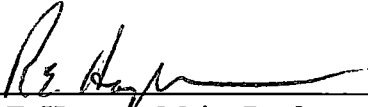


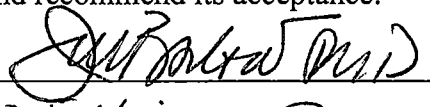
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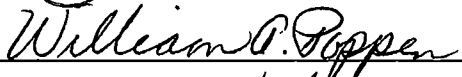
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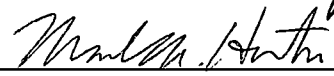


Ronald E. Hopson, Major Professor

We have read this dissertation
and recommend its acceptance:







Accepted for the Council:



Associate Vice Chancellor and
Dean of The Graduate School

A HERMENEUTIC-PHENOMENOLOGICAL INVESTIGATION OF
PSYCHOTHERAPIST DISILLUSIONMENT

A Dissertation
Presented for the
Doctor of Philosophy Degree

The University of Tennessee, Knoxville

Roberto Morales

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ABSTRACT

The purpose of this study was to discover a thematic description of the experience of disillusionment among psychotherapists. A hermeneutic-phenomenological method was utilized to analyze the interview transcripts of eight participants. Analysis of the data produced a group of themes that composed the meaning-structure of the participants' experience of disillusionment. Disillusionment was found to be the experience of discrepancy between one's expectations or ideals, and the reality one encounters. This discrepancy was experienced in relation to: 1) one's search for meaning in the profession of psychotherapy; 2) one's identity as a psychotherapist; and 3) one's relationships with others. These themes emerged out of the grounds of Self, Other, and Social World. Results were discussed in relation to existing literature concerning disillusionment. Suggestions for future research concerning disillusionment were considered. Implications for therapist training, and therapist empowerment were also discussed.

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INTRODUCTION

Disillusionment haunts modern existence, marking our hopes, losses, and yearnings for a potential recovery from the melancholia of the soul. Disillusionment has been commonly defined as the painful emancipation of humankind from illusion and false ideas, in the hope that a person might then perceive self, other, and world as they “really are.” It is this loss of one’s hopes, ideals, and the frustration of one’s expectations that leads a person into a state of nihilism or fragmentation from which (or not) the world must be reinterpreted and reinvested with new meaning. In such a hectic and variegated world as ours, disillusionment is part of modern life as evidenced through public reactions to politics (non-participation), economics (fear/paranoia due to the decline of the broadband middle class and the arising of a permanent underclass), news (initial depressive reactions to tragedies followed by desensitization and numbness), career (worker insecurity and frustration at the inability to secure basic rights such as healthcare or maternity leave) and personal relations (the fruitless and endless search for the “right” mate, lover, or entertainment).

Amazingly, this signature phenomenon of the past century (Becker, 1973) has received only marginal recognition in the psychological literature and only after having been operationalized according to the needs of a given theorist or confused with other phenomena like disappointment. Only two phenomenological studies have been undertaken concerning disillusionment in general (Halling, 1996; Holtz, 1984), and none have been conducted about the experience of disillusionment in specific professions or contexts.

Studies have been conducted about psychotherapist burnout (Freudenberger, 1974), intrapsychic/environmental factors related to it (Guy, 1987), and ways of preventing such psychological depletion (Grosch & Olsen, 1994). These studies, however, do not examine the experience of psychotherapist disillusionment with the profession of psychotherapy. Through reduction of a phenomenon to an easily measurable construct, disillusionment has been reconfigured (or ignored entirely) to fit the theoretical needs of researchers. While disillusionment has been associated with burnout or characterological disorders, research such as that conducted by Holtz (1984) has demonstrated disillusionment to be nonequivalent to these operationalizations. This study will explore psychotherapist disillusionment on its own terms, utilizing a hermeneutic-phenomenological methodology that allows for the development of a qualitative description of psychotherapist disillusionment with therapy and the formation of a thematic meaning-structure of this phenomenon. In order to achieve this goal, the phenomenological methodologies of Van Manen (1990), Kvale (1983), and Wertz (1983) will be employed in forming a descriptive analysis of the experience of therapist disillusionment.

This dissertation includes: (a) a review of how psychological and critical social theories have understood disillusionment; (b) a description of the phenomenological approach and method of doing psychological research; (c) application of the method; (d) a description of the experience of psychotherapist disillusionment with psychotherapy; (e) a discussion of the results of the phenomenological analysis and its relationship to psychological and critical social theories; (f) the contributions of this study as well as its limitations.

Chapter I: LITERATURE REVIEW

Since Nietzsche, the western world has had to grapple with the specter of disillusionment. The “death of god” movement signaled the failure of the Christianity and Enlightenment rationality of the 19th century to guarantee meaning and identity for persons living in a civilization of rampant industrialization and expansionism (Levin, 1988). Contact with other cultures through trade, colonization, and conquest paradoxically placed westerners in the position of master and student. Master in that the conquistadors essentially controlled the material and human wealth of the planet. Student in that the colonizer was exposed to the germ-seed of other cultures, other ways of thinking, feeling, and doing that perhaps inaugurated a desire for freedom from the stifling European norms and life-ways that led to domination and genocide. This exposure to societies foreign from one’s own prefigured in deed the intellectual and cultural perspectivalism that is found in comparative anthropology, situational ethics, and the nagging sense of not being quite at home that every denizen of the late 20th century must contend. Such not-at-homeness (Heidegger, 1962) is the existential derivative of a primordial disillusionment, where the foundations of one’s identity, other people, society, and the world itself come into question. This more esoteric understanding of disillusionment resonates with the definitions of disillusionment found in dictionaries and everyday language.

In common parlance, to disillusion is defined as the freeing from illusions or false ideas, the taking away of ideals or idealism, disenchantment, or the disappointment resulting from the discovery that something is not as ideal as one believed it to be (American Heritage Dictionary, 1995; New Oxford Dictionary of English, 1999;

Webster's New World Dictionary, 1996). Disillusionment, hence, is the fact or state of being disillusioned. It is a stance resulting from the loss of one's fundamental ideals.

Psychological theory shares much with these quotidian descriptions of disillusionment. Researchers initially approached the topic of disillusionment by examining such topics as expectation, loss, and its aftermath from the perspective of the common cultural stock of knowledge. As theory building progressed, the gulf between theoretical understandings of disillusionment and its roots in public language widened. A survey of various schools of psychological thought on the subject of disillusionment demonstrates both the similarities and divergences between everyday taken for granted meanings and psychological theory.

A Psychological History of Disillusionment

Psychoanalysis

Metaphorically, Freud's formulation of the unconscious was an embodiment of disillusionment on a cultural level. The Cartesian ideal of the self-possessing, rational subject was undermined by a theory that posited the existence of a lascivious, irrational, instinct-driven human animal beneath the veneer of civilization and table manners. While this challenge to Victorian humanism was thought unpalatable at first, leading to Freud's initial isolation from his peers, the horrors of the early 20th century seemed to provide ample evidence of humankind's darker desires for rapine and plunder. This culture-wide shift in apprehending human nature in the West, as seen in the vulgarization of Freudian terminology in daily speech, shows that the reverberations of such shocking macroscopic disillusionment have dissipated over the decades. The atrocities of the day simply reinforce the now banal notions of instinctual aggressivity or unconscious malevolence

that Freud forged. The shock of Freud's discovery/invention and the resulting disillusionment of western culture are all but lost on contemporary humankind.

Anticipating such phenomena, but on a smaller scale, Freud did examine the psychology of disillusionment through the dynamics of fantasy, idealization, and loss. According to Freud (1964), the human infant seeks discharge of instinctual tensions (such as hunger, warmth, and the much maligned/misunderstood sexuality) through the establishment of sensual contact with objects and caregivers. Once such a relationship has been established with the caregiver, or 'good' object, tension reduction and the resulting bodily sensations are experienced by the infant as pleasure. The difficulty arises for the child when he or she no longer has access to the caregiver or object. The concomitant buildup of tension, or unpleasure, is too frustrating to bear and leads the child to hallucinate, or fantasize, the presence of the lost object in order to mitigate his or her needs. These original fantasy imagoes serve as idealizations that help preclude despair and death in the infant's perception, due to the unresponsiveness of an uncontrollable reality.

Ominously, according to Freudian ontology, these illusions serve a dual purpose. In addition to saving the infant from psychological if not physical ruin, these fantasies, via unconscious processes, serve to distort the individual's grasp of reality, leading to complex phenomena such as fantasy, neurotic complexes, and defense mechanisms. The infantile idealizations are given up with only the greatest reluctance, as this decathexis of libido from an idealized or loved object entails the "work of mourning" and melancholia. Optimally, the person can work through the disillusionment and error and come to perceive the state of things as they really are. In this sense, Freud was a positivist,

eschewing subjective experience and perception as potentially faulty mirrors of an objective reality that existed apart from the consciousness of the observer. Illusions, while omnipresent and functional to some degree in sparing humans contact with the unbearable or traumatic, were seen as impediments to the psychoanalytic cure. Maturity, genital or otherwise, was directly related to a patient's loss of illusions and idealizations so as to garner understanding of his or her unconscious desires through acceptance of the analyst's interpretations concerning symptoms and life-history (Freud, 1961).

The cycle of idealization and disillusionment can also be seen in the work of Freud's heirs. Karen Horney (1950) also theorized that human neurosis occurs when a person's self failed to coincide with the expectations of an ideal self-image. The disparity between the ideal imago and the actuality of the neurotic's self, with its faults and incapacities, dictated the endless toil of repetition compulsion and self-loathing that characterized neurotic disorders. Kohut (1977) also spoke of the importance of idealization for the formation of self-structure. The nascent self incorporated psychological functions and identifications with others via the mirroring process of caregivers responding to the bodily and psychological needs of the child. These caregivers functioned as selfobjects, transitional objects of a sort that provided emotionally soothing and self-regulating functions for the child. In doing so, they erected a bridge between the child's subjectivity and a potentially frustrating external reality. Selfobjects were experienced as a part of oneself, through incorporation and identification. Eventually, through benign self-selfobject merger, a stable sense of self was constructed that permitted for a disillusionment of sorts. The narcissistic self of the child would experience an "optimal frustration" where the caregiver no longer functioned

as though he or she were simply a part of the child, but was recognized as a sentient other in his or her own right. Disillusionment, in Kohut's terms, would be the process whereby the child psychologically separates from the other, and relinquishes a purely narcissistic, and hence fantasy-based, point of view. It, too, is a loss and results in disappointments that are hopefully not too painful or inconsiderable, but just right.

Socarides (1977) has also studied the topic of disillusionment from a psychoanalytic perspective. Following Freud's lead, he viewed disillusionment as due to "1) the presence of a previously imagined or hoped-for expectation; 2) a loss or disappointment relating to this hope or expectation; 3) a subsequent loss of ability to find value and interest in things as they actually are," (p. 564). He distinguished disillusionment from depression, seeing the former relating to a disappointment in external objects and the latter as focusing on internal objects and the ego's perceived inadequacies. Disillusionment, in this light, was a defensive stance that employed the denial and projection of intrapsychic conflicts in order to avoid the pain of future object-loss, melancholia, and mourning. While disillusionment might occasionally erupt as the result of the loss of loved objects or ideals, its persistence or duration determined whether it served a normal or pathological function. Disillusionment as a continual desire to remain disappointed, left the ego unable to re-establish cathexes with new love objects and do the working through demanded by mourning. The result of such decathexis kept the personality insulated and safe, as well as empty and bored.

Buddhism

Buddhist psychology, ancient in comparison to the century-old enterprise of academic psychology, also has much to say about the phenomenon of disillusionment.

The Four Noble Truths that comprise the foundation of the Buddhist canon are essentially a structural explanation of, and recipe for psychological disillusionment. Much like a contemporary doctor, Buddhist epistemology attempts first to diagnose an illness, and then prescribe a cure (Rahula, 1959). Similar to psychoanalysis, Buddhist doctrine understands that the loss of illusions is a necessary curative in the movement towards apprehension of reality or the Absolute. "The world is its own magic. We ourselves cannot put any magic spells on it," (Suzuki, 1970, p. 61).

The First Noble Truth is simply the observation that life is suffering or dissatisfaction, physically and mentally. The Second Truth is a lesson on the causes of human suffering. Specifically, suffering is the result of human craving and the aversion-attachment persons have toward objects, persons, and desired emotional or cognitive states that are fundamentally impermanent. Ignorance of the transience of all things, including the self, is a form of illusion that ignites and then stokes the flames of desire, aversion-attachment, and ultimately suffering. The Third Noble Truth entails the promise of release from this cycle of suffering, ignorance, and illusion. Suffering, or humiliation from the ego's point of view, can be eliminated by ridding oneself of desire and ignorance. The Buddha's final truth concerns the path one takes to end suffering. This entails an eightfold path of acts and codes of conduct which are designed to aid practitioners in extinguishing desire and attachment, eventually leading to the cessation of suffering.

Disillusionment, from a Buddhist perspective, involves the intellectual and experiential awareness of the validity of these Four Truths. Epstein (1995) has commented on the similarity between Buddhist thought and psychodynamic theory,

integrating the Four Truths with psychoanalytic observations. The Buddha's First Truth is related to the humiliation of the ego in its encounters with the vicissitudes of everyday life. The victories and losses of one's ego as it compares itself to its idealizations and experiences the shattering of its fantasies lead to a state of psychological suffering and disequilibrium. Thirst, an apt metaphor for the Freudian oral stage infant greedily taking in the breast and the external world, parallels the Second Truth concerning the causes of suffering. Psychological deprivation, as well as impingement, leads to neurotic fixation on external and internal objects (the ego and ego ideal being representatives of psychological inner-space). Repetition compulsion and the desire to maintain familiar ego-states form the nucleus of one's self-identity. Unfortunately, due to the transience of the flow of experience, this egological grasping of self, other, and world is in vain and leads to psychological suffering. Epstein's (1995) psychoanalytic interpretation of the Third and Fourth Noble Truths, namely the potential for release from humiliation and the path to liberation, parallels therapy. Mindfulness, the use of attention to become aware of one's desires, aversions and attachments, allows the analysand/acolyte knowledge of his or her delusions in order to develop a posture of equanimity and openness to the flow of experience. Just as a Buddhist practitioner would traverse the mental realms of bondage to images of the self, the animal world, and hungry ghosts, each symbolizing different psychological states of bondage, the patient must come to deal with the hell of narcissism, instinctual needs, and the craving of the empty self. The meditative process, much like analysis, requires the meditation practitioner to remember, repeat, and work through attachments, idealizations, and losses. In essence, the Buddhist practitioner

becomes disillusioned, minus the negative connotations often present in the colloquial use of the term.

Cognitive Psychology and Therapy

In order to understand what disillusionment may mean from the cognitive perspective, it is requisite to first detail some basic assumptions of this theoretical stance. Human experience is derivative of an interaction between neutral external events and cognitive maps or schemata which are developed "inside" a person. These internal programs help to determine the behavioral and affective "output" an individual exhibits when engaging in an action or introspection. Acting as both filter and interpreter for external stimuli, these programs may be re-written to better aid the subject in developing a more accurate or adaptive cognitive representation of his or her self and the world.

Among the many assumptions of this model, two of the most important are: 1) the human mind operates identical to that of a computer, meaning the hardware of the brain stores, runs, and modifies schematic software; 2) human psychological experience is a function of these internal representations of reality and has little to do with the nature of the external world as it is (Miller, Galanter, & Pribram, 1960). Paradoxically, the cognitive model acknowledges an active, meaning making subject, but only within the confines of the computer in the cranium. Such assumptions can be seen clearly when examining the criteria for understanding "human" experience, namely Turing's Test, the gold standard of cognitive psychology. Turing (1950) surmised that researchers have sufficient understanding of a human thought process when an observer cannot distinguish the response of a human being from that of a computer. Cognitive flow-charts and models are developed with the assumption that the program can account for the cognitive,

affective, and behavioral experience of the human being. From this perspective, disillusionment becomes a matter of illogical or dysfunctional programming requiring revision.

Festinger's (1957) theory of cognitive dissonance states that persons often have cognitive schemata that have little or no connection with external reality. When the external pressures of the world bring the person to question the validity of his or her beliefs, these schemata are then changed to fall in line with the new events or experiences. Cognitive dissonance theory integrates well into the information processor model of the isolated human mind as noted by Holtz (1984) in his formulation that the more schemata that require modification, the greater the personal disillusionment.

Cognitive psychotherapies, such as those of Ellis' Rational Emotive Behavior Therapy (1997) and Beck's Cognitive Therapy (1976) would understand disillusionment as the result of holding irrational cognitions. Such cognitions model ideals that are fundamentally unrealizable, leading to disappointment or depressive affect when the individual fails to meet unrealistic expectations. Social Cognitive and Self-efficacy theory (Bandura, 1997) could also be used to understand disillusionment with the self and the world as due to negative, stable, global, and internally-focused attributions about the self. These attributions would leave the person feeling helpless to enact any positive change in his or her behavior and cognitions (Seligman, 1991).

Existentialism

The twin losses of meaning and identity in the modern world are the crises that focus the diverse body of literature known as existentialism. Disillusionment may not be

discussed directly in the work of many writers in this tradition, but it is inferable from common themes such as alienation, anomie, authenticity, and bad faith.

Heidegger (1962), for instance, writes about the dialectic between inauthenticity, or fallenness in "the They," and authenticity, or resoluteness in facing one's ownmost possibility for being, death. Fallenness is understood to be the condition of having simply accepted culturally pregiven meanings and projects without having faced anxiety and death. These two variables are thought by Heidegger to individuate a human being, making him or her choose what projects and meanings to take up. Inauthenticity, then, would be the result of living out the dictates and fads of the cultural epoch in which a person lives without having questioned the personal signification of such projects.

Authenticity involves a confrontation with one's finitude, ultimately death, as the upper limit/perspective from which to decide how to live an individual life. Anxiety about death and identity dissolution forces humans to make authentic choices about how to live their lives. From a Heideggerian point of view, disillusionment could mean a step from undifferentiated sameness in "the They" toward resolute engagement with the world. The person is then condemned, or allowed the opportunity, to examine the pre-given, pre-reflective meanings of his or her existence, and to choose which projects to dedicate oneself to.

Sartre (1956) also comes to the phenomenon of disillusionment obliquely through his concept of bad faith. Generally, bad faith might be understood as the refusal to become aware of the responsibility one holds for making life-choices. It is a willed ignorance that attempts to hide the fact that humans are "condemned to choose" their thoughts and actions from a universe of possibilities. To act in bad faith implies that one

rationalizes a pattern of action as inevitable, forced upon one with no subjective collaboration or collusion. The transcendence toward objects that is human consciousness (the no-thing-ness that is the space wherein the world "shows up") is reduced to the facticity, or thingness of a worldly object. Consciousness deceives itself by plummeting into identification with a particular object or path, rather than maintaining the tension and anxiety of the impossible breach that are part and parcel of existence as an intentional being. Disillusionment might be thought of as the movement from this state of self-deception and hiding toward the lived realization that one always already takes a stand in the world as a choosing agent rather than a passive object of consumption or manipulation for some Other.

Becker (1973) notes that disillusionment is the state in which modern man finds himself since he can no longer have faith in or believe the myths that have supported human identity for millennia. The ideological supports which provided subjects with certainty in their life projects, as well as mitigating anxiety about death through the illusory promise of an after-life, are held in question since they do not meet the criteria of verifiability demanded by science. Science, as an epistemological stance or way of knowing, is a continual, disciplined process of becoming disillusioned and coming to knowledge of the truth of an external reality. The state of disenchantment and skepticism promoted by the scientific mindset can lead to a supposed representative knowledge of the outside world. However, scientific disillusionment also leads to a sense of loss due to the dismissal of inaccurate cultural stocks of knowledge that once entertained and assured through their familiar illiteracy.

