work.	SD	D	N	A	SA
31. I rarely feel fearful or anxious.	SD	D	N	A	SA
32. I often feel as if I'm bursting with energy.	SD	D	N	A	SA
33. I seldom notice the moods or feelings that different environments produce.	SD	D	N	A	SA
34. Most people I know like me.	SD	D	N	A	SA
35. I work hard to accomplish my goals.	SD	D	N	A	SA
36. I often get angry at the way people treat me.	SD	D	N	A	SA
37. I am a cheerful, high-spirited person.	SD	D	N	A	SA
38. I believe we should look to our religious authorities for decisions on moral issues.	SD	D	N	A	SA
39. Some people think of me as cold and calculating.	SD	D	N	A	SA
40. When I make a commitment, I can always be counted on to follow through.	SD	D	N	A	SA
41. Too often when things go wrong, I get discouraged and feel like giving up.	SD	D	N	A	SA
42. I am not a cheerful optimist.	SD	D	N	A	SA
43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.	SD	D	N	A	SA
44. I'm hard-headed and tough-minded in my attitudes.	SD	D	N	A	SA
45. Sometimes I'm not as dependable or reliable as I should be.	SD	D	N	A	SA
46. I am seldom sad or depressed.	SD	D	N	A	SA
47. My life is fast-paced.	SD	D	N	A	SA
48. I have little interest in speculating on the nature of the universe or the human condition.	SD	D	N	A	SA
49. I generally try to be thoughtful and considerate.	SD	D	N	A	SA
50. I am a productive person who always gets the job done.	SD	D	N	A	SA
51. I often feel helpless and want someone else	SD	D	N	A	SA

to solve my problems.						
52. I am a very active person.	SD	D	N	A	SA	
53. I have a lot of intellectual curiosity.	SD	D	N	A	SA	
54. If I don't like people, I let them know it.	SD	D	N	A	SA	
55. I never seem to be able to get organized.	SD	D	N	A	SA	
56. At times I have been so ashamed I just wanted to hide.	SD	D	N	A	SA	
57. I would rather go my own way than be a leader of others.	SD	D	N	A	SA	
58. I often enjoy playing with theories or abstract ideas.	SD	D	N	A	SA	
59. If necessary I am willing to manipulate people to get what I want.	SD	D	N	A	SA	
60. I strive for excellence in everything I do.	SD	D	N	A	SA	

Instructions

This questionnaire contains 61 statements. Please read each statement carefully. For each statement circle the response that best represents your opinion.

Circle **VSA** if you **very strongly agree** with the statement

Circle **MA** if you **mostly agree** with the statement

Circle **SWA** if you **somewhat agree** with the statement

Circle **N** if you are **neutral** about the statement

Circle **SWD** if you **somewhat disagree** with the statement

Circle **MD** if you **mostly disagree** with the statement

Circle **VSD** if you **very strongly disagree** with the statement

1. Almost every problem has a solution	VSA	MA	SWA	N	SWD	MD	VSD
2. I tend to be very frank with people	VSA	MA	SWA	N	SWD	MD	VSD
3. It would bother me if different close friends of mine had conflicting opinions of me.	VSA	MA	SWA	N	SWD	MD	VSD
4. I function very poorly whenever there is a serious lack of communication in a job situation.	VSA	MA	SWA	N	SWD	MD	VSD
5. Once I start a task, I don't like to start another task until I finish the first one.	VSA	MA	SWA	N	SWD	MD	VSD
6. I seem to enjoy parties the most when I know most of the people there.	VSA	MA	SWA	N	SWD	MD	VSD
7. I like to know ahead of time what will be for dinner.	VSA	MA	SWA	N	SWD	MD	VSD
8. I tend to like obscure or hidden symbolism.	VSA	MA	SWA	N	SWD	MD	VSD
9. I like to fool around with new ideas, even if they are a total waste of time.	VSA	MA	SWA	N	SWD	MD	VSD
10. It irks me to have people avoid the answer to my questions by asking another question.	VSA	MA	SWA	N	SWD	MD	VSD
11. I always want to know what people are laughing at.	VSA	MA	SWA	N	SWD	MD	VSD

12. In a situation in which other people evaluate me, I feel a great need for clear and explicit evaluations.	VSA	MA	SWA	N	SWD	MD	VSD
13. Before any important job, I must know how long it will take.	VSA	MA	SWA	N	SWD	MD	VSD
14. Before going to a party, I always want to know what kind of party it is.	VSA	MA	SWA	N	SWD	MD	VSD
15. Whenever I go on a long trip, I like to keep track of the miles to go.	VSA	MA	SWA	N	SWD	MD	VSD
16. Mysticism is too abstract and undefined for me to take seriously.	VSA	MA	SWA	N	SWD	MD	VSD
17. Nothing gets accomplished in this world unless you stick to some basic rules.	VSA	MA	SWA	N	SWD	MD	VSD
18. I really dislike it when a person does not give straight answers about himself.	VSA	MA	SWA	N	SWD	MD	VSD
19. It intensely disturbs me when I am uncertain of how my actions affect others.	VSA	MA	SWA	N	SWD	MD	VSD
20. If I am uncertain about the responsibilities of a job, I get very anxious.	VSA	MA	SWA	N	SWD	MD	VSD
21. In a problem-solving group, it is always best to systematically attack the problem.	VSA	MA	SWA	N	SWD	MD	VSD
22. I get pretty anxious when I'm in a social situation involving me which I have little control of.	VSA	MA	SWA	N	SWD	MD	VSD
23. I will not consider buying an item unless the price is clearly marked on it.	VSA	MA	SWA	N	SWD	MD	VSD
24. If I miss the beginning of a good movie, I like to stay to see the start of it.	VSA	MA	SWA	N	SWD	MD	VSD
25. I do <i>not</i> believe that in the final analysis there is a distinct difference between right and wrong.	VSA	MA	SWA	N	SWD	MD	VSD
26. It really disturbs me when I am unable to follow another person's train of thought.	VSA	MA	SWA	N	SWD	MD	VSD
27. It bothers me when I don't know how strangers react to me.	VSA	MA	SWA	N	SWD	MD	VSD
28. If I were a scientist, I might become frustrated because my work would <i>never</i> become completed (science will always make new discoveries).	VSA	MA	SWA	N	SWD	MD	VSD
29. A problem has little attraction for me if I don't think it has a solution.	VSA	MA	SWA	N	SWD	MD	VSD
30. Whenever I am in a new group, I usually take the initiative in introducing myself.	VSA	MA	SWA	N	SWD	MD	VSD
31. It matters to me to know what day it is.	VSA	MA	SWA	N	SWD	MD	VSD
32. Vague and impressionistic pictures appeal to me more than realistic pictures.	VSA	MA	SWA	N	SWD	MD	VSD
33. Usually, the more clearly defined rules a society has, the better off it is.	VSA	MA	SWA	N	SWD	MD	VSD
34. I prefer telling people what I think of them even if it hurts them, rather than keeping it to	VSA	MA	SWA	N	SWD	MD	VSD

myself.							
35. If I were a doctor, I would prefer the uncertainties of a psychiatrist to the clear and definite work of someone like a surgeon or X-ray specialist.	VSA	MA	SWA	N	SWD	MD	VSD
36. I do not like to get started in group projects unless I <i>feel assured</i> that the project will be successful.	VSA	MA	SWA	N	SWD	MD	VSD
37. First impressions tend to be very important to me.	VSA	MA	SWA	N	SWD	MD	VSD
38. I get very anxious waiting to hear the election results.	VSA	MA	SWA	N	SWD	MD	VSD
39. I tend to prefer pictures with perfect balance in the composition.	VSA	MA	SWA	N	SWD	MD	VSD
40. Personally, I tend to think that there is a right way and a wrong way to do almost everything.	VSA	MA	SWA	N	SWD	MD	VSD
41. In a decision-making situation in which there is not enough information to process the problem, I feel very uncomfortable.	VSA	MA	SWA	N	SWD	MD	VSD
42. Whenever I go out to have fun, I like to have at least a vague purpose in mind.	VSA	MA	SWA	N	SWD	MD	VSD
43. I usually like to know what time it is.	VSA	MA	SWA	N	SWD	MD	VSD
44. Generally, the more meanings a poem has, the better I like it.	VSA	MA	SWA	N	SWD	MD	VSD
45. I prefer the certainty of <i>always</i> being in control of myself.	VSA	MA	SWA	N	SWD	MD	VSD
46. I don't like to work on a problem unless there is a possibility of coming out with a clear-cut and unambiguous answer.	VSA	MA	SWA	N	SWD	MD	VSD
47. I am just a little uncomfortable with people unless I feel I can understand their behavior.	VSA	MA	SWA	N	SWD	MD	VSD
48. I usually like to know what times it is.	VSA	MA	SWA	N	SWD	MD	VSD
49. A poem should never contain contradictions.	VSA	MA	SWA	N	SWD	MD	VSD
50. Complex problems appeal to me only if I have a clear idea of the total scope of the problem.	VSA	MA	SWA	N	SWD	MD	VSD
51. I don't feel comfortable with people until I can find out something about them.	VSA	MA	SWA	N	SWD	MD	VSD
52. I want to know what the salesman is selling before I listen to him.	VSA	MA	SWA	N	SWD	MD	VSD
53. In the final analysis, the correct interpretation of a poem or story is the author's interpretation.	VSA	MA	SWA	N	SWD	MD	VSD
54. A group meeting functions best with a <i>definite</i> agenda.	VSA	MA	SWA	N	SWD	MD	VSD
55. I have a good idea of exactly how many friends I could really count on.	VSA	MA	SWA	N	SWD	MD	VSD

56. It really bothers me when a person shows up late for an appointment without an explanation.	VSA	MA	SWA	N	SWD	MD	VSD
57. If I don't get the punch line of a joke, I don't feel right until I understand it.	VSA	MA	SWA	N	SWD	MD	VSD
58. I enjoy <i>carefully</i> rehashing my conversations in my mind afterwards.	VSA	MA	SWA	N	SWD	MD	VSD
59. Before going out, I always check my appearance to make sure I look right.	VSA	MA	SWA	N	SWD	MD	VSD
60. I am tolerant of ambiguous situations.	VSA	MA	SWA	N	SWD	MD	VSD
61. The <i>best</i> part of working a jigsaw puzzle is putting in that last piece.	VSA	MA	SWA	N	SWD	MD	VSD

Appendix C: Early Memories Test

EARLY MEMORIES TEST

1a.

Think back as far as you can and try to recall your very earliest memory. (Urge subject to come up with a specific incident rather than some general descriptive remarks.)

Is it a visual image you have of the event? If so, what do you actually see as you picture in your mind's eye? (Which details does the subject recall as he experienced them then? Which does he recall only through hearsay or by a secondary reconstruction of the event? And which does he recall as a visual image?)

Do you see yourself in the memory, or feel yourself in it, or both? (This can be further clarified by asking what view he has of himself and others, or from what direction he sees himself and others, from what eye level, etc.)

What do you notice about (yourself, mother, father – specify each people in the memory) in this incident? Does it seem like your (mother) as you now know her?

Any feeling accompanying the memory?

Do you remember the feeling at the time it happened?

How old were you at the time?

Now, in thinking about this memory, can you tell me how PLEASANT and then how CLEAR each memory is according to the following scales.

PLEASANTNESS: On a scale of 1-7, with 1 being very negative, 2 being mostly negative, 3 being somewhat negative, 4 being neutral, 5 being somewhat pleasant, 6 being mostly pleasant and 7 being very pleasant.

CLARITY: On a scale of 1-5, with 5 being exceptionally clear, 4 being clear, 3 being moderately clear, and 2 being somewhat clear, and 1 being not very clear.

1b.

Now tell me your next earliest memory. (Get further details, age feeling, tone)

Which details do you recall most vividly? What do you actually see (of mother etc.) in your image of this incident?

Do you see yourself in the memory, or feel yourself in it, or both? (This can be further clarified by asking what view he has of himself and others, or from what direction he sees himself and others, from what eye level, etc.)

What do you notice about (yourself, mother, father – specify each people in the memory) in this incident? Does it seem like your (mother) as you now know her?

2a.

What is your earliest memory of your mother? (Age at time; feeling tone of the memory, feeling at time of remembered event)

What do you actually see in the memory? AS if you are looking from where?

Do you see yourself in the memory? Or not?

What do you notice about (yourself, mother, father – specify each people in the memory) in this incident? Does it seem like your (mother) as you now know her?

2b.

What is your next earliest memory of your mother? (Follow up with inquiry as above if needed)

3a.

What is your earliest memory of your father? (Age at time; feeling tone of the event; feeling at time).

What do you actually see in the memory? As if looking from where?

Do you see yourself in the memory or not?

What do you notice about your fathering this memory. How about yourself?

3b.

What is your next earliest memory of your father? (Follow up with inquiry as needed).

Appendix D: Interview Questions

Interview

Katharine MacLennan, Principal Investigator

- You described your orientation in _____ terms. What does this representation of your orientation mean to you. Is there anything you want to add to that that you feel would better describe your theoretical orientation?
- In thinking about your theoretical orientation, can you reflect on what may have influenced your choice of theoretical orientation?
- In thinking about your life experiences and who you are as a person, in what ways have they influenced your choice of theoretical orientation?
- In thinking about your theoretical orientation, how does your orientation influence the way you work with your patients?
- In thinking about your theoretical orientation, can you think of a time when you have worked according to a different orientation from the one you identify with? How do you understand this?
- In thinking about your career as a clinician, do you imagine that your theoretical orientation will change? If not, why? If so, how and why?
- If you have had experience in your own personal therapy, what orientation has/have your therapists been or what approach did they use.

Appendix E: Early Memories Test Transcriptions

SUBJECT 01

Interviewer (I): I want to you to think about as far as you can and try and recall your very earliest memory.

Subject (S): OK. It's the morning of my eldest brother's Bar Mitzvah. So I am two years old. The night before that I had just learned how to button. And my mom is very excited and she wants to show off my new accomplishment to my grandmother but then I do it wrong. And she's very disappointed. I'm left handed so I do it the other way around. My grandmother says that it doesn't matter so I did manage to button the shirt so that's ok, it doesn't matter how I did it. But my mother is upset.

I: And when you're thinking about this memory is it a visual that you have of it.

S: Yes.

I: And are you seeing from you perspective in it – does it change.

S: No I can't see myself. I can see what I am doing but I cant se my face.

I: What do you notice about your mom – your brother – your grandmother

S: There's tension between my mom and grandmother and myself.

I: And does it seem like the characters as you know them now.

S: I think this is pretty characteristic of my mom. I have no other memories of my grandmother actually. She passed away two years after that.

I: You mentioned tension – feelings?

S: Feeling guilty. I've let my mom down. Confused.

I: You were two.

S: Yeah maybe some of the feelings are later interpretations.

I: I was going to ask you that to. One could speculate about that. At the time what was the feeling?

S: Confusion I think was the biggest one.

I: Can you tell me on a scale of 1-7 how pleasant or positive the experience is on this scale. 1 being very negative and 7 being very pleasant or positive.

S: 3. Somewhat.

I: Clarity 1-5.

S: 3?

I: 3 moderately clear.

S: Yeah.

I: Now can you tell me your next earliest memory.

S: OK. I'm trying to get my dad to read me a story. I'm at his bedside. And he's very tired and doesn't want to do it.

I: Ok, and what is your perspective. Are you seeing it from your mind's eye?

S: Yes, (seeing from minds eye).

I: Is your image of your dad in the memory as you know him now.

S: He doesn't feel foreign if that is the question.

I: Ok.

S: The memory feels authentic.

I: Any feelings?

S: Disappointment. I guess also, I don't know, I feel like a spoiled brat.

I: Do you remember feeling that at the moment?

S: I felt disappointed and let down in the moment. And in retrospect, I feel I had the mindset of a spoiled brat.

I: And how old were you?

S: 3 or 4.

I: Pleasantness?

S: That wasn't very positive either. I guess a 3

I: And in terms of clarity?

S: That's very clear. 4.

I: Anything else you want to tell me about that memory?

S: I remember the book.

I: Yeah.

S: I'm from Israel. A Hebrew book. It's a very popular story called Apartment to Rent. About his 5 story house and in each floor there is another animal and the top floor is up for rent and different animals come and want to rent the apartment, but they get rejected every time by a different member. It's a nice story. Or no, no Imp sorry – every new perspective tenant rejects the house because of one of the other tenants faults. And the last tenant to come in says the neighbors are nice and the apartment is nice so Imp going to take it.

I: Earliest memory of mother?

S: That one.

I: The first one? Of the buttons?

S: Yes.

I: Next earliest of mother?

S: Well Id say I'm playing around the house. I'm playing with a car running with the car and I'm bumping my head against the wall. And she comforts me and she hits the wall and tells the wall what a bad boy. And she gives me a spoon to put on my head so I wont have a bump.

I: Why a spoon?

S: That was very traditional in my house. You put something cold and press it against where you hurt yourself.

I: And your perspective?

S: It's my perspective.

I: At the eye level –

S: Yes.

I: How old?

S: I think 5.

I: Feelings?

S: Warm feelings. Of being protected.

I: Is that memory of your mom much like your experience of your mom now?

S: Yeah.

I: Same woman?

S: Same woman.

I: how about in terms of pleasantness.

S: 6. We're getting there.

I: Clarity?

S: 4. Clear.

I: Then your father – earliest.

S: The one I told you of.

I: Next one of your father?

S: My father is coming home after being out of the country for several weeks and I am waiting outside of the house to greet him. And he comes and he is very happy to see me and he calls me by my – one of the nicknames he used to call me.

I: Perspective?

S: Childs perspective.

I: Can you see yourself at all?

S: I am waiting and watching him.

I: Age?

S: I think five.

I: What do you notice about your father in this memory?

S: All his suitcases. Smells like an airplane.

I: Any feelings that accompany that memory?

S: Good feelings. Happy. Imp going to get good gifts now.

I: In terms of pleasantness?

S: 6

I: Clarity?

S: 4

I: Any other memory that you want to add on to these?

S: No, that is it.

SUBJECT 02

I: I'd like you to think back as far as you can and tell me and tell me what your earliest memory is.

S: My earliest memory is my birthday party when I was either 3 or 4. And I was playing with a balloon with my uncle's friend. I was at my aunt's house. And the way the staircase works is that it's at a right angle. You go up two stairs hang a left and go up the majority of the stairs to the second floor. So I'm in the square before you make the turn up and I'm right over there which is two stairs off the main floor. So I'm banging the balloon back and forth and I was up in the air between my uncle's friend and myself. And I jumped up and hit it I fell off and hit my chin right in the corner of the wall. So I was rushed to the hospital. I don't remember the rush to the hospital. I remember falling. I don't remember the impact and I remember being strapped down in a hospital on a table with Doctors around me. And that's it. So that's my earliest memory. It's an intense one.

I: It's a vivid one. Ok, so when you are thinking about this memory, what is your perspective?

S: I just see it as an outside observer. Almost like a movie. And I'm seeing myself going back and forth and enjoying it. Having a good time as a four year old should have at his birthday party and then all of a sudden it sucks, cause your in a hospital and your getting strapped down.

I: Do you see yourself?

S: Yes, I see myself the whole time I see as if I'm looking down. But actually at one point in the memory when Imp in the hospital at one point I am actually in myself and I see the doctors around me. But at another point I also see everyone around me.

I: You mentioned your aunt's home. Was she in the memory?

S: No she wasn't but my aunt is a kind of a significant person in my life because I feel like she was more of a mother to me than my mother was. I mean our personalities mesh a little bit better and I was kind of raised by my mom and my aunts. During high school my mom moved in with my stepfather and it was easier for me to get to high school from my aunts house. I just stayed in my aunt's home and was kind of like raised in high school with my aunt. It was that kind of family.

S: Are there any other characters? You mentioned doctors it sounds like in the hospital, yourself, your uncle.

I: My uncle wasn't in it; it was my uncle's friend.

S: It wasn't my uncle it was my uncle's friend.

I: Ok, what do you notice about him?

S: He was always a very friendly guy. And he has always been that way with everyone. And in the dream I just notice him being his regular self. He sees - I was the first born in the family out of all the cousins and he sees a chance and lets bump the balloon back and forth.

I: And so it seems, as you know him now.

S: Basically. He'd been the same throughout my life.

I: OK. Any feelings that you attach to this memory?

S: Not really, but thinking about it it must have been a bad experience for me. It doesn't seem like I would really enjoy that. But when I think about it, nothing emotional really gets conjured up in me.

I: Ok. So – in retrospect you feel like it must have been rough.

S: Right, but in thinking about it like now or when I've thought about it before it doesn't really bother me and I don't feel anything negative nor positive about it.

I: Ok. Which leads me to the next questions about pleasantness and clarity.

S: Pleasantness: I rate it a 4. I see it as very dichotomous. Imp enjoying myself and the next minute Imp in the hospital being strapped down. Clarity, I'd say a 4, pretty clear.

I: Next memory?

S: One of the two next memories – I don't know which preceded the other, but I was living in Jackson Heights with my first stepfather and my mom. And my mom was pregnant with my sister who is – its 1987. So it has to be November because that's when my sister was born, and her water broke. In the apartment, just her and myself and she as she was in a panic and ready to leave cause we had to get the cab so we could run to the hospital. So, she – I guess I was just in my underwear and my t-shirt, you know being the 4 or 5 year old at the time. And she zipped me up and I got caught (laughs). And that's it. And I just remember her going Oh my god, Imp so sorry! I mean nothing severe like surgery or anything like that but that – I mean we still laugh about it now. Like I don't even remember crying or anything, Like I just remembered being like (imitates feeling stuck and frozen).

I: Ok, is your first stepfather in the memory.

S: No he's not.

I: Ok your mother is. And what do you remember about her.

S: Her water broke. She was very nervous and panicky because you know what she needs to get to the hospital and we were not ready for it plus my stepfather wasn't home because he was working, so this isn't part of the dream but I know at that time she had called him and said my water broke I m going to the hospital so she was getting ready to go to the hospital basically. Which included getting me dressed. Unfortunately.

I: And again what's your perspective of this memory.

S: Imp seeing it again as if Imp watching a movie. Imp seeing myself and as far as – when I think emotionally I feel somewhat objective about it. You know, its like I don't really attach any emotion to it. Imp just noticing it's a situation where the situation caused my mom to hurry getting ready and what happened was an innocent mistake unfortunately.

I: And pain.

S: Yes, and luckily no serious damage or any damage. Just a little bit of pain.

I: And so which details do you recall most vividly about it.

S: Me standing up, my mom bending down and putting on my pants and pulling up the zipper.

I: And then is the image you have of your mom – is that the mom you know now?

S: She's somewhat panicky still now. And like a nervous person sometimes. But not as nervous as I recalled her in that image.

I: Ok. And you were four or five.

S: I was five. It was November 87 I was born in 82. And in terms of pleasantness I would say 3 and for clarity I'd say 2.

I: The earliest memory of your mom.

S: Mhm. It's so weird because all of my memories are of me in the context of living in Jackson Heights with that stepfather and it was that situation when I got caught. Being stuck in an elevator with her one time. And another time I remember hiding under the table in the living room because my stepfather was yelling at her.

I: Ok, can you tell me first about the one in the elevator?

S: That one isn't too clear but I just remember we lived in an apartment and we just got stuck in an elevator. The lights were still on and someone came shortly after but we just got stuck in the elevator.

I: Any feelings you've attached to it?

S: Um, no not really.

I: And the extent to which you remember some of these – do you feel there is any influence of recreation based on stories told over time, or is it purely your experience.

S: I think both. More of an integration.

I: And which parts are yours?

S: Getting caught. Just somewhat of a feeling of despair getting caught in the elevator because I'm a little kid. Like holy shit what is going to happen, you know? And that's pretty much it I guess. That's mostly me because it's particular to myself.

I: What do you notice about your mom?

S: The memory of the elevator is more of a flash moment. So I don't really remember her. I just remember her standing next to me and I'm feeling a little nervous because it's the moment when the elevator got stuck and I'm like – Oh no. I didn't say that but that's like – Oh my gosh and that was it.

I: And did you notice her feeling anything.

S: No because I didn't see her face in that memory.

I: Ok, and you mentioned the one hiding under the table.

S: Yeah, that was the stepfather was – IDK if he ever hit her but I know he would pull her hair. And there was a lot of problems beyond with him at first because he kind of got a mirage attached to it – but he had bipolar and it was really hard dealing with him. And he had two prior divorces and she didn't realize that that really means something about a person. So in that image it was just him. I'm hiding under the table and I see him in the kitchen and my mom yelling at each other and he just kind of like pulls her hair. And that's my unique image because I haven't really told anyone like my mom about it or anything.

I: How old were you?

S: Had to be around the same time. 1987-88 so 4 or 5.

I: Any feelings attached to that? Hiding and watching?

S: Kind of scared.

I: And what did you notice about your mom.

S: She's kind of like weak almost. Like she didn't really do anything and she's screaming like – I don't know what they were arguing about, they were having an argument and she was standing up for herself but I don't really know if it worked or not.

I: And what did you notice about your stepfather?

S: Um, just looking down at her, because he was taller and yelling and angry.

I: In this one, you made a point of saying this was your experience.

S: Because I haven't told anyone else about it so I can't be impacted by anyone else's perception.

I: Ok. Is there a difference in how you see it compared to the others?

S: Maybe that memory I feel like I'm more inside my body looking but I can also see myself from further back in the living room seeing myself and then seeing my stepfather and mom in the kitchen. So more or less I feel like I'm inside myself.

I: So watching.

S: So for both memories. Pleasantness: 3 (memory re elevator); Clarity (3) And argument scene, pleasantness is (2); Clarity (4)

I: How about your earliest memory of your father.

S: I have a father but he was never involved.

I: Ok. Do you have memories of him?

S: No not at all. He was not in the picture at all. My mom lost her virginity to him when she came to this country and brought to his attention that they should get married because she was pregnant and he didn't want have anything to do with that because he was Greek and she was Hispanic and that shouldn't happen. But when I was like a month old he stopped by to see me and actually came to my aunt's house where my mom and I were living. And so he stopped by – and it didn't work out. So I've never seen him, but currently he in fact lives a couple of blocks from me.

I: Is that right.

S: Yes, and this past summer I actually met with my niece who is my cousin so I'm kind of feel like I'm kind of going to lean towards meeting up with him. It's very whirlwind. -- Yeah, I moved out of my mom's apartment when I started grad school because it just wasn't working living in my mom and three siblings in a two-bedroom apartment and doing schoolwork. So I moved out and rented a basement to a private house right by St. Johns. So then the summer after my first year. So like I had the number to my cousin because my mom and my aunt had brought me to see her when I was in high school but I didn't really care at this point, you know, its like I want to find out something about my Greek heritage. So I met up with my cousin it was really cool, I found out some stuff about my background. I got the correct spelling of his last name, looked in the phone book and coincidentally his place is a couple of blocks away.

I: Fascinating.

S: Yeah, And every now and then I just walk by and I see the van over there and I'm just like – I don't know.

I: Did you grow up with a stepfather. You mentioned this stepfather.

S: Yes, my mom got involved with him in 1987, so prior to that my uncle. My uncle I guess husband of my aunt who is like a mother to me is probably the most dominant male figure in my life.

I: Do you want to tell me about an earlier memory of him?

S: Earliest memories I have of him I guess I had to be in Kindergarten or first grade. And he took me to his job when he worked at Citicorp. And I think it was the building with the triangle top over here in the city. And I think it was right by the rail yards. And I remember going with him to work having a sandwich in the cafeteria. And for some reason there was shredded lettuce. Id never seen shredded lettuce before so it was really

weird. And then I remember looking from his office down at the rail yards and I remember at the same point he wanted to go see the company doctor in the building and got his blood pressure taken. And besides that my other earliest memory of him was just walking into the kitchen. And as he was standing, as soon as you enter into the kitchen, smoking a cigarette. But that was around the same time that he had stopped smoking, so he hadn't smoked in several years, but he doesn't smoke at all anymore.

I: So, The sandwich with the shredded lettuce and the blood pressure.

S: Yeah, it was like a giant cafeteria. I remember it being like something I had never seen before. Very business like. I was just fascinated.

S: By the lettuce and the cafeteria. Just different.

I: Are any feelings attached to that.

S: Kind of pleasant. It was kind of nice to go with him and go check all that out.

I: And what do you notice about him.

S: Um, same is always – he was never really one to open up and show his emotions. But I felt like he was happy that I was there. I mean he's the one who brought me to his job and he always kind of felt like I'm somewhat of a son to him. And he's always been more or less there. Like he helped pay with my mom my high school tuition and he's always been supportive of my education and everything.

I: Ok.

S: And your perspective?

I: Again both. Inside myself and outside.

S: And the cigarette smoking memory.

I: I'm walking into the kitchen which is sort of like this – but there's no door, it's a doorway and there's, I think its still there, I haven't been to my aunts house in a couple of months. And there's like a bell. A little bell you ring like they didn't really use it regularly its just like for decoration. And its right there, it's always been there on a cabinet and he's just there smoking a cigarette. And the bottle of wine is in front of him because he always drinks wine when he comes home from work and he's almost – I don't know if he could be considered an alcoholic but he'd drink at least two glasses of wine every night. But now especially over the past couple of years he stopped because he's in danger of getting diabetes. So I was really surprised that he really cut down dramatically his alcohol intake.

I: Ok. Is there a feeling attached to that memory for you?

S: No. Not really. Just very neutral.

I: So the one at Citicorp in terms of pleasantness.

S: Id say 5 in pleasantness and 4 in clarity.

I: And the smoking memory?

S: Id say 4 in pleasantness and 4 in clarity.

SUBJECT 04

I: If you could just think back as far as you can and tell me what our very earliest memory is.

S: I've been asked this before so I know it. And I don't really know why but I have this memory of being in my kitchen when I was little and taking a spoon out of the drawer and putting it in my mouth and the people in the kitchen sort of looking at me. Like oh isn't she cute.

I: And how old were you?

S: I have no idea probably like I want to say 3. I'm not sure why.

I: And you said there were people in the kitchen.

S: Definitely my parents and then I'm not sure their friends were. And people visiting.

I: And what's your perspective of the memory. Like how are you seeing it?

S: I'm seeing like I'm seeing myself.

I: Ok. As watching yourself take the spoon out.

S: Yeah.

I: And what do you notice around you. Either about your environment in the people, both.

S: Noticing that people are smiling and happy and I just really remember feeling kind of shy. Like showing off at the same time.

I: What do you notice about your parents.

S: I don't really remember my parents. I knew they were there I don't remember. I more remember I think - I more remember the visitors.

I: What do you remember about them.

S: Them saying along the lines of like something about how I was cute or something.

I: And the feeling you mentioned that people were smiling and happy. Are there feelings that come up for you as you talk about it or that remember feeling at the time?

S: No, I think I remember feeling self-conscious at the time. Yeah. I mean what I'm feeling now is like how accurate is this?

I: So, for this and then the other memories if you could rate how pleasant this memory and then also how clear. How pleasant would you consider this memory

S: I would say it's a 6.

I: OK. And in terms of clarity?

S: Id say a 2.

I: Ok. How about your next earliest memory.

S: Um, ... I would say in the kitchen again.

I: Ok.

S: We had this table that was part of the wall that came down and sort of like this table thing and I had this memory of eating dinner and I don't know if its just a specific memory or if it happened a lot. So it's kind of general like time of day. And event of the day.

I: And what's your perspective.

S: Again I'm looking down on it. Well, am I? No Actually I'm not. I'm sitting at a table, looking.

I: Are there people.

S: My parents and my brother.

I: What do you notice about them. About your parents.

S: I don't really – again it's more just like their presence. I don't remember the specific conversation or like a – its like a comforting feeling.

I: And how old were you.

S: 4 or 5.

I: Which details do you recall most vividly as your thinking about it.

S: Like the I'm thinking I'm like the weather sort of. Like it being sort of like Summer Spring and our back door that would go out the back door to the kitchen it would be open with like a screen door.

I: Ok. And is that associated with that comforting feeling too.

S: Yeah like the smell of summer and sort of feeling like excited I was going to play outside, I cant remember.

I: And what was the feeling that comes with that the playing outside?

S: Just sort of during dinner knowing that afterwards that's what would happen.

I: And how about your brother. Do you notice anything about your brother? Or is he also sort of a presence.

S: Yeah he's sort of a presence.

I: In terms of pleasantness?

S: 6 again.

I: Clarity?

S: Id have to say 2 again.

I: Can you tell me your earliest memory of your mom.

S: I don' know if this is the earliest memory but it's the first it just sprung into my mind.

I: Ok.

S: It's certainly not my first but it's when I was younger. It's a sad memory I don't know why I'm thinking of it. But I remember being in bed and I think asleep and she came in to my room to check on me and I woke up and I noticed that she was crying and she sat on my bed and told me that she had been crying because her friend had just died of breast cancer.

I: You say it was a sad memory. Are there feelings in addition to the sad feelings that come up with that memory?

S: Yeah I think it was probably scary seeing her. Because I think it was the first time I had seen my mom cry about something and not really knowing what to make of that.

I: How old were you.

S: Probably around 5 or 6.

S: And what did you notice about your mom. She was crying.

I: I think I remember that she was trying to hide it. She was kind of like didn't really I think she was yeah trying to hide it from me maybe a little bit.

S: And what most stood out about that memory.

I: Being happy to wake up and see my mom coming in my room and sort of like the feeling of being in the bed and having the light coming through the door.

I: What's your perspective.

S: I'm seeing out of the bed.

I: Looking at your mom.

S: Yeah.

I: And then in terms of pleasantness. How would you rate it?

S: 4

I: And clarity?

S: 3

I: How about your next earliest of your mom.

S: I have this memory of watching the wizard of oz and being scared of the wicked witch or whatever it was. And her bringing me milk and cookies.

I: Ok, so you're feeling scared. What do you notice about her?

S: It was sort of uncharacteristic of her a little bit. It was very comforting and motherly. Not that it wasn't always like that but it was sort of more – IDK I think it was surprising at the time. Like IDK.

I: What was your feeling as she was bringing this in.

S: I was excited. I was happy to have cookies. It made me feel better.

I: How old?

S: I'm so bad at this. Ill say 6.

I: And how about your perspective.

S: I'm looking at the TV and my mom coming in from the side.

I: And what details are most vivid of that.

S: I think just like the feeling of being excited of the cookies.

I: And then about how about pleasantness and clarity?

S: Pleasantness was 6. Clarity was 3.

I: How about the earliest memory of your dad.

S: I think him coming to the door after work. And screaming "Daddy!" and running towards him.

I: So what are you seeing.

S: Him at the door.

I: And what do you notice about him.

S: I don't know, I don't even remember his expression ... it was more just like me being excited. Like I can't remember if he was like "yeah!" or if he was like "get away from me."

I: One image was being excited. Any other feelings in addition to that.

S: No.

I: Ok, so there is no real recollection of what he was doing or –

S: Other than literally walking through the door.

I: And what's most vivid.

S: The feeling and I'm seeing – for some reason I'm thinking it was really bright in the living room and dark outside. And for some reason I'm thinking bright lights.

I: Ok. And in terms of pleasantness?

S: 6

I: Clarity?

