

NO PLACE LIKE HOME:
THE PROBLEM AND THE PROMISE OF THE HOME PSYCHOTHERAPY OFFICE

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MARIO PRIETTO

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This dissertation has been
accepted for the faculty of
Pacifica Graduate Institute by:

Patricia Katsky, PhD, Chair

Barry Miller, PhD, Reader

Jorja Leap, PhD, External Reader

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ABSTRACT

No Place Like Home:
The Problem And The Promise Of The Home Psychotherapy Office

by

Mario Prietto

This inquiry utilizes a qualitative heuristic design and methodology to explore the experience of psychotherapy in a home office setting, from the perspective of the psychotherapist. In addition to data collected through in-depth interviews with seven therapists who currently treat patients in their home offices, the study includes the experience and reflections of the primary researcher, who also practices in a home office.

By engaging with therapists who have direct knowledge of the home office, the study is privileged to share intimate perspectives of this rarely investigated phenomenon. The study explores the motivations of these therapists to establish a home practice, and presents their satisfaction and frustrations with this unique setting. The findings offer insight into ways a practitioner deals with self-disclosure, manipulates the therapeutic frame, and manages boundaries. The interviews and analysis explore different ways the setting – both natural and constructed -- impacts the work. Participants in the study express confidence that working in a home office serves their patients well, matches their own strengths and personality, and is aligned with their theoretical beliefs about psychotherapy.

Deepening the research of home office practice beyond a study of setting and situation, the research reaches towards the symbolic in several ways. The primary researcher works with two dreams a patient shared about the home office. The literature review and data analysis includes reflections on the concrete and symbolic roles home

plays in culture, in psychotherapeutic work, and in the personal life of the practitioner. Utilizing the ancient Greek goddess Hestia, the goddess of the hearth, the research employs a depth psychology insight into how the physical setting and psychological focusing combine to create a temenos.

The home office setting will continue to be an ideal setting for some practitioners for whom it makes practical sense. The implications of this study for the practice of psychotherapy and psychoanalysis point towards the importance for all practitioners to consider their conscious and unconscious motivations to practice in a particular setting, and how these choices affect their patients, the people they live with, and their own development.

Key words: home, home office, psychotherapy, setting, Hestia

DEDICATION

For Leda. I could not have started or finished this journey without you. I would still be out there wandering around, and thanks to you, I am at home in the world, doing what I love, close to home. Home is wherever I'm with you, and it is also *una casa de fortuna*.

For Serafina and Marisol, who will hopefully look back on these years of research and practice with gladness and be inspired to work from their hearts. I'm so happy to be back home after this long journey.

For my parents—my first teachers, my first doctors, my first home.

For the souls who have entered into relationship with me as patients, and have taught me everything I know about being at home in the world.

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Chapter 1

Introduction to the Research Topic

Psychotherapists who choose to practice in a home office will take time to consciously and carefully explore ways the concept or phenomenon of home is active in the work at a metaphorical and symbolic level as well as considering the physical setting of the office. Patients who receive psychotherapy in a home office carry with them personal associations, beliefs and ideas about home that may or may not be activated in their clinical experience. Practitioners who are aware of how the concepts and concrete realities of home and office may consciously and unconsciously influence the psychotherapeutic action between both therapeutic participants can enrich their work with patients. This extra layer of culture which therapists must consider in understanding their patients requires a deepening of awareness into their own choice to establish a practice near the home.

Researcher's Predisposition To The Topic

An Odyssean sense of home.

To explore the complexity of the home office practice, it is helpful to examine the role which the concept of home plays in our collective culture, our individual souls, and in our psychological consulting rooms. In addition to reviewing literature from the psychological and psychotherapeutic realm, this study recognizes that the concept of home is revealed and kept alive in the intimate expressions of mythology, song, poetry, film and image throughout history (De Vries, 2011; Hill, 2010; Rybczynski, 1986; Seiden, 2009; van Loben Sels, 2011). The experience of the research participants will hopefully be enhanced by these inquiries into the phenomenon of the home as it manifests in their home office practice of psychotherapy.

Home is a powerful cornerstone cultural concept, eliciting responses at many levels and influencing other key cultural ideals. People seek unions, wars, jobs and memories, with the concept of home as a reference point. Home is such a universal phenomenon that trying to summarize its significance could fill several dissertations. Whereas shelter is as necessary to physical survival as food, home is not. It occupies an undeniable but ultimately ineffable space in our hearts and minds not unlike that of love or a sense of belonging. The experience of home connects people to each other, regardless of the structures that house them. It is neither precisely a place or a building, nor can it only be a state of mind, or a person, or a feeling, though each of these ideas are utilized when referring to home. For example, the English language is full of sayings and pithy quotations about home. Home is where the heart is, home is wherever I lay my head, I feel at home with you, this is my home, a house is made of walls and beams but a home is built with love and dreams, and there's no place like home.

Ideas about home shape both our inner reflections and our engagement with others. Feelings about home color experience in a variety of situations -- when in a serious relationship with someone else, when visiting someone where they live, and when regarding the sad state of a homeless person who sleeps outside on the street while others are snug by the hearth. Just as ethnicity, family birth order, religious or spiritual background, socioeconomic status, gender, and sexuality are present in a person's identity wherever they go, one's relationship to the concept of home follows a person out of their dwelling and into the world.

In his analysis of nostalgia and its prominence in our communal psyche, Seiden (2009) uses a definition for home as originally written by a philosopher of baseball, A.

Bartlett Giamatti:

Home is a concept, not a place; it is a state of mind where self-definition starts; it is origins—the mix of time and place and smell and weather wherein one first realizes one is an original, perhaps like others, especially those one loves, but discrete, distinct, not to be copied. Home is where one first learned to be separate and it remains in the mind as the place where reunion, if it were ever to occur, would happen. (pp. 99-100)

Seiden borrows Giamatti's inspired use of the baseball metaphor of home, and the fact that fans cheer their favorite teams towards home plate, where they are safe. During a baseball game, home plate is a literal point of focus, where the players direct their energy. For those in the stadiums and watching television from home, it is a symbolic place the runner is running from, running to, and defending.

Seiden's thesis is not only phenomenological or cultural; he writes to specifically goad psychoanalytic thinkers and writers into recognizing that the longing for home and nostalgia are central to the experience of humanness in the world. He so believes in the ubiquity of home in our consciousness that he elects the Greek hero Odysseus as the most appropriate classical mythic figure to unite us as humans and practitioners in psychotherapy. Seiden (2009) considers Odysseus as a hero who represents:

An ever-present, non-pathological mourning for home—home as embodied in a mother of course, but also in a father, a family, a house, a place and time in one's development, a neighborhood, a culture, a love life, a religious sense and a state

of mind that reflects belonging, safety, self-definition, comfort, and unquestioned acceptance. (p. 204)

This mourning and longing for home assumes a regard of home from a distance, being away from it. This can cast any professional who leaves their home for work, including the psychotherapist, as an Odyssean hero who ventures forth into the dangerous world, and returns to the place where people are waiting, where one feels most accepted and understood. James Hillman (1991) describes a universal image for home, “Everyone needs a place to crawl and lick his wounds” (p. 200). And even then, continues Hillman, homecoming can be “fraught with dreadful anticipation” (p. 200) when home is a place of conflict, ambivalence, or temporary chaos.

The interest of this study is in the ways that home office practitioners relate to this Odyssean sense of home, as a place of “belonging, safety, self-definition, comfort, and unquestioned acceptance” (Seiden, 2009, p. 204) and how this may or may not effect the sense of workplace and dwelling space of home. Every home office practitioner has to negotiate a conscious relationship with her or his own sense of home if home and work are to coexist in the same physical place.

At home in the work, at home in the world

Regardless of where therapists see patients, when they leave their homes and travel to meet their patients at the therapy office, a transformation occurs during the journey between home and work setting. In this commute between bedroom and work-room, the therapist unconsciously and consciously leaves behind certain elements of their own persona and brings others with them as they come to embody the persona of therapist. This transformation can manifest in the choices they make in the adjustment or

manipulation of the space where they welcome patients. After walking into the office to wait for the patient, certain rituals may be performed and tasks completed to feel prepared and feel at home. The room may be tidied up to obscure traces of the therapist's personal life or the work done the previous day. The trash can is emptied and certain books or magazines may be arranged to contribute to a desired effect. And when the workday is done, to some degree the office and the work are left behind them. They return to their home, hopefully to rest and re-group.

The office away from home invariably contains some elements of the therapist's personality and contributes to a setting to host the work to be done there. If the office is at an agency and the clinician shares the room with others, it is not uncommon for therapists to add details of flair to the room to make it feel more homey or syntonetic with their work and their identity. Freud, Jung, and others famously adorned their offices with numinous relics, meaningful keepsakes, photographs and acquisitions from their travels, which could be deeply revelatory of their extra-therapeutic interests (Engelman, 1976; Jung, 2009). If the therapist's home is fraught with discord, alienation, or chaos, the therapist may seek out his or her own office as a refuge from home, and to use it as a compensatory escape or haven. Still, not everything can be left behind, and some more unseemly aspects of a therapist's home environment can also enter into the office environment and the clinical work.

Patients also undergo a shift in consciousness as they commute from their homes or workplaces to the office of their therapist. The patient is not expected to leave behind their personal world in the same way as the therapist is. Patients are expected to bear and reveal the full force of their being, and explore the depths of his or her psychic life with

the therapist. Included in the home office practicing therapist's responsibility to respond to the patient's psychic life is a willingness to be open to engaging with their patients' sense of home and how the home office setting contributes to their work.

Already established as an important unifying concept, a shared cultural projection in sport, and an element of myths, home must also be reckoned with as originating in places, particularly houses. French philosopher Gaston Bachelard (1994) contextualizes childhood houses and our inner experiences of our childhood home, "But over and beyond our memories, the house we were born in is physically inscribed in us. It is a group of organic habits.... The feel of the tiniest latch has remained in our hands" (Bachelard, 1994, pp. 14-15). In addition to referring to the actual physical latch which one may salvage as a keepsake and literal reminder of a place, he refers to the remembered feel of the latch, a part of psychic memory and a part of the hand's memory, and ultimately, of the imagination.

Geary (2011) explores how the memory of the house he lived in as a child occupies his internal landscape as a metaphor, aiding him in eulogizing his recently deceased mother. The recalled memory of the house, with its "drab wallpaper" combines with his reminiscence of the vitality of his mother (p. 209). He recalls how he "loathed" the house he grew up in as a child, and how he modifies his current house to avoid a lifelessness that existed in his childhood home, by inserting elements of color which are tied to his mother's influence on him (p. 209).

Geary's memories and subsequent associations with wallpaper provide an image that is malleable in its application on the walls he encounters in life, while simultaneously commanding attention specific only to him and his life. For this study, which explores

the yearning toward a sense of home in the work, it can be interesting to imagine Geary in a home office, with a therapist who is conscious of the complexity (or the clarity) the setting offers. A home office practicing therapist may find it helpful to pay attention to what has “remained in [the patient’s] hands” working with these images and feelings as a part of the patient’s work when it comes to issues of space, family, relationship, and control of one’s environment (Bachelard, 1994, p. 15).