Paralleling Becker's macroscopic view of disillusionment, Rollo May (1991)

notes that modern humanity lacks the compelling myths that once structured both individual and collective existence. Myths, according to May, provide persons with self-identity, a sense of community or sameness with others, moral guidelines, and ultimately a fundamental meaning to creation itself. Myths are narratives or stories that place a grid of significance over the bare bones of sheer physical existence, and in doing so, protect humans from looking into the ultimate meaninglessness and void that underlie existence. Myths once locked an individual into a collective routine that quelled anxiety and provided meaning to his or her life, work, and social world. With the disintegration of western culture and its predominant mythologies (such as Christianity, Greek and Roman intellectual traditions, patriarchy, and the smugness that is the Eurocentric worldview), persons are more vulnerable to experiencing anxiety due to the collapse of guiding myths. Dwellers in the modern age lack firm symbolic foundations upon which to build a significant life. The "age of anxiety" that is today represents the culmination of mythological breakdown, with the neurotic anxieties witnessed in the therapist's consulting room incarnating social anomie and angst at a personal level (May, 1977). To support this view, May studies phenomena such as "voodoo death" and banishment where the individual is cut off from his society and culture, only to be severed from physical existence itself not long afterward. Without the social and symbolic support of cultural myths, the existential crises of identity and anxiety are too much for the "rugged individual" to stand. Anxiety, as the foundation of all emotions, is thought by May to erupt when the person experiences lack of fit between self and environment that calls into question the coherence of one's identity and the meaning of the world. For modern

humanity, bereft of myth, an anxious not-at-homeness pervades Being, refusing to unite them with the world and each other. Drugs, alcohol, frenetic activity, or idle talk attempt to fill this gap in personal being, but to little avail. It seems that humans are indeed free to choose, but optimally from a mythic table of nourishment that has pre-existed their personal existence and which unites them with others at the banquet, as well as saving their seats. If no such cultural table of riches exists, then these individuals are condemned to live "hand to mouth."

Puhakka (1992) presents a unique synthesis of existential thought on disillusionment. Tracing an outline of both Heidegger and transpersonal psychology, she sees the process of disillusionment as a fundamental reduction of all worldly entities and meanings to a singular "universal equivalence." The anxiety that flows beneath daily human existence, specifically the fear of death and dissolution, is but an intimation of this profound sense of insignificance and transience. "The power of this despair derives from its ontological depth. What is at issue is not the worthlessness or insignificance of my life, but my being in the world, the world being there at all. This despair spares nothing but cuts to the core of existence itself, and is thus truly 'ontological'" (p. 38). However, rather than remaining in a nihilistic impasse, the disillusioned self is capable of performing an identification with the inherent flow and eclipse of the world at large. The boundaries of the ego are dissolved or expanded in order to achieve a unity with the factual universe, promoting a transparency in perception and experience, a supposedly 'truthful seeing.'

Van den Berg (1974) theorizes that the destruction of the European feudal caste systems by industrialization and population drift from the countryside to urban centers

signaled the crucial moment when alienation and disillusionment came to play in western civilization. No longer living the part of lord or serf, European man experienced an identity crisis and social upheaval. Disillusionment could perhaps be understood as the result of the breakdown of the roles of the manor system and the consequent ambiguity of distinguishing new roles for self and other in their relation to the world. Problems arise, however, when psychologists begin to speculate on the effects of social and economic trends on human psychology, as they tend to prize intrapsychic or individualistic explanations for macro-level phenomena. Van den Berg's pining for that yesteryear of security, provided by an unchallenged Eurocentric hegemony and a medievalism where everyone knew his place, parallels conservative and religious fundamentalists who long for an oppressive, though stable, social order that was somehow lost. Perhaps the upper echelon western neurotic would rest more comfortably had his elitist worldview not been challenged by the Otherness of women, gays, Blacks, etc. These sociologically oriented criticisms will be discussed in a later section of the dissertation.

Two qualitative research studies grounded in existential philosophy and thought have been conducted on variants of disillusionment. In an existential-phenomenological study on disillusionment, Holtz (1984) attempted to define disillusionment as an affective event, similar in some ways to disappointment or sadness (Schur, 1978). The difficulty with this position is that while disillusionment as a relationship between person and world does indeed involve mood, it is not limited to the realm of the affective or what Heidegger would refer to as *befindlichkeit* (the moodedness that one always already finds oneself in when engaged with the world).

Halling (1996) also conducted an existential-phenomenological study of disillusionment, but only focused on interpersonal relations. He found that the grounds for becoming disillusioned with another often included an initial idealization of and identification with someone. When disillusionment struck, taken-for-granted meanings and assumptions concerning other and self were seen as illusions. These illusions made a mockery of one's past experiences of the idealized other and closed the anticipation of future relations with him or her. Interpersonal disillusionment formed a structure that condemned sufferers to realize that both self and other lacked the distinctiveness once assumed, calling into question cherished beliefs about both.

Postmodernism and Social Disillusionment

Common notions of disillusionment take into account only a realist understanding of truth in human experience as that which corresponds or mirrors an external, objective reality that is laid bare to post-disillusionment eyes. Other perspectives, such as postmodernism, might view disillusionment as a more complex phenomenon involving a subject rejecting a non-functional ideological system or worldview for a more compelling, yet equally situated, narrative of self, other, and world (Zizek, 1998). Truth is understood no longer as a correspondence with a transcendental object, but as a function of the use-value of a narrative to produce a particular type of human being (Wittgenstein, 1953). Postmodernism borders on pragmatism, both negating the significance of a Grand Unification Theory of Being, Meaning, or the confluence of both.

The colonization of the unconscious with images taken from consumer society shows very clearly, according to Jameson (1991), that no unique, internal essence is left to ascribe to the self. That which seems the most intimate, "true" facet of one's personal

being is, in fact, an incorporation of cultural commodities and images fashioned by other humans to sell products and manipulate social relations. What had been conceived of in the past as being the quintessence of humanity (be it rationality, aggressivity, or sexuality) is viewed as a socially contrived phenomenon grounded in an historical epistemology (Foucault, 1980). The quasi-mystical sentimentality of humanistic conceptions of a basically good self in a benign universe or a fit Darwinian specimen are not merely relinquished by postmodernists, but deconstructed to show the hidden agendas and power relationships inherent in these belief and myths.

Postmodern disillusionment might be a contradiction in terms as the general lines of thought which define this movement no longer adhere to definitions of truth and reality which made the stripping away of illusions meaningful. Postmodern disillusionment becomes a general stance towards the world. This stance involves maintaining a state of disbelief or skepticism where the individual refuses to ground knowledge in one totalizing metanarrative such as Freudianism, Marxism, capitalism, or heterosexism. As such, it is a condition to be cultivated and maintained instead of avoided or worked through.

In conclusion, disillusionment is a phenomenon that has been addressed, directly or indirectly, by many of the major psychological and philosophical schools. Generally, disillusionment is a stance that can be taken by anyone who has lost a highly valued ideal, worldview, expectation, or hope through a traumatic encounter with something that derails taken for granted meanings and identifications. The next section of the review will begin to look in earnest at disillusionment through the eyes of the psychotherapist in

order to build a context for understanding the particularities of how this phenomenon manifests itself in the consulting room.

The Disillusionment of the Psychotherapist

Numerous hazards exist for the practitioner of psychotherapy. Burnout, professional isolation, the stress of dealing with patients' negative affect, lack of reinforcement for or progress in therapeutic work, and the restrictions of managed care are all potential difficulties for the psychotherapist (Berkowitz, 1987; Farber, 1990; Freudenberger, 1974; Guy, 1987;). Such stressors, alone or in combination, could lead to a therapist losing the ideals that originally called him or her into the profession. That loss, as well as the frustration of a therapist's hopes and dreams regarding his or her work, might eventually force the psychotherapist to call into question the meaning of one's profession, his or her relationships both in and out of the field, his or her personal identity, and eventually the very foundation or meaning of the life-world that he or she had taken for granted or idealized. In essence, the therapist would experience disillusionment regarding the profession of psychotherapy.

Unfortunately, the disillusionment of therapists with the field of psychotherapy has not been a topic deemed worthy of interest to researchers. Related subjects such as burnout, potential therapist pathology related to burnout, and the satisfaction of professional therapists with their work have been studied, and some have even mentioned disillusionment (Pines, 1993). However, such curt references to therapist disillusionment have seen it as part of the burnout syndrome or a symptom of psychopathology rather than a viable phenomenon of human existence unto itself, and hence worthy of study (Cooper, 1986). This study purports that disillusionment is a subject that is fundamental

to human beings and their developmental processes and is worthy of focused investigation. Psychotherapist disillusionment, in particular, is an important starting place, since this profession deals with the tribulations of neurotics, psychotics, and personality disorders (in short, the disillusioned masses). To aid the suffering of these patients, the physician, or in this case the therapist, must truly heal him or herself first.

Psychological Phenomena Related to Disillusionment

Several areas of psychological research overlap with or are related to psychotherapist disillusionment with the profession. These include research on the topic of therapist burnout, therapist personality characteristics and styles of relating that could predispose the self to burnout, and the study of disappointment. It should be restated that none of these topics encapsulate disillusionment, but all have the potential to be subsets of disillusionment as a stance towards self, others, and the world.

Burnout

Burnout in psychotherapists has been defined as the loss of concern and positive feelings for clients involving a decline in the quality of service (Edelwich & Brodsky, 1980; Freudenberger, 1974; Maslach, 1978a). According to the Maslach Burnout Inventory (Maslach & Jackson, 1981), the dimensions that define burnout include: 1) emotional exhaustion, 2) depersonalization, and 3) personal accomplishment. High emotional exhaustion and depersonalization scores along with low personal accomplishment scores indicate that a person is experiencing burnout. Research into the causes of burnout has investigated a number of variables ranging from the intrapsychic processes of the therapist, environmental or institutional factors, to interactions between intrapsychic and social variables (Berkowitz, 1987; Grosch & Olsen, 1994). Some studies

explored the incidence of burnout as related to theoretical orientation and type of training program, finding little or no relationship (Rasch, 1987). Other researchers (Horner, 1993) have investigated therapist impairment or character pathology in relation to burnout. Interestingly, the personality or pathology of the therapist counted little in explaining the likelihood of psychotherapist burnout compared to the type of work environment the therapist had (Racquepaw & Miller, 1989). Specifically, psychotherapists in private practice had a lower incidence of burnout than therapists who worked in institutional or social service settings.

While some of the aspects of burnout (i.e., depersonalization, the lack of a sense of personal accomplishment) do coincide with disillusionment, the sum of these correspondences do not exhaust the experience of psychotherapist disillusionment. Using burnout to define disillusionment assumes that the construct of burnout has precedence over the experience of the disillusioned person, entailing all of the nuances potentially experienced by him or her. Instead of forcing subjects to respond to a given theorist's conceptualization of disillusionment, a phenomenological method can gain a first-person account of therapist disillusionment that may or may not support the presuppositions of the burnout construct.

Personality Characteristics and Styles of Relating:

Research into the similarities of therapists' personalities and relational styles has provided some interesting fodder for thought. Guy (1987) has found that from an early age, many therapists have had close relationships with their mothers or caregivers, acting as both confidant and emotional holding environment for the mother or primary caregiver. In this way, the child learns that in order to have his or her needs or demands

for love and recognition met, she or he must take care of the narcissistic parent (Miller, 1981). The “parentification” of the child (Mika, Bergner, & Baum, 1987) actually predisposes him or her to develop those qualities (listening, empathizing, advising) that make up a seasoned psychotherapist. Unfortunately, these styles of relating to significant others have toxic psychological costs to the child and to those who wish to relate to him or her outside the arena of therapy, domestic or otherwise.

Guy (1987) sees emotional distress and psychopathology in interpersonal relations as a common trait among persons who become psychotherapists. Miller (1981) purports that the children of narcissistic parents who attend to the needs of others manifest a degree of masochism in their unsuccessful attempt to win love and recognition for their deeds rather than their being. Glickauf-Hughes and Wells (1996) understand masochism to be the “intractable attachment to love objects who give substantial non-love in return,” (p. 55). As regards the child, the masochism inherent in always being the affective and experiential container for the parent takes a psychological toll. The child must abdicate substantial portions of the self and self-experience in order to meet the demands of the caregiver for recognition and soothing. Aggression and disappointment related to the parent is often dissipated by the utilization of idealization and fantasy in order to avoid the painful realization that one’s original love-objects have failed and to ward off painful longing for the parental love that never was (Glickauf-Hughes, 1994). This deployment of fantasy could make the personality of the child, and the therapist to be, vulnerable to unrealistic expectations of themselves and the profession. Fantasmatic overcompensation could also make the therapist susceptible to the unconscious “acting out” of aggression or the desire for omnipotence and omniscience in countertransference

reactions to patients (Guy & Liaboe, 1986a). The excessive use of idealization and fantasy as defenses against disappointment could leave therapists vulnerable to disillusionment as their fantasies concerning the profession and themselves have little chance of living up to their perfectionistic standards (Glickhauf-Hughes & Mehlman, 1995). Along this line of reasoning, Farber (1990) found that younger therapists working in institutional settings where policies often interfered with treatment for patients were the most likely to burnout. Perhaps the encounter of a basically good, idealistic nature with unexpected evil and callousness breaks the spirits of these therapists. The plague afflicting the novice therapist can be formalized as "the greater the discordance between one's ideals and the world, the more disillusioned the soul."

The dynamics of caretaking and masochism often make the treatment of psychotherapists in therapy especially challenging (Fleischer & Wissler, 1985). Therapists are accustomed to the role of helper instead of sufferer, and are loath to admit failure in living up to the high ideals set by themselves and the profession. Audience sensitivity, parentification, perfectionism, and the feeling that one is an impostor all seem to plague therapists in their own personal treatment (Glickhauf-Hughes & Mehlman, 1995). Being oriented toward the needs of others, employing idealization as a defense, and seeking to live up to an impeccable ego ideal provide the basic ingredients for psychotherapist disillusionment.

Disappointment

Disappointment has been studied by both traditional and phenomenological methods in psychology. According to behaviorists, disappointment may be thought of as the consequence of the lack of a reward or reinforcement for a given behavior that has

come to be expected by the subject (Skinner, 1971). In short, it is the subjective correlate of extinction. Schur (1978) conducted a phenomenological analysis of disappointment, finding that while both disillusionment and disappointment involved the loss of an ideal regarding a person, a belief, or the nature of the world, disappointment was primarily an affective response to this loss. Disillusionment seems to be more of a position from which one sees self, other, and the world that could encompass disappointment as a dimension of itself. Generally, disappointment and disillusionment have been confused at times, probably due to little investigation being conducted to distinguish what, if any, differences exist between the phenomena.

Psychotherapist Disillusionment with Psychotherapy

Social and economic pressures seem to be eroding the security and prestige that once characterized private practice in psychotherapy. Managed care organizations and restricted access to psychological services through insurance limitations diminish the availability of therapy for clients (Mallik, Reeves & Dellario, 1998). They also banish the feelings of autonomy and accomplishment that therapists hold concerning the profession (Moldawsky, 1990; Zimet, 1989). Therapists must submit once confidential patient records for review by non-professionals working for a managed care organization, appeal session limitations, dispute payment capitations, and often continue treatment after reimbursement has been denied (Appelbaum, 1993). These stresses, added to the already strenuous demands of the profession, can only undercut therapists' feelings of self-efficacy and worth. In addition, biological psychiatry's armamentarium of drugs has become the treatment of choice for psychological disorders, replacing an ethos of care with another based on cost-effectiveness and efficiency (Breggin, 1991). By ignoring the

social and relational components of psychological dysfunction, the psychiatric model relegates all disorders to the realm of the “broken brain,” with cure defined as the normalization of neurotransmitter levels and the pacification of the patient. This pacification is two-fold. First, the patient is made dependent on a doctor-expert, and is told that his or her experience and life-contexts are relatively unimportant or unrelated to psychological problems. Second, the sentient patient, already a “living corpse” for the physician, becomes a passive consumer, a collection of billiard balls from 19th century physics. In a society craving instantaneous relief from suffering or intoxication instead of pain, consumers are taught to desire the quick fix of miracle drugs and narratives that pacify mind and body. It should come as no surprise that such a view of the self, and of psychological crises, has done more to discourage therapists than clients. The medical model supports a worldview that disdains the majority of values behind psychotherapy. Insight, awareness, action, repetition, working through, and liberation have no meaning when seen from the viewpoint of a molecule.

Psychotherapists, like other healthcare professionals, are susceptible to burnout, but perhaps more so now than ever before in their history. With the very symbolic foundations of the therapeutic discipline losing a place in the cultural pantheon, all the ingredients for disillusionment seem to be in place. The loss of a collective ideal of what psychotherapy is or does, its effectiveness, and equally important, one’s identity as a healer all seem to lead to that null space that is disillusionment. The deconstruction of comforting myths that provide symbolic and practical meaning to being a therapist could exacerbate anxiety in the practitioner just as the loss of cultural mythologies leaves the excommunicated in an existential vacuum (Hillman & Ventura, 1992; May, 1991).

Managed care and cost effectiveness embody the economic bottom-line of efficiency and utilitarianism, and are opposed to the humanistic and organic processes involved in psychotherapy as practiced by non-behaviorists throughout this century. The requirement that any given patient must solve his or her problems in six to eight sessions is yet another example of a dehumanizing process that levels all persons and agonies to an undifferentiated sameness, and amplifies the anomie and uncanny distance between self, other, and world. For persons who became psychotherapists in order to have meaningful personal contact with others, the irony is that the organic, fluid, and often cyclical process of change is forced to conform to an inhumane, irrational, and bureaucratized measuring stick. The final insult added to injury is the requirement that psychotherapy, once thought an intimate and unique process of personal growth or exploration, becomes another mass-produced trinket, standardized according to "dosage," "form of treatment," and "length of regimen." It is little wonder then that individuals who entered the profession with an aspiration beyond that of being a poorly-fashioned, low paid, mime of a medical doctor might feel some discordance with the state of being a therapist at the end of the 20th century.

The purpose of this phenomenological study is to describe psychotherapist disillusionment with psychotherapy in order to come to understand the phenomenon on its own terms, without truncating the experience to fit pre-existing theoretical constructs. It is the researcher's hope that a firsthand account of the experience will provide insight into the subjective impact of the loss of one's illusions concerning psychotherapy that would otherwise be impossible were questionnaires and surveys administered in order to justify a given theory or prejudice. A phenomenological interview was conducted with

eight psychotherapists. These subjects were asked to describe, as comprehensively as possible, an experience of being disillusioned regarding the profession of psychotherapy. These interviews were then transcribed, and thematized. Commonalities and diversions amongst the profiles were examined. The results were then discussed in the light of psychological and critical social theories concerning disillusionment in order to provide a hermeneutic context for understanding the phenomenon on subjective, philosophical, and socio-cultural levels.

Chapter II: METHODOLOGY

Phenomenology: Its History and Method

The Victory of Positivism in the Human Sciences and the Birth of Phenomenology

Phenomenology began as a philosophical “response” to the rampant logical positivism of the late 19th and early 20th centuries. Logical positivism was a branch of philosophy that used a reductionistic approach to studying both natural and human phenomena. In order to maintain clarity, positivism employed a rigorous subject-object dualism that was supposed to enable the elimination of subjective biases that interfered with ways of knowing the “Truth” of the material world. The subjectivity of a researcher was seen as a hindrance to arriving at a mathematically or experimentally verifiable fact. Science of this era worshipped at the altar of objectivism, a naïve concept that “refers to the meaning that the world would have in itself independently of any man as a questioner of the world,” (Giorgi, 1970, p. 112). Objectivism demanded the extraction of any trace of the person from the forming or “discovering” of the laws of the natural world, including, paradoxically, the human world. This may be seen as contradictory when considering the nature of a human science such as psychology, since its subject matter is peculiarly self-reflexive (the mind observes itself as an object of study). Yet, science of the 19th century was based upon an ideal of mastery, and a near-religious faith that the scientific method would guarantee “man” (most assuredly, the European, white man of the upper classes) mastery and control over the heavens, earth, and even himself. Such a view of science came to be known in philosophy as “scientism,” (p. 102). This particular brand of scientific epistemology, replete with its own methodology and definitions, served well for a limited time in chemistry, biology, physiology, and other hard sciences.