S: 4

I: how about another earlier memory of your dad.

S: I feel weird saying this, but taking baths with him. And my brother.

I: What do you remember.

S: The songs we would sing.

I: Ok, and any feeling associated with that?

S: Its just fun. Laughter. And –

I: What do you notice.

S: His voice. Singing this one song it s in my head now.

I: Which song.

S: You know that 'someone's in the kitchen with Dina.'

I: Ok, what's your perspective. Its weird I guess I'm in the bathtub and singing. Now I'm not really seeing it because I don't want to think about being in the bathtub with my father you know what I mean. But I like I'm in the bathtub with my brother and father or something.

S: So fun, laughter and – what are you noticing about them. Your dads voice.

I: I don't really remember my brother that much.

S: And how old were you.

I: 4 or 5 maybe.

S: And how about pleasantness.

I: 6

S: And clarity.

I: 3.

SUBJECT 05

(Throughout interview – not recorded – subject often said she did not remember any memories and in her responses took often more than a minute to recall instances and even then was not sure if what she recalled was real or a creation)

I: Earliest memory?

S: I don't know which is a memory and which is just stories I have heard. In one I'm 4.5 years and I have just gone sledding with my mom. My whole family is there and I am on the sled with my mom. I don't remember hitting into a tree. I do remember standing at the bottom of the tree with my right leg bent and saying that I could rebend it. Probably a lot of this has been filled in from stories I have heard.

I: What do you recall most vividly and what details do you notice re others?

S: I only remember my parents. And I don't notice too much about them. They are standing to my right and trying to straighten out my leg. They seem similar to how I know them now.

I: Feelings?

S: I don't know if this is an original or if its what has been incorporated based on their stories. But I was convincing them that I couldn't unbend my leg. Pain doesn't come into my memory. I have a more positive memory of my friends coming to see me and signing my cast. I remember presents. I remember a bakery cookie that was given to me by one of the boys in my class. I remember a thick crayon and that the principle of the school brought me a pretend cooking set. My mom brought me a TV. I think I enjoyed the attention and was happy for the presents.

I: Pleasantness?

S: 7 (in retrospect)

I: Clarity?

S: 3

I: Earliest memory of mother? (Prompted since subject couldn't recall early memories based on time alone.)

S: I remember doing art projects with her on Sunday morning.

I: Feeling?

S: It was fun. My mom would have a plan. The materials weren't store bought and we'd take cardboard paper and she would help us. My sister who is 2.5 years older was there. I may be assuming this.

I: Perspective?

S: I'm looking out of self. I'm noticing my mom and her at eth dinette table. We are sitting across from each other. I am excited. She is very into the art project and very interested in it. She is doing it alongside me and helping me. It's clear that she enjoys art as well. She's not just doing it for me but because she enjoys it. No other feelings.

I: Pleasantness?

S: 7

I: Clarity?

S: 4

I: Next earliest of mother?

S: I remember me going to sleep and she is sitting next to my bed on her knees. She is saying a Jewish prayer that you say before you sleep in a very soft and soothing tone.

I: Notice about her?

S: I remember feeling that she loves me very much. It was a special time, going to sleep. All the lights are out and people say the prayer to themselves but she was saying it to me before I could say it on my own. There is a secure and safe feeling associated with this memory. I remember I was lying down.

I: Pleasantness?

S: 7

I: Clarity?

S: 3

I: Earliest memory of dad?

S: I remember him being very understanding and coming into my room to see how I was doing when I was upset. After we talked I the asked how he was doing. Something along those lines. And he said something about how he wasn't going to share that with me because I'm not one of those people he turns to share his feelings. I don't remember how old I was. I wasn't that young. I had to be old enough to articulate, but I don't know.

I: Notice about him?

S: That there is a mood change between me and him. I'm hurt when he tells me that I'm not a person that he turns to share if he's having a bad day. My perspective is through my eyes. My father is different from the father I know now in that we have a different relationship now than we did. We were different.

I: Feelings?

S: Originally when comforted feeling of being understood and comforted. I feel that he cares. Then it changes once I see it's not reciprocal.

I: Pleasantness?

S: 2

I: Clarity?

S: 3

I: Next earliest memory of dad?

S: It's very brief. I know chronologically I was about 4 years old. He asked if I wanted to come to his mother's funeral and I said no. At the time it was presented as 'you can its no big deal' and I think I felt uncomfortable going to the funeral. It seemed scary. Later I remember feeling guilty.

I: Notice re father?

S: Not too much. I probably have inserted that he was going through a hard time and presenting it in a way that he was sensitive. That he would've wanted me to go but didn't want to put himself out there too much to share how important it was for him. I see it through my eyes.

I: Pleasantness?

S: 3

I: Clarity?

S: 1

SUBJECT 06

I: Earliest memory?

S: I was 5 years old and hiding under the porch at my parents' house. I felt scared because I was supposed to go to Kindergarten that day. I remember I walked up the street towards school and then turned around and hid under the porch. I remember there were spiders.

I: Perspective?

S: I'm seeing myself as if watching myself. There were no other people in the memory. My mother was in the house, I was hiding from her.

I: What do you notice about yourself?

S: The feeling of being scared. I was hiding from school and my mother and I was scared of spiders. But they were a better alternative to going to school.

I: Feeling tone?

S: Lost. Like a sense of not knowing how long I'd been there and long before I could emerge

I: Anything else?

S: The spiders added to my feeling of unsafety.

I: Pleasantness?

S: 1

I: Clarity?

S: 4

I: Next earliest memory?

S: My mother and her friend from down the street removing me from the car and carrying me into the Kindergarten classroom. I remember the Chevy with fins and it was aquamarine.

I: How old?

S: 5 or 6 maybe.

I: What do you notice about your mom?

S: She's very angry. It doesn't feel like the mom I know now. She's quite frail now. She was about 45 then and is now 76. If she was stronger now she might have the same reaction. I don't actually see her in this memory. I just know that my mother has my arms and her friend has my legs. Mt mom is being more aggressive in taking me into the classroom, like it's her mission.

I: Feeling?

S: Anxious more than scared. I felt very tense being in the classroom.

I: Pleasantness?

S: 1

I: Clarity?

S: 3

I: Earliest memory of mother?

S: (Same as 2nd earliest memory)

I: Next earliest memory of mother.

S: I remember there was a squirrel that got stuck in the back porch and my mother was getting frantic. My mom was pregnant and wearing an orange smock top with black polka dots. I was inside wondering what was going on and I remember she was running back and forth.

I: Feeling?

S: Confused.

I: Perspective?

S: Seeing as if from own eyes.

I: How old?

S: Around 6.

I: Pleasantness?

S: 3

I: Clarity?

S: 2

I: Earliest memory of your dad?

S: I remember playing wiffle ball with him in the back yard. I see him through my own eyes. I remember he was running as if he didn't know how to run.

I: How old?

S: 6 or 7

I: Feeling?

S: Excited by the challenge of playing and wondering why he was running that way. This is characteristic of my father.

I: Pleasantness?

S: 6

I: Clarity?

S: 3

I: Next memory of father?

S: Same backyard and I remember a flagpole. He has offered a dollar to anyone who can shimmy up the pole. I remember him standing there with the dollar. I remember wanting to be successful at it and more to impress him than to get the dollar.

I: Notice re him?

S: I remember there was a sense of goading rather than making it fun for a child. I remember it felt like he was doing it more for a dare than like "come on you can do it."

I: Feeling?

S: Excitement, eagerness.

I: Pleasantness?

S: 5

I: Clarity?

S: 3

SUBJECT 07

I: Your very earliest memory?

S: My earliest memory is me lying in bed and its nighttime and I'm about two years old and my brother is on a bunk bed above me. And I'm looking at the wall, seeing like a light projection on the wall. It was in the figure of a face. As I'm telling you this I remember, as I'm telling you this, that it reminded me of Darth Vader.

I: Okay. So were there any feelings attached with this memory.

S: Fear. Yeah.

I: Fear of anything in particular?

S: No it just invoked fear in me. I just woke up and I saw this reflection on the wall.

I: Okay.

S: It terrified me.

I: So as you're recalling this memory, what visual images stand out most? What's most clear about it?

S: I remember there was very contrasting light and dark. I remember the image had light in it. I kind of like remember the eyes. The only image that comes to my mind.

I: You mentioned that your brother is above you; are you seeing your brother?

S: No, I just feel his presence.

I: And what about his presence do you feel?

S: He's unaware of what I'm going through but he's there in case I need him.

I: Okay. And your image of it is through your perspective or third person perspective?

S: I'm seeing it through my eyes.

I: And you said you were about three? Any other details you want to tell me?

S: I think that's it.

I: And how about on the scale of pleasantness?

S: The memory of itself.

I: How would you rate the memory?

S: It's more on the negative side, it's a three.

I: And on clarity? How clear it is?

S: I'd say it's a 2.

I: Now can you tell me your next earliest memory? And don't worry too much about how perfectly chronological they are.

S: Okay. The next one I remember is I'm standing on a stoop at the apartment building where I lived. I'm again three or four and I'm throwing berries with my brother.

I: What were you feeling?

S: I wasn't feeling anything. I remember my brothers were throwing berries from a bush at each other.

I: Okay throwing berries, not feeling them. Any feelings accompanying the memory?

S: I remember a competitive feeling. Kind of like a rivalry feeling.

I: And what do you notice about your brother?

S: can't, he's not really coming into focus.

I: Any other folks around?

S: My mom came down eventually and called us in. We were getting rough with it.

I: What do you remember about your mom?

S: She'd say you're getting too rough come back inside.

I: Okay. Anything besides that feeling or rivalry, anger and frustration.

S: Nope that's about it.

I: How about this one in terms of perspective.

S: I'm kind of looking at myself a little bit. I'm outside of my body.

I: Has anyone ever told you this?

S: No it has never been told to me.

I: How about your earliest of your mom?

S: My earliest memory of my mom (long pause) I remember her being in the kitchen and she was standing at the kitchen sink and I'm sitting in my high chair and I'm in my body, looking at her from behind. She's wearing one of those muumuu things. I'm trying to make sure I don't embellish it. It's a very faint image; it's not clear at all. I remember being in the kitchen and she was doing something at the sink area and she was looking out the window and she was looking at me and talking to me.

I: What do you notice about her?

S: The only thing I remember she had a nightgown, flowy dress thing. She's turning and talking to me. I think I'm in some sort of contraption and she'd talk to me and then go back.

I: Any feelings associated with this memory.

S: Curiosity.

I: About something in particular?

S: No. Just curious.

I: And then is this image of your mom, does this feel true to form? Is this your mom?

S: Yes it's familiar.

I: Anybody else in the room? Any other figures?

S: No, just me and my mom.

I: Anything else about the memory?

S: No I'm just looking around. Again I'm trying to embellish it. I can't recall anything else.

I: Has this been recreated by others before?

S: No. That image of my mother is the kitchen, that image occurred before.

I: Not to worry about the chronology. How about the next earliest memory? Another of your mom? Oh, before we do this, if you can rate this one in pleasantness and clarity.

S: Okay, pleasantness is a 6 and clarity is a 2, still. I'm going to back up and ask you about the stoop. Pleasantness on the stoop was a 3, and clarity was a 3, it's still a little unclear in my mind.

I: The next earliest memory of your mom?

S: Of my mom? This actually I've been able to recall before. This is the first time I've thought about the others. I'm walking behind my mother in a hallway in our house and she's in a nightgown.

I: Okay, interesting.

S: And I'm following her down and she's not looking back I'm looking back. She's going to like the bathroom.

I: Okay. And what is most salient about that memory for you?

S: This one is a feeling it's associated with. This evokes a lot of inspiration. I come back to it when I'm down, I use it to cope; it's a comforting memory. A lot of nurturing. A lot of patience.

I: And you are walking behind her, towards, anything?

S: Yeah, I'm following where she's going I'm a couple steps behind her and I can see her full figure and I'm in my body.

I: And what do you notice about her?

S: She's taking her time, as usual. Very grounded. In this image, I remember my mom is very strong.

I: When you say she's taking her time, can you say more about that?

S: It's almost like time is slowing down. The bottom of her nightgown is blowing in a breeze. It's very surreal but I remember it happening. And it's sort of comforting. Yea, inspirational, spiritual.

I: Can you say more about the surreal quality?

S: I'd equate it to a mild dissociative state. I don't remember; I was four years old in our new house. The hall way was long and I got a full view of her. I knew I was going to remember it forever.

I: At the time you knew you were going to remember it?

S: Yeah.

I: How would you rate this in terms of pleasant?

S: It's very pleasant; I'd say a seven.

I: What about clarity?

S: I wouldn't say it was exceptionally clear but it's like a four.

I: How about your earliest memory of your father?

S: My dad, lets see. My parents divorced right when I was three. The earliest memory of my dad, lets see (long pause) He was in a factory and I remember visiting him. He lived in a cabin in the woods; I remember visiting him there. It was real big and had a sand box in the back.

I: Okay.

S: He would come check on me.

I: Um, anything in particular stands out/? Is there a specific memory?

S: It's general but there are specific times I can remember playing in the sand box and I had toys. The sand box is a prominent figure.

I: Any associations to the sand box, any feelings about playing there?

S: Very comfortable. I was alone when I was playing there. And my dad would come around the side and ask if I was doing okay.

I: What do you notice about your dad when he's doing that?

S: Very affectionate. Very concerned that I was having a good time. I was visiting him at his new home. He was still making sure that I was still a good person. When my parents separated, they wanted to protect me from the pain. I was three years old trying to make sense of it. I wasn't consciously aware of it. I remember my dad being exceptionally comforting. He'd tuck me in and kiss me good night. HE wasn't afraid to be affectionate. He was very hyper masculine. He was always open with his affection to me. The memory of the sand box evokes that.

I: Are you seeing this through your eyes?

S: I'm in the sand box itself, I'm playing with the toys. But then sometimes I'm taking a birds eye view of it and out of my body. Remembering what was there.

I: Any other details that stand out about this one?

S: No, I don't think so.

I: How about in terms of pleasantness.

S: I'd say that was a 6.

I: And clarity?

S: I'd say it was a 2.

I: What do you notice about yourself in this one?

S: I am very naïve. Light blond hair. I come across as being this I don't know cherub. I'm this bubbly kid. I'm real quiet. Very feminine. Eventually, he started to get down on me on that. He wanted me to change my effeminate nature. I remember being feminine. I had girl toys and boy toys, my mom let me play with both. When I went to my dad's house I could only bring my boy toys. And you mentioned in this memory that your dad was hyper masculine, does that contrast come up in this particular memory. I don't remember. I remember now in the cabin, he had pornographic magazines. They weren't thrown about. When you're little, I don't think he responded to don't look at that. It was just for adults. There was a sexual quality to the environment. That association came up pretty easily. That's a whopper. I've never tried to go in and try to pick it apart.

I: Is there anything you want to share about that particular set of memories?

S: I remember I had a really good with water. There was a river by the cabin. And we'd skip stones. That's a separate memory. We're standing on the bank of the river and the river is receding, it's older. It was very big and we were in the middle of it. It was a wide riverbed but only the middle of it got water. We're actually standing in the riverbed rocks and he's showing me how to pick up flat rocks and he's showing me how to toss rocks into the water.

I: Are there any feeling associated with this memory?

S: I'm being accepted. I'm very happy. Kind of in awe.

I: Of what?

S: My dad and his talent. I'm probably around four.

I: What do you notice about your dad particularly?

S: I can't see him physically. I know what it was like. He was very comforting and protective. Let's see. I remember he had a really bad perm, I think he did. It was the late 70s. It was possible he had a perm. It was hilarious. I remember my mom laughing it. I got into making fun of his hair. I wasn't old enough to know it looked silly. I'm picturing the Mike Brady curls. He had a mustache too. To boot.

I: How about pleasantness?

S: I'd say it's a 6.

I: And clarity?

S: A three.

I: What are you noticing about yourself?

S: I remember feeling I had accomplishing something. He taught me how to skip rocks. I couldn't get the baseball thing or the soccer thing. But I got the rock.

I: Okay. So that's it for the memories.

SUBJECT 08

I: Earliest Memory?

S: Nothing too specific. I guess I was four and I was sitting on my father's lap at his it was like a hardware store that he owned. And that was the earliest I could think of.

I: And what is your perspective visually.

S: Oh Observer view. Like an observer.

I: Do you see yourself in the memory?

S: Yes I'm kind if – how I view it is I'm seeing looking in front twds myself and where I'm sitting on my fathers lap.

I: So you can actually see yourself sitting on your fathers lap. And you mention that you were also an observer – does the perspective change –

S: No it's kind of like say how I see you and I would be on your lap – that's how I remember the memory.

I: So to clarify – you are seeing yourself. Do you feel are there feeling attached with this memory.

S: Nothing specifically to that. My father passed away when I Was five. SO there was that after feeling of not having my father there. But the specific – nothing really specific comes out.

I: In retrospect, there are some feelings around the loss of your father.

S: In the moment nothing specific.

I: And what do you notice about yourself.

S: I was sitting very calmly.

I: And what do you notice about your father.

S: I always had the view that he had a smile on his face?

I: Ok – you were 4 years old. Any more details that you remember about it that you want to –

S: No I think that was the earliest memory.

I: And is this a memory that has been secondarily reconstructed. DO you remember stories being told about your sitting on your father lap?

S: I don't know – the context of me – the hardware store was at the same place we lived at – so I remember that situation – but nothing specific to that memory.

I: In thinking about this memory – Pleasantness, Clarity.

S: Pleasantness: 6; Clarity: 2

I: Next earliest memory.

S: Hmm. Again this is a little shady – when my father he had a moustache and he shaved it off.

I: And what details do you recall.

S: I remember I couldn't recognize him initially.

I: And any feelings associated with that?

S: Just ambiguity I guess.

I: And again what's your visual perspective of this –

S: I actually remember being the kid seeing him.

I: So seeing it from – How old were you?

S: Probably around 4 or 5.

I: So a 4 year old perspective.

S: It was pretty clear – I would say it was a 6. Actually it's a 5.

I: And Pleasantness

S: 4 is neutral right? I'd say 3.

I: 3 is somewhat negative.

S: Ok – just cause that was – Like I wasn't sure who it was Id say three.

I: What details do you recall in this memory.

S: Not having a moustache.

I: Not having a moustache – what about it.

S: He's always had a moustache and not seeing him with that moustache was just so different was like I know he's my father but in a way – because it was pretty thick.

I: So a big change.

S: Yes.

I: Sort of disorienting.

S: Mhm. Earliest memory of mother.

I: Hm. A specific event? Um, (long pause). There were a few where I remember her leaving for work. But its not too clear.

S: Ok.

I: And what do you remember about that time.

S: Leaving for work – nothing much attached to it.

I: OK. And where are you in that memory.

S: Just kind of like in the living room. And I remember my godmother who took care of me was also there.

I: Ok.

I: And what do you actually see.

S: Just my mom leaving. Like walking out the door.

I: And again what's the perspective for this memory.

S: Field. From my perspective.

I: And how old are you? You said you had a few, but the earlier.

S: Probably around 4 or 5.

I: Ok. Is there an emotion that you feel attached to that?

S: Nothing really. It'd be like a 4.

I: So separate from the clarity and pleasantness does it bring up anything. Any type of feeling.

S: Nothing – it was kind of like a routine her leaving for work.

I: Ok. And the mother that you see in this memory is it as you know your mother now? As in – does it seem like it's the mom you know versus sort of a creation of...

S: Yes.

I: And then with this memory how much of it feels like a recreation based on stories told --

S: It's probably me experiencing it.

I: You say its sort of a field perspective – do you see yourself at all in this memory –

S: Um, just kind of me seeing – like I don't see myself in it.

I: Pleasantness and Clarity?

Pleasantness: 4

Clarity: 1

I: Another early memory of your mom.

S: I was probably 5 or 6. (Coughs) Excuse me. And I remember she was crying – this had to be 5 or 6 because my father passed away. She was crying because of that.

I: And are you in this memory?

S: No – I see it from a child perspective.

I: Are you with her at the time.

S: How I remember it it seems like I walked up the stairs in the living room area and kind of like me seeing her.

I: So coming upon her. And does she see you?

S: Not in this memory. She was just crying.

I: Ok. Any feeling that are attached to that.

S: Confusion.

I: Confusion –

S: Like why was she crying so much?

I: Ok. And again is this experience of your mom something that feels true to the mom that you know now.

S: Mhm.

I: The confusion – is that something you remember you feeling at the time or is it you remembering –

S: At that time – its how I kind of felt. I was wondering why was she crying.

I: Pleasantness and Clarity.

Pleasantness: 2

Clarity: 4

I: Earliest memory of your father. So your first two memories were about your father – do you have maybe another memory of your father –?

S: Earlier?

I: Not necessarily earlier than the ones you told me.

S: I think the only one I could think of was at his funeral.

I: Ok.

S: But nothing earlier than that, ID if that would work.

I: Sure.

S: It's coming up to – it's like a church and there were doors and then passing through the doors and I know it was during the funeral or showing I'm not sure which event but I know it was - Id say it was probably the funeral.

I: Are there emotions you attach to this memory?

S: Just kind of like sadness.

I: And you mentioned the church doors and the opening of the church doors –

S: It was big doors outside – we were inside a church and there was kind of like the initial room you go into before you get into the bigger room. So something opening the doors and I walked in and what I saw initially was kind of like the center isle.

I: Any other people in that memory.

S: No one specific.

I: In this one do you see yourself or not.

S: No.

I: What do you notice about yourself or your experience. Any particular.

S: There was that feeling of loss and sadness and kind of like not wanting to be there also.

I: Pleasantness and Clarity.

S: Pleasantness: 2; Clarity: 4

I: When you say negative does that mean that sadness would be negative just to clarify?

S: Um, yes. Not negative in the sense that it is a bad emotion but the scale uses the word negative to represent the opposite of pleasant. So unpleasant.

I: If it's not describing the emotion then it's probably more towards the middle. It's a seven point scale right?

S: Yeah we go from (list the scale).

I: Somewhat negative.

S: Somewhat negative, ok.

I: Yeah. So associating sadness, anger those types of emotions would be the negative part.

SUBJECT 09

I: Okay I'm going to ask you to think back as far as you can and recall your very earliest memory.

S: My very earliest memory? My very earliest memory is walking, crawling in the front room. I was born in Michigan, in Ann Arbor, crawling and my folks had speakers on the floor, crawling around in that house. I lived there from 0- two.

I: What are the details you remember?

S: I mean, I mean I'm, it's hard to, it's certainly pause here while I move my bag, I see the speaker on the floor, a brown wooden speaker. And plants hanging off of the plant. The feeling of it it's sort of a warm feelings of my parents there and then it gets blurry with pictures. It's hard to know the memory and the memory of the memory from the memory.

I: And the memory of the memory, is that because it's been retold to you?

S: No, my parents have asked me these questions before. Well, they're both psychologists too, which maybe we'll get to. They're psychologist. Yeah, no, you can fast forward when necessary? Yeah. It's like part of the memory is greenery, it's like in this glass room and rays of the sun and it's a sun-drenched room. I stopped myself, it's like I've always felt awkward that my first memory is of me crawling alone.

I: Are you parents there?

S: They're there but they're not directly involved.

I: What do you notice about yourself?

S: I feel like I'm making it up now. I mean feel like I was crawling around, and my mom was behind me ready to scoop me up if I got into trouble. This is getting blurred with photographs of that age. Dark brown beard and that sort of happiness. I didn't know it was scholarly at the time.

I: And the beard? So the general feeling of this memory is warm, happiness; is there anything else?

S: Yeah, there's the safety to move around the house. We had a dog. Hilary was a great companion.

I: Are you seeing it from your eyes, or a bird's eye view?

S: Both. I don't know why this speaker is so salient. The wood. It's connected with the brown beard. Maybe that's a connection. The texture too. It's a salient memory. It was on the floor; it's what I would be at. I don't know why that has become.

I: So if you were rate this particular memory in terms of pleasantness and clarity.

S: Pleasantness 7, it's very pleasant. In terms of clarity maybe a 2, no, I read that wrong, 3 and half, 4.

I: Pick one.

S: I'd say a 4. The actual picture is short and clear. The associated feelings are present.

I: How about your next earliest memory, as far as you can tell?

S: The next memory is of me, I was 3 or 4, running, now in NY, White Plains, my friend Ben was over and I had some green whistle that was long whistle and I ran into the street, it was a quite street and started directing traffic. I was the boss and my mom I guess we're in the back of the house, my mom I like remember ran out and scooped me off the street. But that's a retelling. I only remember being in the street. It was like power and fun to be out there with my green phallic whistle.

I: And your perception of the memory?

S: It is a bird's eye view.

I: Which details do you remember most?

S: The whistle the tool belt, being in front of the yard. Freedom to roam, freedom to exercise new power.

I: Anything you notice about yourself and your mom? Is your mom a retelling in this one?

S: My mom in that, no, I remember doing that.

I: What do you notice about the characters?

S: About the characters? It's interesting. I'm the only character in it. Its classic I know. Whatever I need to work on.

I: You mentioned you recalled them?

S: I know that we were playing. No because I think it gets confusing with another memory of Ben, I was a little bit older I ran and tripped and hit my head and had to go to the doctor and get stitches. I know we were together. There's a sense of being with Ben. A feeling of being able to move out on my own. He's always been, he's little bit older than I am. I'm going to go do this.

I: What do you notice about your mom?

S: Sort of like I guess more of a feeling. Me wanting, exerting this independence. But I don't remember her repercussions. The feeling now is a little sneaky. I knew I was doing something I shouldn't be doing. It's hard to know. I mean, right. Even at the time, my mom is going to be proud of me. Showing off too. Pleasantness is mostly pleasant. It's a 6, it's a 7. It's very cool to be able to do that. 4, it's pretty clear.

I: How about your earliest memory of my mom?

S: Huh. That's a good first reaction. It's a little messy. The first memory of my mom is going to playing in Burns Park; it was a park near our house in Ann Harbor and her wheeling me to it. And swinging. I remember it as sunny and happy.

I: What do you notice about your mom?

S: Long hair, big smile, just ecstatic to be playing with her kid. I can see going there and I can see the park?

I: So you notice?

S: It's a similar theme of branching out and exploration and being very supported and do that safely.

I: And your mom in this one?

S: She wants to bring me somewhere and explore and have fun. I'm probably about 2, 2.5.

I: Does it seem like your mom as you now know her?

S: Yes, very much. I don't know if I have separation issues.

I: Okay. How about in terms of pleasantness and clarity?

S: Very pleasant.

I: 7?

S: Yeah. A 4 on being clear.

I: What's most pleasant about it?

S: I think it was being in the swing and having my mom behind me wanting to push me off but then to like cushion the back swing. It's interesting. And just like, and her happiness is her happiness, its mutual happiness.

I: How about your second earliest memory of your mom?

S: A salient memory of mine? It's brief and rather intellectualized. It's always salient memory of being on vacation; it's hard to pick a memory. Being on the beach and my mom, dad and her friend discussing what it means to love the object and how to truly love it you must destroy it. So in particular to this study, that is one of my early memories. Lying on the beach, confusion like whoa.

I: How old are you?

S: 7 or 8. I was lying on the beach. I was fascinated, intrigued. To love something you have to destroy it? I remember being fascinated by even then. The puzzle and knowing it.

I: What about your mom?

S: It's not directly about my mom. I remember her being in the student role. I don't know about that, I know she saw patients. At the time she didn't have her doctorate. She had analytic training and an MSW and she was working on her doctorate. She was asking my dad, discussing this.

I: What's most vivid in this one?

S: That she was, I guess, she was reading this and unsure about it and wanting to discuss it in an analytical way. Intellectual curiosity and wanting to understand it and discuss. Very intellectual.

I: Pleasantness and clarity?

S: Neutral. It's a nice memory about being on the beach so maybe somewhat pleasant.

I: And clarity?

S: A 4, it's pretty clear.

I: Two left. Two early memories of your dad.

S: My dad! I'm hesitating because I'm not sure if it's a memory or something I got from photographs. He graduated from grad school, going to his graduation. I think, yeah, I guess the clarity is not there but the feeling is. This feeling that knowing that he something really cool. Lot's of happiness and satisfaction. I know there are pictures of me in his robe and cap and gown, I don't remember it other than the hustle of everyone being around and the arousal of it.

I: You're two?

S: Yeah.

I: Are there other details, apart from the pictures?

S: No.

I: What is your perspective, do you see yourself?

S: The feeling is my perspective. The feeling of the hubbub. It's hard to attribute pride to a 2.5 year old. That's a retrospective view. I think I'm getting it confused, with the pride.

I: What you notice about your dad in this one?

S: His happiness and smiling. It's the feeling of being able to share it with his family. It's hard; it's a fuzzy memory.

I: In terms of pleasantness.

S: It's pleasant, it's not clear. 2. Pleasantness 6. It's happy.

I: Your next memory?

S: This is an earlier one, I was four and we moved to White Plains and it's not a clear memory because I got injured. He had gotten a job and his office in Valhalla. Whatever institute that is. It was fun to go set up his office with him. And I plugged in his light and got a little mild shock from plugging it in and never having had that experience. It happened to be with my dad. The feeling of being shocked, was shock. But he came over and helped me and what; he'd been shocked before. It felt good, that he had been through it and knew what was going on. I'm glad it's over and fine. Later on, he taught me, he grew up on a farm and there was an electric fence and if you hold someone when you hold the fence, you don't get shocked but the other person does. Which is true, like if I hold your hand, I don't feel it because you ground the electricity. He taught me that. A neat little inside your joke you can play with a friend. Nine, ten. In upstate New York on a day trip with my folks. Well, just the association with the shock. I don't remember the earlier shock. I don't think it was connected.

I: What do you notice about your dad?

S: The, his...his happiness setting up his office. His quickness to change to help me and comfort me. In a very calming way. Not like oh my god frenzied, holy shit. Then the soothing.

I: How about pleasantness and clarity.

S: Pleasantness is mixed. The over all feeling toward my father is pleasant.

I: 7?

S: Yes. It's exceptionally clear. It's a 5.

I: And the over all feeling?

S: Mostly pleasant a 6. It's mixed for me.

I: Alright.

S: Voila. Another memory of my father, dinnertime conversation in the car were, them analyzing the people there. A proud memory of my father talked one of his patients out of committing suicide. She was like 14 or 15, she was an adolescent. My father is a child psychologist. The feeling overwhelmed. I was 8 or 9, 11 or 12 maybe. Just knowing I was very proud that he had done that, sort of scared to express my feelings of pride in the moment. It was almost too much. The pride, the fear that someone was going to kill themselves and he was responsible for not doing that. The magnitude of the moment. They would talk about it vague. The vagueness of conversation because they can't talk about patients. Because they were vague. They couldn't be. Things were vague, I couldn't participate sometimes. What are these terms? Object? Killing? Maybe they were vague because I was quite and didn't talk about my day. I was a quite day. I'm sure that memory was a part of why I became a psychologist.

I: So having psychologist parents influenced you?

S: Completely. Just like this, with the suicide. Like I would also someday want to help people. So how about that one, we'll have a bonus memory. Something between positive and negative on the pleasantness scale. It's sort of negative on the scale but positive in life. In terms of pleasantness 2 but in terms of my feelings toward my father, very pleasant. The clarity was a 4, it was clear about what was going on. It was me my dad myself. That memory and what he was talking about. This would at the dinner table.

SUBJECT 10

I: Can you describe your earliest memory.

S: My earliest memory is actually being in the shower with my dad. Taking a shower with my dad. I don't remember how old I was but I see the water from the shower was coming off my penis so it looked like I was peeing. Uh, actually. Ok that was going on but I actually started actually peeing on my father and I told him I was peeing on him but he didn't believe me.

I: How old were you.

S: I would say 4 or something like that.

I: As you're remembering this memory are you seeing out of your 4 yr old eyes or are you seeing.

S: No its like I'm in front of the shower looking at – I remember seeing his leg. Trying to tell him that I was peeing on him and then he didn't believe me. He just thought it was the water from the shower.

I: And so it sounds like your perspective is sometimes as if you are looking at your dad and sometimes looking at yourself. And what do you notice about your dad.

S: Him not listening not really paying attention to me. He's not really – cause there's a sense he could have figured it out - the color of the pee was s little bit different than the shower water.

I: He could have figured it out.

S: If he paid attention he could have realized I was peeing on him for some reason.

I: And was there a feeling associated with that memory.

S: I think it was the feeling of not being understood and not being listened to, not being recognized. I mean part of me wants to say lonely but I don't remember – it feels more that not being listened to and not being recognized I think they are related in some sense.

I: Is this an event that has been told to you.

S: No.

I: And what do you notice about yourself. You said you're peeing.

S: I guess wanting to get attention. Threes also a kind of mischievous quality to it. Now thinking about it I also feel like maybe there's a desperate quality in the attention seeking kind of. Trying to get his attention.

I: And is there anything that sticks out most vividly aside from what you have mentioned. Any details or feelings.

S: Not besides the fact that he it seemed like he should have picked up on it kind of. And I think he wasn't looking as closely as I was. And I think its also he's not understanding where I'm coming from. That I didn't have the cognitive capacity to differentiate between the fact that I Was peeing and that it was just the water.

I: So for this memory, I'm going to ask you to do this for all of them, if you could tell me on this scale the pleasantness and the clarity.

S: I guess pleasantness I would give it a 2. And clarity a 4.

I: Anything else?

S: No.

I: Next earliest memory.

S: That's a good question. I don't know. I mean I also remember I don't – we had an aloe plant in that same bathroom actually.

I: Ok.

S: I remember liking that and being intrigued by that and tearing the leaves off and putting on like a cut or a bruise. I have a couple of different - we also had a water pik but I remember being not as fascinated with it. They're in the same bathroom.

I: So lets just stick to the aloe plant if they are separate. Are there players in that memory? Are there people?

S: Yeah I think that's maybe my mom. I think it's my mom. Tearing a leaf off and applying it to my finger or something like that or her showing it to me.

I: It sounds like it's not totally clear, but what do you notice.

S: I think also that was on a number of occasions and I also remember being liking that I was being able to use the plant like that or it was kind of useful in that way.

I: And how old were you in this one?

S: Around the same age, I would say maybe like a year or two older. What did I say in the first 4-5? Yeah so maybe 5 or like 5.

I: And how about your perspective in this one. Are you seeing out of a five year olds eyes or are you seeing the whole scene from a birds eye view.

S: Mostly my eyes seeing the plant.

I: In which details do you recall most vividly.

S: Well applying and I think rubbing onto my hand. Squeezing.

I: You were rubbing it onto your hand.

S: Yeah I think – I mean I guess I mean I would say it was me rubbing it onto my hand but my mom may have done it at one point or.

I: Is there a feeling associated with that memory.

S: Yeah it was more comforting and being taken care of.

I: Anything else you notice about your mom? Sounds like she's...

S:.. Yeah it's somewhat vague. Not much. Just the fact that she's kind of – it's interesting that it's diametrically opposed to the image of my dad. That she is taking care of me, comforting me. Showing me and giving me attention.

I: So how about this one in terms of pleasantness and clarity

S: Pleasantness probably 6. Clarity 2. I mean it's clear in that I know it happened but I don't know – yeah, it's a 2. I think its an amalgamation of a number of – it happened a number of times. SO my mom probably showed me first and then I did it on my own or something.