The Jungian analyst John Hill (2010) who has spent decades researching the archetypal and psychological significance of home, ultimately defines, “Home, from a psychological viewpoint, represents the way we contain our life and define our relationship to the outside world” (Hill, 2010, p. 9). Hill does not refer only to the physical space of a house, family, or country one calls home, but to the continuum of feelings involved with being “at home in the world” (p. 16) wherever one finds one’s self, and conversely, not feeling at home in the world—as an orphan, outcast, wanderer, disconnected, or lost.

Though therapists and analysts vary in technique and theoretical loyalties, Hill explores how all practitioners are on the same journey as their patients, trying to be at home in the world. Therapists and analysts are charged with the grand responsibility and honor of using their applied skills and talents to accompany their patients towards a sense of home that is syntonically with their particular circumstance and destiny.

So rather than a stable state, being at home in the world embodies a process, a dialogue between self and world, the inner and outer, the subjective and objective. It manifests often in an interaction between an archetypal narrative expressing the need to belong, and the human capacity to reflect, evaluate, and discern the

significance of that need applied to the actual circumstances of the times. The process requires inner work, listening to dreams and fantasies, and trust in the creative powers of the psyche. They not only reveal the records of past homes that have failed to satisfy the hunger to belong, but also provide creative solutions to bridge worlds, transforming barren wastelands into fertile landscapes. (Hill, 2010, p. 16)

Hill does not privilege the therapist in being above this process, but emphasizes the human capacity and universal opportunity to be aware of how home travels with every human. He highlights a process in which psychologists make space for their patients to be at home in the world, while simultaneously living their own process around home—leaving it, exile, returning to home, and all the wandering in between places, people and homes. Like other depth psychologists, Hill emphasizes the roles of the relational third, the transcendent function, the establishment and maintenance of a safe *temenos* or holding environment for the work (Hill, 2010, p. 97-124). He ultimately establishes the process of homecoming as a metaphor for the work all therapists do in their consultation rooms, with the therapists playing multiple roles for patients—a conduit, a door, or a bridge—regardless of theoretical fealty.

Hill regards home as coming with us wherever we go, in this way being both near and distant at any moment. Alongside Hillman, Hill does not seek to establish home exclusively as a comfortable place from which to leave in the morning and return to at night; sometimes it is fraught with conflict. We may not be at home in the world, even when we are at our home, but, as Seiden explores through the imagery of baseball, we are always on our way from or towards home plate. This study of the home office encourages

an expanding awareness of what contributes to a practitioner and a patient feeling at home in the world, the home, and in the office where psychotherapy happens.

Researcher's Transference to the Topic

Imagining and realizing a career closer to home.

In July 2010, I began to see patients in a home office on my property where I had lived for eight years with my wife and our two daughters, then nine and seven. This home office practice evolved over the preceding 5 years while I was enjoying a very busy career that kept me out of the home a great deal. In addition to maintaining a full-time supervisory job in a social service agency, I had been seeing patients in a private practice I had been developing since 2005, and became licensed in 2007 under the supervision of a colleague whose office I sublet. I began doctoral studies in 2008, and developed an adjunct faculty position as a lecturer in graduate social work practice, which I began in early 2011, soon after I had built the home office.

I have envisioned a career as a scholar-practitioner, a psychotherapist who writes, teaches, and is engaged in community work. My plans have been based in the belief that to be a scholar-practitioner, I would need a quiet office where I could see patients and complete work. My wife and I believe that having my office close to home would best allow me to balance time between working and staying connected with the family. In sharing autobiographical details of how my home office practice emerged and developed, the inquiry into the phenomenon deepens to a personal level, which is a necessary element of the heuristic research approach that this study follows (Moustakas, 1990). Of particular interest in this study will be investigating the original intentions of therapists

who establish a home office, so this introductory depiction of my own home office experience will focus primarily on how it began as an idealistic vision.

While I was a Pacifica Graduate Institute student between 2008 and 2010, our small home was a very busy place, and could not easily be reconfigured for quiet space or an office, so I was forced to go outside the home for sessions of researching and writing papers. In 2009, I began developing a goal that included teaching social work at a graduate level, which I ultimately began in January 2011. Doing scholarly or administrative work at the two offices I sublet from two colleagues was not feasible because there were not enough hours available for me to see patients and write. At someone else's office, I would be charged \$18 for each hour, regardless of if I were using it to see patients and earn money, or to study and write, and later correct papers as a professor. The local cafés became my solution for writing and subsequent teaching busy-work. This was a stimulating environment for a while, but it became tiresome and distracting to be surrounded by people and noise, and ultimately limited my ability to complete work. I needed a more permanent arrangement for the career and lifestyle I was creating.

Renting my own office was expensive in the area by our home, and I was unsure I could find the ideal situation and meet the expenses of our family. Making a dramatic leap to renting an office and gathering patients was not a practical option without a sound transitional strategy that involved considering family finances. My wife and I did not have the luxury of surviving on savings while my practice developed. Necessity demanded that I have a consistent source of income while I built my practice, in the form of a salary-paying job, which I have always held.

I considered using a rented office to generate income by subletting it to other clinicians, but this option appeared to have its downsides. Seeing my colleagues who rented me office space act as landlords and businesswomen, scrambling to sublet every available hour of their space to cover their rent and make a profit did not excite me or inspire me to do the same. I did not want to have an office that sat empty for hours in the day, either, while I worked at another job, or taught classes, or waited for patients to find me. If I dedicated myself to establishing an office as an income generator, I feared becoming dependent on scheduling in a subletter or an intern, becoming more of a landlord, and finding myself restricted from scheduling my own patients or being able to use the office for scholarly work.

I discussed every option with my wife, considering how choices could provide necessary income and affect the quality of life of our family. As we considered the best options for my career, we decided against renting an office and in 2009 began considering building an office at our home. A home office would serve multiple career purposes appeared to allow us to live a well-balanced life and be more financially rewarding in the long run. I wanted to be able to schedule appointments at both my patient's and my own mutual convenience, and not share the room with three or more other therapists who practiced differently than I. As the idea was allowed to gather momentum, I yearned to be able to control my own work environment and create a special atmosphere that welcomed people and was conducive to the kind of work I believed I could do.

Having worked in three different therapists' offices, and around their schedules, it I was conscious of how the rooms did not reflect either my work or me. The rooms I

rented and sublet felt impersonal to me, like hotel rooms, and definitely not like being at home in the world. I was more sensitive to how those rooms I rented held psychic remnants of the work done there between other therapists and their patients. As I warmed up to the idea of an office of my own, near my home, I felt an opening up in my imagination, an opportunity to welcome people into a space which could be more respectful and reverent of the work they needed to do.

The experience of deciding and executing the plan to build an office onto our home brought with it an infectious energy which was exciting for my wife and I and the people who helped us design and build it. The process was driven by practical considerations, requiring creative collaboration with family and builders, and great attention to design that would ultimately provide a healing experience for patients and fit a lifestyle my wife and I were eager to create. Initially interested in building over the garage, cost realities lead us toward the architect's suggestion to add a room and a bathroom to the side of the house. The office and bathroom would share a wall with our daughters' bedroom, and partially ours. Both bedrooms would lose the house's only east-facing windows, and we would sacrifice some outside space which had been underutilized, creating a garden where patients could wait.

During the process of building the home office, while working on a paper in 2010, I conducted a literature search for "home office" in the EBSCO database. Initially, I thought I had struck gold because I encountered four articles in a 2007 issue of *Psychoanalytic Psychology*, a peer-reviewed journal. I was overjoyed to find scholarship around the home office practice, but that joy was short-lived as the titles of the articles I found reflected harsh criticism of the home office practice: "Ethical Considerations of the

Home Office” (Maroda, 2007); “One Mind or Two: Divergent Views of the Home-Office Setting, Commentary on Maroda” (Langs, 2007); “The Immorality of the Home Office” (Mills, 2007); “Framing the Question: Psychoanalytic Process, the Unconscious, and Home Offices, An Alternate Perspective” (Gargiulo, 2007).

During this first engagement with the home office practice as a topic of research inquiry, I was impressed that these authors wrote with authority and impressive insight, yet their impassioned arguments threatened to shake my confidence in the choice I had made to build an office onto my home. Though these articles are reviewed more extensively elsewhere in my research, the basic challenge was to examine “the analyst’s motivations for having a home office” (Maroda, 2007, p. 173), and consider “the implicit immorality of the home office...on the basis of concerns that it exploits patients as a result of privileged analyst self-interest and usurps patients’ control over environmental factors that could be potentially distressing or therapeutically harmful” (Mills, 2007, p. 720).

Though I welcomed some of the helpful and practical information on how to avoid specific mistakes, I considered that I had failed to analyze my intentions sufficiently, and that this could potentially harm my patients and my family. I reacted indignantly and defensively in the face of the critique, which challenged my plans, my ambitions, my hopes and our huge financial investment. This reaction revealed my insecurities, fears, and complexes around trusting myself to succeed and of risking overexposure of my personal life.

Examining to what degree I was establishing a home office unconsciously or with unexamined intentions began while planning and building progressed, and has intensified

with this research project. At the time, I was studying depth psychology in an atmosphere that encouraged and demanded that I work deeply with my dreams, to explore the numinous nature of psyche in nature and culture, as well as integrate my personal work into the work I was doing with patients. By allowing the work of this initial investigation around home office practice to have its effect on me, I humbly realized how exposed, vulnerable and isolated I could potentially be as a home office psychotherapist. I also listened carefully to the words of caution in what I had read, and listened to the reactions of people whom I told of our plans for a home psychotherapy office. As I immersed myself more deeply into the home office building process, and began to research the topic, anecdotes emerged from friends and peers of being a patient in, or practicing out of, a home office. Growing more convinced I was on the right path, that I had the best intentions and the great fortune to have the opportunity to follow through with my dreams, I moved steadily forward, eager to distinguish myself from the dangers these authors posed. I became aware I had struck upon a phenomenon that intrigued people, disturbed some, and was accepted without question by others. Paying attention to all I encountered, my curiosity grew. I took all I discovered into consideration in planning the structure and the procedures of welcoming patients to a home office and balancing my work and home life.

My transference with this topic of home office practices is affected by the love I have for my family and my wish to provide a secure environment for my wife and two daughters. My wife and I regard our home life as an ecosystem, in which our efforts have direct effects or consequences on the quality of life of the others with whom we live and work. I have tried to launch my home office practice while taking the comfort and

security of my family into consideration as much as possible. By inviting my practice into our home, welcoming patients onto our property who had previously met me at an office a mile away, I am impacting the childhood of my daughters, and requiring great sacrifices of my wife. Even though patients enter by a separate entrance, use a separate bathroom, do not share parking, and could easily avoid interacting with my family -- disruptions and interruptions do and will occur which add layers of complexity to both my work and my family life. Protecting the boundaries around and within my family system requires continual attention and maintenance, so that my family feels cared for and free to live comfortably. By being better informed, educated, and conscious of the risks involved for my family, I can better hold the boundaries between work and home, and be more successful as a practitioner, thus providing better for my family. Embarking on this research project has offered a sharper level of scrutiny to how work, life and space are carefully balanced everyday where I live and work.