Historical events throughout the 19th and early 20th centuries also contributed to popular definitions of science and progress. These definitions, based on the expansion of the human capacity to control and dominate nature and each other, were often beneficial to the robber-barons of capitalism and industry, as well as “disinterested” parties and seekers of knowledge (Zinn, 1980). Promises of progress or improvement motivated the great leaps in science and technology during this era, yielding fortunes for the captains of industry and dehumanizing impoverishment for the men, women, and children whose bodies and minds were rendered asunder by the gears of wage-labor, subjugation, and colonialization.

Within the German academic system (the most advanced educational system of the late 19th century, where most of the founding fathers of American psychology trained at one time or another), some thinkers such as Dilthey began to distinguish between the natural sciences (*Naturwissenschaften*) and the human sciences (*Geisteswissenschaften*), suggesting that each should conduct research according to different methodologies (Bleicher, 1980). These research methods were to be customized in order to fit both the field of study and the knowledge desired by the researcher. Natural sciences sought knowledge, explanation, and manipulation. The human sciences, in contrast, focused on understanding and interpretation. While reductionism may work well for simplifying complex physical systems, an interpretive method that investigated the meaning of human relationships and social structures was seen as prerequisite for studying psychology or sociology.

However, when it came to mainstream research practices in the human sciences, the methodology of reducing human phenomena to their simplest material elements and

relationships seemed to dominate (Giorgi, 1970). As regards psychology, the field of permissible objects of study was truncated to behavior, physiological processes, or operationalized constructs which were supposed to represent personality or motivational variables. A person's experience of psychological states or the world tended to be dismissed as irreparably biased or distorted, and hence of no consequence. Thus, human experience, that which a layperson might think to be the object of psychology's affection, was subtracted from the list of important research topics. It was not until humanistic psychology and the "cognitive revolution" of the 1960's forced researchers to re-admit consciousness into psychological research that the introspection from which psychology originally emerged came back to life (Bruner, 1991). Humanistic psychology, especially, was heavily influenced by phenomenological philosophy with its influence on describing and understanding subjective experience and meaning. Thus, all the while, phenomenological psychology has existed as an alternative to mainstream research paradigms, whether in out-of-the-way university psychology departments or field researchers. Recently, more established scientific disciplines such as counseling psychology have come to question the viability of adhering solely to mechanistic/quantitative methodologies, and have demonstrated some openness to phenomenological or qualitative programs of research (Hoshmand, 1989).

A Brief History of Phenomenology

Though a complete account of phenomenology's history cannot be given here, a brief outline is given to familiarize a reader with the major approaches. Franz Brentano, an Austrian professor who was to teach the likes of Freud, father of psychoanalysis, and Husserl, founder of phenomenology, originally explored the possibilities of finding the

essential structures or *eidos* of subjective experience. Edmund Husserl, originally a mathematician, was deeply influenced by his teacher and followed Brentano's idea to give birth to one of this century's most influential philosophical schools. Husserl's transcendental phenomenology attempted to find the essential structures of an individual's experience of something (Husserl, 1970). This was accomplished through the "bracketing" of one's presuppositions and biases, or what he called the "natural attitude," the accretions of always present theoretical ways of interpreting the world of experience. It was Husserl's contention that beyond this layer of pregiven meanings, a fundamental experience of a particular object could be had. This version of phenomenology was to last until the madness of early 20th century European history altered some of Husserl's original beliefs about the possibility of having an ahistorical experience of an object. His transcendental subject (a consciousness which is not affected by History and can have direct, unmediated experience of some Object), became an embodied, desirous being who lives in a world of others and has particular relationships to this world as well as the past, present, and future. Husserl had many students, and some of these furthered phenomenological thinking while altering the trajectory set by its originator. These rebels extended phenomenological methods to psychiatry, sociology, psychology, and psychoanalysis.

Two of Husserl's most influential students were Martin Heidegger and Maurice Merleau-Ponty. Heidegger, a German philosopher (and at one time Nazi), has had a remarkable impact on the thinking of many psychiatrists, psychologists, and analysts with his phenomenology of *dasein* (a German colloquialism for human "being-there"). It is as an alternative and a resistance to psychological theories that partake of positivism and

operationalized constructs that Heidegger's work has attracted psychologists.

Following Husserl's lead, Heidegger performed a phenomenology of the everyday life-world of *dasein* that is prior to the "worlds" of science, technology, or even psychological theory (Heidegger, 1962). Just as geometry and the world of Ideal Forms is considered an abstraction from the primordial experiential world of human beings, Heidegger keenly perceived philosophical and psychological accounts of humankind to conceal the nature of human being and its significant environs. Rather than molding man to the machine/model, the analytic of *dasein* restructures the centuries old question of the meaning of being. Usually, humans have attempted to find out the nature of the intrawordly entities that they encounter or create, using them as the template for understanding themselves (e.g., computers and the cognitive revolution of the late 20th century). Heidegger sees this as placing the cart before the horse, since it leaves undetermined the nature of the very being whose being is a question for itself, namely *dasein*.

Unlike Husserl, Heidegger starts with examples of an embodied *dasein*, always already involved in the world, using "equipment" (a generalized term that includes everything from hammers to the sign systems of language) in its concernful dealings with the world. Humans, hence, can have two basic experiences of the things that appear before them. Items can be "ready to hand," meaning that they are used in a particular context in a pre-reflective manner. Persons come to know what a hammer is through using it to drive a nail. This contradicts a Cartesian type of cognitive viewpoint wherein a person is a blank slate upon which is inscribed various approximations of the constituents of a hammer, its use-contexts, etc.. These are built upon one another in the same way that

a computer program is constructed. This type of "alienated" consciousness is concerned with what Heidegger termed the "present at hand," the "bare objects of pure disinterested perception... the debris of our everyday practical world left over when we inhibit action," (Dreyfus, 1991, p. 47). We are open to the spectacle of the world, finding ourselves, self-consciously, in it only as our way of coping or acting encounters break downs and obstacles in our everyday life-projects; we are, so to speak, concerned absorption in the world. This bare bones sketch of Heidegger must include his view of *dasein* as being affectively attuned to the world. Nowhere does *dasein*'s moodedness show itself so clearly as in its anxiety towards its ownmost possibility for being, not to be outstripped, namely death (Heidegger, 1962). It is in facing its own impossibility that *dasein* is "individuated," and its existence's meaningful horizons shown. Thus, death as the ultimate horizon for grounding the meaning of one's life became a central focus of existential-phenomenological thinking and research, as exemplified by the work of Rollo May and Medard Boss.

Merleau-Ponty, a French philosopher, furthered Husserl's phenomenological project by studying the body, behavior, and perception as experienced by a person. The body as conceived of by science was a collection of organs, each of which served a particular physiological function, mimicking a clock of sorts with all its concomitant gears and pulleys. The modes of having a body or being a body were ignored by scientific inquiry, except as indications of pathology or faulty judgments such as the phantom limbs of amputees (Merleau-Ponty, 1962). Perception was understood by science as a collection of disparate stimuli that must be organized into a gestalt that represents the object perceived. Behavior, too, was traditionally seen as the result of

reinforcement schedules, without any sentimental intentionality on the part of the person acting. The word "act" was in fact, inexact as the subject doing the acting was just a billiard ball in a mechanistic universe and not a conscious, participating factor in behavior. These positivistic theories of the body and perception were based on an objective god's eye viewpoint that was everywhere and nowhere, allowing for scientists to mentally break down a phenomenon to its simplest parts and infer the relationships between these parts.

For Merleau-Ponty, the body was not another object in a collection of objects with which we have come to use or identify. We did not merely "have" bodies. We were our bodies. The lived body was our potential to engage and act in daily projects, often at a pre-reflective or habitual level. The objects we encountered were not synthesized out of stimuli and represented to us, but appeared in their entirety, each having a certain valence and meaning that we did not impute but that was always already given to us by the facticity of the body's inherence in the world. We find "my personal existence must be the resumption of a prepersonal tradition. There is, therefore, another subject beneath me, for whom a world exists before I am here, and who marks out my place in it," (Merleau-Ponty, 1962, p. 254). The space in which both body and objects exist is not a three dimensional Cartesian grid, but a lived space which is carved out as the body encounters the world in its daily projects. Objects are near or far, up or down, handy or not. Space, rather than being an empty container or place, is the very connecting tissue that inheres both body and objects into meaningful relationships.

This type of description signaled a radical departure from positivistic theories of perception and physiology. Phenomenological methodology has sought to describe

human experiences and behaviors rather than explain and manipulate them. This is the crucial difference between natural science methodologies and human science methodologies such as phenomenology. While linguists may analyze the phonemes of a poem, they are not privy to the meaning and experience of the poet or his audience. A similar situation exists regarding psychological inquiry based on natural scientific methods and biases. While much may be learned about supposedly objective aspects of human psychology (such as behavior), other equally relevant phenomena (such as experiences of love, anxiety, depression) are relegated to the trash heap. Phenomenology is a corrective for the depersonalization and reductionism of research methods based on a 19th century conception of physics, truth, and objectivity.

Hermeneutics, originally the "science" of interpreting the meaning of sacred texts by comparing parts of a narrative to the whole, and vice versa, has been used as a method for doing phenomenological research (Bleicher, 1980). Hermeneutics can provide researchers with philosophical tools for interpreting texts, discourses, and self-narratives. Recognizing historical contexts (taking into account the limitations history imposes on knowing or objectivity), understanding the dialogical (as opposed to monological or dialectical) nature of grasping a phenomenon, and seeing language as creating rather than representing experience or objects are hermeneutical propositions involved in analyzing a text. Since any phenomenon or experience is only describable and understandable through language, the hermeneutic principles outlined previously are applicable as considerations for conducting phenomenological inquiries. Hermeneutics also permits the questioning of philosophical assumptions such as the objectivity that many sciences take for granted. Objectivity has often been defined as a state of observation outside the

influence of prejudice or emotion that allows one to see an object or phenomenon as it really is. This naïve definition may serve well in chemistry but is problematic in the human sciences. The interpretation of an historical event demonstrates the multifarious ways in which a situation may be accurately described (as in the Japanese bombing of Pearl Harbor: for Americans, it was a sneak attack by racially inferior cowards, while Japanese perceived the action as a necessary military strike to end unfair American imperialist influence in Asian military and economic affairs). The rightness of a given interpretation is more a function of who has the cultural hegemony to write and promote official accounts of phenomena rather than the description's utility or truth-value (as in the U.S. lambasting Japan in 1991, the fiftieth anniversary of the Pearl Harbor bombing, for not showing enough repentance for its 'crime' of fifty years plus).

Social class, gender, economics, politics, education, and power contribute to the construction of particular bodies of knowledge. These influences cannot be factored out of research, and thus prevent the creation of an interest-free or unbiased body of objective knowledge in the social sciences (Gergen, 1991). This kind of bias, masquerading as objectivity, can be seen in supposedly scientific treatises based on natural science paradigms in psychology such as Murray and Herrnstein's (1995) The Bell Curve. In this way, covert political and racial biases may be dressed in the finery of objectivity with all the frills of prestige, power, and legitimacy. Hermeneutics provides researchers with a postmodernist vision of epistemology, taking into account the subtle influences of power, economics, politics, race, gender, history, and class that are often left unseen and unspoken in supposedly objective, traditional narratives.

Phenomenology as Research Method

Phenomenology is a research method and philosophy which has as its guiding statement, "to the things themselves," (Husserl, 1970). In regard to research, this means that the phenomenological method does not employ guiding theoretical hypotheses that seek confirmation or rejection in investigative studies. Phenomenology as a research method neither proves nor disproves a particular hypothesis, but instead aims at getting a full description of individuals' experiences, teasing out common meanings and themes in these descriptions (Pollio, Henley & Thompson, 1997). According to Polkinghorne (1989), "the investigation of conscious (or "lived") structures involves distinguishing those aspects of an experience that are invariant and essential, making the experience show up as the kind it is—that is, as the typical way in which a phenomenon presents itself in experience," (p. 42).

Ideally, the research question itself should dictate the methodology employed in a study (either qualitative or quantitative). In this way, at the very least, the active participation of the consciousness of the inquirer shapes the data to be found. Phenomenology magnifies this tendency to implicate the subjectivity of the researcher (as well as the participants) in the results of the study, since the interview is an intersubjective process which creates a dialogue to be interpreted or understood. This may decrease the generalizability that could be attributed to the results of this research, since the specificity of the researcher, subjects, relational context, history, and type of consciousness may be radically unique to a given experience and research project. Yet, the phenomenological method yields a degree of depth and understanding of a phenomenon that is unmatched by other methods. The truth of the phenomenological enterprise resides not in some impersonal recall of facts, figures, or even eidetic structures, but in a conversation or

narrative that weaves together memory, feeling, and experience, thereby allowing a researcher to understand the meaning of a subject-participant's experience (Kvale, 1996). Kvale distinguishes two modes of conducting research in the social sciences, each with its own conception of truth. The first is that of a miner who seeks to uncover a truth that has always existed, but remained hidden. The second is that of a traveler who journeys forth and has conversations with those he meets along the way—the very process of traveling and conversing (elaborating experience) being the truth itself.

Phenomenological research maintains that the truth of someone's experience comes into being as a description or narrative unfolding in the context of the interviewer-interviewee relationship. The participants co-create truth in their conversations (truth being defined as the meaning of an experience and its comprehension). Hence subjective truths, in the Kierkegaardian sense, and not objective truths are prized in this form of research.

A phenomenological interview has certain qualities that distinguish it from other types of qualitative research, as well as quantitative methodologies. A twelve aspect interview protocol such as Kvale's (1983) can provide a template of what makes up a phenomenological research interview. The research interview may be thought of as having twelve facets.

It is: 1) centered on the interviewee's life-world; 2) seeks to understand the meaning of phenomena in his life-world; it is 3) qualitative, 4) descriptive, and 5) specific; it is 6) presuppositionless; it is 7) focused on certain themes; it is open for 8) ambiguities, and 9) changes; it depends upon the 10) sensitivity of the interviewer; it takes place in 11) an interpersonal interaction, and it may be 12) a positive experience (p. 174).

Basic Phenomenological Procedure

Phenomenological research is unique in comparison to natural science methods of conducting inquiries. Rather than searching for nomothetic laws governing experience,

phenomenology prizes idiographic snapshots of human experience. The phenomenological method allows researchers to gain an in depth understanding of a person's lived experience, yet due to the subjective nature of the collaboration between interviewer and interviewee, perhaps limits the generalizability of the results of a given study. Though another researcher in essence could reproduce a given phenomenological study, it is necessary to point out that the phenomenological method takes note of the unique effect a particular interviewer has on a particular participant. As peculiar human beings with finite and ever-changing perspectives, the interviewer and each participant will grasp and elaborate upon different aspects of the phenomenon under investigation. In the sense that a researcher is involved in this way with data gathering, their subjectivity is co-implicated along with the participant's in the information gained. Each interview allows the researcher to grasp a profile of the phenomenon studied, which can be incorporated into a later, more intricate description of the phenomenon. As it is expected that the interviewer and participant will interact, dialogue, and in the interview situation, have a unique and hopefully enlightening encounter, there is no incessant worry about controls, or contamination of data by the interviewer. They are co-participants in the research process and the generation of data. This is simply accepted as one of the characteristics of the phenomenological approach and a natural phenomenon in-itself concerning human science approaches to research (Giorgi, 1970). The incompleteness of the study of a human phenomenon is due to the accepted perspectivity of both researcher and participant, as well as the often changing nature of the phenomenon under exploration (Merleau-Ponty, 1962).

The next procedure taken, in following the phenomenological methodology of a number of researchers (Kvale, 1983; Van Manen, 1990; Wertz, 1983), would be the

transcription of data from tape to paper. An analysis of the transcript would be performed which would provide a coherent, step-by-step guide to seeking common meanings from the participants' interview data. At this point in the data analysis, it is necessary to bracket theoretical presuppositions that may prematurely attempt to 'interpret' a phenomenon (this is also known as performing a phenomenological '*epoché*'). This means that the researcher must move into the meaning-world of the individual interviewed, listening to what the interviewee has to say without forcing the description into some preconceived theoretical framework. One way of checking for certain whether the researcher's presuppositions have been bracketed is to dialogue with the research supervisor in order to bring to light any presuppositions which the researcher may be naïvely holding onto or unaware. Though the optimal goal is to arrive at an unbiased description of the interviewee's experience, a phenomenologist influenced by postmodernism might conclude that such an exercise of purging the researcher's subjectivity and theoretical biases is, at best, useful for removing overt biases or distortions and, at worst, a token gesture that can lead to a false sense of security in the knowledge gained.

The next stage of analysis would involve the researcher immersing himself into the data by listening to the taped interviews made with the subject-participants concerning their description of a phenomenon. The researcher begins reading the transcripts of these tapes several times over, attempting to get a sense of the whole interview at first, and then later delineating units of general meaning. This elaboration of meaning does not at first address the specific research theme, but seeks to clarify specific meaning inherent in the individuals' description of their experience. After determining over-all units of meaning, it is then possible to isolate those units that are relevant to the research question concerning an

individual's experience. Before enumerating how many times certain meanings occurred, it is first necessary to catch each instance of the meaning in terms of its context. Specifically, how the participants said something, and what inflections were used. By doing this, redundancies in meaning (e.g. two different statements that imply the same meaning) may be eliminated.

After eliminating redundancies, it would be possible to cluster units of relevant meaning into central themes. In a study on the meaning of scientific inquiry, for example, science may be described as 1) a way of getting things done, 2) making the world a better place, or 3) allowing control of the human environment. All of these specific themes may then fall under the general theme of science seen as a tool. Once a series of themes has emerged from the interview data, it is necessary to check the validity of the themes found so far. The subject-participant, through dialogue with the researcher, helps to determine the accuracy of essential themes drawn from the interview. If a participant invalidates a theme, dialogue with the research supervisor may allow a clarification of whether a potential theme is kept or not. A modification of the themes may or may not be required after this last process.

After reviewing, and if need be, modifying the themes, the identification of both general and unique themes from all of the interviews with the participants can be concluded. At this time also, consultation with the research supervisor can provide another perspective on one's judgment of like themes emerging from the comparison of interviews. The results obtained in the form of general themes, unique themes, and their contexts can then be written. The report should capture the participants' experiential essence of the phenomenon being investigated. Future research could take place by replicating the phenomenological

study in order to see how the themes elaborated withstood changes in context, subject-participants, and researchers. Also, in the tradition of Ricouer (1970), phenomenological accounts of experience may be interrogated by theories which purport underlying structures which influence or create conscious experience (psychoanalysis, Marxism, and critical social theory have all been used to elaborate upon phenomenological investigations). This study, similarly, would also utilize a hermeneutical-phenomenological analysis in which the naïve existential themes titrated from the participants' descriptions would be contextualized by critical social theories providing rich interpretive perspectives regarding the phenomenon of disillusionment. In doing so, the researcher acknowledges his bias in favor of a hermeneutic approach to phenomenological inquiry as opposed to an existential-phenomenology that maintains a supposedly atheoretical or transcendental perspective on the experience being studied. Human beings are dependent on language and tacit bodies of knowledge for any understanding, and operate explicitly or implicitly from such an epistemological stance (Kvale, 1996). According to hermeneutic phenomenology there is no god's eye view or atheoretical perspective from which to view a phenomenon or experience. The language that persons speak and the tacit knowledge they employ in their relations with the world and others are what allow experience to be meaningful at all. Hence, the researcher holds no belief that he will purge his personality or theoretical knowledge from the research process and its results. Instead, a synthesis will hopefully be drawn from the themes found in the researcher's dialogues with therapists and the dialogues held by various theoreticians in psychology and critical social theory.