I: How about your earliest memory of your mom.

S: The earliest thing that I remember right now – I know its pretty late, but I remember there was a guy that my father was with. My dad was traveling a lot. There was a guy my father was working with and my father was away my mother and him had dinner at my house and at the end she kissed him. And I remember thinking they were having an affair or something like that. And being really concerned about that.

I: How old?

S: I would six or seven something like that.

I: So you mentioned feeling concerned any other feelings?

S: It was like how could she do that to my dad and thinking like its not something I could do or –

I: Not something you could do –

S: Myself. You know it's not something I could do or have to be trust kind of. How could she live with that? But also threes something I thought about since so its tough to say. I remember being very concerned at that time and being kind of panicked about what's going on.

I: And what sticks out – what's most vivid in that memory. Which details.

S: Her at the door kissing this guy. You know its funny – because I question it and I've thought about it since and I question it in my mind. But it's her in the door kind of kissing him.

I: And what's your perspective.

S: It seems like 1st person, My own me looking at them up the stairs.

I: So you mentioned that you thought of it since. Is the feeling that you're talking about the sort of how could she do this – is this something you feel has developed over time or is that something you recall.

S: No I think it that was something that was present in the original moment.

I: Pleasantness and Clarity.

S: So, 1 very negative and Clarity 4.

I: Ok.

I: And your next earliest memory of your mom.

S: would say us making like popsicles.

I: You and your mom? What do you notice?

S: Having fun – these popsicles she would freeze bananas and other stuff on it. Just being excited. But it was also like we something would make lemonade popsicles. We would both like them. It was something fun sharing that with my mom.

I: And what's your perspective on that. Are you seeing yourself? Are you seeing out of your eyes? Or is it just more an experience.

S: Yeah it's myself like looking in the refrigerator and getting excited when taking the popsicles out when they are finished. I think even in the first one the first memory it's more of a like from my perspective but I locate the memory – like when I think about the bathroom I locate the memory by thinking about its space. Most of the memories are first person.

I: Ok I see.

S: Through my own eyes. Then I locate it in the bathroom. This is where we would have been you know what I mean?

I: Yeah, ok. Ok, so remember feeling excited and like you're sharing some things with your mom and how old are you?

S: : I'd say seven or six.

I: How about pleasantness and Clarity for this one.

S: Pleasantness 6 Clarity 5.

I: One more – you mentioned the memory of your dad. How about another earlier memory of your dad.

S: Next earliest.

S: You know what I remember is him – we had like a video game console. This intellivision. And he I remember coming home one day and he had actually given it away to the neighbors. And being very upset about that. Realizing they didn't have that much money and it was kind of a large family and it probably made sense and I could sort of understand where he was coming from – I understood his impulse to do that but I was very upset that he didn't really ask me about it or didn't really seem to be concerned with how I would react.

I: Was the understanding this impulse happening at the time or has that happened since then.

S: No at the time. Like I knew I could understand why he was giving it to them but there was no consideration from my feelings so that upset me.

I: Ok. And what do you notice – are you coming home to see him giving it away or what's the detail.

S: I come home and it's not there. I don't remember exactly how it went down. I came home and it wasn't there and then asking about it and then somehow he I then I guess he had told me that he had given it away. I don't actually remember – I remember it not being there. I remember it actually being in the room in the TV room it not being there. But I don't remember talking to him about it.

I: Ok. And your perspective in this one. Are you seeing yourself? Or are you seeing from yourself.

S: This is more seeing me in the scene kind of.

I: Alright.

S: Because there not a lot of direct – it's kind of –

I: So you notice from your dad that there's no consideration of your feelings. SO you notice him physically – or his reaction.

S: I don't remember interacting with him at all.

I: Ok – How about pleasantness and clarity –

S: pleasantness – very neg, 1 – clarity 4.

SUBJECT 11

I: Can you think back and try to recall your earliest memory.

S: I have a memory of you know, it's, I think it's a real memory because no one has ever talked to me about this. It's very vague but I'm in, I'm standing in my crib and it seems impossible that I would remember something this early but I'm just standing in my crib in my bedroom sort of crying out and my mother is walking into my bedroom to come and get me out in the middle of the night.

I: What's your perspective on this memory?

S: It's like a movie, I can see myself.

I: What's most vivid in this memory?

S: it's such a vague memory. The most vivid part is standing in the crib. That I'm awake and I need something.

I: What do you notice about yourself?

S: I'm little. But it's amazing that I'm standing.

I: Are you looking back on it and thinking that it's amazing that you're standing?

S: Yeah. I'm looking back on it. It's such an early memory; it's like a flash. Maybe it's a screen memory.

I: You said that you were crying out and your mom is walking in. What do you notice about her?

S: I don't know. I don't know anything about her.

I: And how about any feeling accompanying the memory?

S: There's a little confusion and like panic. It's the middle of the night and I'm I think disoriented. That's the main feeling.

I: How old were you at the time?

S: I don't know. Till how old do they keep kids in cribs? Maybe 2, maybe younger.

I: My niece was in a crib until she was four.

S: Oh, no. I think I was younger than that. Yeah

I: So like two?

S: Yeah, I guess.

I: On the scales how would you rate your memory?

S: A one for clarity. And I would say it's like a 4, neutral.

I: Can you tell me your next earliest memory?

S: Yeah, it's just hard to be chronological

I: Don't worry about that too much but if you could go back.

S: Another early. Oh god. Another vague one. I can think of a couple. It's interesting; they're all in the middle of night and involving my mom. Waking in the night, I was a little older in a bed, 4 maybe a wild guess. And my mom. I cried. I think I used to get urinary tract infections, and I felt pain, and I woke up a lot. Mom picked me up and carried me out of my bedroom where she slept with my father, to her bedroom and occasionally, she'd take me to her bed. She's rubbing me on the back and I'm patting her on the back. I don't know if she's mentioned to me that I was rubbing her back. But I'm not sure. There is a chance that she sort of laughed. I'm not sure.

I: What is most vivid?

S: Being held, and I can picture us in the hallway between my parents' bedroom and my bedroom. And being held and the back rubbing.

I: What do you notice about yourself?

S: Then or now?

I: What, looking back at this memory, stands out about you?

S: It stands out that I'm being comforted, and yet I'm comforting back. There's like weird two year old adulthood yet I'm such a baby; I'm being carried into my mommy's bed.

I: What stands out about your mom?

S: that she is there. I cry out and she's there and she gives me what I need.

I: Okay, any emotion associated with this one?

S: Yeah, like a nice comforted emotion definitely.

I: And in this one, what is your viewpoint?

S: Funny, it's a little bit of both. I can see through my eyes being held but I can see it from a bird's eye. Like a movie.

I: And then on that pleasantness and clarity scale?

S: I'd say like a 6 for pleasantness and it's pretty clear, 3.

I: The next two memories I'm going to ask you about your mom. I know the first two you gave were of your mom but if you can think of a couple more.

S: The one I already told you would be of my mom. But you want a different one?

I: Yeah.

S: Let me think. Early, I'm blanking, it's funny.

I: It's hard to get there.

S: Let me see. I have later ones when I'm 8 and 9.

I: If those are the most vivid or you can't think of any others then we can do those.

S: Let me think, sorry. It's so hard to be specific. I was doing so well for a minute. I have one memory that's vague and in the middle of the night. I was like four. I was in my bed; I was in a sleeper thing. I think I had pooped in my pants because I woke up and it was like a ball in my pants. It woke me up and I wasn't a kid who wet the bed. So it was alarming. I thought it was a ball and I realized what it was and I cried out for my mom. I don't have a lot of memory of my mom in this one but if anyone were cleaning poop out of bed to come it would be my mom. My mom came. She came when I cried out. It was expected that she would appear.

I: And what are the most vivid details.

S: It the feeling of the poo in my pants.

I: What's do you notice about yourself?

S: Shocked and weird-ed out. Like holy god, what's going on?

I: you said that your mom is not really in it, how do you see her or feel her?

S: Well, she's defiantly, there's a problem and she's going to take care of it. And I'm not going to take care of it because I am a kid.

I: What's your perspective?

S: Both but more seeing through my own eyes.

I: And then pleasantness and clarity

S: Somewhat negative, 3 and somewhat clear, moderately clear, a 3.

I: How about one more of your mom?

S: Okay, I have one. I'm possibly in kindergarten, possibly younger. I just thought of a couple It's the morning I have two older brothers and they're eating breakfast or she's making packed lunches for them. I don't think I'm going to school. Might have been nursery school aged. We had a high desk and I would crawl under the desk and my mom would let me drink my hot chocolate under there. Memory of being under there and mom giving me hot chocolate and being ok with me under there. She was okay with me hanging out there.

I: What are the most vivid parts of this memory?

S: Being under the desk and drinking the hot chocolate

I: what do you notice about yourself

S: That I'm having a good time. I feel safe.

I: How about your mom? What do you notice?

S: She's busy being the mom. She was a stay at home mom. She's calm. Unlike many of my memories. These memories are so interesting. I don't know that these memories are most indicative of what I was like as a child.

I: So she's calm? What's a feeling tone?

S: Mostly pleasant, 6. Safe, calm and warm.

I: And clarity of this one?

S: Moderately clear.

I: The next two are the earliest of your dad?

S: I have several of the same memory of my dad rocking me to sleep in his lazy boy armchair. It wasn't that late at night. The TV's probably on. I don't know if I was having trouble sleeping. I would pretend to be asleep and he'd carry me up the stairs I would pretend even though I was awake. And he would tuck me in.

I: Any sense of why you were pretending to sleep?

S: Just to have that, because it's what was supposed to happen and to have that feeling. I'm trying to be more specific. I was almost asleep and didn't want disturb that. It was a quiet moment so not to break out of that.

I: So, what's your perspective?

S: Third person. It's both; I can have a little internal perspective.

I: What are you noticing about yourself?

S: I'm having trouble with that question.

I: I guess as you recall it, what you're doing, what you're sleeping. What about you are the most salient part of that memory?

S: Being a little kid and being cared for. Yeah

I: Okay. How about your dad?

S: Well, he's really attending to me.

I: Okay. Is there a feeling tone to this one?

S: Yeah, it's safe and warm and nice.

I: Alright, how about pleasantness and clarity.

S: I'll mostly pleasant 6, and somewhat clear, 3.

I: Okay, one more of your dad.

S: It was probably like a Sunday evening, me, my mom and my dad were in living room and we had a he stereo and we were listening to the records or the radio and my dad was dancing with me, like holding me and moving around. And my mom or both my parents saying that I had to go to bed because I had school the next day. I had preschool the next day. It was still light outside, it was probably the summer. Yeah, that's the memory.

I: How old were you, about

S: Three or four. Around the same age in this one as well.

I: What's your perspective?

S: Both.

I: What are the most vivid parts?

S: The music and being held by my father.

I: What do you notice about yourself?

S: Being a good girl. Enjoying the time with my parents and my dad.

I: What do you notice about your mom and dad?

S: My mom was enjoying it. They're both really quite happy.

I: Feeling tone?

S: Pleasant, very pleasant, 7.

I: And clarity?

S: Moderately clear, 3.

SUBJECT 12

(Earliest memory not recorded)

S: So the next early memory, I was 5, maybe 6. I with my 2 sisters and my parents had just broken up. My mom was out of the house and three of us were afraid because my grandma, my mom's mom, had just died. We thought a noise in the basement was her ghost. It was like her ghost and we were scared. These are all pleasant memories, right? There was, we were on the 1st floor, it was my sister who is two years older than me and my sister who's three years older than me and me and we hear this noise and we got scared. Not super scared but just like oh boy is that a ghost coming. Not terrified. And we walked toward the basement door, it was slightly ajar, we didn't look down there. It was almost like a Scooby-Do episode. One person's head pops up and then another person's on top of that. And then we settled down. Then I turned around and looked out the front window, and wondered if we should look for my mom, if everything was going to be okay.

I: So what's most vivid for you?

S: I'd just say the memory of the old living room and front den. Spacious house, big windows all that. And I think we had like a red carpeting in the den and the living room, and the door to the basement was on the left and it was painted white and slightly ajar.

I: What are you noticing about yourself?

S: I was basically, I was the baby of the family. My big sisters were very protective. I felt safe with them. So I was never scared. I didn't know the meaning or the implication. My memory of it, my recall was intellectualized. I don't know if that's a projection or if it was how I felt then. But same neutral I'm just gathering information kind of thing.

I: What do you notice about your sisters?

S: They were a little frightened. It was just like a scared. We were walking together.

I: You mentioned your mom down the street, is there a particular memory of her associated with this memory or feelings around her?

S: She was leaving the house and turning and walking down the street. The block had a grassy median down the middle and they were all stone twin homes.

I: So how about your perspective?

S: I can see myself. From like, from a camera angle, it's a bit to my right.

I: How about a feeling tone, if you can capture a particular or more than one feeling?

S: The major feeling was mild fright.

I: And you mentioned safety and protection with your sisters; does that come up when you're thinking about it?

S: Because they were there its mild fright, I was less frightened.

I: So then in terms of pleasantness and clarity?

S: Pleasantness I would say I guess somewhat negative.

I: What number is that?

S: And clarity I would say a 4. Pretty clear memory.

I: So then the next two are early memories of your mom.

S: Oh boy. My earliest memory of my mom, wow. After six and half years of analysis, no one's asked me this question.

I: Take your time.

S: I would have to say the earliest memory of my mom would be when I was maybe somewhere between 3 and 5 years old. Me and my two sisters and my mom and my dad were driving down the Scoplex Ave, which takes us from our old house, which I was talking about, to our new house. My dad was in the front. My mom would sing; she was happy. We were in the back. It was kind of fun because my dad bought this new green mustang, this was back in the 70s. And my mom had a look on her face when she was with my dad and they were happy because for a lot of the time they weren't happy. And yeah, I just remember it being the only times we were a family.

I: What's most vivid?

S: the most vivid thing is driving really fast down the expressway and me and my two sisters were playful. Not screaming and saying go speed racer, like the show and my dad was speed racer and I'll never forget that.

I: And I was going to ask you what you notice about yourself?

S: I felt a sense of place. I felt content and happy.

I: You did tell me a little bit about what you noticed about your mom?

S: She was happy and looking forward and more content than happy, not smiling happy.

I: Your dad was driving, content. What's your perspective on this?

S: My perspective is seeing through my mind's eye and part looking at the scene as is hovering above the car.

I: And then a general feeling tone?

S: Happy.

I: Pleasantness and clarity.

S: Pleasantness would be very pleasant 7 and clarity I'd say it would be 4.

I: So then one more early memory of you mom.

S: Another early memory of my mom was in the same house, and this time, it's not specifically of my mom just where she appears. I'm not sure if I'm doing this right. This is the earliest memory in which my mom appears. The five of us were, had just gotten home. We had pulled into the driveway in the back and entered from the back and

discovered that our house had been broken into. I was about 5, maybe between 4 and 6. I think I was older than 4.

I: What's most vivid in this memory?

S: Walking through the back door and seeing the place just trashed and my dad was very angry.

I: What are you noticing about yourself?

S: I knew what happened. I was just confused. More anxiety than fear. I didn't know what to think. I didn't know what being robbed was.

I: And how about your mom?

S: She was speechless, underproductive verbally and emotionally, which is typical of her.

I: And then your dad was angry you said?

S: He was cursing. And then we began to walk through the house and noticing things.

I: And a feeling tone?

S: Anxiety and apprehension.

I: And then your perspective?

S: I was right behind myself.

I: Seeing yourself?

S: Yeah.

I: So how about pleasantness and clarity.

S: Pleasantness 2, clarity I would say 3, moderately clear.

I: The last two are two early memories of your dad.

S: One of them is definitely the same memory. Yeah, I don't recall of my dad that were earlier than the ones I just described.

I: Can you think of a couple more, even if they're not so early?

S: One is later. It's a very unpleasant memory, one day it was I think it was - we lived in that house for 2 or 3 years. My parents divorced when I was 6 and then we moved out.

Right after that – there's a certain window of time - my parents' marriage soured and my parents started arguing and there was actually physical abuse. One memory I had was after the pleasant memory of being in the car together and riding from the house and after my parents were robbed. Sometime after that my parents had separated and it was a sunny and bright day I was in the living room, my sisters were there and my mom was there and my dad barged into the house screaming and chased my mom upstairs and there was a physical fights – basically I think he beat her up a little bit. It's a pretty bad memory. It didn't happen right in front of my face, I just have image of him running up the stairs after her in anger.

I: Would you say that's one of the more vivid things about the memory?

S: Yeah. Him running right by me. Because that's not something you're used to. Normally your dad comes into the house and you're like hey dad This time he just ran right by me upstairs. I still don't know what he was so angry about.

I: What are you noticing about yourself?

S: I was actually scared in this memory. I thought he was really going to hurt my mom or whatever.

I: And then you mentioned that your dad is running right by you – anything else?

S: No.

I: And you say your mom was out of the image

S: Yeah, it's fuzzy. I don't recall if she ran up the stairs and he was running after her or if he ran up the stairs and she was already upstairs.

I: Anything you associate with her in this memory?

S: Yeah, I think she was just yelling and whatever.

I: And then your sisters?

S: Well we were standing up and we were all froze – that's a pretty salient part of the memory.

I: That you were just frozen?

S: Yeah.

I: And what's your perspective?

S: Yeah, I am seeing myself.

I: Alright. And the feeling tone?

S: I'm frozen, scared, unpleasant.

I: Anything else?

S: Yea I guess I was kind of looking around at my sisters to get some clue from them about what was going on. Really not being able to process what was happening.

I: Pleasantness and Clarity?

S: Pleasantness – very pleasant. Just kidding. Very negative. A 1.

I: Clarity?

S: Clarity I would say moderately clear. – Which is a 3.

I: So last is another earlier memory of your dad.

S: I'm trying to remember other memories from that house. And then after the divorce we were living with my mom and I was still in contact with him but don't recall any memories until I was like older around 8 or 9. Even though I know I've seen him. Thinking... So I'm going to say that I was probably I think I've been picturing myself older than I was and I was younger. This is from when I was 8. And my dad was working a couple of jobs as a security guard at electric company and also a shoe salesman. I had goes to his shoe store and we all got new shoes and I remember my dad picking up some shoes – he was on the job – and – oh no I have an earlier memory. It's very Freudian. Still trying to figure out how normal this is. But this memory had to do when I was still in this house on Acorn (?) St and I think I was more around 5 years old.

I: Ok.

S: And all I remember was being in the shower and taking a shower with my dad. Now there was no hanky panky but I think its one of those scenes where I'm giving my son a shower and showing him how to wash up but I know my dad was not a molester. Honestly I come to this memory and remember thinking “wow, he's got a really big dick” because I was at the height of his penis like my face. And I'm pretty sure that's a real memory and not a screen memory and he's like teaching me how to wash myself or whatever. It makes sense that that would be so salient, given that I came face to face with this thing.

I: So that's the most vivid?

S: It was as shower that had like a sliding glass door it wasn't like a shower curtain and I remember feeling like this is my dad. Like having this really powerful feeling.

I: Can you say a little bit more about that one? The feeling

S: Just this sense of like I'm Jr. I'm the only son and it felt like he had really invested in me and actually kind of grow up to be like him. Really happy Freudian stuff and I remember feeling that before I got into psychoanalysis. But that feeling of feeling cared for and feeling like I'm getting some guidance.

I: And what are you noticing about your dad?

S: That he was very matter of fact and very big and someone who I was literally looking up to.

I: And yourself? How about yourself?

S: Um I was just following his lead – I was like happy taking a shower. Wow this all sounds so weird.

I: So that “Wow” feeling?

S: So ignorance and awe.

I: And perspective.

S: I'm looking at me and my dad.

I: And general feeling tone for this one?

S: Contentment – I'm taking it in and trying to make sense of it which is the type of kid I really think I was and I think I'm still that type of adult.

I: Pleasantness and Clarity.

S: 6 Mostly pleasant. And Clarity – 4 being clear.

SUBJECT 13

I: 2 earliest memories.

S: I remember being in nursery school and it was this gigantic room that felt like an airplane hanger. More than that?

I: Most vivid?

S: How small I was and being like there was a jungle gym that felt gigantic and the ceiling was like the skies went up as far as you can imagine.

I: Self? Feelings?

S: I – let's see. Tiny.

I: Perspective?

S: Minds eye.

I: Pleasantness and clarity?

S: 6 in pleasantness and clarity a 4.

I: 2nd earliest memory?

S: I remember living at my old house and there was, you had to kind of open up a fence and there was the back of another house and you had to walk down this brick pathway to get the house and I remember walking down that pathway to get home.

I: Most vivid?

S: The bricks and the redness of the bricks. I feel like the fence was gray and I think the path felt like orangey red brick.

I: Self?

S: I feel like I'm not in that memory.

I: Perspective?

S: I feel like I'm walking down the path and I can see the bricks like below my feet.

I: Feelings?

S: Anticipating – trying to figure out what’s back there.

I: Pleasantness 5; Clarity a 3.

S: Earliest of your mother?

I: I remember my mom dropping me off at nursery school and I think I was – it was the same nursery school and I was outside playing in the sandbox and I was standing in the sandbox.

SUBJECT 15

I: Earliest memory?

S: I am three years old and my family has just moved from Brooklyn to New Jersey. I am in the house we are moving into before it was ours and when we were there to close the deal on it. I have a memory of walking into the front door and in the entrance room. I was confused because I didn’t know what was going on. There was this one kind of utility lamp attached to a big wire with an orange cage. And there was this general feeling of being confused and in the dark.

I: Most vivid?

S: The orange light. I was curious about it and it didn’t seem like an ordinary light.

I: Perspective?

S: From my mind’s eye. I have a sense of myself as being small and confused like I didn’t know what was going on. I am aware of imminent change but I’m not sure what it will be. I have some awareness only of my parents and my brothers.

I: Feeling?

S: Confusion. Maybe about the change and I’m not excited.

I: Pleasantness?

S: 3

I: Clarity?

S: 4

I: Next earliest memory?

S: I am 7 years old and I am sitting on my front lawn with my older brother. There is a hill on it. I remember it being a beautiful day and enjoying sitting. I remember we were looking at baseball cards and there was sort of a show and tell feeling, or like we were trading. Imp not sure.

I: Most vivid?

S: The beauty of the day and the feeling of sunshine and the breeze. I remember sitting on the grass.

I: Remember about self?

S: I have a feeling of being content and comfortable. I can both see myself and from myself. About my brother I remember it was nice to get along with him because we didn't get a long for a while. I had a good attitude, but not him to me.

I: Feeling?

S: Relaxed and content.

I: Pleasantness?

S: 6

I: Clarity?

S: 4

I: Earliest memory of mom?

S: I was about 4 or 5 and sitting on the couch in the living room. The couch was a brown leather, kind of hideous couch. My mom and older brother were there and she was reading a book about a monkey and a barbershop with the word "whiskers" in the title. I just remember she was reading this story.

I: Most vivid?

S: Being together. I don't really remember the story. I am seeing myself and not through my own eyes.

I: Notice about self?

S: I am excited to be hearing a story. It fits in with my conception of myself now as curious and liking to learn. I didn't know how to read.

I: Notice re mom?

S: She was really caring and thinking now very nice of her to read to us and take the time. She was focused on making us curious and making us intellectual. I don't remember anything about my brother.

I: Feeling?

S: Happy and interested.

S: Pleasantness: 6

S: Clarity: 3

I: Next earliest memory of mom?

S: It was round Christmas and we were making an Italian dessert – strouffle – that was very complicated. We were mixing ingredients and making it from scratch. We had an assembly line where each person had a station. I remember making dessert with my mom.

I: Vivid?

S: I remember one point where I could do certain tasks and there was all this commotion in the kitchen where people were cutting and cooking and all the smells. My perspective is that I am myself looking out.

I: Notice re self?

S: Feeling proud that she let me do so much.

I: Notice re mom?

S: She is checking on me making sure I am not getting hurt. She is protective and the boss.

I: Feeling tone?

S: Homey.

S: Pleasantness: 5

S: Clarity: 3

I: Earliest memory of dad?

S: I remember where there was this stuffed animal – it wasn't a pound puppy but a cat version and my dad and I used to lay in bed and would throw the cat up to the ceiling and we would think it was really funny. I was about 7 or 8 yrs old.

I: Most vivid?

S: Watching the cat go up and down and into his hands and back up. I see this through my minds eye.

I: Notice re self?

S: I'm laughing and it's nice to be spending time with him.

I: Notice re dad?

S: The same. He's laughing and he enjoys spending time with me.

I: Feeling tone?

S: Happy and funny.

S: Pleasantness: 6

S: Clarity: 4

I: Next earliest memory of dad?

S: Well he was a softball coach and I have a memory of being at a practice where he and the co-coach, there was another guy coaching. The other guy was pitching and the other guy was hitting. I remember my dad hit the ball into the coach and knocked him down.

I: Most vivid?

S: The guy falling down

I: Notice re self?

S: It was from my perspective and I remember being shocked and wondering what was going to happen.

I: Notice re dad?

S: That he feels really bad and is running to see that the guy is ok. He was ok.

I: Feeling tone?

S: Surprised and concerned.

S: Pleasantness: 3

S: Clarity: 4

SUBJECT 18

I: So the first thing is to think back and recall your earliest memory.

S: As a child or as a clinician?

I: As a child.

S: Let me think. I think that my earliest one will be when I was about, shoot now I'm getting another, hold on. Well the first I had was earlier. I was, I have to guess, about 4, 4 and a half. I'm remembering standing on my bed in my bedroom and I'm getting dressed for school and my mom and dad are both in the room but it's my dad that's combing my hair. And I was really excited about my daddy combing my hair. I had really long, really thick, beautiful hair. He was a pharmacist and I had these, you're probably much younger than me, years and years ago they had these very thick combs and that was the thing at the time. My dad was a pharmacist and he sold these and he had these big thick combs and he loved to use that to comb my hair. I think that's my earliest memory.

I: You convey a lot of emotion, I can probably guess the feeling but can you describe a feeling with this memory?

S: It's mixed. Of course I loved the attention from my dad and my dad was a lot of fun and he was really gloating over combing his little daughters beautiful hair. My mom was standing a few feet away watching. That's my memory; I don't know how accurate it is. But it wasn't too long after that that my father disappeared. He got up to go to work one day and never came back. It was the beginning of multiple traumatic events in my history. After he left my mom fell apart and then my mom became this crazy lady and not much of a mom. What you're hearing is how much I loved having a caring attentive parent. And how painful it was to lose him. And I didn't reunite with him till 1985 and we've been just getting close. It's a very complex history.

I: Absolutely. And can you tell me, you mentioned your mom and dad there, is there anyone else there?

S: No, it's just mom, dad and me in this one.

I: What are you noticing about each of them?

S: My mom's enjoying being there watching the scene and me and my dad are having this wonderful interaction and that I'm happy and I'm getting the attention from my mom

and dad. I'm the youngest of four and so it was nice that I had all the attention because the other three were not in the room. It's one of my happiest memories because I was the center of attention and it was a nice time.

I: What's your perspective on this one? Do you see everyone; do you see out of your mind's eye?

S: I'd say I was seeing it out of my eyes. I was so delighted for the attention from mommy and daddy.

I: Could you rate this memory in terms of pleasantness and clarity.

S: 7, being very pleasant. 4 being clear.

I: Is this an incident that has been retold to you also?

S: I don't remember anyone retelling me this.

I: How about your next earliest memory.

S: My next memory that comes to mind, without thinking too much. I have a sister who's less than a year older than me and we shared a bedroom and we were very close. One night, my mom and dad were down - we had a two story house and a basement, me and my sister were supposed to be in bed but we could hear our parents on the sofa at the bottom of the steps. I'm trying, my mother was on the sofa sobbing and my father was trying to talk to her and she was crying and me and my sister were peering around the wall at the top of the steps, spying on them.

I: And are you seeing something?

S: I'm seeing my sister and I. I'm seeing the whole scene. Me and my sister at the top. Actually no, we were just peering around the wall - there was a big flat step and past that step, or on the top step. Like I see the two of us on the top. I see my mother on the orange gold striped sofa in wood and I see them sitting side by side on the sofa and my dad trying to talk to her and her just sobbing.

I: Any particular details you notice about them in addition?

S: I think my father, well, beyond what I told you. I don't think so. He was talking to her. I'm more remembering that his voice was a bit harsh. And that she was crying and had Kleenex in her hand. Just sitting there, next to him and he was facing her. She was first on the sofa and he was on the left and it was against the wall that led to the stairway. Does that make sense?

I: Yes, yes it does. Are you noticing anything about yourself or sister?

S: We were upset and trying to figure out what's going on. We were very close in age. We would look and look at each other and look back, what's going on. We were very confused. We hoped hearing them we would better understand but we didn't.

I: Are there any feelings associated with this memory?

S: Scared.

I: Okay

S: Sad.

I: Okay. And of all these details, which do you remember most vividly?

S: I vividly see the sofa. I vividly see my father facing my mother and her crying. I remember the stair way and looking down. They are pretty vivid. I vividly remember this as a social event for my sister and I and us trying to figure out what was going on.

I: Okay. How about in terms of pleasantness

S: It'd be very negative. 1.

I: How about clarity?

S: 4.

I: Alright. How about your earliest memory of your mom?

S: That's a tough one. Oh boy. You know, I mean. Quite frankly. It'd be the first one I told.

I: Okay, how about another early memory of your mom?

S: That's very interesting. Okay, I've got one. She was a wonderful baker. She made pies for dinner and she was quite a cook. I remember being with her in the kitchen when she was making a blueberry pie and she was showing me how to make the blueberry pie.

I: How old were you?

S: I would have to say in the 4-ish range

I: What's your perspective?

S: Through my eyes, definitely. Just how intriguing and exciting it is to be with mommy and learning about how to bake a pie and she is talking to me and everything smells wonderful. Lalala.

I: What do you notice about her?

S: She seems to be really enjoying the baking and talking to me and having my company. But she's quite animated.

I: And what do you notice about you?

S: I'm having a good old time. This is all fun and interesting and exciting.

I: What's most vivid about this one?

S: This is not as sharp as the other two. I'm trying not to think too much. I see the kitchen table, my mom dressed with an apron on. Rolling out the pie crust and me standing there watching.

I: Okay. How about in terms of pleasantness?

S: Very pleasant. 7

I: Clarity?

S: 3.

I: Two more. What is your earliest memory of your dad?

S: Earliest memory of my dad. It's the first one I told you.

I: Okay. How about another one?

S: Oh boy. Oh boy. This is so fascinating

I: I think so too

S: I bet. Early memory of my dad. Let me think. It's a pretty nasty one. Lets see. He was wanting me to go to bed but I didn't want to go to bed and they were having a party downstairs and I wanted to be part of the party but my mom and dad were telling me to go to bed. He was very strict back then. And I'm remember I'm in the bed and I have a yellow blanket on my bed and I'm remembering my father yelling at me and my mother standing there. I remember my father taking a belt to hit me. I don't remember the actual hit. And he may not have hit me. He may have just taken it out to scare me. I've discussed this with my mother and I do believe he hit me with the belt but I don't remember that. I remember he told me he was going to hit me and having the belt in his hand.

I: What do you notice about your mom?

S: She was there and she was quiet.

I: Any sense of what that quiet was and what feelings do you attach to it?

S: I'm wanting her to protect me. I'm feeling scared. And I'm feeling, in the memory, looking back, let down by mom's lack of participation. I mean I remember her reprimanding me. I was in trouble with both of them. She was standing back while my father got the belt.

I: Is there anything else you notice about him?

S: He's mad. He's really mad.

I: Okay. What do you notice about yourself?

S: I'm upset; I'm confused I don't know what I did that was so bad. And scared. But more confused than scared. Not being able to understand. It was all not making sense to me.

I: Okay.

S: It somehow was not making sense to me. It was confusing. Why my father would want to hit me with a belt. Am I a bad person? Why isn't my mommy coming to protect me?

I: How old were you?

S: I was oh boy this is interesting about 4.5. Well, I was about 4 actually.

I: How about this one in terms of pleasantness?

S: Number 1

I: Clarity?

S: I would say, if it's somewhere between three and four, um, I would have to say 3.

I: Okay, 3. And has this been retold to you?

S: My mom has retold this to me.

I: And are you extracting details that she has told you? Do you have a different experience of it?

S: He hit me with the belt. That's what she added. When she said that he hit me with the belt that seemed to ring true but who knows what that means?

I: right

S: But, you know, if I had to put money on it, I'd say he did hit me.

SUBJECT 19

I: Okay, so the first thing is to think back as far as you can and recall your earliest memory.

S: I think the first I was my mom reading to me about Ferdinand the Bull at home maybe in the bathtub, I don't remember.

I: Anything else you remember about the memory?

S: You know what, I do but because I've seen photographs and my mom told me about it but I have a visual image.

I: What did your mom tell you?

S: About when I was little and remind me, about how I use to sit the tub and read to you and here's a picture of you taking a bath or whatever.

I: And to the extent that you remember it as your own? Do you see it from you minds eye? Do you see your mom or from a birds eye view?

S: It's a little bit of both.

I: Do you see yourself in the memory or feel yourself in it?

S: I experience the memory.

I: What do you notice about yourself in the memory?

S: Can you prompt me with anything?

I: What you are doing or feeling?

S: I think I'm feeling good or happy. Glad to have my mom reading to me. It's an enjoyable time.

I: What do you notice about your mom?

S: You know this is hard.

I: To the extent that you can.

S: She's also excited to be there sharing things with me, and being a mother.

I: How old were you?

S: Maybe four or five.

I: Pleasantness and Clarity?

S: Pleasantness a 6 and for clarity a 2.

I: Now how about a next early memory?

S: I remember in preschool having, we would get like warm milk and it wasn't warm anymore and it had the skin on it and being told that I had to drink it and gagging at it. It's unpleasant.

I: What details do recall most vividly?

S: The texture against my throat.

I: What do you see as you imagine this?

S: I can't see it that clearly. I sort of remember the room and little window but I don't have a very clear image. What comes to mind is a regular mug of milk with skin on it.

I: Is there anyone else there?

S: There are people there but they're not part of the memory.

I: Now for this one too, do you see yourself or from your mind's eye?

S: A little bit of both.

I: What do you notice about yourself? What are you doing feeling?

S: I think I'm guessing a little bit here, obviously revulsion at having to drink the milk. Not too much resentment, although maybe a tiny bit. Those are the two main things.

I: Resentment about what?

S: Being told that I had to drink the milk even though I was gagging and I really didn't like it.

I: Okay. Pleasantness and Clarity.

S: On the pleasantness a 2, clarity a 2.

I: So four more of these to go. So the next two are memories of your mom and I know the first early memory was of you mom but if can recall another early memory with your mom.

S: This was a number of years later, my mom coming back from a traveling work assignment thing and bringing me candy.

I: How old are you in this one.

S: Seven or 8. My memory is really bad. I can barely remember a week ago.

I: Okay, what do you see in that memory?

S: Actually the candy. It was candy from Germany, licorice candy, these kind of garish colors and white, black and hot pink and orange. It was visually simulating and fun. Like nothing I had ever seen before.