Once I had determined this was a rich area of research which would perhaps interest other practitioners in the field, I deepened my interest in how developing and maintaining a home office practice requires intentions which consider well the safety and well-being of the patient. I became committed to an inquiry that investigates the movements of psyche within me as I explore my motivations for working in a home office as well as investigating the experience of other practitioners. By collecting the stories and reflections of home office practicing therapists and patients, this study will hopefully offer new data and fresh perspectives to satisfy my curiosity and enrich this discussion for others.

A complex of self-disclosure: Sharing of myself, letting others in.

Within my own psyche, significant complexes have been activated by the work with patients in the home office and the scholarly research thus far. The most relevant complex that bears exploration involves anxiety arising around self-disclosure, the revelation and exposure of parts of my personal life with the patients I see in my private practice as well as with coworkers and peers in various settings. Working from home has brought into focus how I have bridged worlds between workplace communities and my home life, in the past. I have always felt conflict over self-disclosure, yet am oddly attracted to situations that challenge my boundaries in this regard.

As a home office practitioner, I reveal what my life is like to my patients by allowing them to see where I live. I accept them into my personal space, but I reserve more personal space for myself, hiding my family members from them. They know my home is next door to my office, but my family is never visible from the office area and I do not feature photos of my family in the office. My gates between the home and the office remain closed at all times, but occasionally my daughters' voices or musical instruments can be heard, the dog barks, or the smell of sweet potatoes baking wafts through the vents. These facts of home office experience will continue to chafe at my comfort level and occasionally make me anxious. Admitting this provokes an obvious question: Why practice this way at all, especially if I suffer occasional anxiety around self-disclosure and privacy? The answers to this question will be pursued through this research project and can be illuminated through an exploration of important periods in my work and education history.

Protecting my privacy and selectively revealing different parts of myself have always emerged as important sources of anxiety when I have worked in an agency or studied in a school setting. I have tried to carefully apportion how much of my self I share with my companions or the people I work with, to protect my autonomy, enjoy my privacy, and maintain a certain amount of control over relationships and social situations. Being conscious of how this complex has emerged in different phases of my education and career offers insight to how my work has manifested in a private psychotherapy practice in a home office setting. This journey of inquiry into the home office practice has lead me to probe past experiences and lessons I have learned about how comfortable I feel disclosing personal details of my life, sharing my family and home with people, and setting boundaries with people I serve.

As a graduate student in a master's program, 10 years before I started a private practice, I kept my nocturnal self and my daytime student self separate from each other. Transitioning into social work, I enjoyed being in both very different worlds, successfully enjoying a divided life during the second half of my 20s. I controlled how I would bridge the gap and protect the compartmentalization of my different lives. I enjoyed when others would be curious about what I might be hiding. At night, in a loud and smoky rock club, someone would be intrigued when I answered their question and revealed that I was studying social work. Between classes, if the situation arose and I could not avoid sharing, I would share a bit of my exciting nightlife, especially if I was having a hard time staying awake in class. I made the choices when I would cross these boundaries or bridge those worlds. With almost 20 years of hindsight, this split is amusing to ponder.

While I was completing doctoral coursework 13 years later at Pacifica Graduate Institute, there was much less of a split between my nighttime and daytime self. I had a wife and two children, and enjoyed a more mature and integrated personality, and was further along a path of individuation, which no longer required such a strict compartmentalization of parts of my life. It was during this period when I made the transition from working in a downtown office to establishing a home office, being busy balancing jobs and roles. During these first years of working from a home office, the dividing line between my work identity and personal identity has become more acute, and I am still trying to negotiate the proper balance of boundaries. Having a family, though, I now consider revelations and protection of not just my own privacy and comfort, but that of my wife, two daughters, and the people I work with as patients in my care.

As a social worker, I have always worked in stressful urban environments, with populations that provide many opportunities for stress, burnout, compassion fatigue, and the challenging of my personal and professional boundaries. Over the last 12 years, I notice I have dedicated much of my energy to moving back and forth between two organizations, and that I have not strayed very far from my home. Between 2000 and 2004, and again from 2008 through the end of 2010, I worked at Homeboy Industries, the nation's most effective and prominent gang member rehabilitation center. Between 2004 and 2008, and again from 2012 until presently, I have worked at Para Los Niños, a social service agency that serves children and families in downtown Los Angeles. At both agencies, I have worked directly with people who have suffered trauma, healed from intense abuse, and struggle with addictions and emotional turbulence. Over the course of more than a decade, I have survived several periods of burnout and had to learn how to

care for myself as I experienced vicarious trauma and compassion fatigue (Mathieu, 2012).

For 4 years, from 2004-2008, I was directing a program serving the vocational needs of teens, with an office on Los Angeles' skid row. Walking to and from my car was a daily ordeal of being confronted by the most intense desperation that this city has to offer, coming face to face with the most severely neglected and self-abusing people living on the streets. I never grew completely accustomed to witnessing the need, the desperation, and the total disconnection from the rest of society I witnessed on Skid Row. Perhaps I felt this so deeply and felt so disconnected from these lost souls, because my work was not specifically to address the needs of the population who lived on the street; the office was simply located there. Being very sensitive, while working on skid row, I suffered what Mathieu (2012) and Figley (1995) call compassion fatigue and secondary trauma, witnessing the suffering of others and feeling impotent to affect change. Coming home from that job was always a relief. Only five miles from these streets of homelessness, my own home was a sanctuary, an entirely different universe.

While at Para Los Niños, in an effort to work in a less stressful environment, avoid burnout, and fit more self-care into my busy schedule, I began a part-time psychotherapy practice, earning final hours towards licensure. Because my work there has been administrative and supervisory, removed from direct service, I was also drawn to more direct involvement with helping individuals through psychotherapy and developing my clinical skills. It was during this period that I initiated doctoral studies in depth psychology, committing more to my goal of practicing psychotherapy as a career and a way of life.

Homeboy: Compassion, kinship, and boundaries.

For the 3 years at Pacifica, I also worked at Homeboy Industries, where I worked alongside Greg Boyle, who, along with the homeboys and homegirls we served, taught me about a radical compassion and the true meaning of service to a marginalized population. In his book, *Tattoos on The Heart*, Boyle (2010), describes Homeboy Industries the organization he founded and the community that continues to thrive:

Homeboy Industries is not for those who need help, only for those who want it. In this sense, we are a gang-rehabilitation center. Often the homies who come to us are not-ready-for-prime-time players. Just released from prison, they are offered what is often their first jobs, where they glean soft skills at Homeboy industries like learning to show up on time, every day, and taking orders from disagreeable supervisors. We provide all of this, free of charge. We are a worksite and therapeutic community. We are a training program and business. We are all of the above all at the same time. Once the homies come to feel some confidence in the workplace, they can move on to higher-paying opportunities elsewhere. (Boyle, 2010, p. 8-9)

My role in the community began as a therapist, pioneering the counseling program, and evolved into a position as director of the case management program and member of Father Greg's leadership council. As uplifting and joyful as it was to work at Homeboy, on a daily basis, I also experienced self-doubt, despair and frustration dealing with difficult people, intransigent institutions, societal inequity and injustice. Sometimes it felt like I worked in an emergency room, triaging disasters and manufacturing hope out

of thin air. I would not trade the time and energy I spent there for anything; it made me what I am and continues to shape me.

Moving my focus from Homeboy to my home office was a dramatic move I made in 2011, and I am still living in the consequences of that transition. Feelings of guilt for leaving the people and the work clash with feelings of pride I feel for pushing my limits to fulfill the vision of my own independent career. Reviewing my experience in the Homeboy Industries community and what I learned about my own limits of self disclosure is helpful in tracing how my home office psychotherapy practice evolved and continues to be fraught with ambivalence around boundaries and being an agent of change.

While at Homeboy Industries, serving gang members working to recover from years of abuse and criminal behavior, I struggled with the complex I have described, having to make decisions about how vulnerable I would allow myself to be with peers whom I worked with and the people we served. It is a vibrant and exciting community where everyone is embraced and invited to become more involved in the lives of people one would not have expected to contact. Whether we are doctoral students, middle school dropouts, enemy gang members, grandmothers or the floridly psychotic – the office is a beautiful chaos of people who work, celebrate, eat, and grieve together.

Homeboy Industries is a community of people who have survived fractured families and dysfunctional homes that were not warm and comforting, who seek desperately to be “at home in the world” (Hill, 2010, p. 16). Though there is incredible struggle to adjust, people who want to change at Homeboy will identify in others a sense

of belonging and home. Homeboy is a home for the desperately homesick, and I was glad to be welcomed.

I had to decide how I would respond to invitations to baptisms, graduations, weddings, funerals and happy-hour get-togethers. I could not sit completely on the sidelines, that would be rude and I would not form any relationships. Nor could I neglect my own family and spend all my time mentoring young folks, giving people rides, and make Homeboy my whole life. All of the people who are clients (and a large percentage of the staff) at Homeboy had histories of criminal behavior, deep trauma from neglect, violence, and victimization, which would give most people pause when considering their own boundaries. All of us who work with Homeboy are fundamentally attracted to exactly that element of the work, though. It is a privilege to serve such a demonized and misunderstood population, in the hope of taking part in great transformation and healing. Serving the gang members, side by side with some ex-gang members and others like me, who enter the work from middle-class and educated backgrounds, I had to create my own boundaries according to my own best judgment. I needed to figure out how much I expected my wife and daughters to accompany me to events at other people's homes or in public. I also had to consider my wife's comfort with my sharing of our resources, our home, and our family time.

It was difficult to negotiate my boundaries, as there was no standard of practice to guide me in this because it is such a unique community of people who are so hungry for family and community. The boundaries that separated people from each other were constantly being challenged and readjusted. The challenging of these boundaries of separation is one of the most dynamic elements of the work with the homeboys and

homegirls, which makes Homeboy Industries a phenomenon and not simply a workplace. As is the case in much of social work in the community with marginalized populations, therapists and case managers are challenged to resist seeing ourselves as separate from, or better than, the people we serve. Greg Boyle has built Homeboy's work around this dynamic challenge, and locates God in it, as manifested in compassion:

Compassion isn't just about feeling the pain of others; it's about bringing them in toward yourself. If we love what God loves, then, in compassion, margins get erased. "Be compassionate as God is compassionate," means the dismantling of barriers that exclude. (Boyle, 2010, p. 75)

Contemplating this complex around self-disclosure and protection, I can meditate on how I view myself as having erected "barriers that exclude" when I measure the distance I need to keep myself and my family from the people I feel driven to serve. An inner voice chides that though I consider myself empathic, I lack compassion because I see myself as resisting "bringing them in toward" myself enough that I spend energy remaining separate and maintaining margins which I consider protective and necessary.

I am aware that my interpretation of Boyle's spiritual teaching may be too literal. Perhaps I am being too harsh in assessing my responses to Boyle's call for such deep compassion, for I am fully engaged in another of Boyle's calls to compassion, "Here is what we seek: a compassion that can stand in awe at what the poor have to carry rather than stand in judgment at how they carry it" (Boyle, 2010, p. 67). Boyle locates compassion as a destination which one pursues with action and imagination, resisting being judgmental and arriving at awe rather than paternalistic advice or moralistic shaming. This definition of compassion is directly applicable to social work in the

community as well as depth psychotherapy in the private office, as I practice. Whether or not we are serving the poor, the gang member, the psychologically imbalanced, the depressed, the anxious, or the bickering couple—we can approach the suffering with respect and awe, as honestly as we can, to the best of our ability and scope of practice. We are drawn to each other and must make choices on how to act with each other, based on our beliefs, our hopes, and our limitations.