From this hermeneutic perspective, the bracketing interview provides a necessary view of the ground upon which the researcher stands, his biases, prejudices, language, and

tacit knowledge. The next section will provide brief details of the results of the bracketing interview conducted before interviewing participants as well as a description of the procedures used in the study.

Procedures Used in the Present Study

Results of the Bracketing Interview

Before interviewing participants, a bracketing interview was undertaken in order to become conscious of how the researcher construed the phenomenon of disillusionment, and how this implicit understanding might affect the present study. The bracketing interview was conducted by another doctoral student who specialized in qualitative research. The interview lasted approximately 40 minutes. During this interview, the researcher talked about his perspective on being disillusioned as a therapist. But since the researcher had not been an independent practitioner prior to this research, no exact counterpart to disillusionment as a therapist was discussed. Instead, a number of issues arose regarding disillusionment as an emerging therapist.

Themes emerging from the bracketing interview included: 1) being disillusioned involved a loss of one's ideals; 2) this loss of ideals concerned beliefs one carried into the training program regarding how one learned to become a therapist; 3) this loss left one in a state of uncertainty; 4) this uncertainty increased one's sense of anxiety; 5) and disillusionment was related to a disjunction between the ideals the researcher held and the values espoused by late capitalist society and its institutions, including training programs in applied psychology. The predominant emotions found in the researcher's experience of being disillusioned were confusion and disappointment.

These themes were acknowledged by the researcher as making up his stance on being disillusioned. Care was taken in order to not allow the researcher's understanding of disillusionment to consciously influence the dialogue of participants in the interviews. In addition to the opening prompt question, the researcher would only dialogue with the participants much like a counselor would with a client. This involved the use of reflection of feelings, requests for clarification, paraphrasing, and verbal encouragers such as "yes, could you tell me more" or "uh-huh."

Participants

The eight participants interviewed in the present inquiry were recruited from private practitioners in several metropolitan areas. Each of the participants had been engaged in private practice clinical work and consultation for at least ten years. In addition to maintaining their own practices, some participants also worked in hospital settings. The participants were recruited in the following manner: potential participants were contacted via telephone and briefed about the nature and requirements of the study. Over 30 psychotherapists were contacted by phone, and informed about the study. If the person expressed an interest in participation, he or she was provided additional information concerning the study. If still interested, an interview was arranged and informed consent was obtained. Criteria for inclusion in the study were: 1) a willingness to reflect upon and share an experience of being disillusioned as a therapist; and 2) the capacity to commit up to 1 ½ hours for interviewing. A total of eight participants agreed to partake in the study. Two women and six men were interviewed. All of the participants were Caucasian adults, ranging in age from 39-62. Five of the participants were licensed psychologists, two were

Ph.D. level licensed professional counselors, and one was a Master's level licensed professional counselor.

Forms

One informed consent form was used, which included an agreement to participate in the study and permission to tape all interviews. This form explained the potential risks of the study and notified participants that they were free to withdraw from the study at any time. An additional form was used to describe in detail the nature of the study and how to contact the researcher and the research advisor. These forms are included in Appendices A and B.

Briefing Participants

Persons interested in being interviewed about an experience of disillusionment they had as a therapist were encouraged to disclose and elaborate upon it. These individuals were notified of the interview's initial prompt at this time.

The Opening Statement

The following request was used in each interview: "Please describe an experience you have had of being disillusioned as a psychotherapist." This request allowed the participants to share their experience of being disillusioned in whatever manner or aspect they found particularly meaningful.

Interviews

The interviews were conducted in line with the hermeneutic-phenomenological guidelines noted in this chapter. The interviews ranged in length from 45 minutes to a little over one hour. Following the initial request to describe the experience of being disillusioned as a therapist, the interviews unfolded in relation to what the participants focused upon. At times, requests for further detail or clarification questions were employed by the interviewer.

The entire interview was audio-taped and later transcribed. All identifying data such as names or locations were removed to insure participant confidentiality. After the transcription of the interview, each tape was erased.

Analysis of the Transcripts

Each interview was analyzed in accordance with the phenomenological methods advocated in this chapter. The primary researcher first underwent a bracketing interview with another doctoral student also conducting qualitative research. Following a thematization of the bracketing interview, participants were then solicited, interviews conducted, and data transcribed. The primary researcher and his dissertation committee chairperson then analyzed the interview transcripts in order to determine the thematic structures of the experience of disillusionment among psychotherapists. Themes identified were supported by specific passages in the interviews. The researcher and his chairperson discussed each theme in order to determine its validity as a theme and its context. Finally, a thematic structure was assessed and agreed upon.

Chapter III: RESULTS

The purpose of this phenomenological investigation was to explore the experience of disillusionment among psychotherapists. Analysis of the interview transcripts produced a group of themes which make up the meaning-structure of the participants' experience. Disillusionment was found to be the experience of discrepancy between one's expectations or ideals, and the reality one encounters. This discrepancy was experienced in relation to: 1) one's search for meaning in the profession of psychotherapy; 2) one's identity as a psychotherapist; and 3) one's relationships with others (mentors, colleagues, patients, society/culture, the context therapy was practiced in).

The meaning-structure of psychotherapist disillusionment was found to emerge from three grounds: Self, Others, and the Social World (See Figure 1 and Table 1). Within each of these general grounds, specific configurations of the experience of being disillusioned were discovered.

Particular emotions were also found together with the participants' view of being disillusioned as a therapist: (a) frustration; (b) incredulity; and (c) disappointment. These emotions encircled the experience of psychotherapist disillusionment.

In the following sections, descriptions of the themes and the grounds are given. Themes related to the experience of psychotherapist disillusionment are discussed first. Selected passages from interview protocols are used to exemplify the themes. After reviewing themes, the grounds of the themes are explored. Across all interviews, at least two, if not all three of the grounds were present in the descriptions of the participants' experience. At times, these grounds overlapped with each other, suggesting a nesting of the participants' experience of disillusionment within multiple grounds.

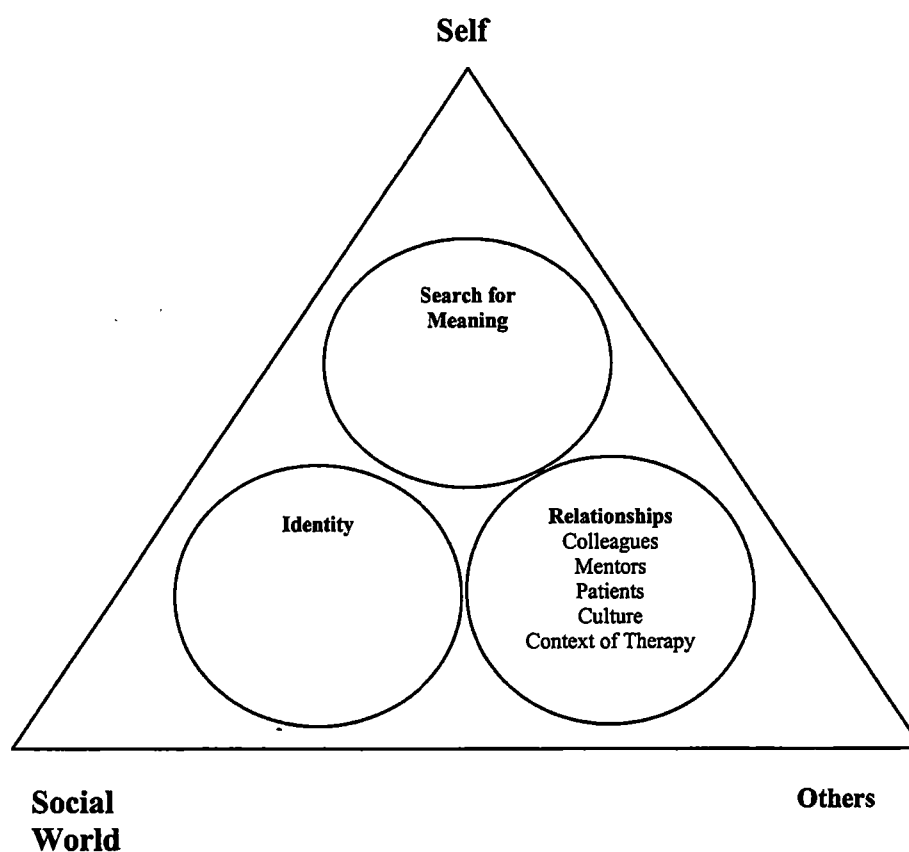


Figure 1. Diagram of the themes and grounds of psychotherapist disillusionment. The thematic structure of disillusionment involves the discrepancy between expectations and reality. The above diagram is meant to represent the specific categories of such discrepancy. In addition, it should be noted that the emotions of incredulity, frustration, and disappointment act as horizons for this experience.

Table 1

Brief Descriptions of Participants

Gender	Race	Age	Experience	Theoretical Orientation	Degree
Male	Caucasian	39	10 years	Psychodynamic	Ph.D.
Female	Caucasian	41	11 years	Psychodynamic	Ph.D.
Male	Caucasian	44	13 years	Psychodynamic	Ph.D.
Male	Caucasian	44	11 years	Psychodynamic	Ph.D.
Male	Caucasian	45	15 years	Psychodynamic	Ph.D.
Male	Caucasian	47	15 years	Humanistic/Jungian	M.A.
Female	Caucasian	59	22 years	Jungian/Drama Therapy	Ph.D.
Male	Caucasian	62	25 years	Jungian	Ph.D.

Themes

Search for Meaning

Participants described a search for meaning, knowledge, or a more complete sense of self when engaged in training, personal therapy, or work in the profession. The search for meaning in applied psychology or the therapeutic profession had sometimes been prefaced by searches in other disciplines such as education, philosophy, religion, and theatre. Searching in other disciplines was often followed by a sense of disillusionment related to the incongruity between the expectations of the therapist and what was found. The same dynamic was true of searching for meaning in the field of psychotherapy. While fulfillment in the search was possible, a loss of meaning or disappointment in the meanings found, were also possible as shown in the following excerpt of one participant.

...So I focused more and more of my search in psychology. And then I realized that these people weren't doing all that well either. It was kind of a little disappointing.

In addition to a genuine interest in the field of psychotherapy or psychology, searching was sometimes related to a feeling of unsettledness with who or what one was. This was expressed in a statement from another participant.

...I had a very crazy father and very crazy family and I was trying to, and I was really very infected with all of the craziness, and I was trying to get to the bottom of it. I couldn't make any sense out of it too much, and psychotherapy (as a discipline) was something that held me together.

The search for meaning compelled the psychotherapist to create new relationships with colleagues, mentors, and role-models, and entailed a striving for new experiences. The

search could become derailed, or its trajectory altered when the therapist experienced disillusionment with Self, Others, or the Social World.

...And I went off to (a city) to do an analysis, and I also went to (a college) to do a Master's in psychology so I could study Jung under (an expert). And then I went off to (a city) to become an analyst, and when I got there I realized I didn't meet a single Jungian analyst I liked. ...I met a lot of analysts whose books I'd read and I was anxious to meet them. And as soon as I'd met them I couldn't stand them.

In summary, participants searched for meaning, knowledge, or a sense of self when engaged in training, personal therapy, or work in the therapeutic profession. The search for meaning became disillusioning when the ideals one held regarding the therapeutic world were not supported by the reality encountered.

Identity

Participants who experienced disillusionment as a psychotherapist came to question their identity as a therapist in a number of ways. The validity or usefulness of one's body of psychological knowledge often became a point of contention for these persons as the value of the therapist's knowledge was made suspect by the culture's technological and socioeconomic evolution. Rather than assessing his or her knowledge as being worthwhile apart from a valuation of the self, participants identified with their knowledge base and the discipline of psychology. Disillusionment with one's identity as a therapist was often expressed in terms of a doubt about the value of his or her professional expertise. One participant stated:

...I am profoundly disillusioned with being a psychotherapist in this country at this time. It seems to me that in general, the perspective and skills which I have to offer are, or have lost value, over the course of the last decade or so.

Another participant expressed disillusionment with his identity in reference to doubts about the validity of therapeutic work:

...There are times where you say or I say this is all down the wrong road.

Especially when you have everyone saying, the culture saying, the answer is medication or something, whatever it might be, is really going to be the answer.

Any degradation or ambiguity concerning the worth of one's knowledge or the discipline, by Others or the Social World, was experienced as a calling into question of the value of one's identity as a therapist. This was seen in the comments of a participant discussing the difference between his beliefs concerning therapy practice and those of another therapist:

...This person who is supposedly in the same territory as mine as a clinical psychologist is talking about something so completely different from what I believe, and what I practice, and what I think about people, and what I think people can get out of therapy. ...What he's saying kind of makes everything I do, that I believe in, irrelevant.

One's taken for granted positive identity as a therapist (someone who helps others, has a special knowledge, etc.), and any illusion manifested in or supporting that identity, became suspect. The realization that one did not know enough about an aspect of the profession of psychotherapy also called into question the self's tacit beliefs about being a therapist or doing effective psychotherapy. One participant stated:

...Another area (of disillusionment) was in realizing how much I did not know as a therapist about psychopathology. When I had my first real engagement with a person I believed to be a Borderline Personality it threw me for some loops that I still haven't gotten over yet. I had to learn to understand that there are some things that cannot be cured and that I was totally inadequate....

As a therapist recognized his or her personal preferences for types of client populations or styles of conducting therapy, he or she became aware of taken for granted beliefs such as the ideal that he or she may work effectively with anyone. Encountering preferences and limitations to therapeutic effectiveness derailed the therapist's idealized self-image. This recognition of one's personal limitations thus led to disillusionment with one's identity as a therapist. One participant noted:

...I think that part of going into therapy is that you imagine you are going to be useful to a large number of people. That's what you hoped, anyway. And...you start to discover that there are people that you can't help, maybe someone can help, but you in particular cannot necessarily help this person, because your chemistry is inadequately matched or something like that.

The same participant commented that realizing her therapeutic limitations was a moment of self-discovery.

...What I discovered about myself is that I don't really like corrective work. I have a very hard time being a person capable of working with addictive problems. I don't like passing judgment on a person's behaviors and telling them what they need to do instead of what they do.

Another aspect of one's identity as a therapist was the realization that one had high expectations of oneself regarding being a professional. These expectations often came into view retrospectively after the psychotherapist failed in a given project or endeavor. When the self failed to live up to these ideals, a sense of disillusionment often emerged related to one's identity, along with feelings of embarrassment that one was limited in ability, blind to one's own issues, or possessed the same problems as others.

...The therapist does have to be an extremely well adapted person cause you have to model that for the client. So you can't have money problems of your own, or sexual problems, or relational problems, or self-image problems if you are going to model the successfully adapted person for the client. And I wasn't ready to do that. I hadn't achieved all of those successes.

Another participant recalled an instance of relating to colleagues where he too partook of the negative behaviors he saw in others, thereby undermining his own self-image:

...Everyone was trying to show-off how much they know and what insightful things they could say. And I am embarrassed to tell you that I participated in that.

...In some ways it was embarrassing. In some ways it was kind of an exposure, like "oops, you have your fly open."

Experiencing personal limitations or character-flaws that hampered the capacity to embody an ideal forced therapists to own their own struggles with narcissism, grandiosity, and competitiveness.

The therapist's identity was often diminished by an encounter with society that demonstrated the therapist's expendability, interchangeability with lower status

paraprofessionals, or lack of worth, as in instances of therapist lay-offs or loss of authority for dictating the course of client treatment.

...I was so easily replaced. There was someone already on board that had a lesser desirable job around the hospital. The person's desk that I sat at and replaced...was a Ph.D. level psychotherapist. ...And then I found myself at the Master's level looking at me replacing his name on the door with my name, with half the credentials. And then the person they used to replace me, temporarily, was a bachelor's level person who had simply been at the hospital from its inception.

One participant noted that he too was easily replaced with someone who lacked the therapeutic values that he cherished and identified with, but which had no significance to the organization he worked for:

...They found a way to remove me and put someone else in that place that was not as feeling or thought it important for the hospital to house these people and teach them communication skills, coping skills, and the hell with taking the time to attempt resolving original traumas, much less validating experience or being empathic on a level the client might need or perceive to be needing.

One's identity as an authority on therapeutic matters was often undermined by institutional structures or decision-making procedures.

...Day after day I am faced with the limitations of what is possible given the structure of what's allowed at the hospital. So, to see patients for one day, two days, five days, a week, is absurd. Like I can have an impact or that psychotherapy can have an impact.

Another participant stated:

...Professionally and societally, there is no longer respect or financial support....

What I do is not seen as important.

One participant working as a therapist for a managed care organization noted the disintegration of therapist identity through institutional policies and the relationships these engendered among employees:

...When I fail to find this support, it's disillusioning. Going back to the hospital...whether it is patient length of stay, or whatever, the message, specifically, is "these people, these psychologists or psychiatrists, they don't really know the patients like we (paraprofessionals) do." This message came from the higher ups in the administration to the people in the bottom rung.

Impotence in the face of managed-care or the perceived devaluation of therapy by society often forced one to deal with disillusionment, as ideals about the self and its meaningful capacities for working and relating were relegated to the garbage heap.

...I had come into this profession with the hope that I might be appreciated for what I had to offer. ...But, you know, overall, I have to admit there's a sense of neglect, resentment about that. I have to work hard to be able to do what I do, invest myself in it. To have it summarily dismissed by our culture is painful.

In summary, disillusionment with one's identity occurred when a participant came to question ideals regarding self as therapist. Participants often came to question their identity, therapeutic efficacy, theoretical allegiances, and value as therapist. Therapeutic identity was experienced as supported or undermined by relationships with particular others and the culture.

One's Relationship to Colleagues

The relationship of the therapist to his or her peers was recurrently fraught with disillusionment. Participants related experiences where ideals and expectations concerning colleagues were violated by the behaviors and attitudes these colleagues exhibited. At times, a participant found it difficult to believe that a cohort had actually behaved in a way contrary to the therapist's ideals or demonstrated a value contrary to the therapist's own.

...I remember having a conversation with a number of people around an incident many years ago of a therapist who had had sex with a patient and gotten caught. And instead of, I was wanting the reaction of "the board needs to have this response and this needs to happen," I heard a number of people say "there but for the grace of god go I," which totally freaked me out. I could not even imagine that that was coming out of people's mouths. ...So I felt very disappointed about what I was hearing from people.

Another participant reflected on the disillusionment aroused when realizing that former colleagues no longer shared or supported a once mutual therapeutic worldview:

...And so when you have stood out trying to maintain your values and you know that joe blow across the street is making twice the money you are cause he hasn't, and yet you went to school with him and you all talked about patients in the same way and seemed to share the same beliefs about how this worked and what was important and so forth. And you see this happening and you are really frightened about the community.

The relationship to colleagues after the initial frustration and disappointment indicative of the experience of disillusionment was frequently noted as having the quality of distance. The participant often attempted to avoid other psychologists or psychotherapists so as not to deal with the negative qualities of the other.

...I've had situations where I've had colleagues who are so profoundly narcissistic that I cringe. And who were not willing to examine their part in anything. Should I say something like "gosh, that was somehow offensive," or ...that kind of thing, then I am looked at like "who are you to question me?" And it's a pretty odd experience. It's not one that I have a lot, but it is one of the reasons I don't have more social interaction with more psychology kinds of events....