I: What do you notice about your mom in this one?

S: Nothing much. I'm pretty preoccupied with the candy. I think she was glad to be back and glad to bring me something that brought me joy.

I: What do you notice about yourself?

S: I'm glad and excited.

I: And what's your perspective? Are you seeing yourself at all or from your mind's eye?

S: It's more my mind's eye.

I: How about pleasantness and clarity?

S: Pleasantness is 6, clarity is 3.

I: One more of your mom.

S: I have one, where my mom is in it but not a major character; would that be okay?

I: Yeah.

S: At a birthday probably around 8 years old, lots of people including my mother and god mother and I remember my mother made these special pastries, I can see the room in the

apartment we use to live in clearly. I don't remember any of the kids I just remember my mother and godmother.

I: What do you notice about you mother?

S: She was kind of hurried to get everything all set up.

I: Alright and how about yourself, what do you notice about yourself?

S: I'm excited and happy that I'm allowed to have a really cool party with really cool treat.

I: Is there a feeling tone to this memory?

S: Excitement.

I: Ok. Anything else?

S: That's the major one.

I: And on the pleasantness clarity scale?

S: Pleasantness 7 Clarity 4.

I: Last two are earliest memories of your father.

S: Again, I'm probably seven years old on vacation both my parents and I, we're walking through woods, a lot of people in Poland go mushroom hunting. So we were walking through the woods looking for mushrooms and my father would pick up his pocketknife and throw it and where it landed there were magically mushrooms. I thought it was the most amazing thing. Like he was a wizard.

I: So what do you notice about yourself?

S: I'm probably amazed and proud, curious how he does that.

I: And what visually are you noticing?

S: I don't have a clear picture but I can see the branches of trees, and nondescript mushrooms and the Swiss army knife because I've seen it so many times since.

I: What are you noticing about your dad?

S: He's very happy and pleased with being able to impress me. It was a good time.

I: Is there a feeling tone to this one?

S: Very positive. Amazed, curious, proud.

I: And in that memory is who? Which figures?

S: My mom, my dad and myself. There are only 3 of us.

I: Pleasantness and clarity?

S: 6 pleasantness, 4 clarity.

I: The last one is an early memory of my dad. It would actually be around the same time and place. He would also do this thing, where sometimes we'd be walking in the woods or walking on a path he had this funny, walk jump thing. Not really a monster thing but some kind of animal galloping thing and I'd jump behind him and do the same thing.

S: What do you see?

I: I'm seeing my dad doing that and me behind him doing the same thing.

S: What do you notice about your dad.

S: He's happy. He's feeling free, being able to do something that you don't do in front of your professional friends. That kind of free. Just happy, glad.

S: And what about yourself?

I: Likewise.

S: How about pleasantness and clarity for this one?

I: Pleasantness a 7. Clarity a 4. In this one I do experience it more. In the other ones you were asking me if I saw it through my mind's eye well in this one I experience it more than the others. I mean not bird's eye but I'm there.

S: Like you're feeling it?

I: Yeah.

S: Is there anything else you would like to tell me?

I: No, I'm just sorry I can't give you more.

Subject 20

Early memories test

I: Earliest memory?

S: I remember when I was three or 4 and I was playing dolls with my sister.

I: What's most vivid for you about this memory?

S: The actual doll that my sister had. My sister is older and she had long blond hair.

I: What do you notice about your self?

S: I wanted to get the doll from her and I was frustrated.

I: What do you notice about your sister?

S: That she is being stubborn.

I: Perspective?

S: Both from minds eye and watching the scene from the outside.

I: Feeling?

S: Frustrated.

S: Pleasantness: 3

S: Clarity: 4

I: Next earliest memory?

S: I remember when I was about 4 playing with my brother and a neighbor.

I: What's most vivid?

S: Being outside and the surroundings. I was leaning against the house and in between the trees. It was summertime and I was wearing shorts.

I: What do you notice most about yourself?

S: My shorts.

I: What do you notice most about your brother.

S: Just his being there.

I: And your neighbor?

S: I was noticing that he was older and he had longer brown hair.

I: Perspective?

S: Seeing it all through my minds eye.

I: Feeling?

S: Neutral

I: Pleasantness?

S: 4

I: Clarity?

S: 5

I: What is your earliest memory of your mother?

S: I remember her coming home from work. She was all dressed in white, she was a phlebotomist. We always had babysitters.

I: Most vivid?

S: Her outfit, everything was white.

I: Yourself?

S: Nothing.

I: Notice re mother?

S: I don't know, I don't have any more.

I: Perspective?

S: Out of my minds eye.

I: Feeling tone: neutral

S: Pleasantness: 4

S: Clarity: 4

I: Next earliest memory of mother?

S: I remember sitting on the back porch having dinner. I was sitting across from my mom and the chair slipped and fell back.

I: Notice about mother?

S: She didn't get hurt and the story goes that nothing even fell out. The corner of the chair had caught an nothing even spilled.

I: Notice about yourself?

S: Nothing

I: Feeling tone?

S: Funny and scary

I: Perspective?

S: I'm watching it from my own eyes.

I: Pleasantness

S: 5

I: Clarity?

S: 4

I: Earliest memory of your dad?

S: He was ...going to the movies to see the rocky movies. I was 4 or 5 years old. We were too small to see it but we went. My dad wanted to see it and we were his sidekicks. I remember liking it and then someone got hurt. I did like going to movies, always did.

I: What do you notice re your dad?

S: He had a moustache at the time and I was sitting next to him, with my brother in the other side. He had his arm around both of us.

I: Notice re your brother?

S: Very little. He was sliding in his seat and my dad was holding onto him so he didn't fall.

I: Perspective?

S: Both through my minds eye and observing the scene.

I: Feeling?

S: Kind of excited. I always liked going out.

I: Pleasantness?

S: 6

I: Clarity?

S: 4

I: Another earlier memory of your dad?

S: I was 6 years old and was too small to be riding a bike but I was leaning how to ride a bike. My dad was working in the garage and he was watching me and I was in the grass. I was learning how to use training wheels but I rode a bike that had no training wheels – it was my sister's bike. I was stubborn and was saying I didn't want training wheels.

I: Most vivid?

S: The bike had a banana seat. I remember pedaling and seeing the grass. I remember I was moving and didn't fall.

I: Notice about self?

S: It was summer. In a concrete way? I was wearing white sneakers and feeling pretty impressed and very stubborn. My sister was offering help but I didn't want it.

I: Notice about dad?

S: I notice that he is busy cleaning the garage and would occasionally look over.

I: Perspective?

S: Through my eyes.

I: Pleasantness?

S: 6

I: Clarity?

S: 3

I: It's the most clear because I really like the memory.

SUBJECT 21

I: Try to recall your earliest memory.

S: This is going to take a second to think about that. I don't if you're able to answer this because it might drive my answer one way or the other, what's the average age that people remember.

I: You know it varies. Some started around 3, some around 8 or 9 and some people can't recall memories other than stories.

S: Okay I have a memory. I think when I was either first, I was three, probably 4. I got a big wheel tricycle bike and I was I had bronchitis. My mom let me ride in the house and I remember riding over carpets and stuff.

I: So in this particular memory, what is most vivid to you?

S: I think what's most vivid; I remember riding the big wheel and what it felt like for the plastic wheels to be going over the carpet and traveling. It was much slower than being outside.

I: What's your perspective of this memory?

S: If I think about it generally, I see myself riding the bike through the house. I can also feel being on the bike and riding it.

I: So what do you notice about yourself? Is there anything that you see about yourself, how you're feeling?

S: I think that I think that I'm having a good time. I'm getting to do something I normally wouldn't get to do. At the same time I really was sick so I'm feeling tired but having fun at same time.

I: Was your mom in the image?

S: No, not really.

I: So you are three or four.

S: Probably 4.

I: Is the any feeling accompanying it? A feeling tone?

S: Yeah I guess it's kind of a nice happy memory.

I: So if you could rate them in terms of pleasantness and clarity.

S: A six and clarity would be 3, maybe.

I: So the next one, another earliest memory.

S: I'm trying to think of ones before I was five, like I remember my first day of school and stuff but I'm trying to think of ones before that. I remember again probably, trying to think how old I was, maybe 4, 3 or four I'm not sure. Going to a, it was like 4th of July, and I was with a baby sitter and two older sisters and she was baby sitting us during the day and we walked to a parade in our town and I got stung by a bee while I was there. I think it was the first time I ever got stung. It was like a scary experience. That was with my babysitter.

I: What is most vivid for you?

S: I think sitting on the, I remember where I was, I was like sitting on the stairs of a bank or something a bee landed on me and I swatted it and it stung me.

I: What else do you notice about yourself, in terms of feelings anything else about what you're doing?

S: I think in the memory I was feeling, when I think of it I'm feeling this fun exciting time and then getting stung, and that would be normally scary for a kid it was twice as scary because I was with a babysitter and not a parent. When I think about it, it's like this good time ruined.

I: Alright. And an overall feeling of it would be this good time ruined?

S: Yeah.

I: And what's your perspective?

S: Mind's eye. Out of my mind's eye, I think.

I: What do you notice about your older sister?

S: Both of them were there. I know they were there but nothing in particular about them.

I: So how about in terms of pleasantness and clarity for this one?

S: This would be...is pleasantness how I felt then or how I'm looking back on it now? Probably a three. And clarity is like 4, it's a little more clear.

I: The next two, if you can recall two earliest memories about your mom?

S: I remember, it's not like a specific memory. I just remember it happening repeatedly. Sitting in the recliner in our living room, I used to play with the top of her hands, her veins stick out. I used to push at her veins. Just my you know pushing on my mom's veins, being interested that the veins stuck out of her hand that way.

I: What are you noticing about her?

S: She was just kind of there and relaxed and probably watching TV.

I: What do you notice about yourself?

S: I guess it's a pretty relaxing, everyday kind of moment. Very comfortable.

I: And then how about a feeling tone?

S: Okay. During the memory kind of feeling relaxed and comfortable and now I'm thinking how when you asked the question that it just popped into my head.

I: Now just sort of curious about why it came to mind.

S: Yeah.

I: Then your perspective?

S: Definitely first person.

I: Yeah. Okay. And in terms of pleasantness and clarity?

S: Pleasantness I would say it's 6 and clarity would be 4.

I: Okay. How about one more early memory of your mom?

S: I remember before I started kindergarten, like the summer before.

I: How old were you in the last memory?

S: Yeah, I could've been 3, is a good guess. This one would be 5 I guess. So I remember we had a, she tried to teach me how to write my name. We had a chalkboard and I was trying to trace the letters and everything.

I: And what about this one is most vivid?

S: Actually using the chalk and writing on the chalkboard.

I: And what do you notice about your mom in this one?

S: She, I think, I think, well, I don't know if this is an observation or just a memory of my mom I remember doing it over and over and over again. I remember her tracing the letters, and me writing under it and doing it again and doing it again.

I: How about yourself?

S: I think that it was like a combination of being fun and a little frustrating. It was like learning something new and I didn't get it right away.

I: Would you say that's the over all tone?

S: Yeah. I Think so.

I: Then your perspective?

S: Looking back on it now, I remember the tile and going over and over again. It continued making letters backwards, now my perspective that, making letters backwards, and it makes me think that it was weird because kids don't usually do that. That it was weird.

I: Is that something you felt at the time?

S: I'm saying it now as a reflection. At the time that level of frustration, I knew it was frustrating for some reason.

I: How about pleasantness and clarity?

S: Before I said it was fun, but pleasantness, you know, I guess, the pleasantness would be a 3, it's not really clear at all 2.

I: How are you seeing this?

S: In first person.

I: So the last two, are just two earliest memories of your dad.

S: One memory I have is definitely before kindergarten, 4 are a good estimate but I'm not sure. Is him coming home from work at the end of the day and him walking through the door and he had this thermos that he used to bring coffee in and I always use to like drink tiny bit of cold coffee in the bottom.

I: What's most vivid for you in this one?

S: I think I can picture my dad walking through the back door much younger than he is now.

I: What are you noticing about him?

S: I can see that he's got like a full beard and in like in coveralls, he's a mechanic.

I: Any feelings associated?

S: We were always excited when he got home.

I: What are you noticing about yourself?

S: I think, I kind of noticing about myself is that I would drink the coffee because people thought it was funny that's why, that was my role in the family. I do things people think are funny.

I: What's your perspective?

S: 1st person.

I: How about an overall feeling?

S: I think it would be excitement.

I: And then in terms of pleasantness and clarity?

S: Pleasantness would be 7 and clarity would be 4.

I: Then one more about your dad.

S: Okay. Let's see. Okay, yeah. This is probably pretty early. I don't know how early it is. Okay. It's probably like 5 or so. We were on, we were in the ocean, on vacation on the

Jersey shore, I remember my dad used to bring me out into the ocean and carry me where the waves break and remember being out in the ocean with him.

I: So what's most vivid about this memory?

S: I think, I guess the waves rare most vivid and rolling up in down and not being lost and crashing and things.

I: What do you notice about your dad?

S: I can, its not that clear. I might be mixing memories of when I'm younger and older. I picture him floating on his back but that wouldn't match up with me being so young, I remember him holding on to me in the ocean.

I: It's presenting itself as a mix, the memory?

S: Yeah. It's a mix from memories at like 8 or 9 where I could be in the ocean without being held onto.

I: Anything about yourself you're noticing?

S: I think, just that I think I can't see myself, it's a first person thing, I just think it's really fun to go do this.

I: How about an over all feeling tone to this?

S: Fun and exciting.

I: Okay, pleasantness and clarity?

S: Pleasantness would be 7, clarity would be 1.

I: So this is it for the early memories.

SUBJECT 23

I: So the first thing I'm going to ask you to do is think back and recall your earliest memory?

S: Okay, I think it would be the first house where my family lived which was a big house in the suburbs outside of Boston and we rented the third floor and it was a house owned by a bunch of middle eastern families and they had this great, big back yard, it'd be like playing in the yard.

I: Are you thinking of a particular event?

S: Yeah, I'm not sure if this is a memory or a picture but I remember one year in the fall they had this huge pumpkin, I was just like entranced by it. It was out in the yard; they had gotten it for Halloween or something.

I: Okay, can describe what you actually see? You mentioned the pumpkin.

S: The big orange pumpkin, like the green grass in the yard, there was a huge tree that had a tire swing hanging from it. There was a little guesthouse where a women stayed, my pseudo aunt. She wasn't have actually related to me but she'd play with me.

I: Okay.

S: And then there was a driveway with a big pine tree.

I: How old are you in this memory?

S: I'd say maybe three.

I: Are you seeing it through a three year olds eyes or a bird's eye view?

S: No I feel like more like three year old down on the ground.

I: Okay. Do you see yourself in the memory?

S: Mhm. But that's because I'm remembering from a picture.

I: But you see yourself in it?

S: Yes I have this sort of yellow, not snow suit, but jumper outfit on. Bowl haircut I think.

I: Anyone else in the picture, you mentioned the pseudo-aunt.

S: Not really. I know my parents are around but they're not quite in the memory.

I: What do you notice about your aunt?

S: She's this kind older woman who's just like very elegant.

I: Okay. And is there any particular feeling?

S: It's very pleasant calm and content. All around positive.

I: Okay, so the next thing is can you tell me your next earliest memory after that?

S: It would be in that same house, the people who owned the house and they were from Syria and they would have these big parties with musicians and tons of middle eastern food I would always come and hang out by the musicians and the belly dancers were dancing. I would dance. I know it's totally random.

I: So, is there a particular event you're thinking about where you're belly dancing?

S: It's hard to distinguish but basically all of them took place on the first floor and I remember being the living room which was covered with lunch middle eastern fabrics. There'd be a few musicians playing Middle Eastern instruments and a belly dancer and kids of all ages would be there and parents. I wasn't the only kid dancing.

I: Are you seeing any other people in particular?

S: I see the owner of the house, who was this psychiatrist from Syria. I see my parents. And I see the musicians; I might only remember one of their names.

I: What do you notice about your parents?

S: They're happy; they're having a good time. My dad may have had too much to drink but they're loose and relaxed and enjoying themselves.

I: How old are you in this one?

S: Three or four.

I: And then what is your perspective?

S: I'm looking back on it from the perspective I have now.

I: Okay. And is there a feeling attached to this memory?

S: It's more excitement, more energetic, interesting, all those things.

I: Okay. Alright. Is there anything else you want to tell me about that? Details, feelings about it?

S: I have mixed feelings about it. I really loved living in that house. We lived there until I was five. But I found out later that there were all these problems with people who lived there. The owner psychiatrist was an alcoholic and so was the lady from the previous memory and the owner was a womanizer. It was wonderful as a little kid but now when I look back on it, it's a little mixed. My emotions are more mixed from an adult perspective. I guess I feel like it's a little bit sad, the relationships in the house. I didn't pick up on that at all as a kid. And also we went back to that house, which is where my parents got married and my husband and I went back there because we were thinking of getting married there, like on a whim and I found it really depressing because nothing had

changed there in 25 years. So, there was like no evolvment of the people or the house there. They were all stuck.

I: Next is what is your earliest memory of your mom?

S: I think it would have to be...I must've been when I was five when we moved into the new house and she used to sew and I remember she made us both these skirts and we were running around in these skirts and there were some other girls there and we were running around in these denim skirts. There's music on or something.

I: Who are the people who you see?

S: The two of us, I'm just imaging there must've been other girls there but I just see the two of us.

I: The two of us, you and your mom?

S: Yeah, there's a sewing machine on the table and it's a black old sewing machine where she use to sew us clothes.

I: What do you notice in this one about your mom?

S: She's delighted and happy and earthy and totally into her role as a mom.

I: What do you notice about yourself?

S: Being happy and hanging out with my mom. Excited about being in the new house with all this space to run around and excited about the skirt she's making.

I: What's your perspective?

S: I can see it more like a five year old

I: Feelings associated with this memory?

S: Very positive. Just kind of no cares in the world, gleeful.

I: How about your next earliest memory of you mom?

S: Let me think, I don't know. Oh I know. She was a soccer mom, was assisted couched our soccer team when I was six or seven. I can see her in a button down shirt with our team jersey over it. And kind of standing with the other mothers on the soccer field it's early fall. It's sunny.

I: And what is your perspective? Do you see yourself?

S: No, I just see her and the mothers.

I: How about a feeling associated with this memory?

S: Very positive. Happy. That's it.

I: Happy about anything or general content?

S: General content.

I: Alright how about your earliest memory of your dad?

S: I guess you know I feel like I have a hard time pinpointing. But my dad use to take me and my brother to Nathaniel Hall, you know Nathaniel Hall, open air market place, on the weekends when my mom was working, she was often writing something on the weekends, like a grant proposal. And he was never around on the weekdays and we'd watch the magicians and the people who blow up balloons and turn them into animals. Take us into the food court and we'd get this really good pizza and stand up and eat it.

I: Is there one particular one of those times? When you picture this, what do you see, who do you see?

S: I don't see anyone, I just see the place. The place the people the food the food court. I don't picture us.

I: Your perspective then?

S: I'm seeing it as a kid.

I: How old were you?

S: I'd say somewhere around 6 maybe. Everything looks big and it was exciting as a kid.

I: Any specific memories of you dad? What he's doing?

S: Not really.

I: What is the feeling tone of this memory?

S: It's exciting. It was also hesitation because I was as comfortable with my dad as I was with my mom so I couldn't really let loose as much.

I: Okay. And do you remember the feeling at the time?

S: Yea, I think the feeling at the time was I was excited. It was always really exciting to go there and be with my dad but he and the place felt a little bit foreign.

I: Then the last memory is another memory of you dad.

S: I'm trying to think of something specific.

I: Okay.

S: Oh okay. He and I, this one's probably earlier than the other one. In our new house we had, we use to wrestle upstairs but at certain times it'd get too rough and I'd get upset and crying. I can remember wrestling with my dad on my parents' bed and their 70s-ish orange comforter and me getting upset.

I: How are you in this one?

S: Five or six.

I: And what are the details that you remember most?

S: The muted orange of the bed spread really sticks out. It's hard to know if this is from a picture or from the memory but my dad's really black hair is sticking out. Okay. Some how the colors stick out in this one.

I: What do you notice about your dad?

S: He's almost a little scary but it was exciting. It was something we did as a father-daughter activity but I'm also not sure when it's going to take a turn and become too much for me.

I: What do you notice about yourself? Do you see yourself?

S: I can feel myself from an emotional perspective, feeling scared. And I can't really see myself.

I: The feeling you can feel, are there are feelings.

S: It's scary but exciting and special. It's a little bit out of control.

I: The scale, the first one was the huge pumpkin. How pleasant.

S: 7

I: And how about clear?

S: 5

I: The next one was being at a party. In terms of pleasantness? This is how you're recalling it.

S: The one below very pleasant. 6

I: And clarity?

S: This is not as clear. 3

I: And the one's of your mom, her sewing and running around in skirts.

S: That's the highest level of pleasant. 7

I: And clarity.

S: The highest level of clarity. 5

I: The next one was seeing her in the button down shirt?

S: Um same rating as the earlier one of her. 7, 5

I: The two of your dad going to Nathaniel Hall.

Pleasantness?

S: Moderately pleasant. 3

I: How about clarity?

S: Moderately clear or clear. 4.

I: The last one, the one where you guys are wrestling. In terms of pleasantness?

S: I'd say somewhat unpleasant. 3

I: How about clarity?

S: Pretty clear. 4

I: So that's for the memory.

SUBJECT 24

I: Alright we're on.

S: Very earliest memory. Probably being in the apartment that my parents lived in and my mom was listening to a record wildly and dancing around and I was dancing around. I really liked it. It was really fun.

I: What about that memory is most vivid to you?

S: I think that it was a Simon and Garfunkel song. But it had a strong beat as part of it. That's the strong part of the memory.

I: What do you notice about yourself? From what you're feeling or what you're doing? Any particular details.

S: I notice that myself was feeling it in my chest that the music was loud. Excited by it. And like whoa that's loud. A little bit freaked out. What do I do? Like mom is dancing around. A little freaked out.

I: What do you notice about your mom?

S: Mostly remember, I must've been sitting, her arms were down and she was trying to get me to move around with her. She's like standing; she's seemed like big. She was happy.

I: When you're imagining this, how do you see it?

S: I'm seeing it like I'm me, like I'm a little kid.

I: Could you describe a general feeling tone?

S: I think it was a good feeling. It was a new experience. It was the first time I connected with music and noticing it was loud but a good loud.

I: And how old were you?

S: I think I was like two-ish. That's my guess.

I: For each of them to rate the pleasantness and the clarity of each. Okay. So in terms of pleasantness?

S: A 6.

I: And clarity?

S: Maybe a 2.

I: Okay. So for the next one just another early memory.

S: Another memory from that time was I was on a teeter-totter, I don't know what they're called. The things on the playground that goes up and down. So I was sitting on it and there was a beehive under it. I was getting some bee stings. They weren't so bad. The bees were coming on me and I was high up and didn't know how to get off. My mom was kind of far away, sitting on the other side with another mom and I was trying to signal and it felt long and she ran over and snatched me off and started hitting the bees, which scared me more. I was aware of the bees, but I didn't know these were bad. Yeah.

I: How old were you here?

S: I was probably the same age, closer to three. I was climbing on the equipment.

I: So what is most vivid about this memory?

S: I think the most vivid is my mom swatting the bees off of me.

I: What do you notice about yourself?

S: I notice I'm pretty upset, I don't know what to do and defiantly feeling upset.

I: What do you notice about your mom?

S: She was worried and upset. Another vivid part is her zooming over to me when she saw.

I: What is your perspective on this one?

S: I'm still me.

I: And then, the general feeling tone associated with it?

S: Feelings associated with it. Scared.

I: Then in terms of pleasantness and clarity.

S: Pleasantness probably a 1 and clarity probably a 3.

I: The next two are memories about your mom. Two of the earliest memories of your mom. Two involving her. Okay.

S: Let's see. One memory was I was probably I don't know how old I was; I was calling out to my mom for water in the middle of the night. She seems upset with me. She walked into the hall and she is like I'm not giving you water or something like that. And I was in my crib. I was probably two-ish. I was like okay and then laid down went to sleep.

I: What's most vivid?

S: My mom coming out and standing out there and letting me have it.

I: And then what are you noticing about yourself?

S: I think I was shocked; I was not expecting that reaction.

I: What are you noticing about your mom?

S: That she was upset.

I: And what's your perspective?

S: I can see everything. I'm me somewhat. I can see the whole picture.

I: Can you describe a general feeling?

S: I think the main feeling is shocked, worried, maybe.

I: And then in terms of pleasantness and clarity.

S: Pleasantness a two and clarity probably a three.

I: Another of your mom?

S: A second one of my mom. Probably my mom teaching my how to play jacks. I just remember being laughing and really hysterical and me not being able to really do it and it being so silly. And really like proud of myself occasionally when I could actually do it.

I: What's most vivid?

S: The laughing. We were really laughing.

I: The two of you?

S: Yeah, we were just laughing, having a really good time. What are you noticing about yourself? I think I was really having fun. I was trying too but feeling silly.

I: And then how about your mom, what do you notice about her?

S: That she was having a good time. She wasn't laughing as hard as me but she was having fun. I was really laughing like crazy.

I: And your perspective?

S: Mostly seeing it. Not in my mind's eye.

I: How old were you?

S: I think I was more like four. Older than the other ones.

I: What feelings are associated with this one?

S: Fun, happy.

I: Then in terms of pleasantness and clarity.

S: Pleasantness, a seven. And clarity a 4.

I: The last two are two earliest memories of your dad.

S: Okay. I'm not sure if this is the earliest earliest memory but I'm thinking of this one first. I must've been three or two to three. My dad was taking me to day care and we were getting in his, we were in the car and him letting me turn on the radio before we got going. It was really fun. That's probably the earliest memory of me and my dad.

I: What is most vivid about this memory?

S: Probably kind of just sitting in the car, looking at the radio.

I: What do you notice about yourself?

S: I think it was just I don't know trying to reach for the radio and being excited because my mom never let me turn on the radio and just being like woo! The radio!

I: What are you noticing about him?

S: I'm noticing he's like happy. He's letting me sit in the middle and I liked that.

I: And the general feeling tone?

S: I think I was excited and happy because of the radio.

I: And your perspective on this one?

S: As me. Mind's eye.

I: And in terms of pleasantness and clarity?

S: Pleasantness is a 7 and clarity probably a 2.

I: Then the last one of your dad?

S: Early memory of my dad. Okay. My dad, I'm about the same age, two to three, my dad came back from running and he fell and got a big cut on his knee and it was a bloody cut. He wasn't crying but he was defiantly hurt. And my mom was concerned and I remember walking over and being worried. Okay. Probably might have been a little younger.

I: What's most vivid about this one?

S: Bloody knee.

I: What are you noticing about yourself?

S: I'm feeling worried and scared that there's blood.

I: What are you noticing about him?

S: He's really quiet and sitting and yeah.

I: Okay. Did you say your mom was in the memory?

S: Yeah.

I: What do you notice about her?

S: She like whoa, not like panicked but like getting stuff to fix up the knee.

I: And what's your perspective.

S: I'm mostly me but I can see it too but I'm mostly me.

I: And then how about feelings associated with this one?

S: Scared worried.

I: Pleasantness one.

S: Clarity? Probably a three.

I: Done with the early memories.

Subject 25

Early Memories Test

I: Earliest memory?

S: I was probably just under three, maybe, I remember crawling out of my crib and climbing up the bars and I knew I wasn't supposed to be doing it. I don't know why I was still in a crib at that age but I remember crawling out of my crib and it was the rackety crib.

I: Can you tell me if it's a visual image?

S: Yeah, also the sound of sort of wanting to be out to the crib. It's not a verbal memory.

I: What do you see? What it's in the visual image that you see?

S: I was in my room at the house where we lived when I was that age. The door is slightly open so I can see some light but it's otherwise dark. My parents left the crack so I could have some light. I don't know what's in my crib. All I can see is those metal bars and I wanted to be out. Looking up at ceiling and then climb over them.

I: Are you seeing yourself in the memory?

S: I feel like I'm the one in the crib.

I: So from your eyes?

S: Yes.

I: So do you notice about you?

S: Gosh, I don't know. I just want to be with my parents for whatever reason. It's such a brief memory. I just remember wanting to be with my parents for whatever reason. I don't know why I even picked this memory.

I: So are your parents in this memory?

S: They are to the extent that I know they're out there.

I: Any feeling accompanying this memory?

S: Frustrated.

I: Frustrated, okay.

S: Frustrated but with a sense of mastery. And that I'm in my crib but then I got out.

I: How old did you say you were in this memory?

S: Just under three, which I can't believe I was still in a crib, I have a distinct memory of this.

I: How would you rank the pleasantness and clarity according to that scale?

S: Oh, I have to pick one, don't I? Well, the beginning of it was negative but toward the end when I actually got out of the crib, I feel a sense of mastery. It's a somewhat pleasant memory, so I'd say a five and then for clarity a 3, it was moderately clear.

I: So the next earliest memory.

S: Another early memory, I was going to say for the last one but I thought I was a little older, I had. I was outside the house that we lived in when I was zero to five, and I liked to wait for my dad to get home from work and this particular day I and gone out with my mom and my mom was outside and I was sitting. My mom worked too but she was home earlier and sitting up on the mailbox. There was a piece in the back I was just sitting on it waiting for my dad to come home. He eventually did come home. He stopped at a neighbors house down the road so I could see him looking down the big hill and my mom was there waiting and I remember jumping off the mailbox and running to him and him running to me.

I: Okay.

S: We met in the middle of this big grassy hill across the street from our house.

I: So what would you say were the most clear details; you just gave me a whole lot but are there parts that are clearer than others?

S: What's really vivid was the way the mailbox looked, I haven't been in this house since I was five. This sense of really happy, running across to him and seeing him run to me. And then the big hill across. I remember that big hill and looking over and seeing it. It was the same hill we use to sled down as kids.

I: Do you see yourself in this memory?

S: When I'm sitting up on the mailbox, I can see my mother doing it, like I'm watching myself. The rest of the time I'm inside my little body.

I: So what do you notice about yourself?

S: I notice I feel, I like the attention of my mom and I like sitting on top of the mailbox. I feel very happy when I see him, and I can run to him. It's something I like wouldn't have been allowed to do to run across the street. And my mom let me do that. So I felt like a big girl.

I: And what do you notice about mom?

S: About mom? Yeah. She's not so much the focus, like she was just waiting and she's not my focus, kind of.

I: And what do you notice about your dad. He's running toward me, seemingly happy.

S: How about pleasantness and clarity for this one?

I: Very pleasant, I'd say like a seven. In terms of clarity, it's like a 4, it's pretty clear.

S: So four more to go.

I: What is the earliest memory you can think of your mom?

S: It might be the one I just shared with you. I could come up with another one. Gosh, why is it so hard? I was ready for another earliest memory; I had one ready of my brother. Okay, I've got one. It was either my third or 4th birthday party and since I was in nursery school I probably would have had my fourth and my mom, it was one of those parties, where the moms would be there too. And my mom was throwing the party and I was downstairs with the rest of the kids in the family room and there was a bed there because my grandmother lived with us much of the time, my mother's mother and Miles David, a little boy invited to my party, was running back forth on this bed and I knew he shouldn't be doing it and I kept running back and forth telling him that he shouldn't be doing it. Then my mother came down and we were running on the side of the bed after Miles and my mother found it very funny. She was supposed to be being strict and telling him he shouldn't be doing that but every time he's run to one side and it was very funny. I wasn't trying to stop him. And my mom and I started laughing.

I: What do you notice about yourself?

S: I think I was somewhat anxious kid and one of those times where I was trying to stop something. I was like oh no. Bad. I was trying to get him to stop. I took it upon myself.

I: And how about your mom?

S: I just remember this way she started laughing and I started laughing. She clearly lost the role of the person who says don't run on my mother's bed.

I: Anything else that's particularly vivid?

S: I have the room, the ceiling the four-poster bed. Lights are florescent. We moved out of this house when I was five but I remember other kids playing and the washroom was next door. So all of that is like noise that's in it but the focus is more on Miles.

I: Are you seeing it out of your mind's eye?

S: Yes, I hope that doesn't mean something bad.

I: I just realized that I didn't get your age for the last memory when you were sitting on the mailbox.

S: I was around three, I wasn't four yet.

I: How about one more of your mom?

S: Does it have to be really really young?

I: As far back as you can.

S: I have all these memories from age five and stuff.

I: That's okay.

S: I'm just trying to think.

I: Yes. first, how about pleasantness for the birthday party?

S: Oh, I don't know. I was anxious so that was negative but I was laughing with my mom so that's positive, a four, neutral and it's a pretty clear memory. Maybe relative to other memories. I'm going to say three.

I: Ok, so next earliest memory of your mom?

S: Number two of my mom. I can't get anything that's so early. That's so weird. I'm going to say that I'm I was five...wait no, I've got a good one I was four, I was four! We were members of a tennis club, and I was four so of course I didn't play but there was a pool there and I remember I went in the women's locker room with my mom. And I remember the women's locker room to a "t". The lockers were orange; the floor was hard and yellow. I was running from one end to the other on this bench that was meant for sitting and my mom was in regular clothes and going to change and said that I wasn't supposed to do that, and said I didn't do that, what I really should do was just sit down on the bench and then she went into the stall and then there was a crash and the bench flipped over and I broke my collar bone. And I was crying and the bench was on top of me, my mother was in the stall and I disobeyed her.

I: How are you seeing this one?

S: I'm just seeing it as me. I'm inside myself and I'm watching mom go into the stall and that's that.

I: How about you? You remember so much detail but what do you notice about yourself?

S: I'm noticing more about the room than about myself, the lockers and how the bench was wobbling. I know I wasn't supposed to be doing it but I was having so much fun. But I was aware this is bad don't let mommy know but I don't know what I was wearing.

I: What did you notice about your mom?

S: Then she of course came out of stall and took the bench off me and was very loving and supportive. At the beginning of the memory, she was setting a rule and she wasn't big on that. She wasn't' big on limits. She was really saying don't do this and I disobeyed her.

I: Is there a feeling associated with that?

S: Happiness because it was fun. Anxiety because I was disobeying her and then shame. My husband just came into the room and made a face at me.

I: You were four. Pleasantness and clarity on this one?

S: I'm going to say a 2, mostly negative. On clarity, a 4.

I: Last two earliest of your dad?

S: The earliest memory of my dad. I think I already shared it with you. One when I was five. We were, my parents were encouraging us to be active and got into sports and we went to Vermont and my parents got me skiing lessons and I was petrified and I refused said I wasn't going to go and so my farther who has the coordination of an ant, like a drunk ant, suited himself up and got the damn skis on and got on the bunny hill. He took the lesson. It was a group lesson so there were a bunch of five year olds and my father who's 6'3 who was a bad a the rest of us. And he took the lesson, he eventually separated and left me but he took the beginning of the lesson.

I: He was really involved.

S: Oh yeah. I said I wasn't going on and dad rents the skies for himself and we went down the hill in a line. It's very clear. (Laughing).

I: I'm laughing but is there an emotion associated it?