This erasing of margins, and striving toward compassion is echoed in the work of Lionel Corbett (2011) in his *The Sacred Cauldron: Psychotherapy as a Spiritual Practice*. Corbett, like Boyle, identifies the powerful spiritual connection between people when they gather to help each other understand themselves and each other, and that the result is awe rather than certainty.

By caring for another person, the therapist opens herself or himself to the suffering of the other, which can be done authentically only out of love or compassion.... True empathy requires that one puts oneself aside as much as possible in order to be present for the other—a spiritual practice by any definition. For the therapist to see the divine essence in the other—the spiritual level of mirroring—is not only helpful psychologically but is also a profound form of spiritual connection. To recognize that at the deepest level there is no separation between me and the other, or that we both participate in the same transpersonal field of consciousness, is a further form of spiritual realization. These aspects of the work do not need to be articulated by the therapist; they are implicit in his or her behavior, and such awareness affects the quality of the therapeutic field. (Corbett, 2011, p. 162)

Corbett, like Boyle, focuses on compassion as a spiritual phenomenon that eradicates the margins that separate people. Whether in the psychotherapy office or the social service agency, great transformation can occur—not through words, but through the actions and efforts of compassionate people striving toward helping others, and temporarily disregarding any margins or roles that threaten to separate us from each other. In depth psychotherapy, the therapist works with empathy, compassion, and openness to the spiritual nature of the work, as Corbett describes. At Homeboy, whether or not one is a therapist, community members are called to mirror to the gang member the “divine essence” that they are, as Boyle quotes one of his peers, Mark Torres, S.J., also a licensed therapist, “ ‘We see in the homies what they don’t see in themselves, until they do’ ” (Boyle, 2007, p. 178). The connection between two people that Corbett is describing is similar to what Boyle defines as the bonding element that keeps Homeboy Industries so successful, “Kinship—not serving the other, but being one with the other” (p. 188). It can be intoxicating and thrilling to be surrounded by that energy of kinship, but for some of us, it can activate serious complexes that test our limits.

Ultimately, I kept most of my home life separate from my Homeboy office life. My wife has her own busy career, and the girls only came to the office on rare occasions, for events and to eat at the Homegirl Café. My home was not an open place where I brought clients home with me to share meals or spend the night if they were homeless, though I had urges to do so, which I imagine partially sprung from my own need to be seen as a benefactor or a big shot. I resisted bringing Homeboy home with me, because home was a busy enough place with our own little kids and elderly in-laws at home. I wanted a home that was my sanctuary from my chaotic work life. Reconsidering the

handful of times I invited co-workers to my home for lunch, I was conscious of making a step towards deeper intimacy, which made me vulnerable to them, and deepened our relationship as a team and as individuals. I still felt ambivalent and self-conscious that they might feel envious of our three-bedroom house on a big lot with a separate mother-in-law apartment, shady fruit trees, in a nice neighborhood, but I never regretted inviting peers and team members over to the house, and my family enjoyed it, too.

On a few occasions, I hired two men I knew through Homeboy to do some work at the house. I was confident in the relationship I had with Lou, who helped us install a sprinkler system and lay a brick patio. Lou returned to the house several times to finish important projects and enjoy meals with my family, and remains a trusted friend. With Joseph, though, I came to regret hiring him to haul away a water heater and other bulky scrap metal items from our home. I was aware Joseph's life was chaotic; his behavior erratic, that he was feared by people, yet I had decided to trust him and thought our work together would be mutually beneficial. It was not until a few years later that I came to regret letting him know where I lived, and I learned a valuable lesson, which I carry into my home office practice.

A few years after he had worked for me at my house, Joseph was in a particularly vulnerable and more chaotic place in his life than he had been. A heavily tattooed gangster, who had time in jail for violence and robbery and used drugs regularly, Joseph was known to have a volatile temper and was mistrusted as a liar. He was never actually hired at Homeboy or committed to the program, but accessed services on a sporadic basis, usually in the form of small cash gifts from Father Greg. He represented individuals who Boyle refers to as "not-ready-for-prime-time players" who needed the

program but did not yet want it (Boyle 2010, p. 8). In a community of outsiders, Joseph was an outsider, and he inspired empathy and compassion in me. If given the chance, I would help him again, because I believe as Boyle declared:

You stand with the least likely to succeed until success is succeeded by something more valuable: kinship. You stand with the belligerent, the surly, and the badly behaved until bad behavior is recognized for the language it is: the vocabulary of the deeply wounded and of those whose burdens are more than they can bear. (p. 179)

I had stood with Joseph before, accompanying him in his struggles, and for that he treated me with respect, and would only accept me as his case manager. It was my task to support him in figuring out his options and helping him get organized in his life and as a parent trying to eke out a legitimate living through his hauling business. I was not offering him any work at our house at this time, though I felt a kinship had developed because I had trusted him, welcomed him to my home, and continued to encourage him.

One day in the office, while struggling to help him set goals for himself beyond waiting for Father Greg to give him some cash, Joseph casually mentioned to others and to me, his memories of my home. Complimenting me to several people, he loudly detailed how nice my house is, with its large yard and hammock under shady loquat trees, exaggerating details, and bragging a bit about being invited to my house. I felt a chilling pang of discomfort that I probably did not hide well. He announced that one day I would come home and find him enjoying a beer in my hammock as I returned from work. Instead of feeling flattered, I felt panicked and paranoid, exposed and vulnerable, my mind racing towards hypothetical mayhem. At the moment, I interpreted his comment as

a gesture of intimidation and possible threat, regarding him how others see him – sneaky, emotionally manipulative and not to be trusted. Whether or not he was threatening me, my complex of self-disclosure was acutely activated, so I interpreted his compliments as a passive-aggressive expression of envy, meant to provoke a feeling of guilt in me which would force my hand in finding more help for him, more than I was already providing in my job capacity.

This moment of panic and fear taught me much about how to keep clear boundaries with clients. Whether or not he was threatening me or just complimenting me publicly, I felt the manifestation of a dual relationship gone awry. I had made a choice to invite a client to my home to do work I was not willing to do myself, to leave and never return until I invited him again. By hiring him to haul unwanted things from my home, I had trusted him to enter the space where I was most vulnerable. I may have enjoyed being house-proud as he admired my home; maybe I felt I was a good example for him to model his own domestic aspirations. I trusted that he and I shared similar consciousness of our kinship relationship, and he would honor that, but I had not considered that Joseph had his own perspective and believed he could possibly manipulate the situation into his own favor. I thought that I had been in control of the situation, and mindful of all that I needed to be, but for a brief moment, while he painted the picture of him waiting for me in my hammock, he was in control, and I did not like that. More than this, I was disappointed in myself for seeking gratification of my own self-interest and needs while also reaping self-satisfaction rewards for believing I was acting out of compassion and kinship. I had not considered carefully enough every factor available to me, before I had

congratulated myself on arranging such a good deal years before, on hauling away a water heater, old furniture and random construction waste.

I consider these experiences with Joseph and Lou as I continue my home office private practice, determining what kinds of skills I have to offer, who I wish to serve, and how I draw my boundaries between my patients, my family and my property. It is clear that I will not enter into any financial or work relationship with my home office patients as I did with my clients at Homeboy; the situations are entirely different. I like to believe that I would welcome patients who struggle with what Lou and Joseph struggled with, but I would carefully consider how any antisocial personality traits or past violent behavior could pose a threat to my family or me. If the complex is activated and I feel tense or panicky about this possibility, then I imagine that I would not be a very effective therapist for patients who present with these kinds of problems. Sometimes I mourn the loss of working with gang members, or people on the edge of chaos like Joseph, but I cherish what I have learned about kinship, compassion and community, and bring it forward with me into all the work I do.

These stories of working in agencies and building my private practice expose all the personal contradictions which illuminate what may be going on for me at an unconscious level as I welcome more patients into my home office. On the one hand, I welcome the intensity and depth of people's lives close to me, yet I am protective, even paranoid about what would happen if I am known or seen in personally revealing ways. I want to be involved in the lives of my patients, and I understand how decreasing the separation between us yields an almost spiritual closeness, which can help the work, yet I need my distance and some privacy, especially for my family's sake. This research has

sharpened my self awareness and provoked deeper exploration of my complexes around revealing, hiding and self-disclosure.

Dee's dream, my fences.

A detailed account of how a patient and I worked with one of her dreams can demonstrate how the home setting of the therapy work directly weaves itself into the transference between the therapist and the patient, and continues to reverberate throughout treatment. The working of this dream reveals how I learned to be receptive and vulnerable to my own experience of a patient's psyche, as it relates to the physical setting of the home office, and the proximity to her own home.

I had been working with Dee for two years and she brought in a dream to work with, which was uncharacteristic of her. She shared this first dream 6 months after we had begun working in my home office. I was in the process of negotiating and adjusting to this new way of working, re-defining my boundaries on many fronts—with my patients who used to see me at the office I sublet from a colleague, with my daughters and my wife, my neighbors, even my dog. We had constructed new fence enclosures and instated new family rules about protecting the privacy of patients. It was an exciting period of adjustment, stress, great attention to detail, and I did my best to present myself to my patients as a strong and calm holder of the boundaries for our work.

Dee's dream.

I am at my home. I decide to come over here [to Mario's home office]. I walk over the hill. There are no houses, it's like a pasture, a field, with grass, and I see your home. Your fence is down. The fences are gone. There are no curtains on the house. Everything is open. I sit on the grass, on a little hill across the street. I

see your kids, your wife—she’s blonde—I know she’s not, I’ve actually seen her once, driving by, and she’s beautiful, I don’t know why she’s blonde and I don’t know what that means. Then suddenly, I’m in the house, talking with your wife and kids and they’re so nice! Then you’re there. I say to you “The one thing is—I don’t know how I got inside here.” And I wake up. (Client’s dream, December 10, 2010)

Her eyes are wide, her hands go to her face and her eyes look up and around the room. She has a familiar look of blankness on her face, as if she is in the dark. She immediately describes the feeling tone in the dream: “The feelings I had towards you were so positive. Intimate. Such closeness.” She tells me she had been nervous about sharing the dream with me, “I didn’t want you to feel like I was spying on you. But your fence was down; it just felt so *important*.”

Resisting over-talking, I cautiously tell her this can indeed be an important dream, by the way she tells it, that everything about it sounds like a natural reflection of the proximity of our homes and the growth of her work. I wanted to open up the exploration of the dream as widely as I could, like the pasture imagery presented in the dream. I was feeling excited to engage with a dream which alluded so directly to my home office, yet also apprehensive about discussing the proximity of our homes which I heard immediately as an important element of the dream. Dee’s description of her home as being walking distance from mine is not an exaggeration, but literally as close as depicted in her dream. Her home is on the next street up the hill from mine, two blocks away, about four minutes walking distance around one row of homes and trees and fences.