These negative qualities of the other included narcissism, grandiosity, rigidity, intellectual posturing, competitiveness, a degree of blindness or unwillingness in seeing one's own issues, unethical behavior, and devaluations of others or even patients/clients. One participant described the disillusioning character flaws he encountered in colleagues in the following way:

...A good many psychologists really enjoy being in the position of the "doctor," where we know and others don't. We have the answers and others don't. ...I find myself feeling a certain amount of frustration (about the above). I find myself wanting to go and pull the costume off. I want to expose.

Another participant described a similarly disillusioning experience with colleagues:

...Well, I had these 20 psychologists out to the house to do that (a drama-therapy workshop) and we did it. They agreed to do it, but they were the stiffest, most

wooden, frightened people I have ever done group work with. ...So that was the first shock I got that the people coming up through these programs and getting Ph.D.s in clinical psychology were not experiencing themselves as vibrant, versatile, capable people, capable of entering into a real simple experience with colleagues and get joy out of it as opposed to terror.

Sometimes incredulity was initially experienced when participants encountered these flaws in the other. Such incredulity was described by one participant in the following manner:

...It's like "well, shit! How could this possibly be?" (laughter). It's not an ugly, angry thing. It's just bewilderment and puzzlement. And ultimately, it is disturbing.

Then, as the reality of the situation impinged on the participant, frustration or disappointment, alternatively, would set in. This aspect of disillusionment was described by one participant as a "stretching" of the self, being pulled away from a fixation on one's idealizations to deal skillfully with the disturbing reality or relationship that presents itself.

In addition to the above, one's relationship to colleagues was also described in terms of not connecting with the professional community, despite a desire for some form of relatedness.

...There is an operative system that we never really became a part of, coming in from (a city), especially coming in as drama therapists. The system that we did become a part of was the Jungian community, but that never really developed into a lot of therapy for us. And then when these Jungian analysts began arriving from

(a city), there was like this glamour attached to them and people became attracted to them. And I guess that both of us kind of felt like we had been used and rejected like suitors.

This isolation from meaningful interaction with the community of practitioners was experienced very intensely by some participants. One participant observed:

...When I first started doing private practice work, I had the idea that at least in a practice where there were other psychologists, you'd see each other in the hallway, talk about cases. ...This is the third practice I've been in where there are clinicians practicing and it just doesn't happen.Maybe they consult with each other formally, maybe they see each other in the parking lot for a few moments, but there really is not a sense of working together. You are working alone. And by the nature of this work, most of the time is spent isolated from your peers, seeing people privately.

Negative experiences of the other also paved the way for critical self-consciousness. Many of the participants stated that the negative qualities observed in the other that led to a state of disillusionment were also found in the self.

...I have been in social gatherings with other psychologists and just watched and listened and there seems to be this competition, it's like a "who's going to get points" or "who's going to gain favor with the teacher." ...And I am embarrassed to tell you I participated in that.

This deepened the experience of disillusionment and exposed the therapist to a sense of embarrassment due to his or her culpability in enacting the same dynamics he or she was so disparaging of in others. With this new awareness, the participant attempted to modify

his or her way of relating in order to eliminate these negative qualities. This mindfulness of the self's possession of similar characteristics also forced participants to qualify their judgments regarding the other's imperfections.

In summary, disillusionment with one's colleagues occurred as ideals one held concerning these others were found to be discrepant with the reality one encountered in relationship to them. Participants became disillusioned when they noticed that their colleagues possessed personality flaws or no longer shared the same values or beliefs regarding therapy. This disjunction had the potential to lead to an increase in interpersonal distance between participants and colleagues. In addition, critical awareness of flaws in the other had the potential to lead to seeing similar imperfections in the self.

One's Relationship to Mentors

Participants also described disillusionment in relation to mentors or role-models. Participants desired to learn from these more experienced professionals, and many had preconceptions about the qualities, personalities, and abilities of these mentors. Idealizations and expectations about what these others could offer included fantasies that these "gurus" could impart an important body of specialized psychological knowledge and a guild trade to pupils, as well as serve as exemplars for healthy psychological personalities. Participants often failed to find symmetries between the ideal figure of the mentor hewn from fantasy, and the actual being of the mentor as seen in the following vignette.

...It was very hurtful to me, and I remember one of the other people (a mentor) involved in this looking at me and saying "Get over it. I've done this before. The kids are fucked. Get over it." Ok. Maybe they are. What was disillusioning about

it was not that it was happening, but that that was his attitude. That if you've been through this three or four times, why are you doing this again? If you started out knowing that what you were doing was putting kids at risk because you were trying to create something that couldn't be created...why are you doing it again? Why have you not learned from this experience?

Common examples of the failure of mentors or role-models paralleled some of the negative qualities found in colleagues. These included narcissism, grandiosity, rigidity, competitiveness, and a blindness to one's own issues. Other blemishes entailed limits to the mentor's knowledge, ethical violations, and incompetence. One participant protested:

...The thing that bothered me about the analysts was that they seemed very inhibited and kind of the typical anal retentive personalities.

This theme was also exemplified in the following excerpt:

...So I realized that my idol, the man I had my transference on, was agoraphobic. He was afraid of the world. He couldn't leave his office without a panic. So that blew my transference and that was the end of my Jungian fantasy as far as being an analysand.

Such a lack or hole found in the role-model led participants to a state of incredulity regarding the imperfection of the other. Frustration or disappointment about the mentor's shortcomings occurred, along with the realization that one's expectations or hopes of the mentor being more than what he or she appeared to be were faulty. Similar to participants' experience with colleagues, awareness of flaws in one's mentors or role-models led to critical self-consciousness. Some participants noted that through repeated disillusioning encounters with mentors or role-models, they became aware of ulterior

motives for idealizing these others or seeking therapeutic training relationships with them.

...So coming to (a college), which is where I did my doctorate, I really came in with this "finally, I am going to get the answers." What I found was that, in a little bit more introspective a moment, what I was looking for was a father. What I was looking for was someone to show me the ropes and do some things my dad didn't do. I don't know if anyone can live up to that, and certainly no one in my program did.

Another participant expressed her awareness of previously concealed motives for idealizing mentors:

...I needed for people to be out fighting for what was good and just and developmentally I think I needed them more...because I was lonelier in my life, if that makes any sense. I mean I did not have many solid, good, close relationships and so I kind of trusted that the world was safe because there were people out here that I could idealize and look up to and aspire to be like and to related to.

These tacit motives became figural for participants through reflection on the experience of disillusionment with their idols as well as their pre-reflective engagement in these relationships. Some participants stated that they were seeking parental figures who could fulfill unmet psychological needs. Another participant remarked that she experienced a lessened sense of anxiety as long as she could believe there were still "heroes" out there, battling for good. Participants also experienced themselves as less likely to idealize mentors or role-models in psychology after being disillusioned.

...I don't need that anymore. ...I don't feel all that disillusioned now because that is not where I get my identity from. It's not where I get my sense of value from. I still want people I can look up to and aspire to be like, and I can emulate, but I am probably less likely to look for them amongst psychologists than I would have in the past.

In summary, participants expressed disillusionment with mentors and role-models when these individuals failed to live up to the expectations of participants. In hindsight, participants noted that their idealization of mentors often reflected the need of participants to have someone to model or to demonstrate an appropriate way of being a therapist. Upon being disillusioned, participants noted a lessening of idealization concerning those in the therapeutic discipline who might be used as role-models.

One's Relationship to Patients

Participants described their disillusionment regarding their relationship to patients or clients in several ways. Having held a certain conception of how optimal therapy works, its length of time and course, some participants felt disillusioned regarding a patient's motivation for therapeutic work. These subjects experienced disillusionment with clients regarding premature terminations, the stagnation of progress, or the topics of significance chosen by clients.

...Most people were bogged down with adaptation problems, you know. "How do I make my kids behave? And my wife's doing what she ought not to be doing, and how can I deal with that?" And every time I would try to get more fundamental, closer to a fundamental therapeutic goal, like "are you doing what you really value?" I would invariably get the response "I don't want to go into

that. If I go into that I am going to have to change my whole life." And so that was disillusioning.

Another participant noted chagrin when encountering the limitations or flaws of clients:

...I suppose some disillusionment occurs when you realize that not everybody is going to engage with you on that level. There are clients who you know are not going to change one bit. And what they do is pay you to come and lend them your ear. So you sit, and make suggestions or have reactions and this goes on for seven years and there's no difference. And you know that.

...I think there is some very real therapy that goes on between therapist and clients. I guess I was an idealist and assumed all of it was that way. That would be part of my disillusionment.

Some of these participants remarked that they were not disillusioned with the therapeutic process itself as an ideal, only its real world counterpart.

Frustration and disappointment were the emotional horizons for disillusionment with patients. Clients were experienced as not possessing the requisite qualities for being in what some participants construe as worthwhile therapy.

...Psychotherapy, unless you have a patient who is really doing something, is extremely boring stuff. You get people who want to make changes that don't amount to much. And the people themselves tend to be rather empty and not really going anywhere and not really wanting to go anywhere.

Some participants who were psychoanalytically or psychodynamically oriented practitioners stated they experienced potential clients as unaware of the possibilities for

utilizing the therapeutic relationship for attenuating difficult affective states or mitigating interpersonal problems.

...People have less knowledge of what is possible interpersonally, so that they are not drawn to interpersonal solutions like psychotherapy.

This experiential assessment of client characteristics also held the possibility of devaluing the client. Some participants experienced whole client populations (such as persons with Borderline Personality Disorder, or neurotic clients in need of reparative/corrective therapy) as unrewarding to work with, or even potentially injurious to the well-being of the therapist.

...A lot of them (clients) are just nuts, just plain nuts like a Gary Lawson cartoon.

...You get a lot of that. And you get borderline personalities, that was the crowning touch. These goddamn people! I don't know if you have ever dealt with them, but man, they are poison. And you feel like you are snakebit half the time if you spend an hour with them. So you are carrying around all this venom that's been pumped into you by these crazy people.

Participants disillusioned with certain types of clientele often had the experience of learning about themselves. This learning involved recognition of pre-reflective beliefs about what psychotherapy was about, and what the daily ritual of therapeutic work required. For two of the participants, a realization was that they had envisioned psychotherapy as a humanistic process of self-actualization and unlocking creativity, as opposed to reparative or corrective work related to developmental issues, psychopathology, or adaptation to society. By encountering the rude reality of therapy with neurotic and severely disturbed clients, these participants understood that they must

limit their work to persons who they felt they could help given their interests, knowledge, and preferences. Several other participants echoed a similar disillusionment concerning clients regarding the focus of therapy on issues of adapting to society or the desire for quick-fixes such as medication as opposed to insight-oriented therapy (these client characteristics were experienced by clinicians as related to fundamental cultural values and trends, e.g. capitalism, the medical model, an emphasis on immediate gratification).

...There's also the increasingly convenience oriented mindset of modern culture since World War 2. ...That convenience is one of the most important factors in making a decision so that somebody is much more prone to be attracted to a medication that they can pop in their mouth in the morning or evening and be done with it rather than go through the arduous process of psychotherapy.

In summary, disillusionment with patients involved a discrepancy between therapist expectations regarding clients and the reality participants found in the consulting room. Disillusionment with patients set in when the participant realized that clients did not share the same goals, orientations, needs, or desires regarding therapy. This sometimes involved the realization of the negative impact of clients on the therapist, as well as the stagnation of the therapeutic process. Such disillusionment also had the potential to lead participants into devaluing clients.

One's Relationship to Culture

Participants experienced disillusionment in their relationship to their culture and society. Many subjects noticed an incompatibility between the values of therapeutic practice and what they experienced to be the dominant cultural values of the society.

These incompatibilities in value led participants to the experience of feeling less valued by the culture than they expected based upon their suppositions about societal attitudes in previous decades. Examples of this included the negative financial impact of managed-care on most private practices, the loss of autonomy regarding clinical decision-making in favor of insurers dictating therapeutic practice, and the lessening of prestige regarding the position and authority of being a psychologist or psychotherapist. Psychotherapy, as a discipline that takes time, money, and often a spiraling path, was experienced as embodying the opposite of cultural values accentuating linear progress, immediate gratification, and bottom-line measurable cost-effectiveness. These latter qualities were seen exemplified in managed-care oriented brief therapy. This value contrast became clearer in the disparity participants experienced between their ideals about psychotherapy and therapy as dictated by managed-care.

...It (managed care treatment) is a market driven, capitalistic kind of thing. Needs versus whatever the market will bear.

Besides the realization of this incompatibility between one's ideals and those social and economic realities in the society, participants also spoke about their need to adapt to the social and financial pressures they faced. Adaptation was experienced as successful or uncertain, and required participants to reprioritize what values were most essential to their practice as therapists, and which could be discarded to make assimilation into the difficult social and financial worlds easier. Successful adaptation was experienced as a broadening, albeit painful, of the roles the self assumed in the culture. This included an expansion of one's practice into new areas (forensics, short-

term therapy, consultation, education) or a movement into a new profession altogether (becoming a professor or writer instead of a clinician).

...I am always looking for other possibilities.... I look for things outside the profession. I happen to be a car enthusiast, and for the last three or four years I have been doing freelance writing for car magazines. And I have worked myself into a position where I write a regular column for one magazine and do autotesting. It's not a significant addition to my income, but it's work I enjoy. And that helps. And this may continue to the point where I leave psychology altogether and work for the car enthusiast press. I mean I may have to take another cut in salary, but I'm getting proficient in that, and if it meant that I could be happier with my job, it might be worth it.

Participants also described adapting to the initially overwhelming disillusionment with society by adjusting their initial expectations or ideals along with a recommitment to some project, be it therapy or manual labor far from the consulting room. Uncertain adaptation to the social and economic pressures of being a psychotherapist included feeling caught in stasis, being anxious about the future, and feeling unfulfilled by the therapeutic work being conducted (once again, a contradiction emerged with several participants as some commented on their not being disillusioned with psychotherapy as an ideal, but disdaining its real world vicissitudes).

...I had hopes that I could settle into an activity, a work activity, that would follow an expectable trajectory. You know, for instance, I thought I would work part time at a hospital, have a small private practice, teach a course at a college, and over time, maybe rise to a unit directorship at a hospital or a tenured

professor, or maybe really establish myself as an expert in some particular facet of the work in my practice. And I'd be established, and figuring out what I was going to do for a living would cease to be the primary concern of my life. I mean, when your livelihood is in doubt, all sorts of other things are automatically placed on hold.

Another participant noted a similar experience:

...Not having the type of practice I think I could have had or should have had at this time in my life or that I certainly expected eight years ago to fully transition out of hospital work and into private practice, getting older and retiring with some degree of financial security. So I am disillusioned when it comes to thinking about the future in my own profession. Not only do I not know what is going to happen but I am not doing what I thought I'd be doing.

Participants described feeling disillusioned due to the lack of support by society. Many felt that what they had to offer in terms of services, knowledge, and skill was no longer deemed valid. Feeling insecure and being doubtful about one's cherished beliefs concerning the self and psychotherapy were often a part of this experience. One aspect of this phenomenon was related to persons in positions of authority within the discipline of psychology debunking the theoretical orientations and practice-styles of some of the participants. When a noteworthy professional within the discipline critiqued a participant's therapeutic framework, a sense of self-doubt emerged for at least one of the interviewees. For another, the lack of support provided by the American Psychological Association concerning practice guidelines and long-term psychotherapy for clients was experienced as a betrayal.

Some participants also experienced disillusionment regarding society in terms of history. Instead of experiencing history as the progressive improvement and empowerment of humans and their environment, participants noted that social and economic trends have setback much of the progress psychotherapy had made in the twentieth century.

...When I think of the past, you chose a specialty, you did a couple of things really well and people sent you folks that needed those things. And you got to do what you wanted to do. You didn't have to be everybody, all things to all people, as most folks try to be now. So that decreases the meaning and joy of the work as well. I may be more selective than some folks, but I certainly take cases now that I did not when I first started and managed care was less of an issue, keeping the numbers up was less of an issue.

The experience of disillusionment as a therapist also appeared in the realization that society construed healthcare as a business rather than a valuable humanitarian service.

...If you read the people in the managed care industry, it seems like scheming at the highest levels since they are looking at all healthcare in terms of dollars and cents...so many people have to die, etc etc. And it is all very cold and rational and there is a certain inescapability of the logic if you accept their premises.

Healthcare is a business. So that can be very disillusioning, knowing that there are people who hold these positions and who have respect from authority or power over others, and knowing that that is just not it. That's nuts.

They were aware of society and culture in terms of its economic conditions or hierarchies, being a part of the middle-class, or making sense of their condition through

knowledge of the history of this culture and the profession of psychotherapy. One participant's dialogue about the characteristics of the culture exemplifies this type of historical awareness:

...I think, also, the fact that technology and industrialization impact more and more people in more invasive ways means that such things as meaning in one's work is no longer thought of as a real consideration. I think people more and more sort of write that off as impossible....

History was described experientially in terms of increasing gaps between the rich and poor, alienation from one's work, and the increased poverty of meaningful relationships with others.

In summary, therapist disillusionment with the culture involved the discrepancy between therapist ideals and the values or meanings circulating in the culture regarding psychotherapy and human relationships. Participants described a gap between their values regarding therapy and the therapeutic values emphasized by societal institutions like managed care, insurance companies, or the psychological establishment. This gap was indicative of the belief some participants held regarding society being mistaken in its emphasis on values and trends prizing economics and corporate wealth over human need or desire.

Context of Therapy

Participants described instances of being disillusioned as a psychotherapist concerning the specific context in which psychotherapy was practiced (e.g. a hospital, a private practice regulated by managed care or insurance limitations). The milieu of therapeutic practice was experienced as truncating the possibilities for meaningful or

effective psychotherapy. Disillusionment occurred as participants strove to preserve a significant therapeutic relationship and help the client, but were limited by the social context both therapist and client found him or herself in. These contexts included the restriction of working for or with a managed-care organization, the organization of treatment by bureaucracies with no concern for a client's psychological needs, and the marketplace with its concomitant pressure to minimize or alter treatment protocols due to financial considerations. One participant even described the experience of losing his job as a therapist in a managed care organization while in the midst of a full client load and intensive groupwork.

...They refuse to let you talk to anyone. You do not get to have closure with your clients. It is truly a horrifying experience if you do have any empathy for your clients. ...I had several items which had trickled into my office on a weekly basis so it was not an easy thing to empty them into my handful of boxes, so I had to make several trips walking past day patients which were not my patients, and day staff which were not my immediate coworkers, out to my car with all of my shit, with security standing by because they are so concerned that some therapist might make an outbreak and upset the patients. ...So that really contributed to the disillusionment of what it is to be in "healthcare" these days.

In summary, psychotherapist disillusionment with the therapeutic context erupted from the disparity between the ideals held by participants regarding the type of freedom-enhancing environment envisioned as essential for therapy, and the restraints inherent in the actual settings one practiced in. This context was experienced as limiting the effectiveness of therapy.

In addition, the stance of being disillusioned was accompanied by particular moods that delimited the emotional horizons of the experience. Emotions that impacted the informants' view of being disillusioned as a therapist included (a) frustration, (b) incredulity, and (c) disappointment. Frustration, ranging from a mild annoyance to outright rage, was often the first affective indicator of disillusionment. Incredulity, varying from a tentative sense of disbelief to denial understood only in retrospect also accompanied experiences of disillusionment. Disappointment, appearing as sadness or even a profound sense of loss involving a grieving process, presented as a third form of moodedness that encircled the experience of psychotherapist disillusionment.

Three Grounds of Psychotherapist Disillusionment

Self, Others, and the Social World acted as grounds for the participants' experience of disillusionment as a therapist. The experiential themes already noted above were found emerging from these grounds.