S: The emotion then I think was embarrassment, and anxiety. Now I have this incredible sense of, it was funny how my dad would make a fool of himself for his five-year-old daughter. It's very warm now but it wasn't then.

I: And the embarrassment?

S: I knew at five that my dad wasn't supposed to be there when no one else's dad was there.

I: What do you notice about yourself?

S: I think that I was anxious; I didn't want to do it. I was stuck frozen.

I: What do you notice about your dad?

S: I think I'm so clouded on this memory that I'm looking back on it as opposed to experiencing it. About my dad is that he's willing to get in there. And take risks and make a fool of himself.

I: Do you notice how he's feeling?

S: He wasn't angry, he just thought, he wasn't frustrated. They were down with my whole little anxious self and just said what the heck.

I: So again, in this one, how are you seeing?

S: A little bit of both. When I was taking about the emotions I was taking about it differently. I can both see myself and my dad from a bird's eye view but I'm also seeing my father on the slope and looking back at him.

I: So how about pleasantness and clarity? And if you want to distinguish between how you feel now and how you felt then.

S: I think then it was mostly negative. A 2. I really didn't want to get out there. I was really embarrassed that my father was up there with me. That was the perspective from the five years olds eyes. What number is that? From 31 year olds eyes it's mostly pleasant. It's a 6. I think it's just adorable. It's like a six. In terms of clarity, I'm going to say it's sort of moderately clear, a 3. But for right now, I think of it as mostly positive which is a 6.

I: The last one is another early memory of your dad. Does it have to stay in this four of five range?

S: Nope. Because I have one where I was like 7.

I: Unless you can go back further. If you can't that's fine. Six, seven.

S: Give me a sec. Why can't I remember anything. That's so weird. I was seven years old and my father would always come home from work, we had this dog that lived for 19 years named Rixie and we got very excited when my dad came home and he sit, he was a very small dog, and wait for my father. If you said Dad or his name, the dog would jump around and go crazy because he thought he was home. So this one time when he got home, this may sound very strange, but we let the dog out to go run to him and he and my father would run around the island in our kitchen. I don't know why. So this particular

night, it was the first night we had the dog and he had gotten lost and the dog. That was just a little background on the memory. I had let the dog out, and went into the woods and so Dad came home and I was completely distraught, upset and I just didn't know what to do. I was calling for the dog and since my father decided that the dog was always running toward him, if he drove his car up and down the driveway, if the dog was close enough, he'd hear it. And low and behold the dog came flying out of the woods. That's the memory I have of my dad driving up and down the drive way and I was petrified that he'd run over the dog. Now that I said that memory, I have an earlier memory. So the dog came running out and that was all good.

I: What perspective?

S: It's me; I'm looking for the dog. I'm watching my father drive up and down the driveway. I don't see myself because I'm looking at my father.

I: What is most vivid?

S: I'm nervous about the dog, I'm nervous, I'm upset. I'm distraught, I feel responsible. And even when my dad came up with the idea, I'm convinced he's going to run over the dog. The whole time. In terms of what I remember about my dad. He was very cool through the whole thing and I wasn't.

I: What about over all? A feeling tone?

S: Anxious and nervous and upset.

I: What are the most vivid things you remember?

S: He's in a blue Chevy Citation, which made a lot of noise. And it was stick shift, he was wanting to make as much noise as possible so he'd slam on the breaks and the pebbles would go. He was trying to make a lot of noise; to me it was more upsetting. He was very calm and me not being calm.

I: How about in terms of pleasant. Mostly negative, a 2. And Clarity? A three.

SUBJECT 26

I: Okay. So the first thing is, think back as far as you can to your earliest memory.

S: My very earliest memory was standing in the garage and it was a sunny day and there is a long gravel road that connects to our drive way, I was looking at my mother and I turned around and I looked between my legs to see how she'd look upside down while she walked down the driveway.

I: What is most vivid for you?

S: The cold concrete on my feet. I was shoeless. It was spring day or something like that.

I: What are you noticing about yourself in this memory, feelings, what you're doing?

S: I was excited. There was an interesting discovery. I think that was it. It was pleasant.

I: What are you noticing about your mom?

S: That she walks whether she looks right side up or upside down.

I: What is your perspective of this memory?

S: As if I'm still in my head of however old I was.

I: Actually, how old are you?

S: I'm really not sure. I'd say around four or five.

I: Okay. Can you describe a general feeling, tone with this memory?

S: Happy.

I: Then in terms of pleasantness and clarity.

S: It's a 7 and a 5.

I: If you can tell me your next earliest memory.

S: Okay, um. Around the yard, I'm playing in and around a bush, a mountain laurel.

I: I'm sorry, a what?

S: A Jewish decorative plant, larger than a normal plant. It's called a mountain laurel. There was a hornet's nest in and the hornets got into my clothes and I started to cry and

my dad came over and patted me down and killed all the hornets that were inside my clothing.

I: Okay. So what's most vivid to you in this one?

S: I'm very scared and helpless.

I: The feelings of being scared.

S: And also the how violently my dad was patting me. It was very quick movements but it didn't hurt as much as the hornets did.

I: Okay.

S: The briskness with which he did it.

I: And what do you notice most about yourself?

S: Um, let's see. I was upset.

I: What are you noticing most about your dad?

S: The briskness, how he patted me down. How quickly he did it and how fast he came. How very focused he was. He was very focused. He took care of the nest by pouring gasoline on it.

I: Can you describe a general feeling?

S: This one's mixed. A scared/ happy/ unusual experience. This would be a mixed tone. I'm scared, unhappy that I got stung and I'm happy that my dad was there to help me.

I: What is your perspective.

S: From my perspective I was that age.

I: How old are you, about?

S: A little older than the last one. Maybe five or six.

I: And how about this one in terms of pleasantness and clarity?

S: Pleasantness, a hard one to answer. There are aspects of 6-ness and then there are aspects of 1-ness. Can you give me the aspects of the 6 and the 1? I guess I have to go in the middle there; I'll tip it more toward the negative because I was stung, so I'll say a 3.

I: And then clarity?

S: This one's a five.

I: The next two are two earliest memories of your mom? Two earliest memories of your mom. I know you gave me one for your earliest memories but if you can think of two more.

S: Okay, I got in trouble at school and my mom was picking me up after school and scolded me in the car and I was very upset and I decided not give her a piece of art I had made for her that day.

I: What is most vivid about this one?

S: The decision not to give her the piece of art, I think it's the sad feeling and the decision not give her the piece of art is one of the more clear points of the episode.

I: And what are you noticing about yourself?

S: Is that I was looking down at my shoes and I think I was crying.

I: And what are you noticing about your mom?

S: She had a cross expression on her face. I didn't look too often. I spent most of my time looking at my shoes.

I: In general or in this memory?

S: In this memory.

I: And what is the feeling you get?

S: Upset. As if I think she went the guilt route, I think was disappointing her as well.

I: And your perspective on this one?

S: This one's less from that age, more from a me looking over the situation. Third party perspective.

I: What's your age for this one?

S: Four to six range, I can't be more specific.

I: And in terms of pleasantness and clarity?

S: Pleasantness was a 2 and in terms of clarity, oddly the entire thing is a four, crossed to a three. If I have to give you one, it's a four.

I: Okay, one more of your mom.

S: This one's from my mom making Manhattan clam chowder. I really liked her Manhattan clam chowder. She used plenty of bacon and a little bit of Tabasco sauce, which was unusual. Gave it a little kick. And little new red potatoes. She would spend quite a bit of time doing and sometimes she'd sing a tune while doing it. Something light. She use to sing in the choir; she had a very nice voice. And it's usually in the wintertime. She was the warm person, in the warm house when we came from outside in the cold.

I: What's most vivid for you?

S: It's a battle between her singing and the food.

I: And then what are you noticing about yourself?

S: Not as much. Taste and sound. The fact that I'm tasting and listening. Not as much focus on me.

I: What are you noticing about your mom?

S: The singing and the warmth. Her interpersonal warmth. This is in my mind; it's a very lovable act, cooking for someone. And it was triply warm because it was usually winter and it was cold outside and we would come in and eat. It was three brothers, that's the we. Okay.

I: What's the general feeling tone for you in this one?

S: Warm and happy.

I: And your perspective for this one?

S: At that age. From the eyes of me and my taste buds and my ears.

I: Your age here?

S: This more like 8-ish.

I: In terms of pleasantness and clarity.

S: Very pleasant, a 7.

I: In terms of clarity, she did this multiple times over multiple winters, so I'll call it a four, yeah about a four.

S: The last two are the earliest memories of your dad. So if you can think of two earliest memories of you dad.

I: Okay, my earliest is skiing with my dad and I was around four and that's relevant because I could barely stand on the skies. I was in the ski mountain during the day but what was most important about that day was that day my dad came to sky with me. We road up the chairlift and we road down the big boy trail. Since I was so small, he held me between his legs and skied down and his skies seemed endlessly long. He held me in front of me. And I was bent over and held onto my torso. My legs just kind of hit the snow but sometimes a bump would throw them off but it didn't matter. My skies kind of knocked around. It was probably a beginner's trail but I just remember the skies being so long and the thrill of riding down on the big boy trail from really high up.

S: Okay. Um, what do you notice most about yourself in this one?

I: I felt so steady but sometimes I'd look down and see my skies trailing and hit his skies and I looked up and look out. It was like Vermont, very you know, picturesque scene.

S: What do you notice most about your dad?

I: His skies and his steady boots. The whole thing seems like a metaphor. And by metaphor, I mean, my father guiding. It wasn't a metaphor he confirmed this He had done this with my brothers as well.

S: And what is your perspective on this one?

I: From the eyes of a little boy.

S: And a general feeling tone?

I: Happiness, closeness, and excitement. Three of them.

S: And then in terms of pleasantness and clarity.

I: 7 and 5.

S: Okay, last one of your dad.

I: Okay, he was the disciplinary of the parental set, he once accused me of leaving my sock in the living room or something like that and I asked to clean up and I didn't. I remember him scolding me; he yelled at me and told me to go to my room. And then later it turned out the sock was his and so he had a heart. It's a two-part memory. I remember him yelling at me and then having a hard time apologizing but he said it was you know, my first introduction into the world politics. He used the phrase, 'sometime mistakes are made'. It was really funny. I didn't think it was funny; it seemed so serious at the time.

I: What is most vivid?

S: Him yelling at me and I got really scared.

I: And what do you notice most about yourself?

S: That I was scared and upset and I was trying to put on, I think I was trying to put on a defiant look. I remember trying to work on the defiant face. Trying to meet strength with strength. I was working the defiant thing. I'm not sure it was so successful.

I: What do you notice most about your dad?

S: He seemed big and scary. I think I was looking up, I was looking at his chest but I wasn't looking at my shoes. Improvement in my defiance.

I: So what is your perspective?

S: Kind of a third party on this one?

I: General feeling tone on this one?

S: Upset.

I: Okay. Then in terms of pleasantness and clarity?

S: Not pleasant. Like a 2, 3. It had a less bad ending. Clarity, like a 4. Do you want to change that? Yeah, let me make it a three, it seems the fuzziest out of all of them, the defiance made it much more fuzzy. I was upset at being scolded and I tried the defiant thing and realized it was going mediocre.

I: Okay. So that's it for the memories.

SUBJECT 27

I: Earliest memory?

S: I was about 2 years old and was at a swimming pool and I remember jumping in and I thought I had water wings.

I: Most vivid?

S: How scared I was.

I: Perspective?

S: Like watching a show. I remember looking up and seeing my mom.

S: Feeling?

I: Fear and surprise. I was totally shocked.

S: Pleasantness?

S: 1

I: Clarity?

S: 4

I: Next earliest memory?

S: I remember playing with my dog lucky. I was about 5 years old in this dream. I loved him. He was very soft. He had black curly hair.

I: Perspective?

S: I see him and I am seeing myself.

I: Feeling?

S: Love and happiness. I loved him and I named him myself and I felt lucky to have him.

I Pleasantness?

S: 7

I: Clarity?

S: 3

I: Earliest memory of your mother?

S: (Repeat of memory in pool.)

I: Remember about mom?

S: My mom was laughing and that scared me even more.

I: Next earliest memory of your mom?

S: It was the 1st day of Kindergarten and I was about 5 years old. I remember she put strawberry milk with a straw in my lunchbox and I remember the taste of the milk.

I: Remember re your mom?

S: That she was sweet.

I: Most vivid?

S: At school it reminded me of her, this milk, and it made me feel better.

I: Perspective?

S: I was there looking out from myself.

I: Most vivid?

S: Her hair was long and blond and pretty.

I: Feeling?

S: Love and security.

I: Pleasantness?

S: 7

I: Clarity?

S: 3

I: Earliest memory of father?

S: I didn't get to know my biological father until later and was raised by my grandfather. So will tell memories of my grandfather. It's sort of vague. But I am sitting on his lap and listening to music. I remember how happy I was and just that I was listening to music. I was about 3 years old and remember he was playing Frank Sinatra.

I: Notice re him?

S: That he is funny and I feel safe and happy and content.

I: What do you notice about your self?

S: I don't see myself.

I: Feeling?

S: Fun.

I: Pleasantness?

S: 6

I: Clarity?

S: 2

I: Next earliest memory of (grand) father?

S: I remember him cooking out on the grill. He was in charge and had tongs. He usually had a beard and was tan. I remember it was fun.

I: Most vivid?

S: His wearing flip-flops and is wearing shorts and a shirt. I remember giggling and feeling happy.

I: Perspective?

S: Minds eye.

I: Age?

S: 3-4 years.

I: Pleasantness?

I: 6

S: Clarity?

I: 4

SUBJECT 29

S: Very earliest memory

I: What I'm thinking about is its sunny out and I'm in a light blue carriage in the back yard where I was living at the time. And I'm like very young. Like under three. And I

wake up and nobody is there and it's scary. And you know I think my mom comes out at some point and I'm crying – she comes out of the house and comes over to the carriage. The carriage is like to me like way off the ground like there's no way I can get out of it.

S: As you recall this what is most vivid?

I: I guess that it's scary. And helpless.

S: And you feel helpless.

I: I don't feel helpless, I am helpless.

S: As you imagine this are you seeing this through your minds eye?

I: You mean, am I looking from the perspective of being in the carriage? I think it's a combination and moves back and forth, yeah. Its sort of like I look over the edge and it's a far way down but at the same time I'm looking at myself and see that the outside is light blue.

I: What do you notice about yourself.

S: I'm young and small. And I was sleeping and then I woke up and nobody was there. I don't know. I guess that I'm alone.

I: And how about of your mom – what do you notice.

S: Her absence.

I: Any particular feeling that accompanies this memory?

S: Fear. Loneliness.

I: Pleasantness and clarity?

S: I guess mostly negative, 2.

I: Clarity?

S: 2.

I: Next earliest memory.

S: Let me think for a minute. Ok. (Laughing). It's my first year nursery school. SO somewhere between 2.5 and 3.5 yrs old.

I: And what's happening?

S: And we just finished playing outside and its time to go inside. And I look around for my teacher Ms. Elaine and she is not there and I'm upset and I you know I guess I asked where she is. There's another teacher there Ms Barbara. And I you know I want Ms. Elaine. Barbara is like – I guess she comes over to see what the problem is or the issue but I don't want her I want Ms Elaine. And I sort of have the idea that I wanted to walk or hold her hand and walk in with her.

I: With Elaine or Barbara.

S: Um, Ms. Elaine. I don't remember what happens like if she comes back out. I fell like Ms Barbara is like I'll hold your hand but Imp like nope I don't want your hand. So yeah, just feeling like I like want something from you know Elaine who is sort of like the big teacher in charge. Barbara is like the helper person.

I: Most vivid?

S: I guess that it feels so important that it's Ms. Elaine that it's her and not just an adult.

I: Notice about yourself?

S: Now as I think about it – how disturbing or distressing it was not to have what I wanted – the comfort or attention that I wanted from a certain person.

I: Perspective?

S: I'm sort of looking from the outside into the scene. Not through my eyes.

I: Pleasantness and clarity?

S: Pleasantness I'd say a 2. Clarity I'd say 2.

I: Next, earliest memory of your mom.

S: That involves her at all in any way?

I: Yeah.

S: So this other memory I have – I'm guessing I'm also 2ish 3ish. And I'm with my brother and my mother at a department store – A&S in Greenacres Mall. And my brother is 1.5 years older and I'm the youngest in the family and its warm out its like the summer. And I'm wearing these shorts...or. I don't know. Shorts or pants. But whatever I'm wearing they are a little big around the waist like maybe I had to fold them over or there's a belt – I'm not sure exactly. But if I dance around a little they fall which makes my brother laugh and I think is the most hilarious thing ever. So my brother and I think this is the most funniest thing ever cause I'm not pulling them down but I know if I move a

certain way they will fall down. And my mom is there and I don't know what she is doing there. I don't feel like she is – she is sort of telling me to stop but its not like I got in trouble or anything. I don't know – maybe she thought it was cute maybe. But it wears thin at some point but not until she had a fun time laughing.

I: Most vivid?

S: I guess me and my brother laughing.

I: Notice re self?

S: Enjoying myself and I find myself very funny.

I: Your mom – what do you notice?

S: I guess a relatively benign presence and maybe even conveying this sense that she thinks it's a little bit funny too. Like maybe that Imp entertaining.

I: Any feeling associated?

S: Pleasure, joy. Also some connection with my brother. Like with my mom – like feeling good about myself like I'm amusing them and they are enjoying themselves.

I: Pleasantness and clarity?

S: Id say its very pleasant, 6. Clarity, 2.

I: Perspective?

S: I think back and forth.

I: Next of your mother?

S: (Long pause) This is – I don't know how much of a memory this has to be. Is there any parameter? Like an image? I can say what I was thinking. What I was thinking about actually was the physical sensation of like my mom holding my ankles in some like with one hand to lift up my butt so she can change my diaper. Its interesting, because I didn't think about that memory until my brother said when he was raising his kids he had this memory of mom lifting an pushing too far back. And we were like I know. He said his wife was like –you can't remember that far back but I was like I totally remember that – so it strained your back. That's early. Like maybe from 0 to 2.5 and it probably happened throughout that time.

I: What's most vivid?

S: Its painful.

I: What do you notice about your mom?

S: At the time or thinking about it now?

I: Now.

S: Now, how there is a lack of connection with um my like emotional experience and my physical experience.

I: How about yourself?

S: Not much – I'm young and small. I'm uncomfortable.

I: Feeling?

S: Like an emotional feeling?

I: Yeah.

S: I don't know – is discomfort a feeling?

I: You had also said powerless.

I: Your perspective?

S: I think back and forth.

I: Pleasantness and clarity?

S: Pleasantness 2 and clarity Id say 3.

I: Last two are about your dad. Two earliest memory of your dad.

S: Alright so I have a sort of general memory. My dad is sitting in this like large burgundy fake leather rocking chair and my brother is on one knee and I'm on the other and my dad is reading to us. And, um, I guess its I mean I don't have a specific thing that he is reading. I mean I could think – I know different things he read but I don't have – So its not so much the book about his memory that is salient... Yeah, I know different books that he read but it's not a memory where he is reading a specific book. But he's reading it and its you know joyful whatever. My brother and I are listening. And then when he gets to the end he adds on – just like (something loud). And he's noisy so I elbow him. And that happened a lot. Its sort of annoying but its playful annoying.

I: Most vivid?

S: It felt sort of comfortable on his lap and its sort of nice to be close to belike physically held that way and close to my brother and we are all doing those things together.

I: Yourself?

S: I'm small.

I: How old?

S: Id say 3-5.

I: So you're small. Anything else?

S: I have tiny sharp elbows. But I guess I do – I mean I don't know I think I was small and then I'm really – it really annoys me – I don't know why – I know its not in the book and he's just saying it – I don't know why – its bothersome.

I: And your father?

S: Well I guess he's like enjoying reading to my brother and me. He's good at it. He's animated and theatrical. And he's open to reading whatever it was that we chose for him and willing to read the things we chose. But then he knows that I get annoyed when he adds this thing at the end but I didn't know he wants to like get some sort of reaction from me.

I: Overall feeling?

S: Playful. Teasing. Close. Warm. Fun.

I: Pleasantness and clarity?

S: Pleasantness Id say mostly pleasant, 6. Clarity 3.

I: Second earliest memory of dad.

S: Ok – again its something I specifically remember versus being retold.

I: As best you can.

S: (Long pause) Ok. This isn't a specific event but I'm sort of remembering like being in a like being in the water with him in a swimming pool with him. And he's wearing blue swimming trunks that are kind of short. They're like shorts and it's the 70s so they are relatively short. He's got Pre Sun all over him. It protects you from sun. And yeah again so like I'm – we're he's playing with me in the water and I cant swim yet so he's holding me and – I don't know. I'm not like his – like I feel safe with him in that he's not going to let go of me but I don't feel all that much comfort from his body.

I: Age?

S: Id say I'm 3-5.

I: Notice about you?

S: I'm small. My dad is enjoying himself certainly. I guess I feel safe but I don't feel a great deal of comfort. In other words he's sort of like a Ms. Barbara. He's sort of like 2nd best.

I: Is the absence a part of that memory for you?

S: I'm just not physically – like I don't know if there's awkwardness in holding e or my not feeling the same amount of comfort from my mom holding me. But sort of just a general feeling of like safety like I trust him but I'm not totally comforted. I don't – I experience it as something about him. Like IM nit aware of it being in relation to someone else, except for now. But I don't think of it as a lack at the time.

I: Perspective?

S: I go back and forth.

I: Pleasantness and clarity?

S: Somewhat peasant, 5. Clarity, 2.

SUBJECT 30

I: The first thing I'm going to do is ask you to think back and recall your earliest memory?

S: Uhh, okay. I'll tell you what comes to mind. It's a memory of my playing a game on the floor of the house where I grew up. I'm feeling content and happy. My parents aren't around but I'm aware of them. My mom's in the kitchen, my father's not home. I'm aware of him also. I'm alone and I think that I do feel alone but I'm content. I'm okay but wishing I had a friend.

I: So wishing you had a friend or being okay with it?

S: It's a vague memory, but there's also loneliness. It's not really a wish but an awareness of being alone but being okay with it. Like a state of playing al one but feeling safe about it because of my parents being around.

I: How old are you?

S: I don't have a specific age. Maybe around 4.

I: What is most vivid about this?

S: The awareness piece. The interplay of playing alone and having an awareness of my parents' presence.

I: Okay. And do you, when you image it, are you seeing yourself?

S: I'm seeing myself.

I: So on that scale I gave you, can you rate the pleasantness and clarity?

S: I would say 6, mostly pleasant and clarity, 4.

I: Okay. I'm going to ask you a total of 6 memories. So the next one is the next earliest memory that you can recall.

S: I'm just going to go here with free association. It's a memory in preschool; I'm 4 or 5. I have a memory of being in preschool. My teacher is there and my friends are there but I'm not aware of them, I'm aware of them because they have to be there but I'm aware of my teacher. There somebody was coming. This was in communist Russia where it was illegal to have private preschools and this was a private preschool and somebody was coming to check what was there. They suspected it. We were asked to go into the room to hide from the inspector and since I lived close and the teacher asked me to go home. It was across the street. I remember it was scary because I felt like I had to go myself. I didn't know what was happening. It wasn't explained then. There was also a sense of safety because I could go to my grandmother's house across the street. I could escape the environment there. I felt safe. It was a little exciting and dramatic. The unpleasant piece I did not know what was happening. I just played with it. I think that I started feeling excited but I wasn't sure how to react to it internally.

I: Okay. And you said you noticed your teacher. What did you notice about her?

S: She was also nervous but not nervous in the way I was. She was asking me to leave preschool alone and cross the street alone. I remember a dissonance. The way she experienced and the way I experienced it. I was confused by her message. Is it real that I should be concerned about it? It seemed funny hiding in the room. It was unclear. I felt the dissonance and confusion.

I: In terms of pleasantness and clarity for this one?

S: For clarity, it's confusing because there I pieces I remember clearly but then there are pieces that are unclear. I would say 4 or a 5. A five. I'm aware of my emotions. Pleasantness I would say some parts of it were pleasant like feeling safe at my

grandmother's house but she still didn't explain anything to me. But the experience in the school mostly negative. That's a 2 and a 6.

I: Okay. So the next two are two early memories of your mom.

S: Okay. So one was the first one. She was present but not actively involved in playing with me but I'm aware of her being aware of me and taking care of me. Whatever she was involved in it involved taking care of me.

I: Okay.

S: It involved like a thought of me.

I: Is there a feeling around that memory with a focus on your mother?

S: The feeling about it is I guess ambiguous because I don't know how she felt. I don't know how she experienced that reality. It's more ambiguous.

I: And how about in terms of pleasantness and clarity?

S: Clarity being a 4, pleasantness being a 6.

I: Another early memory of your mom?

S: Let me think. I think I have something earlier.

I: No problem take your time

S: I have a memory of going away on a trip with my father and my mother was pregnant with my sister. I was five. I'm six years older than her. She couldn't come with us. We were going on our own. My memory of her is lying in bed pregnant and my father and I leaving. I was confused about us leaving. Part of her wanted to go and she would have felt guilty and I wanted to not go to make her feel less guilty. But I feel that she felt sad about us leaving.

I: What are you noticing most?

S: My mother's image in her bed.

I: Okay. And is there an overall feeling tone?

S: The clarity is a 3, it's not very clear. And the pleasant is a 3, somewhat negative.

I: The last two are early memories of your father.

S: I think I was a kid I had a high fever and was very sick and coming into their bed and lying in between my parents feeling safe and sick. They gave me medicine for my high fever. I remember not being scared and my parents not being scared. I remember from exhaustion thinking there were animals in the next room. And I told my parents. I knew there weren't any animals. I would see a bear in the other room. My father, I remember, telling me when you have high fever and the medicine they gave me made people see things. I remember feeling acknowledged. And he took me to the room; we can go meet the animals. I remember feeling understood.

I: Is there a general feeling tone with that?

S: Feeling very acknowledged and understood. And the clarity is very high a 5 and the pleasantness is a 7.

I: How old were you in this one?

S: It would be a guess. Somewhere between 3 and 6.

I: And then one more about your dad.

S: One more about my dad. Let me think. So in school there's a memory in first grade, the grades were divided into 5, 4, 3, and 2. The 2s failed and the 5s were A's. I did something in school that was bad or disrespectful and my teacher gave me a 2, which is a fail on behavior. I was very distraught and upset about it. At the end of the day, she asked me to come over and she erased it. She put an x over it. I remember not doing anything differently. My father was trusting me that I didn't erase it and she did. He didn't address why I got the two in the first place. A little bit unclear. The clarity would be 3 three.

I: How about pleasantness?

S: The question to me was if he was going to trust me, not that he did trust me. I would say a 3, somewhat negative.

SUBJECT 31

I: So first if you could just think back and tell me your earliest memory.

S: Okay.

I: If you could describe it.

S: I vaguely remember being in kindergarten and going back to somewhere I went to preschool and thinking it was so odd that I didn't remember going there but my mom told me I had been there a year earlier.

I: So your memory is of your mom telling you about it?

S: Her telling me that I was at a place I was a year earlier. But I had no recollection of it.

I: So in your memory, are you 4?

S: Yeah, like 3 or 4.

I: Is it a visual image you have of that event?

S: I can't picture it really but I have a vague image of it. It's more visual than verbal.

I: What do you see?

S: I guess I see some younger kids. And a teacher.

I: Okay. Anything that sticks out in the image you have?

S: What made it stick out was a year later I couldn't remember it.

I: What do you notice about the younger kids?

S: Nothing in particular.

I: And the teacher?

S: Nothing.

I: So the memory of your mom telling you you're there? So there's a memory of your mom in this one?

S: Vaguely.

I: What do you remember about her?

S: I think she was holding my hand.

I: Do you see yourself in your memory?

S: Hard to know whether I'm seeing myself or if I'm picturing a picture of myself.

I: So your perspective?

S: I guess I'm actually seeing the picture of it. I'm in the picture.

I: Got it. Is there any feeling accompanying this?

S: Let's see. I mean, this is not a memorable memory except that it's odd at the time so it's kind of neutral.

I: So according to that scale, if you would rate the pleasantness and clarity. What would you say for pleasantness?

S: 3

I: and for clarity?

S: A 2.

I: If you could tell me your next earliest memory?

S: I guess it would be in Kindergarten getting in a fight with my teacher.

I: What details what do you recall about this one?

S: I remember threatening to beat her up and she held me upside down by my feet in front of the class.

I: Wow. So threatening to beat her up and she holding you upside down. Any other details that you can recall?

S: I don't think so. Being vaguely embarrassed because she held me upside down

I: What's your perspective on this one?

S: Like I'm watching it on TV.

I: And do you notice any other details about the teacher and about you?

S: She wearing a dress and I can't picture her face. I can't picture her. I don't think she's obese but I can't picture her. She seemed much bigger than me since I'm four

I: You mentioned it was embarrassing, any other feelings associated with this memory?

S: Anger. Cuz I wanted to beat her up, I don't know why.

I: And then in terms of pleasantness and clarity

S: Like a 2 for pleasantness and a 3 for clarity.

I: Alright. The next two are the earliest memories of your mom. And again, you don't have to worry about chronology.

S: I guess it would be the one at the preschool.

I: Okay, can you think of another one?

S: Another one. I guess going to school. I might be going to school early on, one of my first days.

I: What's most vivid about that one?

S: It's not something we did, it's just early.

I: What do you remember?

S: She's bringing me to school. My dad may or may not have been there. They talked to the teacher. It's my first first day of school I remember.

I: How old are you in this one?

S: 4, I think. It was all at the same time.

I: What do you notice about your mom?

S: I think she's checking it out to make sure that I'm comfortable there. Finding out what the 1st day would be like with the teacher. Seeing if I feel comfortable with her leaving.

I: Any feeling associated with this memory?

S: Nervous probably.

I: Any other?

S: No.

I: Then in terms of pleasantness and clarity?

S: 3 for pleasantness. 2 for clarity

I: What's your perspective on this one?

S: I'm looking in on.

I: And then a second one. Another early, earliest memory?

S: We're in a motor home that we took on vacation and I guess I remember her and my dad talking and we were all supposed to be asleep. We were driving to our next location and yeah and they thought we were all asleep and I woke up and I heard her talking.

I: What's most vivid?

S: Emotional-ness. The emotion is nice; you could hear parents talking about you. It's like extra meaningful. They were Happy and content looking at you.

I: What's a feeling you'd use to describe that?

S: Just happy, probably. There weren't a lot of different emotions.

I: What's your perspective?

S: Both.

I: And what in particular do you notice about your mom?

S: Her voice.

I: Anything particular about it? Happy and content, that's how you described it before.

S: Yeah.

I: How would you rate this one?

S: 6 for pleasantness, 3 for clarity

I: How old were you in this one?

S: I don't necessarily remember. Like third grade.

I: The last two are two early memories of your dad.

S: Okay. I guess one would be that same memory.

I: And then, if you want to use that one, what did you notice about your dad?

S: Probably his voice too. I couldn't see him. So he's, yeah, his voice.

I: Anything in particular?

S: No.

I: How about another early memory of your dad?

S: I'm thinking of another motor home memory. We were leaving Disney World. Having a fit because I wanted a souvenir but we were on our way but he ran in the pouring rain to get me something and he gave it to me and it smelled really bad and I threw it across the camper and like never looked at it again because it smelled bad. And he was pissed off.

I: What's most vivid about those details for you? About that memory?

S: Kind of, probably throwing it across the camper.

I: Any feeling associated with that?

S: Embarrassment because it's a story that my sisters would always retell. That I was being a spoiled brat and being ungrateful. So embarrassment.

I: And what do you notice about your dad. You said he was pissed off, what else.

S: I think that was the primary thing. That's how it ended. That's probably the main thing.

S: 2 for pleasantness and 4 for clarity.

SUBJECT 32

I: If you could think back as far as you can and try to recall your very earliest memory.

S: Ok. Um. I have a very dim memory of nursery school.

I: Ok.

S: So. I guess I was three or four. And I just have a memory of inside the there was a – in my memory there was a jungle gym inside. And it was kind of dark and I kind of just

remember going there and I had this one friend and I remember her and I have a visual picture a lot of kids around.

I: Ok.

S: I have another memory that I'm not exactly sure is the correct memory.

I: Ok so let's finish this one first and then we can do that one after.

S: Ok.

I: In that memory what is most vivid for you as you recall it.

S: The jungle gym.

I: Ok. And what is your perspective on it?

S: I think I'm seeing it through my childhood eyes.

I: And do you have a particular feeling associated with this memory?

S: Um, happiness.

I: Ok. What do you notice about yourself?

S: I don't.

I: Ok. And then on the scale of pleasantness and clarity.

S: A 6 for mostly pleasant and I would say a 1 for clarity.

I: A second memory.

S: The other memory I think it could have been at the age of 2.5 but it could have been later. But I had a great aunt and I also had my mom's parents die. And I think was related to my mom's parents dying which is when I was 2.5. I have a memory of being very upset and crying and sitting on the floor of my bathroom. My mom was going away to the funeral and I was really upset that she was going and I was also really upset and I think confused by what was happening.

I: And what is most vivid.

S: The radiator.

I: And what specifically about the radiator.

S: I can see it pretty clearly.

I: And then what do you notice about yourself.

S: In this memory I actually see myself – so I see myself crouched next to the radiator and crying.

I: Ok. Anyone else in that memory with you?

S: No.

I: And then what feeling do you have associated with this memory.

S: Very sad and upset.

I: Ok.

S: Angry I think too. Because my mom was going away.

I: And I terms of pleasantness and clarity for this one?

S: Id go with 1 for pleasantness and 3 for clarity.

I: 4 more to go. The next two of your mother – two earliest memory of your mom?

S: I guess when I was little and I would get sick my mom would bring me toys. Not like major toys but like I remember there were these plastic they were like – what do you call – they were like books of dresses and things and you could sort of – they were pre fab and cut out – and they were plastic and you could kind of stick them on and sort o play with the model and there were clothes and. So I kind of remember her bringing me specifically you know – the toys but only one toy when I was sick but there's just that one that I remember.

I: So that one you remember.

S: Yeah.

I: Ok – is that a particular incident then?

S: Yes.

I: So how old were you?

S: I would say about 5 or 6.

I: And what is most vivid.

S: The toy.

I: And what do you notice about yourself.

S: Id say that I was happy.

I: Ok. And what are you noticing about your mom in this one.

S: I don't.

I: Ok.

S: Is she in the memory?

I: She is but I don't remember her.

S: Ok. And what is your perspective?

I: I'm in bed and I'm seeing it from I guess my eyes.

S: Ok. And then how would you rate it in terms of pleasantness and clarity.

I: Um, Id go with a 6 for pleasantness a 2 for clarity.

S: Ok so how about second one of your mom.

I: So a second one would be when I was little I would say I was maybe lets say I don't know 6 or 7. My mom put me to bed and she would stand at the odor and she would say – she would go through this long list of things and at the very ed she would say tomato surprise and (subject name) and sort of rush at me and give me a kiss.

S: Ok.

I: But she'd be like – Um – today for dinner we had blah blah blah blah tomato surprise (subject name) and then give me a kiss. And that was our nightly ritual.