She continues with more energy, “It feels right for psychotherapy, like this is what it *is*. I’m in total wonderment at it.” I am intrigued by her use of the word *wonderment*, alluding to a phenomenon borne of awe and humility that may lead towards reverie and a more flexible, playful way of looking at the dream. I am heartened by her use of this word, and her attitude, and believe it could perhaps show a new way beyond *befuddled* or *dumbfounded* two words which she and I had used to describe momentary periods of dissociation she experiences.

In *The Psychology of the Transference*, Jung (1954/1985) introduces a creation of one of his patients— “happy neurosis island”—which functions similarly to what I encounter in Dee’s temporary dissociation which we have labeled befuddled or dumbfounded, and which I have connected to her wonderment and awe at this dream. Jung extols his patient and understands how “the patient needs an island and would be lost without it. It serves as a refuge for his consciousness and as the last stronghold against the threatening embrace of the unconscious” (p.181). Seen in this light, Dee’s befuddlement or wonderment is a safe island protecting her from the potentially threatening flood of unconscious material presented in highly charged interpersonal situations or moments of insight. We have found that when pushed to accept a difficult truth, own up to a denial, or understand a newly exposed blind-spot, for example, she experiences what Jung identifies as a “corresponding weakness in the conscious mind and its functions” (Jung, 1957, p. 181) and feels her mind temporarily shut down. It is at these moments that her face shows a blank stare of befuddlement.

As she shares the dream, proclaims wonderment, and employs the familiar blank stare of befuddlement, it appears clear that she has not only sought refuge on her “happy

neurosis island” but that she wants my help through this wonderment to understand how she “got inside here.”

The phenomenologist Gaston Bachelard (1994) offers a grounding, a home base, upon which a befuddled patient can land, and avoid being lost, adrift, searching for safe containment in the image of a house:

If I were asked to name the chief benefit of the house, I should say: the house shelters daydreaming, the house protects the dreamer, the house allows one to dream in peace...the house is one of the greatest powers of integration for the thoughts, memories and dreams of mankind...the house is a large cradle.... Life begins well, it begins enclosed, protected, all warm in the bosom of the house.

(Bachelard, 1994, pp. 6-7)

This excerpt adds a depth to Dee’s dream of her sitting on a hill, looking at my home, and suddenly being transported inside my home with my family where everyone is “so nice” (Client’s dream, December 10, 2010). Bachelard identifies the house as a place of “intimacy” protecting a space for our imagination and supporting our “consciousness of centrality” (Bachelard, 1994, p.17). It is as if the dream were pointing to my home office as a place where the patient wanted to be, and was welcome to enter, once certain fences or barriers were dissolved. Her dream included the participation of a larger part of myself—my wife and kids—which she had access to because the fences and curtains had come down and she found herself “inside here” within what Bachelard might call “a large cradle...the bosom of the house” (p. 7).

Her dream can also function as a view into her own relationship to unconscious contents, held at bay by containment and support, possibly represented in the dream as

fences, which I, her partner in the work, am the keeper. With an ally who can help her withstand the pressure of the unconscious contents, her conscious self can function in the face of the any threats posed by the frightening elements of the unconscious. In our psychotherapy together, her dream could be saying that it is dependent on me to lower my fences and pull off the curtains for her to be let “inside here.” She does not yet understand how she had arrived “here” or become conscious of being “inside” but as long as the fences come down and she crosses the “open” pasture between our homes, she is welcomed by my family and me.

It is not a regular occurrence that a patient brings a dream in with such powerful imagery of transference between the therapist and the patient. The appearance of a person’s psychotherapist in her dream has “typically been considered a significant clinical event [and] these dreams provide a propitious opportunity to investigate aspects of the unconscious, transference, and/or the real relationship between patient and therapist” (Rohde, Geller, & Farber, 1992, p. 536). This intense appearance of unconscious material demands attention when it does present itself on a rare occasion. In this case, it is significant because of the specific imagery of the dream and the context of this research into the subtleties of the home office practice.

At the time of working with the dream, I felt inspired to cross a line and use terminology in the session, and followed her statement of wonderment with considerable gravitas, telling her, “This is the transference, and I am also in awe.”

She responds quickly, “That’s exactly what I was telling myself last night!” Her voice is the strongest it has been for the entire session. She is not befuddled; she is deadly

serious in her wonderment. I almost felt overwhelmed myself during this session, needing to take notes to ground me, for which I am now grateful.

Though we both experience awe and numinosity in working her dream, it is her personal experience that is central to our work. This brings to light how Dee may be encountering in her dream, via her wonderment, and in her developing transference with me, a larger Self, in the Jungian sense, as Schwartz-Salant (1982) states simply,

The numinous strikes a person with awe, wonder and joy, but may also evoke fear, terror and total disorientation. Being confronted with the power of the Self arouses such emotions, which always and everywhere have been associated with religious experience. (p. 13)

Though we are not having a religious experience, *per se*, we are definitely crossing a threshold into a deeper level of awareness of our relationship in her psychotherapy, via the transference. Though she expresses positive feelings of closeness and intimacy, not knowing “how I got inside here” could also indicate, “terror and total disorientation” when she says, “I don’t know why or what it means but it’s just that thing about you living so close!”

The dream has introduced a curtainless, fenceless open space, a pasture that invites us both to explore what the dream will mean for Dee and causes me to reflect on the reality of my home office. The combination of the blankness of her wonderment, the lowering of my “fences” in her dream, and our mutual awareness of a transference field opening up creates a kind of emptiness which Cambray (2009) refers to when discussing empathy in the analytic field: “From a Jungian perspective this emptiness is not a dull blankness but a receptivity marked by nonattachment, with the releasing of prejudices

and preconceptions, becoming open to archetypal possibilities (p. 69). There is receptivity on both of our parts, and we both are called to release certain inhibitions. She is looking to me to take responsibility for my presence in her dream and as a participant in her inner work. I feel encouraged to take responsibility for merging home and office, and the consequences this has for patients making the transition.

I decide to take a risk and take a step over the fence towards her, to offer my more personal perspective to what is resonating in the emptiness between us. I share how my process of beginning to work with patients at my home office 6 months previously, in July, actually had begun 6 months earlier than that, when my wife and I first put the project into motion. I could not have been sure how it would affect the work I was doing with my patients at the time—Dee included—nor did my wife and I know how our family would be affected by the challenges a home office would bring. All that time of planning and building, I knew that Dee was driving past my home to meet me at the office I was renting. I had many opportunities to consider how and when I would ultimately tell her that my new office was two blocks from her home, and that we had long been neighbors.

I shared with her how I had more time to adjust to the proximity of our homes, and that now had come her time to adjust, and that my priority is to help her in this adjustment. I had wanted to assure Dee that I was aware of the multiple levels of communication and relating that were occurring in the transference field between us, that I was her ally in this transference field, and I was capable of holding her and my position of the work. By focusing attention onto the physical proximity of our homes, and

exposing more of my inner process on sharing this with her, we grounded the numinosity that had struck her with wonderment.

The dream woke in me a deeper layer of my experience in making this transition to the home office. Hearing the imagery of my fences lowering in my patient's dream allowed me to witness how psyche was keeping my conscious mind in the dark, to protect me on my own "happy neurosis island" behind my own protective fences so I could focus on my work. For more than a year, I had been keeping secret from Dee my proximity, maintaining a firm boundary between us until the last possible moment when it could no longer be kept secret, 2 weeks before our first session in the new office. This way, I ensured the maximum time I could have to live with the change on my own terms, to adjust to the changes of having my office so close to my home, and—in Dee's case—to the homes of my patients. Her dream allowed me to see that my fences had indeed been up and curtains drawn, and that my previously mentioned complex around self-disclosure had been activated and challenged. Just as I hid and protected parts of myself from co-workers when I worked in agencies or attended school, I erect fences between my patients and me, which can be revealed in the imagination and dreams of my patients.

What about this happy neurosis island of mine, this oasis of convenience, my seat of power, this home office where I welcome patients in for psychotherapy on my property? How does the working of this dream contribute to the exploration of the home office practice?

Langs (2007) draws attention to how home office practitioners may operate with blind spots in their awareness, which may prevent them from understanding—or decoding—dream contents fully. He illustrates in a clinical vignette how patients who are

being seen in a home office may encounter an inability or unwillingness of the therapist to consider his or her own unexamined material being encoded within the dream imagery. He describes how patients who share dreams in analysis will, “through allusions to themselves, encode their deep unconscious perceptions of their analysts' failures to properly formulate and decode the most important meanings of their encoded narrative imagery” (p. 181). Langs expands on examples of the experience of envy in a patient, the smug self-satisfaction of a particular home office practicing therapist who needs to be seen by the patients, and who may fall into traps of domination and power, which blind him or her to the unexamined corners of his or her personal psyche and prevent the therapist from addressing the psyche of the patient (Langs, 2007).

Langs' work here is relevant to the dream my patient brought me because I am challenged to consider that her dream is encoded with imagery that may be beyond my reach and may contain information about me and my “failures” to decode that imagery (Langs, 2007). Langs' challenge implores me to consider the particular symptoms and pathology of my patient who comes with the dream of my fences and my home, and to consider that she could be expressing specific unconscious doubts or fears in relation to her therapist, and the boundaries that separate her from her therapist and others.

This comment about my living “so close” to the dreamer opens up possible discomfort, and perhaps a feeling that my presence close to her home is felt as an invasive boundary-crossing. This dream may be alerting us to her feeling that by moving our work and my home office closer to her home, I have invaded her neighborhood, and brought my extra-therapeutic self closer to her, maybe too close for comfort. In the

dream, she feels compelled to come closer to me, my home, my family, and once inside, she does not know how she got there.

The temptation is to read the dream in a way that aggrandizes my home office practice, emphasizing only the elements that highlight the warm or positive sides of intimacy. The dream may be more complicated and conflicted than her moving freely across an open space into my home, which I might assume would signify a place that is “enclosed, protected, all warm in the bosom of the house” as Bachelard idealizes (Bachelard, 1994, p. 7). What may initially sound to me like a dream of a fantasy merger with her therapist may actually be a nightmare of her therapist’s complex around self-disclosure and staying hidden from patients running amok on her own boundaries. Seen this way, it is I who am lacking healthy or reliable boundaries, am enclosed in a fear of being mysteriously sucked into an intimacy with her, which overwhelms her and strikes her dumb with awe.

In working this dream together, we have experienced a new level of her work relating to another, and our work together. Together, we are in awe of the dream, its unknowable elements, and what we define as transference. We glimpsed that we are in a parallel process, in closer proximity than we were initially comfortable with, and we are being open about the multiple ways we are relating to one another and our work. I believe that Dee’s dream of the pasture, my fenceless and curtain-less house, was a dream as much for me as a partner in her work, as it was for her, as a guest in my home office.

Hearing how the proximity of our homes struck her so deeply helped me better understand her beliefs, feelings, and images around home, house, fences, boundaries, neighbors, and the houses she lived in as a child. It also allowed me to safely field her

inquiries and curiosities about my family and my life. When bumps have been heard through the floors or walls, or smells from the kitchen wafted over, we have entertained her responses and associations, as well as her curiosity. Initially, her reactions to these disruptions are seemingly positive, but they also are tinged with melancholia about her lack of family living with her, loneliness, and current emptiness of her house and home. I feel that if we were working in an office in the city, we would not have the opportunity to confront this loneliness, the associated envy, and the necessary re-drawing of fences and boundaries.