The ground of Self emerged in the following themes: (a) searching for meaning in the profession; and (b) identity as therapist. The ground of Other was dominant in themes centering on (c) one's relationship to colleagues; (d) one's relationship to mentors or role-models; and (e) one's relationship to patients/clients. The ground of the Social World served as the horizon for themes involving (f) one's relationship to society, and (g) the cultural context psychotherapy was practiced in.

The Self

For all of the participants in the study, the Self was a constant point of reference. Disillusionment, as the discrepancy between one's expectations or ideals and the reality one encounters, either explicitly or implicitly recalls the person's relationship of Self to

Other or to the Social World. As such, the Self was the primary ground of the experience of psychotherapist disillusionment, to which other grounds affixed. The relational characteristics of the Self included connection with Others and the Social World, or an interpersonal disconnect from Others and a distancing of the Self from the dominant values of the culture.

Others

Others provided the second ground of the experience of being disillusioned as a psychotherapist. It was frequently in relationship to others that participants experienced disillusionment. Participants often held high ideals or had high expectations of their coworkers, teachers, mentors, patients/clients, and training programs. When these others failed to embody the idealizations of participants, frustration and disappointment occurred, leading the person into an experience of disillusionment where the disjunction between how the other was supposed to be and how they actually were became a painful awareness for the participant.

The Social World

The Social World was the third ground against which participants experienced disillusionment as a psychotherapist. Participants talked about the Social World in a variety of ways. Corporations, government, managed-care organizations, class hierarchies, cultural trends, power relationships, and history formed the backbone of much of participants' awareness of the Social World. This ground was sometimes experienced as a stage upon which both Self and Other relate. At other times, the Self related solely to the Social World (its characteristics, trends, history) by contemplating

the Self's position in the culture, taking account of historical and economic trends, or assessing the values promoted in society.

Chapter IV: DISCUSSION AND CONCLUSION

This study was conducted using a hermeneutic-phenomenological method to obtain a description of eight participants' experiences of being disillusioned as psychotherapists. The participants, through sharing first-hand experiences of being disillusioned, provided descriptive data that may be related to existing research. In the following two sections, the results of this study were discussed in relation to psychological and critical social theory. Implications of the findings for the practice of psychotherapy were then considered, along with the limitations of the present study.

Further Examination of the Experience of Being Disillusioned as a Psychotherapist

The themes composing psychotherapist disillusionment were divided into three general areas: (a) Meaning; (b) Identity; and (c) Relationships. In keeping with the tradition of hermeneutic-phenomenology, theory was used in the following sections to enhance manifest meanings found in the data, as well as to illuminate less obvious dimensions of the experience of disillusionment. The participants' descriptions outlined the general structure of the experience of disillusionment among psychotherapists. The themes found included: 1) Searching for meaning in the profession; 2) identity as therapist; 3) one's relationship to colleagues; 4) one's relationship to mentors or role-models; 5) one's relationship to patients/clients; 6) one's relationship to society/culture; and 7) the cultural context psychotherapy was practiced in.

Meaning

In discussing meaning and its role in psychotherapist disillusionment, several areas will be considered: (a) the practice of psychotherapy as a search for meaning; (b)

therapist character traits affecting the search for meaning; (c) and therapist beliefs about psychotherapy.

The Practice of Psychotherapy as a Search for Meaning

Moss (1989) argues that psychotherapy, despite attempts to reduce its meaning to the manipulation of behavior or cognition, is a broad search for meaning by its participants that cannot be limited to particular behaviors or constructs. Psychotherapy is a narrative that continually revises the past, present, and future. As an example of expert story-writing, therapy stitches together disparate plotlines, displaces characters from stereotypical roles, and makes new significances where earlier only confusion or suffering reigned (Mitchell, 1993). Therapeutic narratives, as compelling stories about existence, function much like the myths of yore in that they suture together potential gaps or holes in one's personal being as well as the cosmology of the universe itself (Feinstein & Krippner, 1988). Practitioners find meaning or create it through dialogues with clients and oneself.

Participants searched for meaning in the form of knowledge, skills, and relationships in their training, education, and clinical work. For some participants this search entailed a desire for a more complete sense of self or healing personal neuroses in the hope of finding new meanings and new freedoms. Unfreedom, or the limitation of possibilities for being-in-the-world, is the core of neurosis according to Boss (1963). This unfreedom manifests itself as symptomatology or pathology, familiar yet confining ways of relating to the self, others, and the world. For some participants, a painful awareness of the truncated meanings of one's life may have served as the spark igniting the search for meaning in applied therapeutic psychology.

Many participants entered the profession with expectations regarding what they would find and how they would be perceived. As one participant stated, "I had come into the profession with the hope that I might be appreciated for what I had to offer." Others entered expecting to overcome personal difficulties or gain a particular knowledge. With so many hopes and idealizations attached to the discipline of psychotherapy, it was little wonder that these individuals should eventually experience disillusionment as psychotherapists.

Love and work being the two Freudian teleological ends of human existence, it was fitting that persons who became psychotherapists entangled the two with much vigor. Participants often described their trade with as much passion as one would describe relating to a lover, replete with all of the pulsations inherent in love's idealizations and inevitable betrayals.

...It could be something more personal, like maybe I am unworthy of that (being a therapist), or it would just be the ultimate betrayal if that which I just disclosed (managed care limiting effective therapy) crept into a private practice.

Similarly, a participant passionately describing his experience working in a managed-care setting compared the intensity created by the stresses of brief therapy to living in times of war.

...And I would make a comparison like when I would watch pictures, picture shows, about war and love and how when life could be extinguished and the future is so incredibly uncertain because of the insanity of war ever creeping in on

the places not yet destroyed, that it is a breeding ground where people try to experience life on its truest terms simply cause it could not be here tomorrow.

Much like Don Quixote wandering on his supposedly 'gallant' quest, psychotherapists often had much riding on their venture into the profession. According to Yalom (1989), the therapist confronts his or her own dilemmas in working with patients.

In choosing to enter fully into each patient's life, I, the therapist, not only am exposed to the same existential issues as are my patients but must be prepared to examine them with the same rules of inquiry. I must assume that knowing is better than not knowing, venturing than not venturing; and that magic and illusion, however rich, however alluring, ultimately weaken the human spirit. (p. 13)

Becoming a therapist might have held the promise of grappling with existential isolation, loneliness, meaninglessness, and death. As such, therapists may have expected far too much from the discipline, inadvertently setting the stage for disillusionment.

Therapist Character Traits Affecting the Search for Meaning

Not only did such a potent idealization of the profession and its avatars readily lend itself to disillusionment, but like a projective test, said something about the narrator. As noted in the results of this study, unsettledness with one's life or its meaning was often a prerequisite to the psychotherapist's search for meaning in the discipline. This not-at-home-ness (Heidegger, 1962), experienced as a sense of emptiness or even personal pathology to be defended against, may have induced therapists to idealize the profession, seeing the occupation as highly worthy and its adherents as special individuals with unique knowledge and skills.

Kohut's (1977, 1984) views regarding the development of the self may illuminate these dynamics. According to him, a sense of self develops as a child has his or her experience and affective states mirrored back through the recognition and soothing of a

caregiver. Enough of these experiences forms the foundations of a sense of self and the capacity to emotionally self-soothe. Through individuation and exiting the symbiosis, the child learns to differentiate self from other and appreciate the distinctiveness of each person's perspective. Developmental arrest of this process leaves individuals with an incomplete sense of self, emptiness, profound affective ambivalence (splitting), anxiety, and incapacity to tolerate or understand the perspectives of others. These extreme characteristics were first studied in borderline and narcissistic personality pathology, but were later observable to lesser degrees in many other individuals (Stolorow & Lachmann, 1980). In order to maintain a precarious coherence, the empty self was narcissistic and grandiose, unable to easily understand another's point of view. Violations of its idealized self-image were perceived as attacks by an unempathic other, and elicited aggression. Using Kohut's work as a lens, the aggressive reactions of some participants towards others gained more clarity and hermeneutic richness.

As Kohut may have predicted, some participants who described the field in grandiose terms also appeared to be the most judgmental of clients and other psychotherapists, but the least questioning of their own motivations or actions. These participants enacted a messiah or "god complex" (Maeder, 1989), imagining themselves to be wounded healers who could bring great relief if only the other (patients/clients), or society, would let them. Such a stance may have embodied an unquestioned faith in what therapy was or how it worked, and may have denoted an anxious need to idealize psychotherapy and being a therapist in order to overcome feelings of inadequacy, emptiness, or uncertainty. By seeing the self as unique and beneficent, earlier feelings of

shame and lack may have been mitigated or reframed into narratives of magical power and entitlement (Kohut, 1977).

Therapist Beliefs About Psychotherapy

Some participants described an intense belief in psychotherapy and its effectiveness despite stating that its real-world practice was unfulfilling and unrewarding. This discrepancy could most often be related to the impact of managed care on the work of clinicians who have been in the field ten or more years, long enough to have become accustomed to practicing long-term therapy before insurance cut-backs. It could also have been indicative of psychological defensiveness on the part of the therapist. Psychotherapy, as an ideal, was still considered worthy, but its everyday incarnation was experienced as a poorly crafted imitation of what was or what might have been.

Holding onto this ideal may have been one way of dealing with the frustration and disappointment resulting from disillusionment regarding the search for meaning in psychotherapy practice. Maintaining the ideal may have prevented the disillusioned practitioner from being totally overwhelmed or despondent, allowing them to weather the disillusionment of day-to-day practice (Horney, 1950). By clinging to a fantasy of psychotherapy above and beyond that practiced in the everyday world, participants could still maintain coherent meanings regarding themselves and the profession despite the slings and arrows of managed care and cultural trends that occasioned disillusionment.

Identity

The area of identity encompassed two features. These included (a) the dependence of identity on the meanings and validations provided by one's culture and relations with others, and (b) the questioning of one's identity.

The Dependence of Identity

Participants experienced an intertwining of their knowledge base, the discipline of psychotherapy, and the self. The participants identified with the body of therapeutic knowledge and the profession such that an insult to any of these facets engendered disillusionment. The lack of autonomy in making clinical decisions and the consequent undermining of therapist authority promoted a sense of disillusionment. Due to the demands of managed-care, a cultural emphasis on immediate gratification, and the technological and commercial successes of biological psychiatry, participants perceived psychotherapy to have lost its footing as a viable mental health option. This loss of symbolic support by society at large was also accompanied by the withdrawal of financial backing by health care organizations, thereby doubling the negative blow to one's identity in a capitalistic society that prizes wealth and possessions. Economic disenfranchisement, in American culture, is essentially exile as self-worth and material accumulation or affluence intimately mirror each other (Lasch, 1979).

But this terminal exile may not solely have been the product of the workings of capitalism and bottom-line thinking. Psychotherapy did not seem to begrudge the culture's social and financial difficulties so long as it received a fat paycheck, as the history of employment of psychologists in corporations, the military, and hospital systems indicate (Napoli, 1981). Far from the contrary, psychotherapists rushed to profit from the great work of normalization, adaptation, and subjugation required to create a modern workforce, employing social control through supposed self-liberation (Cushman, 1995). Psychotherapists had long worn the mask of objectivity and disinterestedness that was part and parcel of positivistic psychology (Hillman, 1975). They used that mantle of

authority to further the gains of industry, a conservative academy, existing hegemony, and themselves (Bulhan, 1985). Only when the cultural clout of lucre no longer propped up the psychotherapeutic enterprise did it seem some therapists faced disillusionment regarding their identity as the objective arbiters of psychological technology. Within the logic of capitalism, in a culture that had absorbed the psychotherapeutic regimen of confession and spectacle all too well, therapy had served its purpose. Fascination with the inner life focused society's attention away from the problems of the external world (politics, economics, race relations, war). Therapists and clients alike were indoctrinated to look inward for the source of their discomfort (Hillman & Ventura, 1992).

Psychotherapy was especially ill-equipped to deal with the problems of the external world as it tended to flatten these crises into manifestations of an instinctual or archetypal unconscious, maladaptive behavioral repertoires, unquestioned background static hampering self-actualization or psychological life, or most recently, aberrant genes and neurochemistry. As can be seen from Masson's (1990) trenchant critique of psychoanalytic theory and training, the external world was re-interpreted to represent supposed inner conflicts and desires. By doing this, cogent critiques of the social world were reduced to being nothing more than metaphors for primordial infantile phenomena.

The Questioning of Identity

Identity, one's sense of self or vibrancy, was not easily conceived by psychology or psychotherapy as being rooted in society or culture (Richer, 1992). If anything, society and culture were seen as impeding the truest expression of the self via sublimation, inauthenticity, or bad faith. History, for the psychotherapist, was family history, the history of reinforcement schedules, or the shallow history of the now moment left us by

New Ages past and present. The ideology of rugged American individualism and an eschewal of the past had blinded psychotherapists from considering alternative constructions of identity, including ones that would have enabled them to see the very dream of a separate, self-determining individual as the manifestation of a cultural fantasy (Cushman, 1995). Such fantasies have enormous power as they promise the fulfillment of one's infantile aspirations regarding dominance, omnipotence, and a freedom from a painful past.

Only as psychotherapists came to experience a brief bitter taste of the disenfranchisement that had previously been reserved for the rascal multitude (the poor, the downsized, the off-white), did many talk openly about the dependence of their identity on trans-psychological factors such as economics or politics. As a cynical Marxist might say, it takes a good kick in the pocket for a bourgeois individual to realize his dependence on the historical order. New ways of conceiving identity and its dependence on cultural ideologies and power relations have just entered the mainstream dialogue of psychology (Feldstein, 1996; Gergen, 1991; Kvale, 1992), but not in time to assist many disillusioned therapists with better conceptualizing their historical givens.

In order to understand the interdependence of one's identity and the culture, Althusser's concept of interpellation (Rustin, 1995) may be relevant. Essentially, interpellation entails the process by which the "outside" of social practices and hierarchical power relations hollows out the "inside" of human personality. As with standard post-structuralist creed, interpellation states that gender, race, class, sexuality, and the meanings and positions each are relegated in a given society, impact the development of individual subjectivity. Interpellation notes that individuals then tend to

find their identities in the ideological doctrines and roles provided by their society, and then retroactively infer these provisional identities and positions as somehow intended, right, or natural. Ego defense mechanisms such as denial, dissociation, or projection then insure that individuals tend not to question the haphazard constitution of their identity or being, so as to avoid anxiety or angst.

The process of interpellation blinds individuals to the radical existential contingency of being human, i.e., to the historical determination of personality and subjectivity from the ground up. To become aware of the workings of interpellation is a form of disillusionment regarding identity, as the illusions of self-determination or self-possession are stripped away to reveal the historical construction of the self.

Participants questioned their identity as therapists when economic and structural realities conflicted with their therapeutic beliefs, expectations, and ideals. This conflict initiated an awareness of the impact of culture, their place in the culture, and the changing nature of the identities and roles they could unproblematically hold.

Relationships

The area of relationships revealed three general characteristics: (a) initial idealization of the other; (b) connection and its eventual loss through disillusionment; (c) coping with disillusionment and the promise of reconnection.

Initial Idealization of the Other

Participants' relationships to others (colleagues, mentors, patients) regularly yielded instances of disillusionment. Potent idealizations and emotions regarding these individuals often prevented participants from initially seeing negative or contradictory qualities in others or society. In essence, the fantasy props that gave girth and weight to

one's relationships with others were stripped away in the process of becoming disillusioned, leaving the participant with the disappointing reality of the other. Lacan (1977) notes that the object that gets too close could traumatize, i.e., is apprehended too clearly and hence tears apart the veil of fantasy that supports perception and personal identity. The object of desire, envy, mimesis, becomes one of disgust and repulsion.

Connection and its Eventual Loss Through Disillusionment

Many of the participants sought connection, a sense of community, or commonality in their relationships with mentors and colleagues in the profession. This bond was often expressed in terms of ethics or truthfulness (or more specifically, these terms came to awareness through their painful lack in reality). When these qualities were found to be absent or infrequently present, the relationship with the other was called into question. Paralleling Halling's (1996) study of interpersonal disillusionment, the disruption of one's idealizations regarding the other closed off future possibilities for relating to him or her as had previously been imagined. A loss occurred that forced the disillusioned subject to deal with his or her own needs for idealizing others.

Some participants also experienced relationships with patients as disillusioning. These relationships failed to provide a hoped-for connection and common therapeutic goal. As these clients violated a therapist's cherished beliefs about what were appropriate issues for therapy, the clinician experienced a disconnect from the client. This interpersonal distance led not merely to disappointment, frustration, or boredom, but to disparagement of the patient or entire client population by the psychotherapist. While alienated modern society indeed possesses a crippled attention span, as well as a penchant for solipsistic self-absorption (Levin, 1989), blaming the patient for his sickness seems

akin to killing the bearer of bad tidings. Of the few therapists who experienced this dynamic, most understood their aversion to a client as representing the outcome of having violated their own personal preferences or beliefs about what constituted "real" therapy.

Coping with Disillusionment and the Promise of Reconnection

Several participants commented on how they coped with disillusionment regarding others. As these individuals evaluated their own needs for idealizing the other (e.g., anxiety, a desire for security), they realized that they were in fact responsible for being disillusioned. Disillusionment no longer solely spoke to the lack in the other, but instead pointed directly to the insecurities of the self. Betrayed idealization of the other implicated the self, and disclosed the self's culpability in constructing the illusions so excruciatingly torn asunder. Acknowledgement of the self's part in co-constituting disillusionment could be considered an authentic mode of being disillusioned as it involved taking responsibility and avoided 'bad faith' (Sartre, 1956). These subjects noted that they were aware of their high ideals having contributed to instigating disillusionment.

...I keep expecting people to be better than they are, if you will. I get disappointed when people don't live up to a certain moral standard.... There is a part of me that is probably overly judgmental and moralistic. And so I have to come to terms with that.

A 'bad faith,' inauthentic mode of being disillusioned, where the self was unaware of its participation in creating the disillusioning experience (through holding idealizations, expectations, hopes), might be perceived as just "happening" to the self, as if he or she were no more than a passive object acted upon by an indifferent external force or other.

...Hopefully this system...will somehow be called upon to somehow own its own shortcomings. ...That it will right itself if I stay out of the way long enough. Almost like leaving a dysfunctional family. If enough of us scapegoats leave, they'll be forced to face some of their own sins.

The movement from a relationship based on fantasy to one based on perceiving the other in a more realistic way, was described by one individual as a transition from needing the other to be perfect to just needing the other to be close. This marked a change from relating to one's own personal constructs, judgments, values, or ego-ideals and a rededication or investment in attending to the actualities of the other and the relationship.

Psychological Perspectives on Disillusionment Revisited

Psychoanalysis

Participants' experiences revealed some parallels with theories of disillusionment espoused by psychoanalysts. While not confirming the unfalsifiable aspects of classical Freudian theory (e.g. the discharge of instinctual tensions or the omnipresence of a disguised sexuality), some of the metaphors used by Freud and his followers do help further the understanding of therapist disillusionment.

In line with psychoanalytic theory (Fink, 1995), fantasy does seem to act as a screen that helps mitigate unbearable tensions, anxieties, and fears about the self, others, or the world. Participants noted certain needs or insecurities that inaugurated their Quixotic searches for the ideal. Becoming disillusioned meant this thin veil of illusion was torn asunder, leaving the subject exposed to the painful truth of an often non-responsive or uncontrollable reality. Participants then realized that they had been trying to meet these unrecognized needs through their idealizations.

While the genesis of fantasy is positive in that it allows the psychoanalytic infant to survive the impinging insentience of the world, its continuation through adulthood is seen as perpetuating an immature defense where a more developmentally appropriate one would be preferable (Freud, 1964). Disillusionment, agonizing though it may be, offers the possibility of seeing self, others, and the world, more clearly. This truthful apprehension allows individuals to have more adaptive responses and defenses to current situations, rather than perpetuate archaic behaviors and defense mechanisms from childhood. Some participants appeared to have reached a state that enabled them to re-invest the energy they had formerly used to maintain an idealization into actively perceiving and engaging in the actual givens of a situation or relationship. Psychoanalytically speaking, one may say that libido was decathected from the internal imago and reconnected to the external world of objects.