S: Ok and what are you seeing most vividly.

I: Um, her standing in my doorway.

S: Ok. And what are you noticing about yourself.

I: Again, I'm happy. And I feel loved.

S: Ok. And then how about any feelings associated.

I: Happy and loved.

S: And how about your perspective?

I: I'm in my bed – I don't see me but I see her.

S: Ok. And then how about pleasantness and clarity.

I: Lets go for a 6 on pleasantness and Ill take a 3 for clarity.

S: Ok so the last two are two memories of your dad.

I: Ok.

S: Ok well I've got two memories of my dad that are kind of recurring memories, Is that ok?

I: Sure.

S: Ok, so one is I used to suck my thumb when I was little and play with my ear.

I: Ok.

S: And I remember – and my dad – lets see – you want it as early as possible. So I guess I'm sure I was at least 5 or 6. And he would stick his head out the window to make his ears cold for me because I really liked to suck my thumb and okay with cold ears.

I: Ok.

S: SO, yeah. This memory is of my dad sticking his head out of our dining room window.

I: Ok. And what is most vivid for you.

S: My dad sticking his head out the window. That memory I'm not in – I'm seeing it with my eyes.

I: So you're seeing your dad.

S: Yeah. And the dining room.

I: Ok. And you don't notice yourself fin this memory.

S: No.

I: And how about feelings associated with this one.

S: Like kind of amazement. And also really happy.

I: Ok. How about in terms of pleasantness and clarity?

S: I would say 7 for pleasantness and how about Id say 3 for clarity.

I: Ok so the last one is another earliest memory of your dad.

S: Right, ok. This one is probably later. This s like maybe around 7 or 8. I would have - before I went to bed at night – don't think he's crazy but – he would have these 19th century rifles for a book he did and he had this big fat blow gun thing and he would come into my room before I got into bed and kill all the monsters. To make sure that I was protected. And so I just have this memory of him being in my room with this kind of funny looking – it was like a bog wide – huge tube looking thing. Mostly I see him in the memory and I don't see myself its from my eyes.

I: Ok, so – so when you see you don't see yourself it means you're seeing it out of your minds eye.

S: Yep.

I: Ok. And what's the feeling associated with this one?

S: Um, probably a little scared but also like relieved because he's killing all the monsters.

I: Ok and what are you noticing about him?

S: He's like stealthfully walking around shooting the monsters.

I: Alright – and how about in terms of pleasantness and clarity..

S: Um, I would say this would be like 4 for pleasantness and 3 for clarity.

SUBJECT 33

Unrecorded

Earliest memory:

In my old apartment where I 1st lived on Central Park West. I had my own room. I was 3 years old. I remember pouring Comet on the floor and thinking how delicious it looked and eating it. My mom came in and she was horrified and freaking out. My memory was also I thought that it was cute. My mom was not angry just very worried.

Most vivid:

The blue comet

Notice about self?

How much I like sweet things and how delicious it looked. I couldn't believe there was a whole pile.

Notice about mom?

She was very worried and not knowing what to do.

Perspective?

I see it as a child.

Feelings?

Wonder. I did know that maybe I wasn't supposed to but I did. Curious, wonder. Excited to eat it and by how it looked. Also freaked out about being caught.

Pleasantness: 6; Clarity: 2

Next earliest memory.

I was in Kindergarten and I like to make out with some classmates. I used to kiss this one girl Ariel. She had a little boy haircut and we would have marriage ceremonies together. I was 5 years old. I was caught by teacher on roof and told to stop.

Most vivid:

Her lips. Because we would put crayon on lips and I wanted mine to be red. Also the feeling of doing something wrong. Danger. She eventually became disinterested and she wanted to play divorce. Separating from her.

Remember re self?

Now I can't believe I did this and had nerve. Curious and wanting to explore. Liked the make believe part of it and liked the privacy.

Perspective:

Seeing as a young child.

Feelings

Focused and interested. Wanting to be connected and to be in bubble with her.

Pleasantness 4; Clarity 3.

Earliest memory of mother?

I was much older. Like 9 or 10. I walked in to my bedroom in NY and was wearing shorts and she was on the bed with my dad. She said, "Witty, she has your legs".

Most vivid:

Her relaxed and lounging on the bed. Her really acknowledging me and looking at me. Because another thing is that I cant believe she didn't know that before. A little separating.

Notice re self?

I was feeling like an intruder and also smitten with attention of being looked at and talked about by them.

Notice re mom?

She looking at me from afar but watching me and that she was talking to my dad about me.

Feeling?

Safety because in their room which I associate with safety and a little insecure about legs and about being talked about.

Pleasantness 5; Clarity 3.

2nd memory of mother (1st earliest memory)

Earliest memory of dad:

Staying in the apartment when I was 8 years old. He was I was staying for the weekend when my mom went away. I got to stay. I was really happy to stay in NY with him. I remember being very connected and he was into me. Telling him story and used work desk. An apparently said the word penis and he flipped and got angry. He said sweetie don't say that word. I went into the bedroom and pretended to break my leg and came in sheepishly. And was caretaking.

Most vivid:

Feeling so hurt and desperate for his approval.

Notice re self:

Desperate for approval and would do anything to have him like me.

Notice re him?

Inconsistent and also great. When connected it was great. Remember how much love and wanting to be with him.

Feeling?

Fear. Scared of sudden switch. Embarrassment and humiliation.

Pleasantness 4; Clarity 4

2nd memory of dad:

Remember him around the apartment. A moment in kitchen drinking tea and eating apples. The combo looked great. He was dressed up and in work mode. I was 8 yrs. Old.

Most vivid:

Feeling like he was so together. Loved that he was taking care of himself. And the combination of the apple and tea. S: I wanted the apple and tea for myself.

Notice re self?

Safe and around my dad. Competent dad and wanting to be liked and him liking me.

Notice re dad?

Being very productive and in work mode and tea and apple. Busy.

Feeling?

Warm. Apartment was being cleaned and liked cleaning woman. I was happy.

Perspective:

From self and watching him.

Pleasantness; 7, Clarity 3.

Appendix F: Interview Transcriptions

SUBJECT 01

In thinking about your theoretical orientation you said was 1 on the scale of psychodynamic to cognitive, do you have thoughts about how you arrived at that identification or that label for yourself? About how you decided that. What might have influenced your choice?

Um, I don't like following other peoples rules. So the idea of following a protocol does not appeal to me at all. The idea that one protocol will be able to many patients I just don't believe.

And so protocol is for you associated with cognitive behavioral.

Yeah.

Yeah. Ok.

Um, I guess I believe feelings are more important that thoughts and perception. And I believe in letting people experience their feelings and emotions. So the question what do you think about that is less interesting to me than how did you feel when that happened.

Thinking back on all these memories or your experiences can you think of things – really in thinking about things right her, can you think of things that might of influenced why that is?

I can't think about any specific memories, but IDK I feel like I always had an outsider point of view. In my family I am the youngest by quite a large difference. 11 and 8 years. So, I'm in family systems they would say I'm part of a different sib system. That's one part of it. When I was 8 we moved to a small community, a small village and it was very hard for me to fit in with a group of peers and I was very much an outsider there. So I had to rely a lot on myself and my own view of other people my own interpretation of other people's behaviors from a distance. So A, I guess I'm very self reliant and B, I'm very interested in other people.

Is there anybody of way of being that you remember being exposed to at any point, as a child or more recently that helped you feel that the identity of psychodynamic is one that you feel is comfortable or right for you? Are there associations you have with that term?

Events or associations.

Events or people, or other clinicians that may have influenced that decision for you?

Maybe. I don't know. Um my first supervisor was very psychodynamic. And I really admired her I thought she was an amazing clinician. Um I was a research assistant for a very CBT therapist and I thought she was a great clinician also but different than I am.

In what way.

She was very goal oriented and, IDK, very correct and appropriate and it felt like I could never be myself. And I'm not interested in being like that.

And was it at all in contrast to your supervisor?

In some ways. The CBT therapist was very creative in the way that she would say that she worked with patients and it was very inspiring, but it didn't fit.

In what way.

First of all it felt that she was very limited in the types of patients that she would see. And she was very goal oriented in the sense of giving diagnosis and identifying symptoms she wanted to alleviate and working towards that. So the actual work was very creative. Once she came to a meeting and she said that her car had some sort of problem and the horn kept going on the entire time that she was driving to the meeting, and she said this was a great exercise for a social phobic. So, interesting. But I don't want to work like that.

In thinking about your theoretical orientation, how does it influence the way that you work with your patients?

I would never use a scale. During a session. It seems very foreign.

Because why.

It seems too much like a measuring tool.

Can you say more about that?

Its not the way people talk in everyday life. It's not the way people think about their experiences naturally, so that's kind of imposing. I mean if a patient were to volunteer a scale that's another story.

The next question has sort of been hit on, which is have you ever had to work according to another orientation.

No.

And I was thinking about your job with CBT.

It was research and just administering questionnaires and procedures.

And what was that work. It wasn't clinical work.

Just administering questionnaires and computer based exercises.

In thinking about your career as a clinician can you imagine yourself at all working in another way other than psychodynamic? Do you see any possibility for any other approach, depending on a patient?

Well maybe using some specific tools but not switching gears altogether.

In what sense, what sort of tools.

I have used relaxation techniques, which I don't think are really psychodynamic they are more CBT oriented, but I used them and I felt they were helpful. My frame of mind will always be dynamic.

Is there anything – particular to you that you think suits a psychodynamic perspective more than another? You said you were self-reliant. You felt like you had been an outsider.

Um I think you have to be able to tolerate ambiguity. And I'm not saying that I'm great at it, but maybe I'm more curious about ambiguous situations than a CBT person. And I think you have to appreciate the way and not just the goal. And I think you – I think you have to be a little bit selfish in the sense that you would want to reflect and to think about things and to think about your place as a therapist in the relationship and not just view yourself as a know it all technician. Or whatever else –

OK. That is pretty much as far as I have in here in the packet. But I'm happy to here if there is anything you want to think about it.

Yeah, I normally don't think about these things. I do think sometimes about why this person is more CBT and why this person is not and you look at your fellow students and you – well one of my professors, I think he's CBT oriented but I have never heard him say so.

Does he know so?

I don't know.

SUBJECT 02

Interview

I want to think out loud a little but about your theoretical which you expressed in the screening as mostly cognitive behavioral and what you think may have influenced that choice.

As far as experiences in life?

Sure or whatever comes to mind.

I think maybe it's more of a personality thing. I feel more comfortable with structure. But thinking about it is kind of weird because I like abstract things like math and philosophy I really enjoy that. But I think to math, for example there's a lot of methodology to it in order to solve a problem. And I guess similarly I look at treating a disorder that way. But when I conceptualize a problem, sometimes I really look back at how it develops through childhood and into adulthood and really see how it how peoples, almost like an object relations perspective, how people also and I really think that's really important also how you relate to others. But when it comes to treating a problem I just feel like structure more or less is something I feel more comfortable with and I feel kind of works. But that's not to say the other one doesn't work because I don't really have that much experience with that yet.

Ok, now St. Johns is program where you have the option of ct and psychodynamic orientations.

Actually we get trained in both. SO my first year I'm trained to do intake interviews by a psychoanalyst but he tries to remain fairly objective but he gives us like a lot of analytic readings. And then right now I'm getting trained in cognitive behavioral therapy and then next year Ill be trained most likely in object relations. And in my fourth year I get the option to choose.

Learning the se approaches, you feel the cognitive behavioral approach suits you most, is that right?

Yes, and I just feel more comfortable with using it with patients and I feel like it may work better. But I don't know that yet. I mean I haven't used it that much.

Ok, have you started working with patients?

Yes I have.

Ok you mentioned personality - you feel like that matches a little bit what you say the philosophy of the cognitive behavioral approach is. Anything about your earlier experiences or people or influences in your life that you feel like...

No not really.

Ok. When you're working with your patients, how do you feel like your orientation influences your work?

I feel like, especially when I'm doing intake I feel very open ended about things. I don't like therefore using the SCID I feel like more open approach; just having the client focus as much as possible is the best thing. And I feel very comfortable doing that. AND I feel like getting a very deep background from the person as far as talking about their childhood seeing how they developed and getting as much background information on the social life and occupational life. As much staff as I could possible get. And then when it comes times to start implementing treatment I feel like that's when you really have to figure out what's the underlying problem and kind of figure out some sort of treatment plan. But the whole therapeutic process also involves learning more about the patient and really getting into the problems because its never just one thing and there's always other variables attached to it. It isn't just as simple as defining a simple problem and saying you know what we could take care of it and the patient would be perfect.

So there is a room for a dynamic aspect to the way that you work in intake. And then in terms of the treatment you become a little bit more structured.

Right.

Or how you like to think of the treatment.

Right.

Have you noticed it shifting at all- have you noticed in the treatment aspect of working with the patient that you have actually used an integration of both or more dynamically oriented.

I think right now I mean I'm just seeing one person right now. So I think I'm working more from a cog-behavioral perspective as much as I possibly can. Because the patient is dealing with more of a relational problem and I feel like right now its kind of hard for her to really get to the cognitions that are underlying her feelings. So I think right now I'm kind of at an integrated position. But I feel that as time progresses and as she becomes more aware of what she is thinking about certain things that it might be more useful to implement CBT techniques.

You rated yourself CBT, primarily while there is some dynamic thinking within that. Why do you think that is? Why do think that label suits you?

Well if it was a 5-point scale that you presented?

Seven.

It was a seven-point scale and I said 5.

6.

Really? Ok. But I think

From exclusively PD to exclusively CBT.

Because I think when I see the patient I feel like I conceptualize things in a very ABC model. Where you have the antecedent and the feelings are the outcome and I want to get at the underlying belief which almost has an analytic vibe to it. I mean it isn't just what they are thinking it's what's below what they are actually thinking. And that is more or less what Ellis proposed and Ellis was trained as an analyst at NYU. So I mean I don't know how much of an analytic feel that has in – he does talk about some analytic concepts in his books, so IDK, I think conceptually I think as an integrated approach. I think about how someone has developed to be the persona they are. But when I get into therapy with someone I really feel like I identify as a CBT therapist.

It sounds like your understanding of what that means, CBT therapist includes some psychodynamic elements.

I think when we really I feel like when you really look at the distinction between the two a lot of jargon is thrown around and a lot of terms are thrown around when you think the same thing sometime and you just use different words.

In thinking about sort of the trajectory of your career as a clinician do you think that this identity as a CBT therapist will change at all?

I don't know. I'm not sure but I think maybe. I also feel in our program like I like the analytical professors better than the CBT pros as individuals. So I kind of like the open mindedness they have, the approachability they have. Whereas the CBT people just maybe more direct about things more somewhat detached and I don't like to think of myself that way. And I don't know that people would necessarily characterize me as that. But I like to think of myself as fairly open minded about things. And I think most of my colleagues feel the same way about the all of us because that's something we brought up to our director a couple of days ago because we were concerned about that.

So it feels like there's a real division between the two in your program.

To some extent. Not necessarily that analytic people are bashing the CBT people but more the CBT people are close-minded about psychoanalytic things.

Why do you think that is?

Maybe there a self-esteem among the CBT field as a field because there's the whole thing with empirically validated treatments.

OK. If you have had experience in your own therapy.

I am currently in therapy and I have been since I knew I was into the program and I thought that was something I should be in and I've been currently doing that for about a year and a half.

And what is the orientation of your therapist.

CBT.

Ok.

And its always been every two weeks and every now and then he cant see me because he's on vacation, which happened twice and every now and then I cant make it which I think happened once or twice over a year and a half. It's just such an enlightening experience about myself. I think I've gotten to appreciate myself as an individual more and really think about myself whereas when I first, before I started I think I was more concerned with pleasing my girlfriend that I had been with and pleasing others and not really thinking about what I want to do. And I know I've become much more assertive through time. Which I think is important as an individual and as a therapist.

Yeah.

And it's caused some friction between my girlfriend and I but its just fascinating the whole experience and then when you get into therapy with your client I feel more comfortable doing that.

Anything you want to add?

Labels piss me off. I mean CBT people are automatically this and that – and its just annoys me because I went to ST Johns because they train in the dual orientation model but if it wasn't ST Johns I was thinking of Post PsyD. That's something I really wanted. I just wanted to get both. And like when I said I did a presentation on clinical psych when I was at Brooklyn Heights – today. So one of the points I emphasized today was even if you graduate and you decide you know what, CNBT is for me, not psychoanalysis. I would hope you at least get out of ST Johns an appreciation for the other orientations. So I feel that like myself Ill feel as time progresses Ill probably be more in the middle of theory and taking as much as I can from different areas. Something I didn't mention is that I think it depends on the patient.

SUBJECT 04

Interview

The last thing that I just wanted to do is ask you to kind of think out loud and these are things that you may not have thought about before, but to kind of brainstorm with me a little bit. Maybe if you could tell me what your rating of being mostly psychodynamic on this scale means to you. What it means to you that your theoretical orientation is mostly psychodynamic, like how would you explain that or what else you would add to that.

Um, I don't know. I haven't thought about this.

Yeah.

You know I just think that a lot of my perspective has been influenced by my own experience in therapy so I just .

Is your therapist psychodynamic?

Yes an analyst. And I'm actually in analysis. SO, IDK I just think that its – but – I feel like actually the first kind of therapy I learned was more CBT and I remember in college one of my professors telling us about – you know the book Felling Good. Its one of Beck's books. Its like a self-help book but it's a little bit more technical. And I read it and was like this is amazing. So there were things that I found helpful but and I thought at the time that this was the new thing but then just going through my own personal experiences it just means more like more able to make lasting change and I think its just the goals just were greater self awareness and I just don't think that you can get that by simply changing your processes or by changing your behavior.

I just – I don't know. I think it's like the actual process of it and the theory of it. And in terms of my analyst like I don't even really think it's about our relationship. It's more like the questions she asks me and the process of it and what I've come to realize on my own through that. Like I don't feel this particularly close therapeutic bond with her so much.

Yeah ok.

Maybe I should. It's probably something I should talk to her about.

Ok. Do you – because at St Johns you have a choice of where you would orient yourself.

Yeah, sort of. I mean they give you both. But the only choice you really have is in your fourth year, what kind of supervision you're going to get. Like my 1st year was an intake class, which happened to be taught by a PD person, my 2nd year was a CBT supervision and now PD and next year Ill, do PD by choice. And then we had classes in behavior therapy and psychoanalytic therapy so it was very evenly split.

And do you feel like you are most always tend to lean twds PD as a TO that makes the most sense to you.

Yeah. I mean its I think that I can see how the other types of therapy would be ok for certain populations or other people who would come to me but I don't want to work with those people. Because I don't think that PD is for everyone. Like I think that a lot of people would no be helped by it and that's fine and I guess in that case another type of

therapy would be helpful for them. But what I would enjoy on a personal level would be talking.

You said that on the measure you felt you came out more as CBT person, In what ways do you feel like that's the case.

Because I found a lot of those questions were about rules and sort of like how much you think abstractly or concretely and I found myself – I tend to think in terms of right and wrong and rules and stuff like that so you wouldn't think that I was attracted to PD but.

Do you feel like there is something about your personality that feels particularly suited to understanding and working with people?

Yeah I guess so. I guess I think of PD people as more like maybe more introspective and more like – I don't know, I'm not the type of person who would ever be like OK THIS THIS THIS – you need to think like this. I'm just not like this. And I'm not good at setting agenda. Like to me CBT feels like being a teacher and having a lesson plan and I don't like that. IDK – it could laziness. Like sort of like talk about what ever you want to talk about.

And how about life experiences You say there are things about your personality – anything about experiences or being with people or seeing how change can be brought about that has affected your orientation.

No, I don't really have any early experiences – I think the reason I went into psych is that my family is so not psychologically minded. They're like feelings? What are feelings? So I was always really sensitive and I think that's why I sought out psychology. And I think PD is more touchy feely maybe than CBT, so maybe that's why.

And the reverse of what you were brought up on.

It's like what I wanted and didn't have.

As you think about your career as a clinician do you think any of this will change, how you identify or work?

In the future do I think?

Your progression, yeah.

IDK, I've – I'm sort of scared to commit to one side because I'm like – I've thought about this b/c so many people are CBT at ST Johns and its very like – this is the wave of the future – company's are paying for this. I should really do what the trend is. And I'm like is it stupid to go in just one way that's maybe not realistic or that's not – ID even know what I'm thinking. But that just my personality that I'm always questioning my

position. So in the sense that I'll probably wonder about things but I think I'll always stay the same.

Yeah it's just what I am personally comfortable.

SUBJECT 07

Interview

You described as mostly psychodynamic. Does this well describe your orientation?

I would call it assimilated psychodynamic. That's my foundation and I incorporate from other perspectives but I always conceptualize my cases from a psychodynamic standpoint.

And what does that mean, because it means different things to different people.

What that means, I'm taking into consideration personality functioning and looking at attachment styles and relationship patterns. I'm very into the relational model, self-psychology and object relations model. So I'm very psychodynamically informed in my theoretical orientation.

Is your program of a particular orientation?

No, it's integrated.

In thinking about that and your chosen label. Can you reflect on what might have influenced this choice?

My professors, without a doubt. Yeah, before grad school got into Jungian psychology. That was my introduction into psychodynamic theory. I took a few personality classes in undergrad and took a cognitive class and that had a taste of psychodynamic versus cognitive behavioral approaches. Now my program we've learned family systems, psychodynamic and cbt and I took an integrated course. I found my work in psychodynamic courses to be more challenging and more fulfilling. It really piqued my intellectual curiosity.

More so than other classes?

Yes.

Why do think they've piqued your interests more?

I feel like psychodynamic theory and psychodynamic therapy is so challenging that I'm constantly feeling like I'm in a beginner's role, like a novice. With CBT, there was a point even in more advanced stuff that it felt like it was rehashing old stuff. It didn't feel

like it was expanding much and it felt very limiting for me. It had some very good stuff in certain cases like with panic it had some things that were very useful. So there are particular presentations that would lend me to step out of my dynamic role a little bit and maybe incorporate more CBT or family systems into the language or interventions.

You mentioned stepping out of your dynamic role and you also talk about using other theoretical methods. Is there something in particular about the label as psychodynamic that you feel more comfortable with than say, integrated or eclectic? Is there a reason you align yourself more with psychodynamic?

That's interesting, I think that what it is is that the term psychodynamic for me is talking about process; it's talking about what's behind the scenes, about motivation and drive. And for me, I'm just tuned into that. My intuition is on fire. I can only describe what I'm going through in dynamic terminology. So that's why psychodynamic theory really resonates for me because the terminology really resonates with my experience as a clinician. My self as a tool, talking about counter transference and relational procedures. You can't talk about it in quite the same way in other orientations, even in integrative.

You talked about how your professors were influential. Are there specific people who come to mind that make the psychodynamic perspective something you may feel even proud to be associated with or is just that they've informed you in such a way that you've realized this about yourself.

My first experience in with psychodynamic therapy was in graduate school and we had a professor who I wasn't impressed with and I actually felt toward the end of the class let us down, so it wasn't her. But then I remember having a seminar leader who helped us, I was in the Masters program, and she was very object relations oriented. When she started talking about well - what were you feeling - I remember thinking I love this. Because I know what I'm feeling. I know what's going on in my mind.

Are there things about you as a person that play a role in your orientation?

No doubt. I respect all theoretical orientations; I'm just drawn naturally to psychodynamic because it resonates with me.

What about your personality allows it to resonate with you?

I think that because I'm, how do I say this, very androgynous as a person. I'm masculine in my presentation but with a lot of feminine qualities. I'm naturally empathetic and intuitive. I follow affect very easily. I get this from professors; this is not my self-analysis. This is from professors feedback. I'm very attuned to affect. So to me, that's very psychodynamically oriented. Following the affect. I'm going after that naturally. And I didn't even know what that meant. Taking a passive role in therapy, I wouldn't have them free associate necessarily in the classical sense but I do encourage them to answer open ended questions if they feel comfortable doing that instead of telling them to do certain things. Recently I've been talking more in therapy and my supervisor

brought that up and I'm uncomfortable knowing that because it's totally opposite of what I thought needs to happen in therapy.

Have you worked according to theories outside of your orientation? You said that you had used behavioral concepts. How do you understand when you do that?

I never really fully come out of the psychodynamic role. It does feel different when I'm being more directive in therapy, especially with some clients who I've had this year who have had more of a presentation where they are just giving me a run around of the automatic thoughts in their head. I don't feel like I can brush over that and so I might identify some of the thoughts and that's very CBT. I'm out of that 'what's that like for you'. But following that, I might say what kind of feelings are occurring? It sometimes takes a more psychodynamic tone. I'll ask them where they're going with this, is this connected to anything. So like what are some of the things that can challenge the thoughts in your head. I'm kind of over overlapping them throughout. I'm currently ready to terminate with my current caseload. I'm finding myself being much more goal oriented and direct. It's more CBT feeling. Yeah, I mean, my supervisors were, I had four supervisors, going on the fifth supervisor this year; we had to keep changing our supervisors. My last supervisor was telling me that as you are going through your cases I can tell you are going for a more CBT orientation and he commented on how much I was talking and how directive I was being, and he said the interesting thing is that I know you as a student now and I know that you are psychodynamically oriented and he asked what might be making me be more CBT oriented, so I had time to think about that. I think that the main reason, for me, the psychodynamic work tends to feel more exploratory and while there are goals they tend to be more abstract. Sort of like increase awareness of interpersonal relationships or something like that but where as in CBT you have to say decreased by 60% the amount of negative thinking that occurs throughout the day. It definitely has a different feel for me at least. So what's happening is that I'm still being exploratory but I'm picking more specific concrete goals, like make sure you get up and go to class, or like more behaviorally oriented, symptom reduction, like are you still having your panic attacks. So I'm not focusing so much on how do you feel about coming here and developing more of an understanding of what our relationship is like in therapy. So it's less insight oriented.

When our supervisor said you were more CBT, how did that sit with you?

I know he was right and I agreed with him but at the same time I felt like there was a way to do psychodynamic work in a short amount of time. You can also do it from a psychodynamic perspective and what was upsetting was that I didn't know what it looked like. I didn't know what it was. I was thinking to myself what is the last time I'm going to work with you and now I'm sitting and talking about it. It was sort of like a challenge. I think of it more like piquing my interests with it. He helped me understand that it is something coming from me. But that's what I'm bringing to the table which is that if there's not something concrete that I'm bringing to the table then I feel like I'm not doing my work. It's stuff that I'm bringing into the mix.

Okay. In thinking about your career as a clinician, do you feel your orientation will change over time?

I don't know. I think that coming from an integrated program; I'm very open to learning new techniques and new things. I'm experimenting with one of the adjunct faculty members; she invited me to a workshop with sand play, which is a Jungian perspective on sand tray therapy. I don't work with kids so it's interesting for me to go as an adult and to get into this type of work. Again, it's all from a Jungian prospective and I'm fascinated by Jungian psychology.

Any thoughts about why?

I think it has something to do with that I'm a sexual minority, I'm gay, and I think it lends itself to cross cultural perspective, including sexual orientation and gender selection. I think it's one of the few theoretical orientations that allows for the interchange of culture and society and spirituality. It seems all-inclusive to me.

I'm wondering, do you feel the same way about psychodynamic versus cognitive behavioral too?

Definitely there's a parallel. Yeah, with out a doubt. It fills the gaps. All psychodynamic theories fill the gaps. There's a place for different things that you see clinically. Even when you're not working with a client. It's like did you just see that. Patterns occur, and it gives the work validity. I don't think that we need to say it's an empirical hard science in order to get that. There's validity in experience as well.

Have you had experience in your personal therapy?

I have not been to a therapist but it's something I would want to do.

Any idea what type of therapist you would like to go to.

I'd definitely want to go to psychodynamically oriented. I would ask upfront if they worked psychodynamically. Um I wouldn't have a preference male or female or anything like that.

SUBJECT 08

Interview

So in thinking about your TO as a 6 can you reflect on what might have influenced your choice in that way – your choice of TO as – mostly CBT.

Basically my background training was marriage and family therapy so I learned systems but a big part of the training was also CBT, so just applying that working in outpatient

settings predominantly I had clients at the community clinic maybe just 5% of them that I saw for more than 8-09 months. I saw one for almost a year. So the model was very short term. Very symptoms oriented and working in that area plus seeing results also helped me shape and conceptualize in a more CBT fashion.

Did you enjoy the method of working this way? Were you drawn to the method of CBT and seeing results, did that influence you in a way that you felt that this was a way of working that you liked?

Mhm. Yeah so I was very – I didn't know what orientation going into it. But the more I learned about it – the more I learned the theory the application and with CBT it's very concrete when it comes to the applications the conceptualizations. So it was easy to grasp at that time.

So it made sense to you as you were working with it. In thinking about your life experiences and who you are can you think of ways that your experiences and your personality have in any way allowed for you to see the value in the CBT work that you were doing.

I guess working through the belief system in CBT a lot of it through my work has been how do people perceive things – you know what are their thought what are their emotions and certain situations which cause distress. Why do they feel good in this way why don't they in this situation. Kind of what's the self talk what's that belief system that they have and from there it provided kind of like, ok this is how they see things and you know why they see things this way.

Ok. And is that style of inquiring about how people are seeing things, do you feel that there is a part of you that does that naturally or is there something in your early life experiences feel a comfortable way of understanding people?

I guess nothing personally too much. I think it's just from the material, from seeing it work and from trying it, it worked pretty well. Also like what interests me is this control and theories of control and kind of perceived control and efficacy and all that, so having that belief can empower a lot of things, can empower change. And that kind of realm is mainly like in the cognitive sense. Its cognitive psychology, social psychology so it kind of tied in with the CBT background.

How did your orientation influence your work with your patients? Did you find yourself using this particular approach exclusively?

Uh, like there were different settings at work. When I worked in substance abuse yes, that was kind of the bread and butter that I used, and cause I was in the hospital I kind of had to use it too. There wasn't so much flexibility. When I was at the clinic there was more flexibility. For certain clients that would present – sort of the stress in situations, having difficulty at work, I used CBT initially. There were a few clients were shifted from CBT then eventually tried to do more insight based treatment.

Tried to?

Yes, with my supervisors yeah. That's why I wasn't a seven because I did try other things. So it was a big part of it how long you stayed in the tx and how much progress they showed. Say they feel depressed and once that goes up a little bit and they see ok there are other things might be going on then you can shift from the symptom oriented model to wondering what it is about the person or looking at relationships that contributes to this.

What permitted you to look at it that way? The patients? Learning a different perspective.

It was the patients and their state at the time. I think they had enough things with them in themselves to try explore things; it wasn't like I get anxious when I go to the gym going to the gym and trying a new machine, they were asking bigger questions. More like why am I like this. When I hear them kind of use that language then its like okay we can have a little shift here and try to see who you are.

Tacking Uh yeah the process. The process in treatment.

So thinking of your career as a clinician, do you imagine your TO change.

Probably

What would influence that change.

The population I work with. Ill probably - I like working with addiction, there will always be that short term cognitive structure factor in a group sense just because the research has shown CBT works really well, there are a lot of relapses with that population so I do want to keep some of the cognitive behavioral work but with certain clients I hope to have clients that I see long term and see some long term change. Not just severe pathological clients, like axis 2 borderline or a schizoid person. But just making a shift from seeing someone deal with themselves and their own conflicts and seeing growth from there.

And do you envision that being more psychodynamic approach.

It's a struggle trying to talk about integration and find how I can really integrate this short-term belief system orientation into a more analytic one. How do they dance together If it's even possible. Trying to see if there's a bridge where this stops and this starts where I can build a bridge between them.

It seems there's something that draws your to work with substance abuse patients in that short term more cognitively oriented way of working with the patients. Do you have thoughts re why you are drawn to it?

It's more interactive, the process that goes on. More interactive than analysis. Analysis at least on the West Coast at the school I went to at least was the classical analysis; coming here I know there's a different levels now. There was a stigma. Plus with SA, I mentioned my interest in control theory and efficacy, in substance abuse there is this I have control and I don't have control over this. Where analysis fits in, there's the whole conflict conflict. That part that's wants this control but I lose that control which I'm trying to conceptualize a little more, that. It's why I would want more analytical training. To see how it fits in there. How would that work; how would I do that?

It sounds like you can very much see the potential of an integration between those two.

It's a work in progress.

That is also interesting - how you might understand why your orientation might be so far to one end of the spectrum when on one hand there will be potential, yet your identity would still be best captured by calling yourself cognitive behavioral. Do you have thoughts about that?

I think a lot of it's cause I was trained for three, three and a half years. My background was in CBT, plus the teaching models at the school that I went to where very cognitive, neuro, cognitive science type and not much in analysis. They were very empirically based. The big thing was analytic practice, empirically, it's not as strong as cognitive behavioral work. So that was kind of the language that was taught in classes, in minor programs, so having that information it's kind of like okay, then this seems like a logical route. There's research in it.

It's a comfort with it?

Yeah, there's a comfort because I worked in it. Just being there, kind of like culturally. You know when I'm in California, I'm more laid make, more comfortable; I'm driving a car. Here in New York its not just different theory but it's a different environment, I can function here but it's still tricky on subways and buses. Trying to conceptualize a patient in analytic terms using a different language, focusing on more developmental stuff, it's like shifting gears.

And again, thinking 10 or 15 years down the road, do you have any idea how your theoretical identity will change, at all? How imagine yourself on that seven-point scale.

I know you said 4 was eclectic but I again its a combination of probably CBT, and if not analytic psychology, then psychodynamic at least, really those two. When I think of eclectic I throw all the other stuff like family systems, there's always going to be there I think, and all the other, there are tons of them. Finding a way to mix the two would be my bread and butter, like how I look at things. It's one of the reasons I didn't want to go into a program that was more cognitive, I wanted to move and get some training here hopefully be able to mix the two together.

So it sounds like your theoretical identity depends on your training and what you know, you talk about your identity as very much potential of having both analytic and psychodynamic. That's where you want to be most informed. You see the value of the integration of those two or of both working together seeing different patients. At this point it reflects what you know.

I think that I was an undergrad doing psychology, I don't know the theory, and then I went to get a Masters in an applied program and in family systems, that was a given, but also. In California you do a lot of individual work and what I was used was CBT. The majority of your work individually. That's kind of like the road I took.

And have you had experience in therapy yourself?

Personally, as a patient I've gone through group therapy with an object relationist for like 8, no 9 sessions and I'm trying to find a low-cost analyst.

SUBJECT 09

Interview

I'm interested your theoretical orientation, which you labeled a 2, mostly psychodynamic. What does that mean to you?

I felt like well I guess to get back to my hesitancy of ranking things as very but seeing but that in my work with people thus far, I've primarily been...I've had a lot of experience doing behavioral working with ADHD kids. I know how to do it, I get it, it felt to me sort of simple and it doesn't address what kids want to talk about. It's very useful for what's going on but now I don't think I can say exclusively psychodynamic because I do feel there are times when behavioral is very useful. Maybe in particular like helping teachers with behavior plans.

So is there a reason that you might feel more accurate about identifying with psychodynamic versus behavioral.

Behavioral just seems like a cop out to me.

Why?