Together, my patients and I focus to create a culture of containment, safety, warmth and intimacy in my home office. I am charged with holding the work in a different way than they are, to contain and maintain, but I have learned that I am just as susceptible to the fragility of my own boundaries, my own propensity to be cast adrift, seeking grounding, looking to be at home in the world. With patients whose inner world can be an alien and frightening place, a psychotherapy office needs to be a physical space that connects to a secure spot in their hearts and minds, a hearth around which my patients and I can gather and feel at home in the world together. As long as I am open to welcoming this space of need in my patients and in myself, then my office space that shares a wall with my home can be a home for my patients' healing work.

Statement of the Research Problem and Question

The home office practice has been demonstrated to be an under-represented phenomenon in psychological literature, except the few instances when it has been questioned or criticized by people who do not practice in this setting. This study's introductory section has revealed a research problem, which invites an inquiry into the

home office perspective from an insider's perspective. This study embraces the opportunity to fill this lacuna of knowledge and investigate the experiences of home office practitioners.

By investigating the home office phenomena through the first-hand experiences of home office practitioners of psychotherapy, this study amplifies the voices of practitioners in the psychotherapeutic community who have direct knowledge of the phenomenon of practicing psychotherapy or psychoanalysis in a home office setting. These are the people who have not been asked if there are indeed any significant problems with or advantages of the home office setting for themselves as practitioners, for the patients they serve, or for the wider evolution of psychotherapy practice.

The research question addressed by this study simply stated is:

How do home office practitioners perceive and describe the experience of working in a home office setting?

This inquiry into their experience invites other questions regarding comparisons between different settings where psychotherapy or psychoanalysis are practiced. Much may be learned from home office practicing therapists of the unique interplay of setting and relationship between themselves, their patients, and people with whom they share their home. Though the inquiry resists a defensive attitude towards those who are critical of home office practice, the study may reveal testimonies or expressions of how the experience of psychotherapy practiced in a home setting adds to or detracts from the experience psychotherapy work for the patient, and for the practitioner.

For practitioners who are currently practicing in home offices, who are in training and working in an agency setting, or who are considering a home office for their own

practice, it could behoove them to heed the warnings heralded in the current debate over the appropriateness of the home for a context for effective psychotherapy. The voices of home office practitioners proposed for this study can offer vital information and authentic representations of varied reality to training therapists and practitioners who are considering the home office as a setting possibility.

Definition of Terms

Three terms within the research question are fundamental to the clarity of this study and bear basic definition: home, home office practice, and practitioner.

Home.

Home as a concept is explored in other areas of this study, in its figurative and symbolic sense. A literal definition of home is helpful to unite meaning and minimize possibility of confusion. The *Oxford English Dictionary* (2014) defines home in many ways, such as:

The place where a person or animal dwells; a dwelling place; a person's house or abode; the fixed residence of a family or household; the seat of domestic life and interests; a private house or residence considered merely as a building; the place where one lives or was brought up, with reference to the feelings of belonging, comfort, etc., associated with it. A landed property; an estate, a manor; a refuge, a sanctuary; a place or region to which one naturally belongs or where one feels at ease; a place where something originates, flourishes, or is most typically found; the seat, centre, or birthplace of an activity. (“Home”)

Home is a place where a person sleeps at night, prepares and eats food, and relaxes during breaks between major activities of work and study. In addition, home contributes

to a person's identity, and is important at different stages of one's life, for a myriad of reasons. For the working adult, one's identity at one's job, occupation or study can be temporarily suspended while at home. At home, one lives with people who one has chosen to be with, as well as those who are related by blood, in a family way.

Home office practice.

A home office is defined as a working arrangement in which a practitioner of psychotherapy or psychoanalysis accepts patients or clients on a regular basis into an office that can be considered part of the practitioner's home. The home office practice can be in the therapist's home, primary residence, is on his or her property, or can be connected in some way to their primary residence. The research reveals that a home office practice can also be established in a house that was once a significant residence for the practitioner, such as the childhood home of the practitioner, where members of his or her family of origin may still reside.

Practitioner.

A practitioner is any person whose occupation and work identity involves the practice of psychotherapy, psychology, or psychoanalysis with individuals, families and groups. For the purpose of this study, the term *practitioner* will be used to represent any Master's or PhD degree educated professional licensed to work as a psychotherapist, counselor, psychoanalyst, clinical psychologist, or analytic psychologist, a.k.a. "Jungian" analyst.

Review of the Literature

This study's review of the literature demonstrates how home-based therapy can offer particular challenges to the therapeutic work and the people engaged in home office practice, as therapists and patients. This literature review examines the therapeutic

process, which may involve particular boundary crossings, potential compromises in aspects of confidentiality and self-disclosure, and the ways a practitioner's intentions and conscious awareness of their practice location can be significant for the experience of their patients. This literature review sets the foundation for the subsequent research that aims to engage directly with seven home office practitioners as they share their experience of working in home practices, and share unique phenomenon they encounter in this practice setting.

The literature review is comprised of four areas which provide a foundation for an investigation into the practice of psychotherapy or psychoanalysis in a home office: (a) literature employing depth psychological insight into psychotherapy inspired by the ancient Greek goddess Hestia (b) realities and complications of the home office setting; self-disclosure at the center (c) established norms of boundaries and the therapeutic frame as they relate to the home office setting; (d) some challenges for the practitioner as a person in the therapy, the extra-therapeutic self inside and outside the therapeutic setting.

In this study the authors cited who provide insight on these topic areas come from a range of theoretical perspectives, including original pioneers in psychoanalysis, as well as contemporary authors who claim varying degrees of loyalty to their progenitors, and many have been associated with a major school or movement (e.g., Hillman, Jacoby, Spiegelman, Stolorow, Hirsch, Maroda, Gabbard, and Langs). The work of poets, philosophers, and cultural theorists who are also engaged in exploring the unique merging of the specific work of psychotherapy with the universal archetype of home, deepens the conversation around home office practices.

Literature employing depth psychological insight into psychotherapy inspired by the ancient Greek goddess Hestia.

Examining the intricacies and peculiarities of the home office experience is aided by exploring ancient Greek myths that inspire psychotherapy and psychoanalysis and cast light on how the physical setting affects the work. Because this study's concern is the practice of psychotherapy in or near the practitioner's home, myths around home offer great insight. Myths and ancient practices concerning the Greek goddess Hestia help us "see through" (Hillman, 1975, p. 163) psychotherapy in a home office setting because she represents the traditional center of a home—the hearth—as well as multiple manifestations of architecture, buildings, rooms and boundaries, in addition to specific therapeutic actions of centering and focusing (Cain, 2001; Graves, 1959; Hillman, 2007; Kirksey, 1980; Paris, 1986).

Though not as widely heralded as other Greek mythic figures which personify psychological realities and fantasies—Oedipus, Odysseus, Demeter and Persephone, Hades, and Hermes, for example—Hestia captures the attention of several authors who agree with James Hillman who described psychotherapy and psychoanalysis "[as] a ritual of Hestia, that attentive focus called 'consciousness,' and therefore [placing] its practitioners at her hearth" (Hillman, 2007, p. 241).

One of the "unique aspects" of Hestia, which establishes her psychological significance, is that "she resists personification as a human-like figure" (Kirksey, 1980, p. 104). She is almost never depicted in statue form, and when she is, she is non-descript, bland, and unerotically androgynous. She is not considered a "personal goddess" as are

the other Greek virgin deities—Artemis, Athena, and Aphrodite (p. 103). Hestia is almost completely without tales, adventures, or feats; she is not heroic. She is not featured in stories of adventure or human-like learning, nor honored as much in effigy, but she was honored with temples and more elaborate rituals during Roman times in her representation as Vesta. Kirksey writes how Ovid describes the temple of Hestia: “The architecture of the temple manifests Hestia in a way which statues manifest the more personalized deities of Greek and Roman myths. Thus her *image is architectural*. This is supported by her role as a guardian of homes, and as the deity who first built a house” [italics in the original] (p 104).

Hestia’s relationship to houses and homes is carefully tended by those who honor her in the literature, so that she is not literalized or concretized into the physical structure of the house, nor any one specific family member, such as a parent. James Hillman (2007) elaborates on Hestia’s subtle nature, distinguishing Hestia’s realm from the literal family household in the Hera sense, nor family as child-birthing and child-caring, nor even a house as a building. Rather, Hestia more duly governs the inner psychic structure...that invisible spirit that reigns as a cloud, a mantle, an invisible net, the shared communal soul of a household present especially at a communal meal, the primary civilizing act. (p. 238)

As all who write of Hestia do, Kirksey broadens Hestia’s realm to include all spaces where people are gathered:

Hestia appears as a particular aspect of the world which is “nobody” (without body) but which gathers men together and enables soul to have a place. It is as if when we gather we are in her body and so cannot see her as a body; place becomes her body. (Kirksey, 1980, p. 104)

Just as a home or a psychotherapy office is not created by walls or furniture, but the activities, relationships, and bonds that happen there between the residents, Hestia is honored in the ineffable center shared by the people gathered there, “where the family finds its center” (Paris, 1986, p. 168). The connection between home and psyche is grounded in Hestia: “Hestia occupies a place at the center of dwelling, and thus she must be central to psychic life.” (Kirksey, 1980, p. 103). This confidence of Barbara Kirksey to align home with psyche, and to extend her domain out from the home to all spaces where people gather is consistent with other authors who write of Hestia. This dissertation offers the home psychotherapy office as another realm of Hestia, a place defined both by the warm hearth of home, and a reverence for structure and focus, as a place of work.

Hestia does not get out of the house much, but stays around; she is a homebody. To honor Hestia, one has to know, Ginette Paris (1986) says, that “she does not leave her place; we must go to her” (p. 167). Like Hestia, the home office practitioner avoids seeking work outside the home, if they can help it, and makes great efforts to establish her work close to home.

Part of Hestia’s myth tells how she abdicated her seat on Mt. Olympus to make room for Dionysus, trading for that exalted position an assurance that she could have a place in every home, city, community, and by extension psychotherapy offices where

people gather. None of the bloody and smoky theatrics of sacrifice or pompous ceremony are necessary with Hestia, as they are with other gods. The rituals of everyday household activities around a hearth, such as enjoying a meal, completing household chores, and spending soulful quality time with loved ones are Hestia's tribute. Though Demeter and Persephone may be honored for the harvest of the food one prepares, Hestia's tribute is with the communal event of the meal being shared. After the Romans transformed Hestia into their Vesta, their devotion continued with food preparation and ritually offering the first drink or bite of every meal "to Vesta" as people say "cheers" (Paris, 1986, p. 171). By raising a glass to Hestia at mealtime is one way she is ensured a place in every home, as was promised to her on Olympus.