The "overcoming" of disillusionment by a reinvestment in the world and relationships echoes some of the thoughts of Socarides (1977). Maintaining that disillusionment is a defense that uses denial and projection in order to avoid future object-loss and its associated pain, the pathological aspect of being disillusioned is differentiated by the dimension of time. To be momentarily disillusioned is considered a natural response to object-loss. Remaining disillusioned is a maladaptive defense, as it prevents re-establishing connection with the external world. It is a "desire to remain disappointed" in order to avoid the agony of future loss. While this keeps the ego in an insulated cocoon, it prevents growth and developmental adaptation to the environment. For Socarides, the successful resolution of disillusionment involves a renunciation of

one's ties to an internal ideal, and a re-investment in one's relationships with the external world.

Psychoanalytic theory also comes to the fore when considering the motivations of participants in their disillusioned denigrations of others and the culture. Some participants maintained a profound sense of entitlement reflected in the fantasy that somehow if they had education, knowledge, or skills, they should not be subject to the difficulties of the marketplace, managed care, or the shifting values of society. Psychotherapy was thought of as an unchanging, timeless discipline that should not be subject to the whims of history. As avatars of this holy profession, they felt subject to a "raw deal" as the transcendent was supposedly made flesh and "nailed to a cross." Psychoanalysis, in theorizing the origins of identity, has had much to say about such magical thinking.

In order to overcome a primordial sense of insecurity and anxiety, an infant must employ various defenses in order to maintain psychological vibrancy and cheat psychic death (Mitchell & Black, 1996). One way of doing this is to employ primitive defenses, those defenses that involve placing the ego at the center of the universe and utilize magical thinking. Such primitive defenses maintain a sense of infantile omnipotence, entitlement, and, interesting for the profession of psychotherapy, insentience to the perspectives of others. Ideally, the infant could move from such a solipsistic stage of remaking the world in its own image to more sophisticated developmental stages where egocentrism and magical thinking play less of a role. However, early failures in mirroring or idealizing by caregivers potentially arrest the development of a child at an immature level (Kohut, 1977; Taggart-White & Bakur-Weiner, 1986). These children become

adults who are still attempting to meet unmet infantile needs, though perhaps in more refined ways, like becoming psychotherapists.

While not all therapists were using other persons as selfobjects (Kohut, 1984) or mirrors reflecting back idealized images of an invincible shaman or analyst, some aspects of the experience of participants appeared to partake of dynamics characteristic of narcissistic defenses. Researchers in psychoanalytic psychotherapy, as well as other theoretical orientations, note the existence of psychopathology and emotional distress in persons who become psychotherapists (Guy, 1987; Guy & Liaboe, 1986a; Miller, 1981). While therapists have not cornered the market on narcissism and grandiosity, it is interesting that persons with these personality characteristics may have entered a helping profession. As Glickauf-Hughes and Wells (1996) remark, perhaps these individuals have learned that meeting the demands of others for recognition and soothing are the only way in which they can receive the much-craved-for mirroring and idealizing responses found deficient in childhood. As such, the therapeutic profession provides a safe environment controlled by the practitioner where intimate contact with others could take place. The role of therapist also automatically places one in a position of power over a client (in terms of supposed knowledge, skills, authority, or even institutional power hierarchies). Such a role could attract a few individuals with covert (or overt) narcissistic difficulties to become therapists (Guy & Liaboe, 1986a). This minority would tend to "act out" aggression, and their desires for omnipotence or omniscience in countertransference reactions towards clients. Such a possibility presents an unwelcome thought. Therapy may indeed be conducted by wounded Fisher-Kings, but unlike his or her mythical

counterpart, a narcissistically injured therapist may be too wounded to do much good, or may even be toxic for some types of patients.

The experience of disillusionment among psychotherapists also had some parallels with the literature reviewed concerning Buddhism. Though Buddhism has been generally regarded as a religion, the more psychologically oriented aspects of its doctrine have been the subject of research in disciplines ranging from mythological studies to psychotherapy (Campbell, 1988; Epstein, 1995). As an ancient body of psychological knowledge, Buddhism had a novel perspective on psychotherapist disillusionment.

Buddhism

The Buddhist stance on disillusionment depends on the intellectual and experiential awareness of the validity of the Four Noble Truths (Rahula, 1959). These truths are: 1) the realization that life is suffering, dissatisfaction, and humiliation; 2) there is a cause for suffering, dissatisfaction, and humiliation, specifically attachment and aversion; 3) there is a release from suffering; and 4) how to attain release from suffering through the renunciation of attachment/aversion by following an eightfold-path regarding right conduct and thought. For a Buddhist, the experience of being disillusioned involves recognition of the illusions one holds regarding self, others, and the world. These illusions form a ring of ignorance about how things really are, and when dissipated, leave the disillusioned with clearer visions of the true status of themselves, their relationships, and the world. This truthful perceiving of all things supposedly bears less suffering than the everyday, ego-oriented perception that tends to grasp an experience or flee from it (Suzuki, 1970).

Participants did not mention the lessening of suffering after disillusionment, though they did speak of seeing the world more clearly. Seeing the world more clearly may be equivalent to a minimization of suffering from the Buddhist perspective, as such perception involves less idealization or fantasies about what one sees or experiences.

Thich Nhat Hanh (1987), a Vietnamese Zen Master, notes:

In Buddhism, knowledge (a mental construct) is regarded as an obstacle to understanding, like a block of ice that obstructs water from flowing. It is said that if we take one thing to be the truth and cling to it, even if truth itself comes in person and knocks at our door, we won't open it. For things to reveal themselves to us, we need to be ready to abandon our views about them. (p. 42)

This truthful apprehension of reality, however momentary, is the pinnacle of Buddhist practice. Students of meditation spend years to cultivate such "planned disillusionment". While practicing Buddhists tend to experience a reduction in suffering that follows from the recognition of the ephemeral nature of the self or world, the disillusionment experience of participants emphasized a more accurate awareness of reality and made no mention of the lessening of suffering. Perhaps the difference between the Buddhist perspective and the experience of participants is related to the fact that no overarching ideological metanarrative seemed to be available for participants about moments of disillusionment, as they are for students of Buddhism. The average Western psychotherapist was not usually outfitted with the gear of Buddhist doctrine. Buddhist ideas such as the impermanence or non-existence of an abiding self, the transience of all entities, or the interdependence of supposedly discrete existences provide an ideological set of guidelines that make sense of the disillusionment experience. By "narrating" disillusionment as such, the loss of illusions through Buddhist practice is not so much traumatic as it is liberating (Epstein, 1999). Without these metatheoretical guidelines,

perhaps the disillusioning experience was potentially even more painful and lacking in significance, remaining simply an injury to one's sense of self.

It has been noted by scholars and meditation masters alike that Buddhist doctrine must be used to bootstrap an initiate into practice, and then must be relinquished as yet another form of attachment and identification that deludes the practitioner (Kapleau, 1965; Seung-Sahn, 1976). The doctrine must eventually be seen as a "finger pointing to the moon," and not the moon itself (Suzuki, 1970). This renunciation of even Buddhist ideas as impediments to the truthful apprehension of reality by the practitioner was echoed by Thich Nhat Hanh (1987): "Do not be idolatrous about or bound to any doctrine, theory, or ideology, even Buddhist ones. All systems of thought are guiding means; they are not absolute truth (p. 89)."

Disillusionment à la Buddhism leads to a critical questioning of one's identity and a minimization of one's selfishness, ignorance, or attachment/aversion to things. For participants, a calling into question of who one was did take place in almost all of the interviews. However, this questioning did not necessarily lead to a lessening of attachment to the ideals participants held about roles, self, other, and world. Once again, without the ideological framework of Buddhist doctrine, participants may not have had a ready map to make sense of the disillusionment experience as an occasion for seeing more accurately the ephemeral nature of certain presumptions about oneself, others, and one's profession.

However, Buddhism may have lacked a useful topography of its own regarding human personality, as noted by some transpersonal psychologists who have called into question the utility of spiritual doctrines like that of the non-existence of the self for

persons with psychological difficulties (Wittine, 1989). To get rid of the self, one's petty identifications and selfishness, it might be necessary to first have a self in the Western sense. As cited before, Cushman (1995) and others (Lasch, 1979; Wolf, 1988) have observed the difficulty in contemporary U.S. society to establish a coherent sense of self, and this difficulty may impact psychotherapists as well as anyone else. Therefore, participants' relative failure to utilize disillusionment as an occasion for abandonment of a self-centered view of the world may be the result of general socialization practices in the U.S. Far from flirting with New Age obscurantism, this question of a cohesive self available for deconstruction involves serious psychoanalytic considerations aimed at the problem of building a stable, coherent sense of personality through developmental mirroring and idealizing processes before deconstructing that identity through meditative disciplines (Epstein, 1995). An observing-ego must first be in place before a systematic appraisal and renovation of the personality can occur. With some individuals, the leap towards spiritual transcendence could actually lead to an intensification of psychological difficulties as the goals of meditation practice are made new, "superior" ego ideals, or worse yet, decompensation might occur. The potential lack of self-structure might preclude the possibility for such individuals having a liberating experience of disillusionment.

Cognitive Psychology and Therapy

Information processing models of human beings take personal experience to be a derivative product of the interaction between neutral external events and cognitive schemata that are inside the brain (Bruner, 1990). The software run by the hardware of the human cortex determines the output of behavior and affect. This schematic software

may be rewritten or upgraded to allow for more adaptive engagements and interpretations of the external world and the self. Cognitive Dissonance Theory (Festinger, 1957) maintains that as a growing discrepancy occurs between reality and the beliefs one holds about it, one alters his or her beliefs to better fit one's experience and minimize discord. Beck (1976) and Ellis (1997) also note that individuals hold cognitions that are irrational interpretations of the external world. These faulty cognitions create personal problems and needless emotional suffering, and should be adjusted to maintain the least amount of dissonance between a person's beliefs and reality. Therapy, according to cognitive theory, would involve restructuring beliefs so that they are more congruent with reality, and/or minimizing maladaptive patterns of behavior, thinking, and feeling. One assumption of this perspective is that the cognitive programs maintained by a person are within the control of the individual, and may be replaced or rewritten with a degree of efficacy. Regarding disillusionment, those cognitive models that are surmised to be fundamentally unrealizable, irrational, or maladaptive would lead to disappointment or negative affect when they were found not to fit the external state of affairs or possibilities. These irrational cognitions would have to be replaced in order for disillusionment to subside, thus any unrealistic ideals would have to be replaced by more appropriate, reality-oriented beliefs.

However, erasing and replacing these cognitive maps did not appear to be as effortless a project as cognitive theory might have it seem to be. While the experience of participants does not conform to this model, many did report interpreting themselves, others, and the culture differently after being disillusioned. However, the participants did not report actively changing their cognitions on their own. Rather it was a relationship to

themselves, others, or the world that, over time, forced them to re-interpret the meanings and significances of that relationship. Being in this relationship forced participants to realize that what they had hoped for or expected was not the case. What changed were not simply strings of cognitions, but a pattern of relating and experiencing. Cognitive theory provides an avenue for explaining disillusionment, but tends to oversimplify or selectively abstract qualities that compose aspects of being disillusioned rather than embrace the entire experience. Instead of focusing on the meanings and relationships that form the experience of disillusionment among therapists, cognitive theory focuses solely on the cognitions that are inferred to be responsible for there being any experience at all.

Existentialism

Existentialist literature deals with the loss of meaning and identity in the modern world. Meaning and identity were found to be intimately related to the experience of being disillusioned as a psychotherapist. Participants experienced dissolution of taken for granted meanings and identities as psychotherapists. This disintegration of personal meanings and identity forced individuals to re-evaluate what significances they attributed to their professional life, and in some cases, their entire existence.

Similar to Heidegger (1962), the coming to question the meaning of one's Being or existence through the agony of identity dissolution put participants in the position of having to make choices about how to live their lives. Whether adapting to or resisting the influence of managed care, or deciding to leave the profession altogether, the rupture of pre-reflective meanings about being a psychotherapist forced participants into examining their lives and the projects they dedicated themselves to. Rather than experiencing

themselves as passive objects at the mercy of culture or some Other, most participants avoided Sartrean "bad faith" by acknowledging their participation in choosing to remain in the profession and make the compromises needed to adapt to the demands of modern-day therapeutic practice.

Becker (1973) and May (1991) noted that the loss of potent myths or narratives left modern humanity in a state of angst, without the calming presence of a story that wove individual existence into the collective cultural body. On a smaller scale, the loss of therapeutic mythologies due to economic, social, or interpersonal events led to disillusionment. Guidelines for making sense of the process of therapy and one's role as therapist were called into question or invalidated, condemning the individual to experience the anxiety of alienation from the present stock of cultural meanings. The lack of fit between the individual and the environment called into question the coherence and meaning of oneself and the world. However, the disenchantment of the therapeutic milieu, painful though it may be, removed participants from a relationship with fantasy to a difficult dialogue with themselves, others, and the culture.

One participant talked about his disillusionment as a therapist in terms similar to that of Puhakka (1992) in that his life seemed to be placed in suspended animation due to the disillusionment with his career.

...I don't know if I am eluding or running from something that is calling me back. I feel like I'm orbiting the earth, in slight outerspace, disconnected from the earth, but when I think about a re-entry, I don't see an opening that's fair. And I'm worried about hitting the atmosphere too hard and it creating a skip. Or should I already have re-entered and made peace with whatever is before me?

The experience of being disillusioned as a therapist was magnified into a greater existential disillusionment with "being in the world, the world being there at all," (p. 38). Puhakka notes that the disillusioned self could potentially reclaim meaning and identity by identification with the inherent flow of Being itself (similar to Buddhism), rather than remaining in a state of nihilism. However, this participant was not yet at that stage of expanding personal identity, and was instead struggling with the painful ambivalence of deciding whether to re-enter the profession after having been fired from a position.

Participants who experienced disillusionment with colleagues, mentors, or even patients expressed themes similar to those found by Halling (1996). According to Halling, interpersonal disillusionment involves idealization of and/or identification with the other. The meaning structure of this idealization is then broken apart when taken-for-granted meanings and assumptions concerning self and other are seen as fantasies. The aftermath of interpersonal disillusionment entails the renunciation of fantasies concerning future relations with the other, and a focus on how to relate to the other (or not), given the requirements of the situation.

Holtz (1984) situates disillusionment as fundamentally related to disappointment resulting from loss. This differs from the findings of the present study. This study found that disappointment is one of several affective stances used in coping with disillusionment. Other affective stances are equally possible regarding disillusionment. Frustration or incredulity are other affective styles of being disillusioned. Both emotions eventually lead to a sense of disappointment in the self, others, or social world. However, this disappointment alone does not compose the experience of being disillusioned. Holtz also notes that individuals use different styles to move through being disillusioned. Only

three out of his five styles are found in the participants' dialogues (Style II: Sudden Acknowledgement and Gradual Acceptance of Loss; Style III: Gradual Acknowledgement and Gradual Acceptance; and Style IV: Gradual Acknowledgement and Refusal to Accept Loss). In addition, Holtz states that persons have styles of resolving being disillusioned: (a) Individuals could take up new or former projects in a new way; (b) they could continue to take up new projects in former ways; and (c) persons could remain stuck in a perpetual state of disillusionment. Regarding participants in this study, most expressed that they had learned to take up new projects and make new relationships in novel ways. Some participants communicated that they altered the projects they committed themselves to so as to minimize the amount of dissonance between the values they held and their realization in the world, e.g., maintaining a tiny private practice in order to still practice some therapy, but no longer making living solely by doing so. This compromise enabled participants to cling to some of their original hopes and dreams for being a therapist while adapting to the demands of others and the culture. One participant clearly found himself in Holtz's position of being stuck, as he could not commit himself to the therapeutic profession without feeling as though he would be betrayed again.

Critical Social Theory and Postmodernism

Questioning the Subject of Modernity

As noted earlier, postmodernist schools of thought question commonsense definitions of truth as the correspondence between an objective external reality and some supposed representation inside an individual (Gergen, 1992). The subject of modernism was a self-possessed individual who used language as a transparent tool all the while

cogitating on what goals to pursue and what meanings to endow the world. This Cartesian "thinking substance" had the potential to abstract itself from the conditions of the world and create a supposed objective or god's eye view of reality. Disillusionment, from this classical perspective, would involve the continual reworking of one's representations of reality to ever more accurate models. While this strikes an observer as commonsense, it evades several key problems.

First of all, no human being has unmediated access to reality. Language, culture, power hierarchies, religion, gender, race, and class all situate an individual's perspective on social (and sometimes even cosmological) phenomena. Those essences that previous historical periods had used as definitions of true human being (e.g. rationality/reason, masculinity, heterosexuality, Christianity, race, etc) have been shown to be selectively abstracted qualities often emphasized to disenfranchise undesirable parts of the population from power (Flax, 1993; Lovlie, 1992). The relativity of these grand narratives that once relegated humanity to a fortunate few and the toil of suffering to the unfortunate many are beginning to be seen as ideological ploys used to defend the inequities of social hierarchies and the unfair distribution/use of scarce resources (Parenti, 1978). While this questioning of the ideological roots of supposedly objective knowledge has been part and parcel of sociological and philosophical debates of the past century, this inquiry is only now making inroads in the discipline of psychology.

As such, an alternative view of disillusionment that does not rely solely or even mainly on intrapsychic accounts could be based on variants of critical social theory. By witnessing disillusionment as a phenomenon that is not simply the product of an individual psyche, but a complex interaction between a person and his or her social

world, an examination of being disillusioned could be a trenchant commentary on the nature of both individual experience and the social world.

One such version of postmodern disillusionment might describe it structurally as the overcoming of false consciousness, i.e., ignorance or self-deception, concerning one's history, class, race, gender, sexual orientation, and the dynamics these factors play in a given society. This first model of disillusionment would allow individuals to analyze the deep structure of social relations, the system of power that maintains such relations, and individuals' places within such a network. Another postmodern influenced understanding might discern disillusionment in a more experience-near manner similar to May (1991). According to such a view, disillusionment is the aftermath of the deconstruction of abiding narratives and lifeways that once provided comfort and security to a portion of humankind. The fast-paced evolution of technologies and lifestyles forces persons to deal with a perpetual revolution in experience and identity, as the new continually supplants the old. This lived vertigo, fueled by capitalistic development and excessive consumption, might also be conceived of as a form of disillusionment, an angst filled alienation from self and others. These two postmodern influenced understandings of disillusionment, one experience-far and the other experience-near, could be integrated in order to provide a more comprehensive account of disillusionment according to critical theory.

Phenomenology as a Modernist Philosophy of Consciousness

Similarly, the aforementioned critiques of modernist theories of disillusionment and subjectivity raised some questions regarding phenomenology. In prizing the subjective, phenomenology attempted to overcorrect for positivistic objectivism, by

emphasizing an equally partial subjectivism that had difficulty representing systems of power, influence, or domination that shape personal experience (Bourdieu, 1991). Hence, phenomenology alone could have said much about the experience of a person, a dimension long neglected by traditional psychology, but failed to describe or understand many of the structures that shunt a person's experience in a particular direction. By focusing solely on self-experience, phenomenology ignored the fact that humans are subject to forces outside of their conscious knowledge and control. The structures relegated by phenomenology to the unthinkable included class, gender, race, cultural practices, power relations, economics, and politics.