It really feels like a band-aid. Like a temporary measure for something going on but it doesn't address the long term or the underlying problems people are facing. It's great for addressing certain issues but probably - It's a hard question. I mean on one level, dynamic thinking fascinates to me. It feels like wizardry in I did magic growing up in high school Lot's of magic. Dynamic thinking feels like magic. Some people know the inside game and the trick it works every time. You have to practice and get the skill. It's not just one technique.

Is there something about your personality and early experiences?

Yeah, I mean I feel like, I guess the magic as a metaphor the idea that the mind is Merlin and all these wizards. The mind is so deep and how does it work and what's going on and it's so complex. Behavioral keeps it on the outside. And you don't get to hear the magic and the wizardry behind it. And certainly growing up and hearing how my parents talked and they're both very psychodynamic. It's also, I feel like analyzing is in my blood to go into psychology and this type of psychology.

So that part, your parents, and then there is apart of your personality that you feel like influenced you?

Yeah, I mean like, right. I don't think I can understand my madness with just practicing by studying behavioral. My own anxieties and neuroticism and madness, yeah. Like I guess behavioral, dynamic thinking allows for understanding. And behavioral leads to fixes. And I would much rather understand how things work. I always took televisions apart. To see what was inside of them. My mom would collect abandoned TVs and radios for me to play with back home. The mechanics, the inner works, that's me.

Thinking about your career as a clinician do you imagine changing your orientation?

No. I don't think I'd change it. I'd maybe, depending on the case, I'd be happy to bring in things that'd be useful. But I don't see myself changing. I understood it was intended on myself; am I going to see the light and say behavioral therapy is the way to go.

Do you think you'll remain as mostly psychodynamic?

Yes.

Do you have experience in your own personal therapy?

Yes.

And what orientation was it?

Analytic. It's not analysis but he's an analyst.

Okay. Is there anything you want to add to your orientation as mostly psychodynamic?

When I get over my discomfort of using terms, I guessed I'd say analytically informed psychodynamic therapy. I'm not there yet to use terms. It seems silly and pretentious and awkward. I mean it's my discomfort. Just using terms in general. My own insecurities, my own discomfort. Somehow I equate expressing myself with something aggressive and I have difficulty with aggression and whatever, and I've been working on it in therapy over the past couple of weeks. I had a presentation, we tested each other's therapy cases

and I presented someone's case and part of my anxiety was - and the woman I presented to was an older woman who I have some mixed transference to and she was talking about being able to move out past my parents' shadow and to be able to best my parents in some way and what that means to me. I don't know where I feel that I'm ready to be smarter than my parents and move on and to use the terms they might use. It's a loaded topic. I don't think they would hesitate to use different techniques if that is what is needed but their approach is very dynamic. My dad decided to take a behavior course last year because he didn't know what it was and he was like oh this is like what we do in analysis - and that's the other thing. I mean opposites are never unrelated. So he said oh - this is what we do in analysis. It's all rooted in analytic thinking. It's not that they are - it's just the other side of the coin in some ways... There is a lot behind it. The identification with my parents and what it means to be like them or not like them. I do like to think that it is what I have chosen independently but I don't know.

SUBJECT 10

Interview

You identified it as mostly psychodynamic, a 2 on that scale. Can you tell me what that means to you that you identify that way - mostly psychodynamic? What does that mean about your orientation to you?

What does that mean. Um, I guess that's the kind of the approach that kind of resonates most with me. It's the sense that psychic events have meaning.

Ok.

And aren't just purely random but that there's a logic to them. And a symbolism and --- you know like a structure to them I guess.

Why mostly versus exclusively.

Um, yeah I guess cause at least I tell myself I'm somewhat open to other ideas. And there are things that kind of interest me. I don't necessarily think it's like the last word but it's the approach that resonates the most - There are other approaches I kind of use -

There are other approaches that you use.

Like I do think a fair amount about Buddhism. And sometimes they kind of - it's tough to say - what's coming from where. They kind of dovetail a little bit.

For you. Ok. In the way that you use them?

In the way that I understand them and in the way that I use them - the way I understand myself.

So, I mean does that feel like an accurate representation of your orientation – because I know that I asked you to just pick one – but does that sound like something you would say if someone just asked you.

Yeah. (Mostly psychodynamic).

Would you add anything to that in your description? You had mentioned Buddhism.

It's just kind of like the things that I've learned from Buddhism inform the way that I do psychotherapy. But it's not actually that I don't have any rules Like I don't say to myself like – oh there's no self you know what I mean – its –

Its more your experience more than it is referring to some sort of –

Right its not like a rule – yeah – I think because for me practicing Buddhism is kind of like allowed to practice its like a flytrap for all the neurosis- for all these issues that I have and it kinds of brings them to light that much more clearly. So it's not like its something external but it sort of brings to light all my dynamics in a certain way.

Ok. Do you feel like your way of approaching how to work with other people and the way you understand yourself is at all related to your personality or you earlier experiences?

Definitely.

And in what way.

Well I think everything is kind of – all my decisions are kind of based on the result of all my kind of accumulated experience. I choose going into psychotherapy because of you know some of the experiences that I've had growing up. I actually came into psychotherapy because I had my own – I started in psychoanalysis because I had my own problems and that's what kind of led me into working in the field. SO its almost kind of like reversed I think of how it works for some people. And then since it was helpful I though ok maybe this could help other people in a similar way and this would be gratifying or interesting in that way.

Is your – were you in psychoanalysis?

Yes. My first analyst was kind of Bernarian, ego psychological. Kind of like split between those – he did a lot of defense analysis. He was mostly silent. It depended actually. He would usually do a little bit of defense analysis. And then say why do you think that image or thought came up and then every once in awhile he would spend more time talking at greater length. And then my current analyst is more self, somewhat intersubjective, but more in the self-psychological camp.

And do you feel like they have influenced your approach.

Yeah, tremendously. Probably too much. But they are very different so it's kind of interesting.

So how did it impact you tremendously? How do you see it influencing the way you work?

Especially in the beginning sometimes I would just say things my analyst said. If there was any semblance, I could fit in something he'd said I would throw it in there. It totally influenced my style in terms of self-disclosure. I didn't disclose hardly anything. I mean it depended on the patient. There were patients I would disclose more with and be more open with but I mimicked him in a lot of ways. And I guess all the stuff I was studying was kind of echoing his behavior but and you know very into defense analysis and thinking that ok this is the best way to help someone out and make them somewhat autonomous and functioning to their highest capacity.

And now?

Actually I don't feel that way any more. I actually feel that in some ways that was actually based almost in a way his approach colluded with my dynamics because I felt like I was looking for an approach where I could kind of almost make myself kind of invincible. I felt like I could go into treatment and get rid of all my issues and kind of eradicate them. And this kind of colluded with that a little bit and this idea that you get insight and the problem kind of disappears somehow over time and actually your current analyst has a much different idea in that actually the problem doesn't really go away but you become able to allow them – you're able to tolerate them –

And then the Buddhism –

Yeah – its the same – he's also a Zen teacher. But he's an analyst. But the idea is yeah that the problems don't disappear from you but into your life. Its like you kind of build this bigger container in a sense and you can contain parts of yourself that you previously had to stay away from or like to avoid.

At what point did you get involved in Buddhism – or interested in Buddhism.

I was interested in Buddhism before actually therapy. Before psychoanalysis like in 94. And practice full on in the beginning and then on and off for awhile and then I guess I was practicing consistently like the last two years maybe – year or two or my analysis in D.C. and then it continued up in – I did analysis here for a year and a half. Also the way I was practicing was different too – the way I was practicing Buddhism was much different. But I didn't really have a consistent teacher – a Meditation or Buddhist teacher at that time.

Do you in thinking about your sort of path as a clinician do you imagine that your orientation is going to change at all. I mean – how you identify it or how you work?

Um, I don't know - it definitely has recently. Like the last year and a half. I definitely think it will change somewhat but I don't know – its tough to say I guess. I don't see

there's no way I see myself changing but I wouldn't be surprised if I – if my orientation changed or something like that. But I don't really see it changing that much. If that makes sense. If it did I wouldn't be surprised.

Can you say more about how you became interested in Buddhism and is it at all related to your interest in Psychology?

Yeah I think its you know – this kind of suffering and feeling loneliness - I think when I first heard of this idea it kind of almost – this is something that could really perfect me in some way – I would really make me kind of special – and it was like the really like the only way I found I could really change me in a really profound way you know kind of from the inside out. And I think – psychoanalysis was a similar tool in that regard you know where it seemed like a similar practice. Depending – and it kind of changed recently – my approach now is not so much that rarely – you know its more about kind of accepting that perfection the idea of perfecting myself or making myself invulnerable is – I don't know how to put it – its really kind of like an avoidance of you know of myself of my inner life. And its kind of avoidant way of dealing with my early experiences. You know. And so now I'm trying to kind of trying to incorporate that stuff – to work with it.

SUBJECT 11

Interview

I want to think out loud with you about you're orientation. On the screening you said you identify as mostly psychodynamic. To begin, what does that term mean for you?

It means attention to the unconscious and attention to the early life.

Okay. And is there anything you'd add, if someone were to ask what you're theoretical orientation was, what would you say?

I'm not someone who's trying to figure out the answers and deliver them to patient, I'm looking to help my patients explore themselves and find the best decisions for themselves. I'm not in charge of figuring that out and handing that down to them.

Can you reflect some on what influenced your choice to identify mostly psychodynamic?

I think my own experience in therapy. My therapist is, I don't think if you'd call her relational but she's not analytic or analytical but she is very psychodynamic and just looking at my early life and my relationships with my parents and helping me understand how that affects my relationships now and my choices now. I think that resonates for me and that's a lot of why it makes the most sense to me.

Can you think of anything else that may have influenced your decision?

I've always felt a little bit different from the people in the town I grew up in. I just had different feelings about the world. And my parents had a very different background than

the parents of the kids in the town I grew up in. So as I get older I think what makes me different is my extended family. So I think have a different awareness and consciousness about things. Maybe that's part of it.

And that that was important to you.

Yeah.

And in thinking of life experiences and who you are as a person, how have those aspects influenced why you identify as psychodynamic?

It's a really hard question. I don't know how to answer that because, I mean like, I've always been a person who looks at what's underneath. Like behavior I don't just take things at face value. I don't know how to make the connection right away of how early life experiences made me psychodynamic.

If you want to think about it. It may or may not have been.

Other than therapy I'm not so sure. In a really concretely connected way, my family is not very interested in this inward looking approach at all, maybe that's what made me this way. My family's very defended against looking inward or looking at what's underneath, and that always drove me sort of crazy, I don't know why it drove me crazy and not other members of my family; I'm not sure. I'm not sure what made me the person who stood out and wanted to look at these things.

Any thoughts about why?

I'm really not sure. I'm like this alien in my family, who was born very sensitive. Maybe that's it. Like maybe that's why – I'm really sensitive to things and I need to figure out why my defenses maybe aren't as strong against some things. I'm not sure.

And that suits your description of what is psychodynamic. Attention to the unconscious and early life experiences and figuring it all out. Not taking it at face value. Anything else there?

I don't think so.

How do you think your theoretical identity influences the way that you work?

Oh it completely does, style wise and technique wise you know, not disclosing a whole a lot about myself. Trying to open things up for my patients. Not giving advice or directives. But also I'm trying to look at what's going on. What's important to them? Looking, how much is conscious, how much is unconscious. And also taking an interest in their early life and getting them to tell me about their early life. Like trying to make connections. Like does your boyfriend remind you of anyone?

Thinking about your work as a clinician, have you ever worked outside your orientation?

No. That's because I just started. I'm a second year. I've just started seeing patients this semester.

How about if you think of the trajectory of your career as a clinician, do you see you imagine your orientation will change?

I think as I become more comfortable and figure out what my style is. When it's called for I'll learn some behavioral techniques, I'll bring in breathing techniques, visualizing. I can see bringing other things in but always in the framework of psychodynamic. I might technique wise as I develop, I'll be a little looser. But right now I'm new, I'm under supervision and m trying to do exactly as my supervisor tells me. But as I get older and more comfortable, I'll have a little more faith, and hopefully bring in whatever will be helpful to my patients but Ill always be thinking in the framework of early life and unconscious.

Down to the label itself, psychodynamic, do you think that will change?

No, I don't think so. Because I think that's how I really look at people. But you know, I could be persuaded if there was a patient who needed something else, if that's what they needed, if someone has PTSD and they need some behavioral things before going into the psychodynamic realm, I could get into that. I think it would be cool to be trained to do either. I'll always be mostly psychodynamic.

So that label will hold?

Yeah.

SUBJECT 12

Interview

I'm going to ask you to think out loud about your orientation – you ranked mostly psychodynamic. What does that rep mean to you.

Appreciating the role of the unconscious. Valuing kind of a comprehensive perspective n behavior and the personality.

Anything you would add?

I don't know if this is a useful answer but I am willing to incorporate other modalities if I feel they are more helpful.

How would you characterize them?

Psychodynamic. Well really I would characterize it as psychoanalytic even though I'm not an analyst.

Could you elaborate on that?

Over and above being psychodynamic I conceive of that as really doing more depth analysis and upholding as much as possible the role of abstinence. And the role of neutrality.

Can you think about influences?

Right. Well I think the first thing is that the first time in therapy I was a teen and went to (school name) they have a doc program in clinical psych in CBT. I know this later but not then but IW as part of a research study so I remember I was very avoidant and always had had an avoidant personality and I think I've worked through a lot of it but I was missing a lot of sessions and my therapist who was kind of a doctoral student was frustrated and terminated because I was missing sessions and gave me a book to read and sent me on my way. But there was never any type of interpersonal connection at all.

What book?

Winning Through Enlightenment. So clearly he thought I needed enlightenment, which is weird for a CBT person. But I remember thinking this person really sucks.

Other influences?

Well it was that and I had read some Freud before I started grad school but not a whole lot. I really did not know that much about psychoanalysis but when I began to apply for grad programs I saw that it was CBT mostly and then some professional schools that had ill defined theoretical orientations and then some psychoanalytic programs and as I was reading info re these programs I learned more about that approach to psych and as I did I began to read more about psychoanalysis and thought it would be a more comprehensive approach to patients and clinical questions.

So can you think of ways that maybe your life experiences and then also personality might have caused this orientation to resonate with you more?

I've always seen myself as someone who is an integrator. I really like and think I'm talented at putting together disparate pieces and see how they relate to each other. And also being able to realize what piece is missing and how to locate that piece and import it and make a complete kind of picture. And I think that kind of intellectual ability of mine fit well with psychoanalysis.

And is this an ability that characterizes you? A personality trait?

I would say so. Just generally being uncomfortable with missing information. And that's something that I think is still a pretty real part of my personality. Tough for me to sit with missing information. I have a drive to complete things. And I think in psychoanalysis uncovering memories and appreciating power of having a complete picture is something that resonates with me. Like all details matter. Devil in the details kind of thing.

Any other aspects of who you are that inform your orientation? People, etc?

I don't know about my orientation but choice to go into psychotherapy had a lot to do with my mom's emotional imbalance. You know over the years. But why psychotherapy per se, I think really just wanting to understand and fill in the blanks of my own childhood.

And then how do you feel like your TO influences your work?

Well in terms of being non-directive relatively speaking. Kind of trusting that they have the answer within them. Believing that resolution of conflict can free up autonomous ego functions. I'm very much into ego psychoanalysis. So I feel like resolving conflict increases the conflict free sphere and mobilizes energies that can be directed to other pursuits. In other ways I'm very much a drive theorist, which isn't very popular, but I still pretty much align myself with that.

Have you ever worked according to a different TO fro that you identify with.

No

Thinking re career – will you change?

No.

Why not?

Because I think I've seen so many different patients that I think that being in supervision with others who don't have the same experience that I do I just think I know so much more than those from other orientations in terms of being able to understand personality and being able to create change.

So have you experienced that between groups – that you feel you know more than only CBT folks or within psychoanalytic groups that can also happen?

I can also feel that way too with psychoanalytic and I think I have a better handle on theory than some I've worked with in same orientation.

So not necessarily the theory?

Right?

And have you been in your own therapy?

I had maybe a few sessions of CBT and then 10 years later I started analysis.

Ok.

SUBJECT 13

Interview

You rated your orientation as 1, exclusively psychodynamic. What does that representation mean to you?

I guess I feel like – do you mean in terms of my – how I practice or how I think about it? I guess I mean that I believe unconditionally in the unconscious and that the unconscious drives every aspect of our lives. So particularly ones that give us difficulty. So people come into therapy for lots of things that aren't going well and I think most of the time they aren't going well it's because of the UC. So even if I do something that is behavioral it's formulated with a dynamic understanding of what it means to them, to this person, how their dynamics affect what they are presenting with. It's always where I'm starting. They are talking about this thing on the surface but what else are they talking about?

Anything you would add to this description that you feel might better describe your orientation?

Yeah, I feel like particularly having had kids I feel like I'm really kind of interested in primary process and kind of more like non-verbal and preverbal modes of communication and expression. Whether it's the way someone sits in the chair or the way a countertransference, transference or enactment I feel like so much is communicated before people can talk and I feel like that communication goes on all the time and I feel it really makes a difference in how people relate to each other.

So if someone was to ask you what your orientation is?

I'd say dynamic, analytic. I would have said relational but now I'm not sure. I'd say interpersonal now. I don't know what relational means now. I feel like it means not classical. And I feel like interpersonal feels close to what I think I'm doing.

Influences on your choice?

I went to my camp was very I think Winnicottian. So there was like a lot of doing stuff and figuring out why you did it later to figure out what made it work. Trying to figure out your artwork to your counseling and personal style. And it was a long-term place. People were there for years and the while summer and there was lots of time to just be. And I

Feel like those things fit my personality in this way – like I didn't set out to be a dynamic therapist but all those things are dynamic – taking time having space in a room letting things unfold and having fluidity and transitions. I was a musician for a long time. There's all sorts of nonverbal and implicit forms of communication.

So those things helped shape what you appreciate and does that inform what you looked for in a graduate program or how you see yourself as a therapist.

I guess. I feel like by the time I was looking for grad programs I wasn't – that – I was always interested in what made kids tick and what made people do things. I used to play this game with myself where I would find myself having a thought and I would figure out how I got there and I could track all my thoughts and figure out how I got there.

You mentioned your personality too. What influenced your choice?

Playfulness. Curiosity. Persistence. I think it's much harder. I think you have to really work at it and consider all kinds of stuff. I think being dynamic is being harder. You have to kind of consider list of different things all the time and be willing to reject them. My bias is this – could it be this, this, etc. I'm constantly playing around with coming up with stuff and changing it and altering it.

So the fact that you are playful curious etc all makes sense that this would be what your pursue.

I'm sure. Those things really kind of make it satisfying.

Early or recent experiences that feel cultivated these qualities in you?

I'm sure my parents – both my parents were analyzed. I kind of gripped onto that as the gold standard. But – hard to give them credit for it. They have always been interested in what make people tick, just not me. I do think that's the thing I'm working out – my parents didn't listen or weren't patient so I'm doing that.

Does your theoretical influence how you work?

Now? I feel like it frees me up a lot and lets me wait longer than I might. Kind of let stuff go and I feel like it takes a lot of pressure off and I can have something I don't understand and I can stay with the confusion for awhile and it gives me more freedom I think.

Ever worked according to a different orientation?

No not really. I have done interventions earlier on as a teacher and as a shrink. As a teacher I did much more strict behavioral things but I think they were coming from an understanding of the dynamics of those I was working with so doesn't feel very different.

Will it change at all?

No I think it will develop and kind of sharpen. It's interesting it kind of went on this widening and then stalled for the last year and I feel like this year it's widening more. If I hadn't started the group therapy and though along that dimension I think I would have been bored out of my mind. I feel like group helped me kind of think about doing stuff over and over. And working as an inpatient psych – I had only two adult patients before this and so I feel like working with that many more widened my curve. And I also feel like Mark has turned me in a different direction too. I feel like its going to narrow in a good way. It will keep developing. I can imagine it shifting as I get older.

You don't imagine that your theoretical orientation would become CBT.

Not a chance.

Why?

I'm not interested in it- I think its boring. I mean I think it's useful but it's just not for me. I like the confusion and the messiness of the dynamic stuff much more.

Therapy of your own? Orientation.

In hospital had strict behavioralist and didn't realize he was behavioralist and I swear to god this guy saved my life which I felt like was about knowing he was there. Then I had classical and now I have relational.

Impact?

Definitely. Both of my analysts I think about all the time. Struggling between where I want to come down within the dynamic range. That's the struggle classical, relational, Mark. What would they say etc. They are always flying around my head in a good way. Yeah – the two other things I'd say is that I feel like having started as a child person and having children really really – that work is more playful and I think there needs to be more play in adult work in all sense of play. I think starting my career I think gave me – since development is so uneven and explosive that really gave me a lot more tolerance for unevenness and explosiveness and confusion. That's a huge reason I ended up – it affected the trajectory I took. Working with kids and having kids. I have adult patients from very neurotic to very psychotic and I always think about babies and there are moments and patient for whom those associations are stronger. And the other thing is that I became a parent and a therapist simultaneously. Those are two big developments in my life and they are very intertwined.

SUBJECT 19

Interview

I'd like to talk to you about your orientation. I don't know if you remember but you described it as mostly cognitive behavioral.

Yeah.

So before I ask you any more questions, what does that representation of your orientation mean to you

To me, CBT is associated with being logical and following the research literature and not making too many assumptions.

And do you think that phrase represents you well?

Yes.

Is there anything you would add to your description?

I mean I think there are times when everyone will be more eclectic and adapt your therapeutic style to every situation. The same rules never apply. The same rules never apply to every situation. But in general, with all other things being equal, I tend to see myself as CBT.

What may have influenced your choice to go with CBT?

Well, definitely the school I went to. I went to undergrad and grad in the same place, which was very stressed empiricism and cognitive behavioral. There was no, I think psychodynamic things were seen as maybe a fun intellectual exercise. It's really the program I'm coming from. I think probably also my dad is an engineer, so along with that comes more wanting things that are well validated and supported and all that. Which is how I view CBT.

In thinking about who you are as a person and personality, in what ways have they influenced your orientation?

You know, the question could be reversed, you know the orientation comes from the school and as a person it was even after school that I kept growing.

Can you say more about that?

You come into school and college at 18, there's some orientation coming from the classes you are taking. At the impressionable age of 21 you are thrust into an environment just as exploring things about yourself and science, just a lot of exploration and that's put forth, I think that shapes – given that you are in an environment that is predominately cbt and that colors and shapes your experiences outside the graduate program as well. But to answer your original question, I'm pretty practical and do kind of – am wary of people.

Show me the research before I'm going to be something. Also not wanting to be aggrandizing, I hope I'm not saying anything to upset anyone who's not cognitive behavioral. I think you are making less assumptions about yourself about who you are as a therapist. You follow the manual. It's more self-effacing.

You said that you're pretty practical and weary; did that come as a result of your studies?

A little bit of both. I had some tendencies and they were extenuated.

In particular, is there anyone or any experience that had an impact on you sticking to CBT as the most representative style?

Mostly just my graduate program.

In thinking about your orientation, how does it influence how you work with patients?

This brings me back to writing essays for internship. Can you be more specific?

The fact that you identify as CBT, how would you say that that identity how does that then play out in the way you do therapy? Or does it?

I think it does. It starts from the beginning, with the focus on identifying the cognitive problem. The whole theory of cbt the whole looking at the environment to see what's associated with it. It's sort of what the focus of therapy is. The kinds of things that matter more or less.

Was there a time when you worked according to different orientation than you do now?

Yeah, I mean I've probably done some supportive therapy. It doesn't quite fall under the rubric of the cognitive but it doesn't fall in the outline of psychodynamic either.

Can you describe your version of supportive?

I'm trying to think because it's been so long since I've done any therapy. More focusing on the person as opposed to the identified problem.

How much of your time are you doing research?

I'm mostly doing research. I do neuropsych testing but it's not the same as therapy I see patients in the vocational rehab program but they're mostly informal interactions. And I do PANSS and QLS with patients. I do a manualized cognitive remedial treatment too that focuses on improving memory and attention.

So, in thinking of your career, do you imagine your orientation will change?

No.

Why?

First of all, when I answered the question no, I'm doing research, and I guess you could say it's based on, I'm following the principles of doing empirical research, which is very similar to CBT. So I'm just inline with that whole way of thinking. If I want to keep getting funded, I'm going to keep doing randomized trials. That's the reality of it. It's what I'm comfortable with and what I believe will get us closer to finding some answers.

It's contingent upon funding, if that wasn't the case, than you might change?

No.

Have you had any experience in your own therapy?

I've had limited experience. I went to one guy who was interpersonal but that lasted only a couple of sessions. And then I went to a kind of support group thing that was supporty, as far as impact on me, if anything the original guy just turned me off of that. With the support group, I felt, I wasn't crazy about that either. I thought I was going to get some new knowledge here but I'm not. It was a disappointing experience too.

Do you want to tell me anything else about your orientation?

I don't think so.

SUBJECT 21

Interview

The next thing I'm going to ask you is to think out aloud a little about your orientation. I don't know if you recall but early on I sent you an e-mail to anchor you orientation and you chose mostly cognitive behavioral, number 6. Maybe if we could start, what does that mean to you? Mostly cognitive behavioral.

Okay, well to me it means that in the way that I conceptualize people and also the types of treatment I use emphasize that identifying thoughts, emotions and behaviors are very important and all three are connected and often looking closely at people's thoughts and the events that precipitate them, that by looking closely at people's thoughts and challenging, but looking at the accuracy of those thoughts and seeing if there are more reality based ways to think about situations and people and self is helpful in changing people's emotions and treating depression and anxiety.

Is there anything you would add to the term mostly CBT, that would better describe your orientation?

Yea, I would say that I am, that I use the acceptance based models of cognitive behavioral therapy. A lot of, in my head there's this classic behavioral therapy, which I kind of described, to change emotions and behaviors. There are also models that evolved from that that encourage mindfulness and acceptance. I'm finding more and more that's what I'm incorporating. Using cognitive behavioral therapy as a base with the acceptance based mode and it's helpful to notice thoughts and not change them and try to accept them in your life.

In thinking about your orientation, can you think on what might have influenced your choice?

The thing that most influenced it was I think I wanted, I guess, kind of like I when I started to decide what type I was interested in, I decided that I wanted to go to grad school and learn therapy models that were research based. That people had done research in and it showed that it was effective; it wasn't just some theory someone made up and didn't know if it would work, you know. So I chose a school that was a research based. And kind of the basic theories they teach you are CBT.

So then prior to making that decision, do you think who you are as a person influenced your decision to learn methods that are research based?

Gosh, it's...I'm sure the answer to that is yes, there is something about me but I don't know quite what it is.

Can you think about what it might be; it doesn't have to come quickly.

The answer I want to give is that because of course they should be researched. Its just part of my personality.

What part of your personality would you say?

Just that, I don't know. I guess it's something that's hard to explain because it's so basic to me, I just, I just think even people who don't subscribe to research based models still do their treatments because there is theory – or people say that these things work, so people want to do things that are effective. So it's coming from that. People who treat other people, a doctor or a nurse, would want to do something that works and help people. The best way I thought I could do that was by using research-based methods. So for me knowing that something works is from research.

Is there anything else that might help explain why this is the best fit for you?

I think for me when I first started learning about cognitive behavioral therapy, for some people I think it's really intuitive, like you learn about it and it makes sense. I think it makes sense to me because I'm more of a cognitive person like more of a thinking person than a feeling person. In my work with patients, I am a more emotional person but in my life I'm more a thinking person, so that's why cognitive behavioral fit with me.

Can you think of a time when you worked according to a different orientation from the one you identified with?

Oh yeah. Right now I'm on internship and purposely chose a sit where I could learn more about integrated approaches, a variety of things because my graduate school was really strictly cognitive behavioral. Now I'm definitely getting supervision and learning more integrated approaches through practice. So I saw a patient just a couple of hours ago with who there was much more of an interpersonal approaches. And I'm getting supervision on psychodynamic approaches and incorporating that some into my work but I wouldn't say that I'm doing psychodynamic work with any of my clients.

And in thinking about your career, can you imagine your orientation of mostly cognitive behavioral will change at all?

I think that it will, it will in some ways. I'd still basically describe it the same way. Now I'm like experimenting with these approaches, again its sort of a data thing for me, and seeing what the outcomes are and some things I've learned are really working and others are stupid, and s I feel like I'm experimenting with it and I will be a more integrative therapist, practicing than I was in my grad school training.

And how you identify your orientation, will that change?

No I don't think so.

Why not?

Because I have a belief that there are a lot of CBT approaches and they are what work for people. It's most effective for people.

Have you had your own personal therapy?

Mhm I have.

And what orientation was it?

She would probably have to be integrative with some gestalt techniques, like the empty chair and things like that.

Do you think she had an impact with how you work with your patients?

Yeah, she had the impact of having me be more genuine with myself and therefore more genuine with my patients. So therefore to be more in touch with my emotions.

SUBJECT 22

Unrecorded Interview

In thinking about your theoretical orientation, can you reflect on what may have influenced your choice of theoretical orientation?

Well I did my undergrad at Michigan and that was a psychodynamic program. Most of the classes were about theory though. In grad school (at school) that changed and when I applied to grad school it was the CBT programs that appealed more to me. I got into Rutgers and went partially because it was CBT but also because it was the best fit for me in terms of the research and clinical interests. I'm in the PHD program, which is exclusively CBT. Before I went to grad school I was leaning that way too (twds CBT), yes. In college I was interested in empirically supported treatments and focused on eating disorders and substance abuse and felt that CBT was particularly important for this population.

In thinking about your life experiences and who you are as a person, in what ways have they influenced your choice of theoretical orientation? How about your life experiences?

I think they do influence my orientation. It's an interesting question. I haven't thought about it. I guess I would say that I am rationally minded, structured, thoughtful and that fits well with CBT. I'm not sure if that's true though or if its because I tend to be analytical and question a lot of what I read and hear if that makes me more likely to be interested in CBT. I think the biggest thing is that I tend to approach everything from cleaning my house to relationships in a very practical and solution oriented way. I want to get it done most effectively and efficiently. As far as personal and family experiences, it has been my experience that ignoring the past is not a good option, but that it can be harmful when people get stuck there or they use it as the lens that they see everything through. I'm very much oriented to what's happening in the present.

In thinking about your theoretical orientation, how does your orientation influence the way you work with your patients?

It very much does. I approach all of my work from a CBT perspective from conceptualization to intervention to how long the tx will take. I like to get people out of treatment and working in a self-efficacious way.

In thinking about your theoretical orientation, can you think of a time when you have worked according to a different orientation from the one you identify with? How do you understand this?

I have pulled in other aspects of other orientations but haven't defined it that way. With some patients I have pulled in interpersonal interventions but it all takes place in a CBT framework. Once I worked with a family and my supervisor and I spoke about the family

in psychodynamic terms but worked in a CBT way. We understood it psychodynamically and worked CBT.

In thinking about your career as a clinician, do you imagine that your theoretical orientation will change? If not, why? If so, how and why?

Probably not because I think there's not a lot of concern or discomfort that I have with CBT framework. I work in a CBT Institute, and getting licensed as CBT therapist and will remain in this circle of influence. In last couple of years I have started to work with other orientations like Mindfulness and DBT but I also pull those into a CBT framework.

(If you have had experience in your own personal therapy, what orientation has/have your therapists been or what approach did they use.)

In choosing a therapist I was looking for someone who worked like I do – I wanted someone who used a CBT framework but who didn't work exclusively that way. I didn't want to know the bag of tricks – Like there are CBT interventions I didn't want I have used – I wanted it to be more personal. I wanted new ideas. *CBT potential for personal you are saying?* Yes, absolutely CBT is very personal.

You described you orientation in _____ terms. What does this representation of your orientation mean to you. Is there anything you want to add to that that you feel would better describe your theoretical orientation?

Yeah, I would say 6 is an adequate representation because I use CBT with all of my clients. I say mostly rather than exclusively because I mostly use CBT but occasionally have sessions that are less structured, or without a specific agenda, or sometimes I've used interpersonal interventions. *Can you say more about what you mean by structured?* Well I think of it as a CBT concept which is primary and where sessions take on a structured format.

With a goal?

Yeah – or building week to week, and with homework.

SUBJECT 23

Interview

I have a few questions about your theoretical orientation. At the beginning I asked you to rate on a scale and you rated yourself as a 6, mostly cognitive behavioral. Does that accurately describe your orientation? Would you want to add to that?

I guess I define myself as a broad base cognitive therapist. When I think of the cognitive behavioral I think of a strict Beckian approach and that's part of what I do but I also

incorporate acceptance and commitment techniques and mindfulness work and use DBT so. And I'm also maybe a little more interested in the relationship between the patient and the therapist than a strict cbt.

So in thinking of your theoretical orientation, can you think about what influenced you to identify this way and make this choice?

Sure. I don't want to go into too much detail but I never thought I'd be a cognitive therapist. Most everyone in my family there are a lot of psychologists. There are a lot of analysts and even though I went to (school) which is now very cognitive behavioral now it was very mixed when I went there. And I sought out a lot more psychodynamic training experiences. I was very turned off by cognitive behavioral initially in the way it was taught to us. But basically what happened, let's see, I guess after internship when I was out in the quote unquote real world practicing, I really started thinking more about coming back to the cognitive behavioral stuff and how I might see that with people, and someone directed me to a cognitive behavioral fellowship in New York. Because I wasn't kind of sure, I wanted to get more training as a therapist, and once I got to that post doc I loved it. I realized that what I thought cognitive behavioral was and what I was taught at (school) was not what CBT has to be. It was a much broader in scope.

Were you interested in it before the postdoc?

I guess I had had a lot of training at (school) so I kind of knew it although I didn't use it as much before the postdoc just because I think with the population I was working with I had a hard time seeing how it would fit in a very severely mentally ill population. Where a lot of support and psych education was needed.

Thinking about it, can you think of life experiences and who are as a person and how that played a role in identifying with a cognitive behavioral orientation?

I do. I do think so. I think I tend to be a more concrete person and I don't know if all cognitive therapists are like that but I think there's a level of concreteness in cbt that there isn't necessarily in psychoanalysis. There's definitely that connection.

Then you mention your parents or extended family being analysts, do you feel that in any way influenced you to the way you identify now?

Not really. I mean it should've made me go the opposite direction and it did for a while. So I totally came to this on my own. And I think even almost in spite of their perspective on their things. Yeah, we talk about it and they're more open to it than I thought they'd be and frankly in talking to them or my own therapists who is analyst I realized that there are a lot of differences between the two orientations but there is a fair amount of overlaps as well. I remember on the application I checked myself off as eclectic, and I was thinking about that when I checked off my orientation on your survey. So there's been a radical shift.

Can you imagine your theoretical orientation changing in your career?

No I don't really think so. What I'm doing right now with patients, this broad based cognitive psychology really resonates for me I feels like its effective with patients. It makes sense to me, it makes sense to them. It's helpful. It can be rich, it's not, and there are layers of depth to it that I didn't think could be possible in CBT. I'm realizing that there are.

You don't imagine your orientation changing?