Without embodiment or defined images, the sacredness of space is Hestia. Anywhere where people are gathered, Hestia can be present, though she may not be honored unless a certain attitude of reverence is present. People who honor her do not do so as the hedonistic revelers of a Dionysian cult recognize Dionysus, using specific images or symbolized representation of their god, the drinking of wine, and a requisite loosening of inhibitions in a wild place. The Hestian tribute is in some ways almost the opposite of the Dionysian. These are both gods which are best honored by a group, but the purpose of Hestian ritual is to bring a focus in towards a contained center, whereas Dionysian revelers burst the center open and explode unpredictably into chaos. The contrast between a homebody goddess and her boundary-breaking brother is significant in this study of home offices because of what they represent in psyche in the analytic relationship within a space determined for the work of psyche.

Another god-goddess dichotomy is explored by Paris (1986), who contrasts Hestia with Hermes, “for the territory of Hermes ends precisely where that of Hestia begins (that is, at the door of the house)” (p. 181). Hermes, the god of communication, is present where people are in contact with each other, as Hestia is, but does not stay at home, instead inhabiting the roads, in the interchange of ideas and in media which spreads information. Hestia is the goddess who shuts the door to the exciting outside world, protecting intimacy of family and the privilege of staying close to the hearth.

In this age of “excessive Hermes” energies of the internet, virtual realities, and cell phones, Hillman (2007) calls for attention to be brought in towards a center, noticing that, “a ritual observation of Hestia may be more necessary than ever before” in this age of distractions and instant gratification (p. 239).

Hestia is often referred to as “first among the gods” or “first honored” as well as “the first and the last” (Graves, 1959; Hearthstone, 2004; Kirksey, 1980). It is commonly related that Hestia was both the first and the last child born of the titans Chronos and Rhea (Graves, 1959; Kirksey, 1980; Paris, 1980). She was the first to be swallowed by power-hungry Chronos, and the last to be spit out after Zeus induced vomiting of all his older siblings (Graves, 1959). In the Homeric hymn written in her honor, she is first and last honored at the communal table, “Without you, mankind would have no feasts, since no one could begin the first and last drink of honey-like wine without an offering to Hestia” (Kirksey, 1980, p. 103). This image of her being both the first and last, the oldest and the youngest, is fitting for her role as the goddess of psychotherapy because like a bookend holding in place the dynamism of all her sibling gods and goddesses of

Olympus, she is the boundary holder within whom all mysteries and collective truths of analysis occur.

Hestia is a virgin goddess, “one of the three (with Artemis and Athena) who are immune to the power of Aphrodite” (Kirksey, 1980, p. 104). She is not governed or controlled by Eros and rejects the advances of Priapus, as well as Poseidon’s and Apollo’s requests for her hand in marriage (Graves, 1959; Kirksey, 1980; Parada, 1997). Kirksey identifies in Hestia’s immunity to Aphrodite a necessary reliability as a “stabilizing and foundational” presence for the work of psyche (soul), “because it resists the onslaught of Erotic and/or Dionysian mania,” thus creating a safe place for the non-sexual mutuality required in the therapeutic or psychoanalytic process (Kirksey, 1980, p. 107). The therapeutic setting requires a communal focus and gathering around a warm hearth, “in a collective domain” but with protective boundaries which do not permit sex or the enactment of Eros to disturb psychological focusing (Paris, 1986, p. 170-171).

Though Hestia’s virginity ensures she is not distracted or led astray from her centering work, she is not known for being solipsistic or selfish. She is known as a “charitable” goddess who, after taking care of her home’s business, makes it her business to be hospitable to visitors (Paris, 1986, p. 188). Hestia is associated with the ancient Greek cultural value of *xenia*, the showing of hospitality toward strangers (Hatzakis, 2006, p. 7). A traveler or a visitor in ancient Greece was given an honored seat closest to the hearth, “a shelter from tumult, for Hestia protects, receives, and reassures” (Paris, 1986, p. 168). When the goddess vows chastity, as Hestia does to Zeus, she is making a strong statement of keeping firm boundaries, saying “No stranger may penetrate [my] ‘interior’ ” (Paris, 1986 p. 185). Hestia’s simultaneous resistance to and hospitality

towards strangers must be reconsidered as distinctive from the defensive stance of other more aggressive and potentially violent virgin goddesses such as Artemis, with her hunting bow, or Athena and her military acumen.

Could the Hestia-honoring psychotherapy practitioner be transforming all who come to their home office into non-strangers, into welcome travelers, pilgrims, family members or even members of a community? “No strangers come in here” could mean that if you come here, you could not possibly be a stranger. Or it could mean, once you cross this threshold, you are no longer a stranger and will not be treated as a threat to the wholeness of the home, the office or the people who live and work there.

Hestia, the hearth, “guards images” with illumination from the light and energy at its warm center (Kirksey, 1980, p. 107). The hearth is not an exciting show of fireworks. A hearth is commonly represented in a circular shape that holds a domesticated fire, tended by people (Graves, 1959; Kirksey, 1986). The family centers its activities around the family hearth, and a community may gather around its communal hearth, each fire giving off heat and light. Each person focuses inward towards this center, the hearth. This centering action of focus is also the typical direction of attention between the participants in psychotherapy and psychoanalysis, fostering introspection and insight.

The quality of this psychological illumination is *focus*, which in Latin also means hearth, according to Ovid, “so named from the flames and because it fosters all things” (Kirksey, 1980. p. 107-108). Whereas other Greek gods and philosophers may use or represent fire as a force of inspirational creativity or transformation (Prometheus, Hephaestus, Hecate, and Heraclitus come to mind) the fire of Hestia is a domesticated fire that brings illumination which allows focus on images and on action (Cain, 2001).

The images may not come from her, but they are illuminated, guarded, and protected by her. As Kirksey says, Hestia guards and protects images within her circular hearth, within her fire, within the illumination emanating from this carefully tended heat and light.

Kirksey and Hillman both analyze the etymology of the word *focus* and its relevance to psychotherapy in order to “amplify the quality of Hestia’s guardianship of images” (Kirksey, 1980, p. 108). Kirksey identifies a “burning point... the place where illumination happens. Here is Hestia, guardian of illumination where light is most concentrated, protector of images through light” (p. 108). Kirksey invokes Isaac Newton’s groundbreaking work in optics when she brings focus into Hestia’s hearth as:

The point from which separation or convergence occurs—one’s starting point or final point—is the focus. The origin of this starting point is expressed by the mythic figure, Hestia.... The archaic image contained in the word ‘focus’ relates to circularity and to a point which is originating source and destination point. Focusing, which in common usage means to perceive clearly, is an achievement of a circular process. It involves the ability to allow a circular relationship between the one who focuses and the object focused upon.” (p. 108)

It is not too great a stretch to bring this archaic image of focus into the therapy office, to this protected space for trust, relationship and a circular dialectic between subject and object, or to be more accurate, subject and subject. Focusing also emerges as an element of the heuristic research method employed in this study (Moustakas, 1990).

Hillman translates focus into what he calls “psychological language as the centering attention that warms to life all that comes within its radius. This is Hestia” (Hillman, 2007, p. 235). Hillman’s and Kirksey’s Hestia originates and ends in a mutual

relationship of illumination and dynamic energy transfer which is all Hestia. Focusing and centering on these images is analogous to the witnessing nature of the work every psychological practitioner attempts in partnership with the creativity of the patient.

Cain (2001) draws attention to how Hestian centering works in both directions, that after being drawn in to the center, focus also moves out from the center (Cain, 2001, p. 56). “Authors who maintain that Hestia is introverted and inward directed *miss* her most important characteristic, that is, that her influence outward establishes the perimeters of city-states, *temenos*, sacred circles, inspiration in art making, and the boundaries of ‘home’ ” (p. 56). Cain refocuses our attention on not just a patient’s coming to the immobile homebody Hestia, but what happens after patients leave the hearth. Hestia may be a reliable foundation to go to for centering, as Kirksey says, “Hestia’s value in psychological life is her ability to mediate soul by giving a place to congregate, a gathering point” but Cain cautions against limiting Hestia to solely a terminal destination (Kirksey, 1980, p. 105). Cain emphasizes that Hestia recharges the body and the mind with energy to face the world. “She is not just introspective but, also, extraspective” and what happens outside of her realm, after gathering there, inspires loyalty to Hestia (Cain, 2001, p. 56). From the Hestia of psychotherapy, both participants emerge illuminated and warmed, re-entering the world carrying more awareness and insight.

In ancient Greece, and many other cultures, it was a family tradition to keep a fire burning in the family hearth. Here was where each young family member learned to honor Hestia, and here was the central welcoming place for visitors. When a family member moves to his or her own home, or a community starts a new settlement outside

the city, it was the custom that a “parcel” of the home fire would be brought with them, to act as the start of the new home’s Hestia (Graves, 1959, p. 156; Hatzakis, 2006; Kirksey, 1980). This transfer of parcels of fire both symbolizes and concretizes the continuity of the family of origin’s role in the new family home or community. In this may also be the origin of the tradition of sharing gifts of house-warming, when people share a piece of their own homes to help “warm” the new hearth of their loved one.

This tradition of tending and propagating “parcels” of fire is re-enacted in the Hestia of the psychotherapy office. Therapists set up their offices, creating a sacred space or a *temenos*, “a sheltered protective place encouraging spontaneity” (Jacoby, 1984, p. 75). The therapist creates in his or her office a warm center, a hearth, tending it according to the special gifts his or her work has to offer, and welcoming patients who warm themselves by it.

Though a person can make a home or office in many settings, to honor Hestia truly as the psychological reality she is, Hillman (2007) emphasizes that practitioners pay serious attention to how the physical space honors Hestia, and not stray far from the hearth. As Paris (1986) declares, Hestia is planted firmly in one place, “She does not leave her place; we must go to her” (Paris, 1986, p. 167). Hillman urges practitioners respect Hestia as a goddess of place, specifically as the phenomenon of being “in” a place (Hillman, 2007, p. 237). Hestia’s place is not out in the open, or in ad-hoc locations, Hillman declares:

Analysis as a Hestian ritual of the inner must take place in a closed situation. Only there can there be focus. The analyst doesn’t make outside appointments, doesn’t make house calls, because the ritual is one of place. From its beginnings on

Bergstrasse [sic] and Seestrasse, analytical consciousness “takes place” in a sacred space giving focus to psychic contents. The architecture must make focus possible. (p. 238)

By referring to the location of Sigmund Freud’s and Carl Jung’s revered homes (Berggasse 19, Vienna, Austria; 228 Seestrasse, Küsnacht, Zürich) where they welcomed patients and consulted with other psychoanalytic pioneers for many years, Hillman not only highlights the importance of space, setting, and location in psychotherapy, but he locates its origins in the home office. Hillman places Hestia in the working home, a place of great activity and focus where minds and hearts converge to connect in soulful healing.

In a home office practice, patients are welcomed to the practitioner’s home, to warm near a hearth prepared and tended by the practitioner who honors Hestia in his or her decision to not leave home to do the focusing work of psychotherapy. The practitioner invites patients to add a parcel of their own home’s hearth to the hearth fire of the therapist, where they center and focus and are warmed by what the work produces. The practitioner contributes his or her own parcel of fire to the office hearth as well, careful so as not to outshine or consume the patient’s fire, and tends the union of the two parcels in one focused hearth fire. Hopefully, when the patient and the practitioner part ways, they both leave the office with a brighter, warmer parcel of that fire which they may join with their own home’s hearth.