This shortcoming of a pure phenomenology may be surmounted by employing a hermeneutic method of interpreting the descriptive themes found in the phenomenological investigation using texts from psychology and other disciplines (Bleicher, 1980). Hermeneutic-phenomenology utilizes the tools/perspectives found in theories of psychology, sociology, and philosophy to enrich the first-hand accounts of a person's lived experience within ever larger or more expansive frames. Unlike the use of theory to explain or point to reality, hermeneutics uses theory as a prosthesis to broaden our perspectives on the meaning of a phenomenon (Shotter, 1992). To do so adds flesh to the barebones of lived-experience, as it provides an otherness to dialogue with and a critical distance from the enveloping immediacy that empirical-phenomenological methods yield.

A History Lesson a la Critical Social Theory

Critical social theory, as a hermeneutic tool, provides an analysis of the interrelationships between personal experience or identity and impersonal social

institutions or practices. It sees modern social movements as “both ‘progressive’ – creating new needs connections, possibilities and so forth – and destructive – creating commercial crises, the alienation of the working class, impoverishment and proletarianization of the ‘lower strata of the middle class’ and the peasantry... (Kellner, 1989, p. 3).” There is a two-fold movement of progress and ruin, inclusion and exclusion, inherent in social change. While the past three centuries of western history inscribe the history of technical marvels, the spread of capitalism, and industrial development, they also recount colonialism, worker oppression, erratic changes in social relationships, and environmental degradation. In addition to noting this dialectical movement, critical theory hopes to account for both a structural disillusionment, a truthful seeing of the historical determinants of the present system of social relations, and an experiential disillusionment found in the angst of everyday modern life. The following will provide a short historical context for understanding modern society and its relation to psychotherapist disillusionment.

In the 17th and 18th centuries of the West, during the rise of early capitalism, Adam Smith and David Ricardo provided some of the earliest popularized critiques of society, economy, and their impact on an individual’s life. As industrialization progressed, it caused a significant rearrangement in social roles and living arrangements, e.g., the movement from the countryside into cities and the emergence of the nation-state (Van den Berg, 1974). The evolution of society, technology, and human relationships was to have profound effects on human consciousness and experience. An ever-growing estrangement between humans and the world appeared to take hold. This change was even noted in the ways humans related to each other, as these became objectified,

enframed as things to be manipulated by the machinery of production (Lefebvre, 1994). The world and its inhabitants came to be understood as nothing more than “standing-reserve,” quantifiable objects subject to control and exploitation (Heidegger, 1977). This growing societal disaffection, and the world it produced, came to be one of the most important topics in the history of critical theory.

Marx was one of the first to analyze the nature of alienation in the Western industrialized world (Zinn, 1999). Alienation, he thought, was the primarily the result of a worker engaging in wage-labor, i.e. unthinking, repetitive toil. The worker earned subsistence wages, or not, and the productive value of his labor was measured in the creation of value-added goods to be sold, the price of which, minus his meager salary, went into the pocket of the owner of the system of production (the capitalist). This alienation was not defined merely by the incongruity between the worker and his drudgery, but encompassed a growing disconnection from others, the society, and the self.

Alienation was not only an individual, hence existential, phenomenon. It was inherent to the very structure of the social arrangements of capitalism (Lefebvre, 1994). Capitalism, in this viewpoint, was not merely an economic system based on a hypothetically free market. It was a totalizing system that infected and regulated politics, education, interpersonal relationships, and even self-constitution (Kellner, 1989). Despite miraculous increases in production and technology, the movement towards meaningful relationships with others and one’s work was derailed by the demands of productive technology. Early capitalism required workers to inhabit a physically ill-boding world and squalid conditions, all for wages that allowed only meager subsistence. As workers,

through unionizing and organizing, gradually obtained slightly better pay and working conditions, the newfound freedoms and economic booty were quickly subdued into strengthening capitalism and increasing forms of alienation. Narrowly averting a near breakdown of capitalism during the Great Depression, capitalism moved away from its more liberal incarnation of the free market and gunboat diplomacy, to state subsidized capitalism, thereby insuring a greater degree of economic stability and insurance against outright class warfare and rabble-rousing. In addition to the fiscal security provided by state subsidies funneled into industries renewed or developed during the economic growth spurt enjoyed in the 1940's and 50's, the Cold War provided rationalizations for maintaining state subsidized industries related to military projects (Chomsky, 1993). Neo-imperialism walked hand in hand with economic benefits harvested from arms exports, militarism, oppressed foreign labor, and the forcibly propped-open markets of other nations. The growth of the middle class during the post World War 2 era due to this stabilization provided excess capital for consumption. New industries arose, geared towards the manufacture of non-essentials as well as the distraction of the masses from the affairs of the state.

The 'culture industry' (Horkheimer & Adorno, 1972), reduced art or aspects of meaningful human relationships to mass-produced objects tied to unidimensional sentimentalities (e.g., genre films, soap operas, popular music) designed for mass consumption rather than promoting critical consciousness or emancipatory knowledge. Leisure, as not merely a reprieve from work but a cause for it, provided yet another opportunity to consume prefabricated pleasures, and in doing so, regulated and leveled individuals' 'free' time into a near undifferentiated sameness. Advertising agencies

determined ways of not only manipulating, but creating desire for consumer goods that stimulated economic growth. From cigarettes to tampons, a universe of material items came to be essential for modern life. Soon, even the body itself could not provide enough needs to sell an infinity of items. Eventually identity, once thought somewhat sacred, internal, or pristine, was marketed (Best & Kellner, 1991). The brand of detergent used or the model of one's car signified supposed differences in personality, class status, or power.

[Advertising]... 'educates' the masses into an unappeasable appetite not only for goods but for new experiences and personal fulfillment. It upholds consumption as the answer to the age-old discontents of loneliness, sickness, weariness, lack of sexual satisfaction; at the same time it creates new forms of discontent peculiar to the modern age. It plays seductively on the malaise of industrial civilization. Is your job boring and meaningless? Does it leave you with feelings of futility and fatigue? Is your life empty? Consumption promises to fill the aching void; hence the attempt to surround commodities with an aura of romance; with allusions to exotic places and vivid experiences; and with images of female breasts from which all blessings flow. (Lasch, 1979, pp. 72-73)

However, the freedom to choose between brands or symbols was yet another alienation of sorts.

In The System of Objects, Baudrillard (1996) notes:

In the area that concerns us here, this constraint is paradoxical: it is clear that in the act of personal consumption the subject, in his very insistence on being a subject, succeeds in manifesting himself only as an object of economic demand. His project, filtered and fragmented in advance, is dashed by the very process that is supposed to realize it. Since 'specific differences' are produced on an industrial scale, any choice he can make is ossified from the outset; only the illusion of personal distinctiveness remains. In seeking to add that 'something' that will make for uniqueness, consciousness is reified in an even more intimate way, precisely because it is reified right down to that particular detail. Such is the paradox of alienation: a living choice is embodied in dead differences, indulgence in which dooms the subjective project to self-negation and despair. (pp. 152-53)

Finding the self through consumption, a national pastime for the latter half of the 20th century, has led to an even more profound sense of alienation and emptiness than

that of our forebears (Lasch, 1979). Technologies continue to evolve, and the accumulation of material wealth appears to increase at a staggering rate, yet these cosmetic differences yield little real change. The ancient regime of imperialism still holds sway. Patrician and plebian still know their places. This homogenization of identity, lifestyle, and leisure, i.e., globalization, often blinds persons to the fact that while much of present western society knows relative physical comfort, its foundation is still laid upon the back of some Other, at home or in the Third World (Chomsky, 1993). The workings of late capitalism require individuals to consume supposed unique identities and items that reify personhood in an unholy communion with trinkets. Little thought is paid to the fact that production of such goods may injure ecosystems, exploit foreign or domestic workers, disenfranchise segments of the population, or create a nihilistic environment where care and concern for humans rights seem petty impediments to fulfilling ones' dreams of consuming infinity and Starbucks. To enjoy such costly affluence requires a degree of disavowal or distraction readily provided by consumption and the entertainment media, which are always already there in order to determine the limits of permissible thought and dialogue (Herman & Chomsky, 1988). Interestingly, the information superhighway and its representatives, such as major news organizations, can be collapsed into less than a dozen parent companies, all presenting nearly identical information, homogenized and predigested in a way that robs individuals of even the capacity for critical consciousness. Without knowledge of the consequences of our actions on others due to misinformation or paucity of it, and with the callousness and cataracts part and parcel of citizenship in an imperial kin, disillusionment might ideally

be considered an affirmative experience. It might open eyes and ears. In such a world as this is the discipline of psychotherapy precariously balanced.

Participants in this study often commented on the nature of the social world undermining their identity as therapists. Economic restrictions on practice, as well as society's lethargy for looking inward as opposed to consuming items or distractions, were culturally oriented facets of being disillusioned as a therapist. One participant commented upon the de-emphasis of interpersonal connections or solutions to psychological problems, coupled with the lack of financial compensation as indicative of where the culture places its values and interests. Alienation from the self and others makes its presence known by the lack of knocks on the consulting room door, possibly. The progressive homogenization of identity and its reification in objects creates an environment where self-reflection is more easily abdicated in favor of the cycle of work, leisure, and consumption. Anxiety is more easily mitigated with goods or drugs than faced and worked through. Dis-ease and the lesson it might teach about its source is muted with distraction.

In a society where the masses are taught to mouth the doctrine of Horatio Alger as well as "emotionally potent oversimplifications" that form the body of mantras broadcast by the media, it is conceivable that disillusionment would be part and parcel of psychotherapeutic experience. Some of the values of therapy such as insight, expanded awareness of oneself and the world, and enhancement of one's life, world, and relationships could potentially be revolutionary ideals or calls to arms. Instead, some psychotherapy focuses little on the environment, the outside world that makes us well or sick, and looks inward (Hillman & Ventura, 1992). This poverty of narratives for making

sense of the social context of therapy depoliticizes the work, and isolates both clinician and patient from the culture as a whole. They become isolated individuals, subject to their own prolonged alienation, as the meanings that could sustain them in a community dissolve and devolve.

Additionally, psychotherapy can be seen as a contradictory discipline in itself, and far from monolithic in its ideological undercurrents concerning humans and their psychological treatment. While modern day therapy could be thought of as relative of the primitive healer or shaman, it could just as easily be cousin to the jailer or warden whose panoptical vision segregates sane from mad, productive from unproductive. Those aspects of therapy that aim towards normalization of the individual, adaptation to society, or conformity partake of the same dynamics as the discipline meted out by the penal systems, though under the auspices of minimizing the suffering of the patient by uniting him or her with the body social (Foucault, 1980). One need only remind oneself that Nazism and racism were quite in fashion and normative in the west just precious few decades ago. It appears that psychotherapists have developed critical social consciousness only recently, and only when their interests have been threatened. Rather than indicting therapists, this should show their full humanity, and act as the needed historical foundation from which to build a true liberation psychology that takes account of culture, history, and power in constituting human being.

Conclusion

In summary, the results of the present study highlight psychotherapist disillusionment as the experience of discrepancy between a therapist's expectations or ideals and the reality he or she encounters. This discrepancy is experienced in relation to:

1) one's search for meaning in the profession of psychotherapy; 2) one's identity as a psychotherapist; and 3) one's relationships with others (mentors, colleagues, patients, society/culture, the context therapy was practiced in). These themes emerge from the grounds of Self, Other, and the Social World.

Future research in this area should focus on possible relationships between economic and social factors that affect the experience of disillusionment in therapists. Training programs pay relatively little attention to larger societal issues that affect psychotherapist disillusionment. The results of this study indicate that these macro-issues affect psychotherapists profoundly, and hence need to be addressed in graduate training programs. Younger clinicians just leaving training may not yet experience disillusionment regarding the changes in the profession, as they have not become accustomed to practicing long-term therapy or been exposed to models of therapy originating before the era of managed-care. However, the changing nature of society and economics insures that the profession will undergo still further metamorphoses, making disillusionment a continual threat to psychotherapists young and old. Disillusionment, although not identical to burnout, could similarly be assuaged through making therapists aware of its experiential structure and providing resources for coping with it. Perhaps training programs for therapists should, in anticipation of growing issues like managed-care, prepare students to be aware of the possibility of becoming disillusioned and seeking assistance. Graduate training programs appear reluctant to discuss disillusionment. This may be due to applied psychology's lack of emphasis on transpsychological issues, which then filters into didactic programs, making trainees less prepared for dealing with the influences of social and economic factors on themselves

and their clients. Many of the persons who enter clinical or counseling psychology indeed experience entering the profession as the fulfillment of a “calling.” These persons may experience the current zeitgeist of managed-care and lowered expectations as impediments to their chosen vocation, but lack the awareness of how to battle budget cuts and political debacles concerning the funding of mental health and managed-care reform. The results of this study hint at the possibility that psychologists and psychotherapists might be empowered through expanding their political role and activism. The profession could benefit by training students to attend to social, economic, and political relationships in order to enfranchise themselves and be competent advocates for their clients.

Other lines of future study might involve examining the experience of being disillusioned in social-workers, case managers, and human service providers, as these professionals utilize somewhat altered philosophies/modalities of treatment and occupy different service delivery settings (e.g. community mental health instead of private practice).

One limitation of this study includes the inability to determine the universality of the results among all psychotherapists, given the hermeneutic-phenomenological methodology used. It is conceivable that a different researcher, with different subjects, could come to a novel result. Breadth is sacrificed in favor of exploring the depth of participants’ experiences. Besides the unique influence of interviewer and interviewees upon each other, other factors may limit the generalizability of the results. Such factors include the theoretical orientation of most of the participants (most were primarily psychodynamic), their practice context (primarily private practice), and the length of time in practice (over ten years). Those practitioners who held theoretical orientations that

emphasized long-term, depth psychological treatment may have tended to rebel against the current therapeutic trend towards short-term treatment or brief therapy techniques as a way of maintaining theoretical integrity. These persons might find themselves fighting righteously against economic trends that tend to dehumanize both clients and therapists, in their one size fits all model of therapy or human personality. Psychodynamic practitioners, for instance, are likely to rebel against psychological accounts of personality and pathology that ignore the unconscious, early familial relationships, and patterns of relating with significant others. Other practitioners whose beliefs or theoretical orientations (e.g., cognitive therapists) fit well within current trends in therapeutic psychology might experience less dissonance or disillusionment regarding short-term treatment or managed care. Whether the response of the latter group is more correct or adaptive than the reaction of the former is difficult to say. Current psychological theory might be able to account for why some psychologists experience such dissonance, specifically holding ideals or cognitions that are not adaptive to the current state of affairs, but it is not able to determine whether we should embrace adaptive ideologies or reject them as inhuman and inappropriate as guidelines for meaningful therapeutic work. Psychologists must question their own experience in determining what their values are. They must assess from whence these ideals came, and why they hold such principles, and then from this space of knowledge determine whether the current therapeutic ethos is a jackbooted thug to be resisted or a leader to be saluted in this time of struggle and uncertainty.

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APPENDICES

APPENDIX A

Study Description

I (Roberto Morales) am a fourth year doctoral student in Counseling Psychology at the University of Tennessee. The following is a description of my dissertation study. Included are details about what your involvement as a participant in the study would entail.

In this research study, I will be exploring various experiences of being disillusioned with the profession of psychotherapy. In order to perform this study, we need the help of therapists who are willing to share information about their experience of being disillusioned with psychotherapy. As a subject, if you choose to participate in this study, you must be willing to participate in an interview. This will involve audiotaping the initial interview where you describe your experience of disillusionment. When not being used, the tapes of the interview will be securely stored in a locked file cabinet in the Department of Psychology on the University of Tennessee, Knoxville, campus. You will then be contacted to discuss the results of my thematization of your description of being disillusioned with psychotherapy. Following the completion of the project, all tapes will be erased.

Guidelines for confidentiality are of the utmost importance in this research study. The researcher is bound by the American Psychological Association's Ethical Principles of Psychologists. You will be asked to not use names that identify anyone, but rather use the identifiers "my client" or "my patient" during the interview. Any identifying information that is taped will be deleted in the transcriptions and the final report. In addition, no one except the researcher and his faculty advisor will have access to the audiotapes.

The initial interview will last 1 ½ hours. If for some unexpected reason the interview is not complete after the first 1 ½ hours, a maximum of another 1 ½ hour interview would be scheduled if possible. After the researcher has compiled a thematic summary of your initial interview, you will be contacted to review and provide feedback about this written summary. This feedback can be accomplished in person via a second interview, by mail, or telephone call and should take no more than 30 minutes to an hour.

Your participation in this study will be greatly appreciated. It is also completely voluntary. You may withdraw from the study at any time.

If you have questions and/or are considering participating in the study, I can be contacted at (423) 974-0910. Thank you for your time and consideration.

Sincerely,

Roberto Morales
(Principal Investigator)

316 Claxton Addition
The University of Tennessee
Knoxville, TN 37996

Ronald Hopson, Ph.D.
(Project Advisor)
Department of Psychology
The University of Tennessee
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Howard University
School of Divinity
1400 Shepard St. N.E.
Washington D.C. 20017

APPENDIX B

Informed Consent Form

Title of Study: A Hermeneutic-Phenomenological Investigation of
Psychotherapist Disillusionment with Psychotherapy

I understand that I will be participating in a study about the experience of being disillusioned with the profession of psychotherapy, and that all aspects of my participation in this study are voluntary. This means I am free to withdraw from the study at any time, without penalty or prejudice.

I understand that my perceptions about my experience of disillusionment will be expressed through a phenomenological interview. This will involve audio taping the initial interview. I understand I am free to talk about items of my own choosing. I also understand that I will not have access to the tapes or transcripts of the original interview, but will be provided with a summarization of the themes that the researcher finds in the initial interview.

The first interview will last approximately 1 ½ hours. If for some unexpected reason the interview is not complete at this time, a maximum of one more 1 ½ hour interview may be scheduled if possible.

I also give permission for my initial interview to be audiotaped. I understand that my identity and responses will be kept confidential by the researcher. These tapes will be used for transcription purposes and will not be presented to any research groups. At times when the tapes are not in use they will be stored securely in a locked file cabinet in the Department of Psychology on the University of Tennessee, Knoxville, campus. Following the completion of the research project, all tapes will be erased.

I understand that transcripts will be made of the initial interviews and that segments of these transcripts, with names changed, will be presented to research advisor and may appear in the final report. I understand that any information identifying me will be deleted from the written reports.

I know that the science of human behavior is not an exact or precise science and that by participating I could experience psychological or social harm, i.e., unpleasant or disruptive thoughts about myself, or there could be changes in my interactions with other persons in my life. I understand that the researcher has instituted measures to reduce my risk and protect me from harm and if such harm was to occur the researcher would make every effort to work with me toward resolution of the situation. Results from this study are expected to have implications for training therapists.

I understand that the research is being conducted by Roberto Morales, a doctoral candidate in the Counselor Education and Counseling Psychology Unit at the University of Tennessee, Knoxville. I am aware that he will be interviewing me for this study, as

well as being the researcher overseeing the study. It is my understanding that he is being supervised by Dr. Ronald Hopson, Associate Professor of Psychology, in the Department of Psychology. I have read the above, had my questions answered, and understand what my participation in this study involves. I have received a copy of this consent form for my use and information. I understand that if I have further questions, I may contact the researchers listed below. Therefore, I consent to participation in the project as stated herein.

Printed Name

Date

Signature

address or phone #

Please send me a copy of the final results:

() yes () no

Principal Investigator:

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VITA

Roberto Morales was born in Baltimore, Maryland on October 17, 1970. He then moved with his family to Thomasville, Georgia. He attended the State University of West Georgia, where he completed his Bachelor of Arts (1992), Master's of Arts (1993), and Specialist in Education (1994) degrees. His major interests during graduate studies at West Georgia included existential-phenomenology, philosophical psychology, and Lacanian psychoanalysis. He then worked for the Marietta City Public Schools as a special education teacher for one year before deciding to pursue doctoral studies in Counseling Psychology at the University of Tennessee, Knoxville. The doctoral degree was received August, 2001.