One addendum to your last question, sorry, the other reason I think it won't change is because the same time I was doing my postdoc last year, I also took a seminar with Otto Kernberg and well this and I thought if I'm interested in analysis in any way I might as well learn from him. It was very fascinating but I thought this is not what I want to be doing. He's amazingly confrontational.

SUBJECT 24

Interview

I'm going to ask you a few questions that you might not have thought about before. I don't know if you remember, but many moons ago I sent you a prescreening to rate your orientation. You had circled 7, exclusively cognitive behavioral.

Yes.

If you can tell me what that orientation means to you; a lot of people see it differently.

I think it means for me is that the way I, especially how I formulate things and think about problems, is a lot of the times in terms of the thoughts, behaviors and feelings. Breaking it down that way, it's just how I tend to conceptualize things. More in terms of macro level of what's going on and the micro level and really using the triad.

The triad being thoughts behaviors and feelings?

Yeah. And really in terms of the formulation and looking at the formulation that way.

Is there anything you would add to that term that label that might better describe your orientation?

I think the only thing I would add is interpersonal. But I mean that from a cognitive behaviorally based interpersonal therapy approach. Where also, in terms of formulation, in terms of thinking about how salient relationships in someone's life, and how there's in interpersonal psychotherapy there's grief and transitions, and how people being in potentially one or more of those places. I also think about things in that way I making a formulation and thinking about their interpersonal relationships.

So, in thinking about it, can you reflect on what may have influenced your choice?

I think certain things; I think I've always been a research-focused person. I've always been a sciencey person. I think I like, I have a belief that with a large grouping of mental illnesses there are things you can do to get people feeling better in a relatively short time. Especially those things that have studies to back them up are attractive to me. Empirically based treatments. It's something I'm attracted to, in terms of getting people moving in the direction that they would like to be going in.

Any idea why empirically based research is important to you?

I think because they've been studied and hopefully can have a fairly systematic way but that's useful to a lot of people to giving people the tools so they can be a little less lost in the woods.

So you actually started talking about this, but in thinking about your life experience, who you are as a person and your personality, have they influenced your orientation choice?

I come from a medical family. My dad's a doctor; my mom's a nurse. I don't know, I mean, so I think that might have influenced me. In like a kind of medical model, it isn't exactly CBT but in having things be more focused in terms of being able to identify a problem and work on it in a more medically focused way. That influenced me. I'm a pretty pragmatic person. I think I'm also a do it yourself person. And that's something that in terms of a cognitive behavioral approach to be able to give people the tools to do it yourself has been attractive to me.

Anything else to that?

Well, ah, I'll just throw this in or your research. I am not a religious person at all, and there's something for me about dynamic or analytic work that feels religious.

In what way?

You just have this belief that if you stick with this for so long it'll just work. That is a big part of it that just loses me. That I'm going to wonder in the woods and if I'm lucky you'll find something. No, I want a flashlight. But that's me.

I love the analogy. So, how does it influence the way you work?

In my formulation, that definitely is an influence. And I think I, you know, I of course bring in other things that are useful.

Like what?

Like understanding the dynamics of why certain things are going on. Letting a person free associate about certain things, or talk about the past and how it relates. I think can be useful in therapy for a lot of reasons. Ranging from building the alliance to getting the person to feel connected to the tools that you're trying to help them use. But I think trying to get a person to feel like they have some tools is something that I try to do. At least in my background I'd be what's called more free form CBT. Like my program wasn't based in manuals, it was based in teaching it conceptually and having a really strong formulation and drawing from different things and having short-term approach. Using the triad but not the manual based approach.

How is that different?

It can be manual based but I've rarely used the manual. It's very much tailored to the person. You do really use the different approaches. I think the idea free form CBT for some folks who it makes it sound endless. People who are more adherent to just sticking to the manual.

Thinking about your orientation, can you think of a time you worked with a different orientation?

Can I think of a time where I worked according to it? This year, on internship.

When you were, how did you understand that orientation? Was it that you were trying something out?

I guess you could put it under the blanket of trying something out because I had to see certain patients using a dynamic approach.

What's that like?

With kids, that's something I've done with play therapy so it's easy to do. But with adults it's harder for me. It's something I talk about with my supervisor. When I don't know what to do I naturally down shift to CBT. I get better at not doing it because there are moments where I'm just burning to do CBT.

So thinking about your career, do you imagine your orientation is going to change?

No.

Okay, why? Why isn't going to change?

Let's see. I think well, I don't think my orientation is going to change, like the label, because all the things that I've said. I don't think that will change. What I would do, if I meet with my CBT supervisor and she talks about her private practice, I think what I would do in terms of private practice, probably because I realize I'm so not dynamic at

all, but for me it would be free form CBT. I'd see someone for a long time, which is like nothing for dynamic, but in terms of my clinical work.

But the orientation wouldn't change?

No.

If you had experience of therapy had you had and what orientation had they been?

I have and I think my therapist was cognitive behavioral, but she wasn't analytic, but we didn't use the manual. We did charting so she must've been cognitive behavioral.

Do you feel she influenced you?

She was awesome so yeah, maybe. I thought it was very helpful.

Okay. So that is it. Do you want to add anything?

I find the whole difference between cognitive behavioral and dynamic orientations - it like amazes me. Because sometimes I feel like there shouldn't be so much different but sometimes I feel like its huge.

SUBJECT 25

Interview

The last thing I want to do is talk to you a little about your theoretical orientation which you identified as 6 is mostly cognitive behavioral.

I think a 6.

Is there anything you'd want to add to that that might describe it better?

I think if someone would ask me without asking me to put it onto that continuum, it's a hard continuum to put it on, I think my undergrad research work was largely in attachment theory, I think I tend to conceptualize things with more of a taking the whole picture - what might be more psychodynamic issues into account but what I actually do in treatment I think my tendency is to be more CBT as an approach but sometimes in conceptualization its more of a it's going to be a broader conceptualization I might not spend a lot of time delving into some of those things if I don't think they are quite imminent to the immediate issue.

In practice?

Yeah.

What does that mean to you, the description mostly CBT?

I don't know what it means. I mean I know what it means.

It seems everybody has a take on what that theoretical label means to them.

I think for me I think it isn't necessarily, certainly I have a CBT conceptualization, but for me it's the what I do. It's not all the time. Most of the time I'll probably use cognitive behavioral techniques but I say that broadly. Particularly the CBT techniques. I've been getting training in DBT and ADS therapy and they all have cognitive pieces to them and also it links with humanistic theory so I use a number of different cognitive approaches. I'm not entirely Beckian, for instance. But I think in short, it's how I describe it to the patients when I introduce the CBT model, it's true how I approach describing the doing. It's going to come from the perspective of how your feeling, your anxiety or your depression, is largely implicated in the moment by what you do in your behavior and how you think about things. There are lots of ways we can work with those 2 things. But I am going to ask you to work with your behavior and then I'd draw a little plan. But exactly how I do that is not such a recipe so that I'm always I'm challenging automatic thoughts. I mean a lot of the time I am but not always.

What are you doing when you're not challenging automatic thoughts and what does that mean?

Gosh, it could be a number of things. It could be putting things on a continuum; we could be using ACT strategies sort of looking at your life, imagining them at their own funeral to figure out what's important to them. Certainly, like many other CBT-ers, I'm very interested in reducing symptoms. I am sort of a measurer of symptoms. At the same time, I don't think that's it. If you can reduce someone's depression so they say they're not depressed but they're still not going to school then they are impaired. So you know, I'm interested in reducing symptoms but I'm also interested in trying to get them to lead a full life and if that means going to school or doing something that in keeps with their broader values then we might be doing that.

So in thinking of your orientation on what might have influenced your choice? What kind of things. Your experiences, anything.

Lot's of things. I can give you a really interesting take on it. But probably at the end of the day I think if we were to do a pie chart, at least 60% of it or more has to where I went to grad school, and to say that it has anything to do with me or my choice going in, going in I did know there were different types of treatments, but I don't think I fully understood the differences between then. But I went to Vanderbilt. I got a lot of CBT training. I had a lot of supervisors who weren't CBT, I think I'm someone who likes structure so even when I had dynamic or more supportive and I will do it when there is a reason I'm not saying I never do those things but it's like I'm Catholic because being born into a Catholic family and if I were born into a Jewish family, I'd be Jewish. I could've really responded negatively to their CBT and sought out something else. But I didn't.

Can you say more about the distinction?

It was a really poor analogy. What I mean by being born Catholic was I was born into Vanderbilt. I started out at Vanderbilt. I wouldn't choose it on my own accord, Catholicism. I wouldn't seek that out if I'd lived a life outside of that. I also worked for a behavioral outcome researcher. We did a lot of outcome research with more behavioral think we did a lot of outcome research on behavioral and CBT therapy for children. So, even though CBT wasn't the particular thing we were testing, the type of CBT that I do, it was very research oriented so I was indoctrinated to read the research. And fortunately or unfortunately most of the research out there for children is CBT. And then the research that isn't CBT tends not to have quite good effects, and I know that's not the only way to measure effects of treatment with those scales. But probably all those things mixed together made me come to value it.

Probably all that mixed together. So pre-Vanderbilt, is there anything about you as a person?

Yeah, that's the other 40%. I think I'm probably someone who likes structure. I always sort of, I am sort of a very structured person. Or at least I was. I'm getting looser and looser as I get old, with my old rigidity. So I think that could contribute. I think I also decided to happily, I had an interest in research and the way the CBT tx worked out was attractive to me and I was aware of that before I went to Vanderbilt. But again, I think that's where I decided to go to Vanderbilt, including it had the best social life of any graduate school. I just kind of fell into it.

Any other personality aspects you feel match it? Liking structure?

It be honest when I have been supervised by analytical people, it's very hard for me. I had two analysts supervise me at Columbia and it drove me absolutely whacky. I found it intrusive and frustrating that they wouldn't speak enough. They would never tell me what they were thinking. It drove me mad. So, whatever that says about me that I can't handle uncertainty. IDK

Is that true?

I think I like to be in control, but I can handle uncertainty. I'm good like that with relationships. But it drives me crazy to be in supervision and I can't imagine going to a therapist like that. I would last through one session. It would drive me crazy.

If you had experience in your therapy and what approach did they use?

Right, I haven't. The one thing I did in a psychotherapeutic way was joining a mindfulness group. 2 psychologists were trying to learn how to prevent depression with mindfulness. I thought it would be useful and while I was trying to find an internship. Why not get mindfulness. It was along the cognitive spectrum but I found that difficult too which was useful for me as a therapist.

Do you mind telling me why that was difficult?

It's difficult because it's hard to understand when you're first introduced to it and also it required a lot of outside work. I was supposed to be doing body scans for 45 minutes a day and letting my anxious thoughts go by but when I was genuinely trying to do it for one it was very hard to find time to do it but I found it difficult. I think it was very useful for me to know that so that when I sit with my clients and say oh you got to do this and you got to do that. I mean I wasn't even depressed. If anything I was distressed at that time. I think that it was so difficult for me was to actually do what was expected was useful.

Two more questions. So in thinking of your theoretical orientation, can you think of a time when you worked under a different orientation?

Yeah but I cheated. I mean it was with this analyst at Columbia and I'm sure they were wonderful analysts; there are wonderful analysts out there. But I could not, I really struggled to do what she wanted me to do and I didn't really know what she wanted me to do. All this silence and ahaing It was very hard for me to manage it. We would get, we'd spend a good half an hour one day fighting, well not fighting, she was very upset to me that I suggested to a psychotic patients who was having dinner with her family every night and I suggested that she use an alarm clock and the patient needed an alarm clock and I spent twenty minutes telling this person why I needed to mother this patient. Mean while there was a terrible trauma and abuse history. I saw this woman needs to get out of bed – so use an alarm clock. She brought my mother in. She knew nothing about my mother. Maybe, but honestly, if you are well trained from an analytical prospective maybe there's something to be gained from this. I was defensive and upset and got frustrated and started telling her what I was doing and sometimes not.

It comes down to the meaning. It didn't make sense to you.

Now that I think about it, the more I am talking about it I think I was someone who excelled in school in realms where I knew what was expected of me. And I was good at meeting those expectations. Maybe some of these approaches where things aren't clearly defined. I'm not one of those CBT therapists who just hands someone a thought record and thinks its therapy. I'm flexible with CBT but not having that is frustrating to me.

Do you imagine if your orientation is going to change at all?

I have no idea, I've never thought about it. I think it already has in certain respects. But I think I've just allowed for different things as I got exposed to different things. For instance I'm really loving ACT therapy. Acceptance and commitment therapy, I love it.

Never heard of it.

It's a type of therapy that's very different from your straight CBT. It has aspects of DBT and Buddhism and it's all about helping people figure out what they value and trying to getting them to aim for those things and conceptualizing symptomatology not as something to reduce as you do in CBT but maybe reconceptualizing as if everything they tried hasn't worked, like alcohol, therapy, etc, and the attempts they still end p with anxiety or depression maybe reconceptualizing symptoms or suffering as something that . Not to reduce like in CBT but re-conceptualizing it. Like if nothing they've tried has worked then re-conceptualizing the symptoms might be worth while if it gets them what they want – what they value. So they find if people can find what they value and work towards that and live their lives consistent with these values like then their symptoms decrease with it instead of going right twds the symptoms.

Interesting.

You can endure some of these things to get where they want.

Does it fall within the cognitive behavioral?

Yeah, it's just a different approach. So yes I'm still CBT but someone might say that I've got humanistic things in it. The CBT people have claimed it as their own and its being presented at ABT, but it's parts of many things.

Do you feel that change will continue?

I think the way I described it will remain CBTish but I think what that means over time I think it will be different than I thought it was.

Thank you.

SUBJECT 26

Interview

You rated your theoretical orientation as mostly cognitive behavioral.

Yeah, I think we did it over the phone and that's what we came to. I picked a 6.

What does that representation mean to you?

That means that I'm oriented toward the modality or the theory or the practice as a - less the theory and more the practice - as a valuable tool, a tool that I believe will be effective. I do have an underlying sense that people are composed in their thinking differently sometimes than various cognitive models would lead you to believe. But I think the tool is still quite useful in certain situations.

Is there anything you would add to that label to make it more accurate?

I would add that it seems, and remember I am a therapist in training, so I will use future statements. It very much seems it is a useful way to address a clients distress and one they can hang on to and use. And to use that well-worn metaphor: Teaching them to fish rather than giving them a fish. It's a well-used saying.

In thinking of your orientation, can you reflect on what may have influenced your choice?

I was a management consultant. I had to go into graduate school. I was there for about 10 yrs. I worked in operation strategy and marketplace strategy. I worked domestically and internationally. The perspective I have is very much influenced by my time there. Because we used, with various management teams, structured analytical tools to help them make decisions. Stem-leaf diagrams and then structured sessions and structured meetings, that were very useful for the client. Now many of the clients and many of us including myself often used dynamic approaches to solving problems and capitalizing on opportunities but the tool is very useful in channeling that energy to create a good outcome. Sorry to speak in generalities.

I'll let you know if it's unclear. So then in general your experiences as a management consultant influenced your choice in how to work?

Yes, that's right.

So how about other life experiences and then who you are as a person, do you think that factored in any way into your decision?

I think so. By experience, can I include my parents?

Yes

My father was a mechanical engineer and a specialist in heat transfer and he had an engineer's perspective, like form follows function, so he often provided structure for the natural world so to speak. He would utilize his engineering skills around the yard to move big rocks with a lever or set up a pulley to pull something. So that was fun to get some kind of messy bit of yard work done, which could be done several ways, with some kind of a tool or method or way.

So I'm assuming you see that then as analogous – sort of getting the messy yard work done with some sort of tool?

There are portion of the analogy that I think are consistent with how I think but I don't think of it as messy, I think of it just as the stuff of life.

How about who you are as a person? Do you feel that plays a role?

In my over all personality I'm very organizing and preparing, so yes but that's not categorically me, because I feel much influence from that model of my mom making soup and she was more dynamically oriented in her assessment of people. And intuitive and empathic. So I like to think that I took something of that.

And do you feel that that's important perspective on people, the dynamic perspective?

Yes, deep down, below the CBT, as I mentioned before, that I think it is a valuable tool, but I do think that people are organized in a more complex fashion than CBT will lead you to believe. And I think that comes from a deeper emotional experience of my mother.

Can you think of a time you worked in a different orientation?

No, this where my lack of experience is a problem. The main experience with patients I've had is doing structural interviews.

And in thinking of a career as a clinician, do you think your orientation will change in any way?

I can't say. I imagine change is more probabilistic. It's more likely that I will change in some way.

Is it possible to say how? What would that look like?

I think I'll change in how I work. I think of CBT as a great tool orientation to use, very functional, so I like that. But I'm also into psychotherapy research and I appreciate it very much and I like doing it, and so I imagine coming out of that will be other ways to work and so I might adapt to that. It's what I need to find out as a clinician, is of these ways that I adapt to work is what works best with how I am with patients. So I'm sure some ways of me working with them will be more consistent with how I am. So with those I might be better at those, or get a better result. And other patients might call for the CBT that might be best for them. I feel the way I am or would be with them, that tool would be reasonably successful, because I can identify with it in a good way.

The last question is have you had experience in your own therapy, and in what orientation?

I think it was dynamically oriented.

Has that affected your thoughts, or work or how you identify theoretically?

I think so; I think it didn't impact me negatively. It's quite nice. I guess here my current pursuit of psychotherapy research finds me reading literature and there just happens to be more on CBT so it's more supported. The efficaciousness, which is lesser than effective, of it is supported by my intellectual side. It says ok that's an appropriate tool to use but my emotional side warns me not to be a CBT technician. But surely there is a way to do

CBT without being a technician. It can be done with warmth. We had supervisors who do it quite well and are interpersonally warm. so I definitely think it would be an interesting tool.

Which part?

Working psychodynamically. So how did therapy affect me? I think about it again from management consulting, with was my first career perspective, and within the ways we worked with our clients to solve problems, one of the ways was brain storming which I'm sure you are familiar, with which is a messy dynamic situation. So I have experienced that for myself and so there are times when a little bit of brainstorming with your client so to speak can be quite good and effective.

SUBJECT 29

Interview

I want to ask you to think out loud about your theoretical orientation, you described your orientation as 1, exclusively psychodynamic. Is this an accurate description for you?

In terms of the way that I tend to think about patients, yea.

Is there anything you'd add to it?

Yeah, I think it's generally that's my sensibility and my perspective, and that's my first instinct in my way of understanding people but I defiantly, you know, incorporate other models when I work with people in psychotherapy. I feel at times, certain kinds of people in certain situations; I may feel like they could be better served by another approach.

What does the representation of mostly psychodynamic label mean to you?

It means that I tend to place a lot of value on the subjective experience of the individual In terms of approach or feelings or change process in attending to the affective dimension as primary.

Okay. In thinking your orientation, what might have influenced your choice?

I've actually thought about this quite a bit. My mother when she worked was a math teacher, which is all about rationality, universal, concrete, definable. She wasn't dealing with imaginary numbers. This reality didn't make sense to me. I was constantly trying to make sense of my experience when it wasn't explainable when it was explainable in concrete terms. So I feel like a lot of the ways I felt neglected was by her inability to attend to my subjective emotional experience. I feel like CBT approaches in the way they can discount or not attend to one's experience of the process. It's sort of a distraction from the task. I feel like for me that almost feels like a dramatic way to say but it's a retraumatization to have that left out or denied. And I feel like on some level for me

there's an experience of physical discomfort and helplessness that comes with, that sense of a lack of a powerful other ability to attend to my physical experience as well as my emotional experience.

Right, interesting. So it feels a direct response to your early experience of not having been attended to in those areas?

Yeah.

Basically there's a relationship?

Absolutely a relationship. Definitely I feel like in my own development I was in my own development I was very underdeveloped emotionally. And in order for me to develop what I needed was contact with my emotional self. And acknowledging the reality of that experience is sort of central to how I work with people.

And in thinking of your orientation, how does it effect how you work with your patients?

I feel that a lot of what I try to do is to understand their emotional experience and language it. Because I feel that, I don't know, I guess a lot of what I struggled with was feeling overwhelmed and lonely. And it's helped me to be able to identify my experience and to communicate that. And to help people identify what it is that they are experiencing is helpful. I feel like this could be a book. In terms of development of the self I feel that's a dynamic way of thinking. In terms of the contradiction a that people might hold, in a CBT way, it would be like well how can you think this, and showing people the nonsensical of their logic. And I feel that the psychodynamic perspective realizes holding contradictory beliefs at the same time.

Do you feel there are things because of you as a person that have influenced your way of thinking?

I feel like I can't be, well, attending to emotional experience. Seeing that as significant as opposed to seeing and doing. I feel like also I'm, it's important to me and I'm increasingly developing my ability to recognize complexity. Holding different feelings and different ideas at the same time. I think of that as opposite of my mothers view. You're in one set or the other set. Like the world doesn't work that way. I worked hard to understand why she thought and talked that way. It didn't make sense to me. I just wanted to say one other thing. It's also incorporating physical or somatic experience. Multiple dimensions of feelings. I feel there's more room for that in psychodynamic thinking. And Looking at defenses and reactions.

Okay. When you think about your career, do you think your orientation will change?

I don't imagine it will change that much

Howcome?

Because I think it is pretty basic and is tied into ongoing traits and how I've come to live in the world is very significant to who I am. For instance, attending to the affective experience in and of itself and knowing and not knowing at the same time. I think that what my work looks like might change over time.

In what ways?

I think maybe the more experience I have the more I'll be able to identify what tends to work in what situations. So for instance I had someone disclose during their treatment that they have OCD. I never treated OCD successfully and I talked with other people and did reading. I felt like from my knowledge base and my colleagues that prevention and response prevention was the best way of treating that so I referred him out. I've also worked with people who I've done more psycho-educational treatment. I think that has been helpful to them. I feel like, I don't know, I'm struggling to find if what I'm doing is using psycho-education approaches within a dynamic framework. It may shift over time. The acknowledge the unconscious and being with someone's emotional self is vital to the therapy process.

That will be captured in your exclusively psychodynamic orientation?

Yes.

SUBJECT 30

Interview

I want to ask you to think about loud about your orientation, mostly psychodynamic, and ask you what that label means for you?

I think it's also that it's not cognitive behavioral. There is that piece of it. The dynamic piece is that it's dynamic that feelings and behaviors are connected to actions. It's not so much the drive theory of aggression. I don't believe motivations. My perception of what motivates people is more interpersonal. And my approach to is dynamic.

Okay. Would you add anything that would better describe your orientation?

I think it's the process of therapy itself leads to the process of change. Where it's the relationship of another type in the person's life. Not so much what is said but what is brought to awareness. The building of the relationship is part of the process.

So if someone were to ask you, how would describe your orientation, could you give it a label?

Could I give myself a label for my orientation? Interpersonal and dynamic.

In thinking about your orientation, can you reflect a little on what influenced you to make this choice?

I think it's just a way I relate to thinking and to myself. I think that I do approach certain problems and certain situations that is logical and that like thinking in schemas are important, but the way I relate to myself and the way I relate to myself and my relationships isn't limited to that.

Is there anything in your life experience that has influenced your choice other than it's the way you approach yourself and your thinking? Your personality or early life experiences?

I don't think necessarily early life experiences in my case at least. But I think it is a characteristic of the way I approach things. I like to analyze things and think about things in depth and it's hard for me to get over some things without being wholesome about it. I think that's a characteristic. The way of expressing. You know? I don't think it's about a specific life experience.

How about anyone who has influenced you?

No. I mean like that this approach was developed long before that. Even the choices that my school gave, even in undergraduate before I knew terms and was naïve about the concept or approach. I remember asking a professor a questions and he gave me and very CBT answer because that's how he'd been trained, and I remember feeling very unsatisfied. I didn't have enough trust in myself to formulate the question but before I was given the choices or awareness of other paths in grad school it was clear that I was dynamic in my thinking.

In thinking about your career as a clinician, do you imagine that your orientation will change?

I don't think that I would ever become cognitive behavioral in that sense of doing therapy in CBT way.

How come?

I just can't see myself ever being able to use those approaches. I never use those approaches in any relationships. Maybe I can use those approaches in specific situations when I learn the tools. Like certain patients for short times. Or using it in certain cases. I just can't see myself using it long term. I don't relate to it.

So you can see yourself using it for a short time but you can't see yourself changing your orientation?

My orientation might mold differently. It's not defined now. It's clearly not CBT. The way I do therapy and the way I think about therapy – I mean I'm still in training so it is

not really defined. I think between interpersonal and dynamic I could see it molding and coming into some language of its own.

But you don't see it changing?

Only because I don't know what it is right now. I don't exactly know what that means to me now exactly. I know it has something to do with the past. I believe it will become more defined and more stable with time. It is somewhat of a science.

SUBJECT 31

Interview

The last thing is about your theoretical orientation. I sent you a screening questionnaire And you are mostly cognitive behavioral. Can you describe what that means to you?

Yeah, I mean it doesn't mean that I necessarily do everything on the checklist of cognitive behaviorist does in each session. But I do everything within a cognitive behavioral framework. Like even object relations I only incorporate it if I can incorporate it cognitive behaviorally.

And the cognitive behavioral framework means what to you?

I mean that I get to change emotions by getting their interpretation of events and modifying behaviors. I guess the other part is that cognitive behavioral is much more open and collaborative than other types. If they ask why are we doing this, I have an answer and I don't feel restrained. Different from how I felt in my psychodynamic school where it was a mystery why were doing what we were doing.

Is there anything you would add to that label of yourself that you might think may better describe your orientation?

Incorporative maybe. Integrative? I am on internship doing a rotation with transference focused psychotherapy.

You feel that enables you to label yourself as integrative?

Yeah, I'm not exclusively cognitive behavioral because I'm excluding things that are not CBT. I just understand other approaches through a lens of cognitive behavior therapy. Like representations of self and others can be thought of as reinforcements built up over time.

Okay. So some of these questions you may or may not have thought about before. So can you reflect a little on why you chose this orientation?

Yeah I mean I think when I started school I didn't know enough to really make an educated decision so I went with (grad school) because it was clinically oriented not because of its orientation. And then I quickly realized what I like about psychodynamic treatment is that it had interesting conceptualization of cases, but I got frustrated because when I asked a supervisor what should I do or what should I tell them, they were very vague and evasive. And would say like, oh, all people want to help their patients. That really turned me off. I wanted an approach that had evidence of helping others.

Thinking about your life experiences and your personality, have they in anyway influenced your orientation?

I'm fairly practical and cognitive is pretty practical approach. I can be very eotional but I can be clear when emotional what t the rational approach should be.

Anything else about you or your experiences or people?

I know my mother's therapy was not useful, so I wanted to be effective and not feel like I was wasting someone else's life.

Seeing your mom going through something you felt wasn't effective made you want to do it differently?

Yeah, therapy can be enjoyed and emotionally gratifying but not effective. I wanted to do it differently and be effective.

Okay. So in thinking about your orientation, how does it influence how you work with patients?

Thinking about what's the point of it, how are you getting to the next phase of treatment and being aware that change needs to take place across sessions and you need to be patient.

Okay. Do you link that patience to cognitive behavioral approach?

More toward integrative.

Right. So on the scale on the scale, the word 'mostly' is key in your definition, it's not exclusively.

Right.

Okay. In thinking, can you think of a time when you worked in a different orientation?

Most of my supervisors were psychodynamic.

How do you understand working that way?

You can't request CBT supervisors. I didn't have a choice. Otherwise I would have had none.

In thinking about your career as a clinician, do you imagine your orientation change?

No, it will always be cognitive behavioral. I may not be the strictest. I want to specialize in Axis II disorders which can require even less structure, but I would come at it from a cognitive behavioral perspective.

How do you understand not changing?

I think that the foundations are solid. And so in interpersonal therapy even the core belief will be cognitive and structured for me. I pick up on some core aspects in therapy that are most salient in CBT.

That was my last question. Is there anything you want to add to your orientation?

No, I guess most of the work has to do with relationships in order to be a good therapist; everything else is sort of distant.

What does that mean to be a good therapist to you?

I guess being connected to the patient but having your integrity and having goals and not blaming the patient.

SUBJECT 32

Interview

I'd like to think out loud with you about your orientation – you selected 7, exclusively CBT.

Yes.

Ok. Does that represent it well?

Yes.

Ok – is there anything you would add to that?

No.

And what does exclusively CBT mean to you?

Um, well I would say it means that I generally when I see a patient focus on their primary diagnosis and use their primary diagnosis – I mean – I'd say I use their primary diagnosis

and I use what they tell me is their presenting problem if they are not the same to guide my treatment plan. Um, when I say presenting problem I mean what they say to me is the thing or things that are most interfering with their life and that they are seeking treatment for. So I will use those things to guide my treatment plan and I will choose CBT techniques to - I mean - I usually go by diagnosis. I mean they may say I worry all the time and I can't stop my worries and I'll say - in my mind ok she has GAD what would be the most effective CBT therapy for GAD. So I usually focus on behaviors and thoughts. What are the behaviors and thoughts that are maintaining the problem? Um and what might be interventions for those behaviors and thoughts. I definitely assign homework probably every session. Uh, I feel like there should be treatment goals. I mean I think it's important to do a thorough assessment so maybe like one or two sessions to set treatment goals early on and to discuss with the patient what your treatment plan is going to be based on CBT techniques that have been shown - I'm very - I only use things that have been shown to be effective in research. Um, so I use a lot of treatment manuals and you know at this point I've memorized most of the ones I use the most frequently. My - most of my experience has been with anxiety disorders and depression. Um, so most of my skills are with these but I have had a fair amount of experience with eating disorders and borderline personality disorder. Does that answer your question?

Yes.

One thing that I also do is work short term so ideally I'd like to treat them in no longer than 4-6 months.

Ok.

That works only with patients who are super high functioning though.

Ok - so I'm going to come back to that in just a minute. But first - in thinking about your theoretical orientation could you think out loud about what might have influenced your choice of orientation.

Sure. Before I went to graduate school I randomly got a job - I mean I was in psychology but I didn't know what I was going to do. I got a job at a research clinic at Columbia Presbyterian New York State Psychiatric Institute and the clinic was an anxiety disorders clinic - and basically the only treatment options there were clinical trials that involved either CBT or IPT or medication. So I got excited about other practical, problem oriented, problem solving oriented therapy and it was based in research, which makes me happy.

In thinking about your life experiences and also who you are as a person, in what ways do you feel they have if at all influenced your choice and your preference for research based work, for example?

Well I will say that I am probably a pretty precise person. I like to think that like - I like to bake because I can follow the recipe to the "t". But I get a little worried with cooking when you sort of have to finagle. As far as CBT treatment goes I guess this would

probably be the case for any treatment not only just CBT. I have to make sure that whatever I'm working on the patient with is something that has already been shown to be effective. So I can back it up. So a lot of my treatment involves having the patient trusting that what I'm giving them is effective. Most of my patients are fairly impaired and I don't really think I would have the confidence to give them something that I didn't know was – already shown to help their problem. So I feel it's my duty to make sure I'm giving them something that it's not just me who says it's useful, it's been shown to be helpful. I think that gives me confidence in what I'm doing. But getting back to your real question - is the question you're asking about what in my life has influenced me to become a therapist or to become a CBT therapist.

CBT therapist. But if they are different I'm open to hearing that too. And also if there is anything you think about your personality ---

Well I would say that I like to talk. And I like to listen. I've always been outgoing and liked talking to people. I always like to ask people questions and hear about them. And I always have been interested in sharing my opinion. Ok. But I think that why I became a therapist is because I got fascinated by the disorders. I find OCD fascinating. I found social anxiety disorder, panic disorder – the anxiety disorders and depression I find very interesting. I'm kind of fascinated that people can really feel these things, think these things. Even though – well obviously – even though it's on a spectrum, it's not like I don't actually feel some of these things too at the level where it becomes diagnostic and there's that much impairment, it's just kind of amazing to me. So I think you know unconsciously I like talking to people, I like listening to people, I like asking people questions, but I think that could have played out in lots of different careers, but what ultimately got me into therapy is that I was fascinated by mental illness.

And then as far as the cognitive behavior approach is concerned do you think that is best suited to your personality or –

Yes. I think that I mentioned that before that I really like things that are precise. I like things that I can follow – like I like manuals. I like not having to worry that I'm doing something wrong and doing something helpful.

So it's certainly – I was going to say in thinking about your orientation how does it influence the way that you work with patients and it sounds like it very much guides the work that you do with your patients.

Yeah.

Ok. Anything more to say about that question actually? How you feel like your orientation influences the way you work?

Um, I think it in some ways keeps me very focused but it also keeps me kind of narrow. Like I'm not really – I don't feel comfortable like exploring, I want to make sure that I'm

sticking to something that I feel – that’s sort of in my realm of comfortness. I do plenty of exploring – I don’t know if that really makes sense but I think it keeps me very focused.

So you basically know where you are going as you are doing the exploration.

Yes, yes. But also one more thing. I think probably I like cognitive behavioral therapy too because it for some part of the treatment it puts the therapist in charge. And frankly I do like to be in control.

Ok. And you like sharing your opinion, does that come into play too?

Um, I think yes but more and more I try to keep my opinion out unless I feel like its relevant to what is going on. Unless I think it’s an appropriate interpretation. But frankly a lot of times I hold my opinion back. Because it’s not really appropriate for me to say that.

Ok. And you think of a time when you worked according to a different orientation from the one you identify with?

So sometimes I have had to work in a more supportive model. Because frankly the patient wasn’t really interested in what I had to say. So but we were in a treatment setting where she was going to come no mater what. So after sometime of trying to actually focus her on treatment goals and cg treatment I just realized that she just wants to come in and talk and not really hear anything I have to say except for support. That was one situation. And I also – when I did internship I did have an object relations supervisor who you know I think helped me look at things from a different perspective ad helped even though I still came at t from a CBT view of the patient he really tried to help me – not do interventions that I was uncomfortable with but look at it from a different angle.

Ok, and how do you understand that you did work differently? How do you explain that given that your orientation is CBT it sounds like each case had different reasons? Is it necessarily that you might choose to work supportively for example with other patients or was it to accommodate those particular patients.

No, it was to accommodate the patients. I wouldn’t choose to do that. I don’t enjoy it. In fact I hate supportive work.

Ok, why?

I find its usually not very helpful for the patient and they are not really making any changes they’re not getting any better they’re just I mean – I’m not a very good supportive therapist frankly – maybe that’s the problem. But I have a hard time – sometimes the patients don’t come up with it on their own and sometimes its hard to ask them if they aren’t insightful – to ask them questions that can help them see it on their own. They have to be CBT oriented. There’s way too much of how does that make you feel?

Ok. In thinking about your career as a clinician do you imagine that your theoretical orientation will change?

Um, not in the grand scheme no.

And the last question is have you had experience in your own therapy and if so what orientation?

I have never been in therapy. I was in therapy for a few sessions when I was in 5th grade because my parents were in therapy and I wanted to know what it was like to see a psychologist. But I hated it. I sat there and I talked – its funny because I love to talk about myself but for some reason hated therapy. It seemed very fake to me and I had really nothing to talk about and I didn't like it.

If you were to see a therapist – would you have a preference for the type?

Yes, I would see a CBT therapist. Also – I went to (school) that's all they teach you there.

Thank you.

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