Realities and complications of the home office setting; Self-disclosure at the center.

The literature in periodic journals, on-line, and published in books that pertains specifically to the home office practice is either instructional or cautionary (Maroda,

2007). Ofer Zur (2007), who writes extensively on ethics, boundaries, and general practice topics for the benefit of practitioners of psychotherapy, has accomplished the most comprehensive survey of the practicalities of the home office practice, devoting a chapter, “The Home Office Practice,” in his *Boundaries in Psychotherapy: Ethical Clinical Explorations* as well as training modules on-line. Seeing, as Maroda does, a gap in literature on home office practice, Zur provides an educational overview of the mechanics and dynamics of the home office practice. This chapter can provide a framework for someone planning a home office practice, and carries a clear message of caution for therapists of how to avoid harmful boundary ruptures, ethical violations, and legal action.

Zur collaborated with Nola Nordmarken for an on-line certification course at his Zur Training Institute website (www.zurinstitute.org). Basing their course on an impressive literature review, Nordmarken and Zur (2010) update Zur’s textbook chapter making it more readily available to practitioners via the Internet, and guide practitioners in conducting home-based practice with the utmost of ethical behavior and practical knowledge. They tailor this training “Home Office: When The Office is Located at Home” to their target audience of practitioners of psychotherapy and psychoanalysis covering the following pragmatic concerns: Self-disclosure; emotional elements; safety; suitability; screening; managing time, places and people; ethical considerations; standard of care; boundary crossing; risk management; informed consent; privacy and confidentiality; benefits and burdens; license, taxes, insurance (Nordmarken & Zur, 2010, p. 1). A detailed review of each of these topics is beyond the scope of this dissertation project, but it is significant to note that this training module is one-of-its-kind within the

many training resources offering continuing education units for therapists and psychologists, online. There are currently no other trainings offered on-line or in-person, to my knowledge.

The authors acknowledge that the home has been and continues to be a setting choice for the practice of psychotherapy, referring to pioneers Freud, Jung, Mahler, and Winnicott, as examples of analysts who have each, at one point, accepted patients into their home for treatment. Despite this historical precedent that validates its acceptance into common practice, the authors immediately focus their work within the context of complications and challenges presented in the home office practice. After directly acknowledging the articles by Maroda (2007) and Langs (2007), which are critical of the home office practice because of their suspicion that home office practitioners proceed unconsciously, Nordmarken and Zur (2010) state:

There is no body of formal literature that examines the conscious or unconscious motives of a therapist who chooses to practice in a home office setting nor the emotional consequences to the therapist, the therapists' family or the client. (p. 2)

Their training module does not fill in this gap, for they do not conduct any interviews with practitioners nor ask them their intentions. Still, they point to a need for more research by ecological psychologists and theorists who study the intersections of work, home and family, if the home office phenomenon is to be fully explored.

Focus on self-disclosure.

This study welcomes Nordmarken and Zur's didactic guides and accepts Maroda's and Langs' critiques that for a broad base of clinicians who practice psychotherapy. There is an accepted view of home-based psychotherapy as having

“predominant concerns” with how “self-disclosure and privacy” can affect the “efficacy of the therapeutic process” for patients (Nordmarken & Zur, 2010, p. 1).

Most psychodynamic theorists would agree that self-disclosure of therapist’s private material, feelings, and thoughts are to be relativized, minimized, and managed by the practitioner (Corbett, 2011; McWilliams, 2004; Mitchell & Black, 1995; Renik, 1995). The consensus among therapists more loyal to classical psychoanalysis is that a minimization of self-disclosure allows for “focus,” space, and attention to “be kept at all times on the *patient’s* experience, not the analyst’s...which would contaminate the process” (Mitchell & Black, 1995, pp. 247-248). Depth psychotherapists, particularly certain Jungians, strive to approach patients as their whole selves, with personality intact, with some meeting patients face-to-face and working in the transference with mutuality (Jacoby, 1984; Schwartz-Salant, 1993). Though every practitioner experiences deep feelings and thoughts as responses to the work patients are doing in the psychotherapeutic or psychoanalytic work, it is each practitioner’s responsibility to manage their countertransference, and, depending on whether or not their theoretical perspective encourages it, to utilize that countertransference to help the work progress for the patient (Jacoby, 1994; Jung, 1954/1985; McWilliams, 2004; Mitchell & Black, 1995; Renik, 1995; Singer, 1994).

Like all practitioners, home office practitioners must reckon with issues of self disclosure, but the risks for them are “elevated” due to the physical proximity of signifiers of their private life (Nordmarken & Zur 2010, p. 2). Home office practitioners have more to contend with in relation to the curiosity of patients if and when they wish to know more about their therapist or analyst. Regardless of its significance in the actual

therapeutic work, most patients wonder, fantasize, assume, and build images in their minds of all manner of details of their therapist's personal life—for example where they live, how well they live, where they park their car, how clean they keep the interior and exterior of their home, and who makes up their family (Livingston, 2000; Zur, 2007). Livingston (2000) acknowledges that “regardless of the practice setting, the issue is not whether to disclose, but how to manage the “unavoidable condition of constant disclosure” and for the home office practitioner specifically, the disclosure is more evident (p. 2). Because the home is so close to the office, home office practitioners may have to pay more careful attention to avoiding a condition of “constant disclosure” of details which answer questions patients may have, and perhaps provoke new questions or issues which would not otherwise be raised in another setting (Nordmarken & Zur 2010, p. 2).

Envy of the therapist's life is an emotional issue alive in the patient-therapist relationship regardless of location of office (Gabbard, 1995; Hirsch, 2008; Nordmarken & Zur, 2010). Curiosity about the therapist's life and envy of what he or she does or has can exist for patients who see their therapist in a non-home office. For example, a patient traveling to an impressive downtown office, with an elevator, a comfortable waiting room with stimulating and reassuring reading material on a fashionable coffee table, an office with diplomas on the wall, mementos from exotic vacations, and warm comfortable furniture can be inspired to feel many emotions—positive and negative—in response to the setting and what they believe it reveals about their therapist. Nordmarken and Zur (2010) suggest the possibility that patients who are susceptible to envy in their own lives may compare his or her home or workplace to that of their therapist, resulting in

humiliation and a sense of inferiority. It can be and should be argued that envy is a valid and rich subject for any patient who experiences it. Curiosity and questioning are also important to address in treatment, including exploring the patient's questions and assumptions about their therapist's attainment of success, wealth, health, and stability.

Critics of the home office practice warn that in a home office setting, patients may have access to "actual confirmatory data" of their fantasies of their therapist having or enjoying what they, the patient, can only fantasize about having (Nordmarken & Zur, 2010, p. 4). Nordmarken and Zur clearly state that "therapists working in the home setting are showing their clients the level of monetary, social and class success they have achieved" and it is the work of the home office practitioner to be conscious of how they may be satisfying their own "normal" or "pathological narcissistic needs" to disclose to their patients this assumed level of enviable wealth and success (p. 5). If, for any reason, a therapist is uncomfortable discussing money issues, wealth, or income inequality with a patient who wishes to engage in work directly confronting these topics, the work may suffer regardless of the setting. This discomfort could be compounded if the patient expresses envy, anger, or mere curiosity about the home office practicing therapist's own status in these areas, since a home office practitioner is more clearly displaying his or her apparent wealth and success, and less able to control self-disclosure, according to Nordmarken and Zur.

It seems presumptive and perhaps arrogant that the literature published thus far assumes that home office practitioners are wealthy and live in homes that inspire envy. This proposed research hopes to cast light on actual therapists' home offices and examine how wealth and class are represented. Further research on envy in general could enlighten

practitioners not only who consider launching a home office practice, but for all who are establishing their office for the first time.

Nordmarken and Zur (2010) identify how “increased self-disclosure, as well as other elements of the home office setting can “complicate this process” of transference developing and the analytic duo’s awareness of multiple ways of relating to one another (p. 4). Gordon (1997) identifies that it is important for a therapist to provide patients with “reality clarification of roles, tasks, boundaries, and ground rules for treatment” (p. 4). This reality clarification can reflect the grounding of the dyad in a shared reality situation, which is commonly regarded as the responsibility of the therapist. The technique of reality clarification is challenged by Renik (1995) who, within a detailed challenge to the techniques and theories around self-disclosure, comments: “The question, ‘reality according to whom?’ apparently does not arise. They assume that there is only one reality, objectively determinable by the analyst” (Renik, 1995, p. 8).

Renik’s is a contemporary voice which supports more authenticity and integration of the therapist’s self into psychotherapy. Mitchell and Black (1995) refer to other examples in which “selective disclosure of the analyst’s experience enhance[es] the authenticity and collaborative spirit of the analytic relationship, resolving sticky impasses and deepening the process, often opening up previously inaccessible areas in the patient’s experience” (p. 249). Home office practitioners, if they were more vocal about their experience, could be found to be practicing authenticity through conscious self-disclosure in their work.

How to best represent the office location of a home office practitioner has not been explored in the literature, but Nordmarken and Zur (2010) cite some authors’

reflections on what may be communicated between practitioner and patient. There can be a “metacommunication” imbued in the therapist’s message, “I work from my home office” (Perlmutter & Hatfield, 1980; Schwartz, 1993). This message signifies not only the physical location where the patient must go to work with the therapist, but a message which communicates more about themselves as people and practitioners. It is as if the home office practitioner is saying to the patient, “I am willing to allow you into part of the personal space of my self and the elements of my own life” (Nordmarken & Zur 2010, p. 3). Whether or not this would help the patient is one question, and whether or not the practitioner is aware of this metacommunication, is another.

Nordmarken and Zur (2010) cite Keisner’s article in Margenau’s (1990) *Encyclopedia of Private Practice*. In addition to conscious motives, “There may be unconscious motives related to the therapists’ personal issues of separation anxiety, individuation, narcissism or dominance...which provides almost instant gratification for a variety of needs” (Nordmarken & Zur, 2010, p. 4). They give examples of ways therapists are unconsciously having their legitimate needs fulfilled, stalling their own development in certain phases, regardless of the patient’s own development. Though every practitioner needs to manage their own needs, the home office practitioner is apparently expected to run a higher risk of being unconscious of these needs, according to this perspective.

By viewing the phenomenon through the lens of attachment theory, Mahler, Pine, and Bergman (1975) specifically criticize the home office practitioner who could be stalling in the “rapprochement phase of separation/individuation” since the close proximity of home and office allow frequent “coming home and going to work”

throughout the day (qtd. in Nordmarken & Zur, 2010). This is referred to as something negative, a potentially dangerous situation for the patient and the therapist, as if coming and going between the home and the office signifies stalling in a particular phase or embodies an enactment of the therapist's insecure or disorganized attachment patterns. An opposite positive bonding effect could just as easily occur as a result of this coming and going, but, as yet, there is no literature or research findings to substantiate such claims.

This risk of narcissistic needs being satisfied or frustrated is potentially present in every therapeutic relationship, regardless of where the practitioner's office is located. Even the therapist who keeps their office sterile of any personal details about themselves—minimal ornamentation, sleek modern furniture, blank walls—could be gratifying narcissistic needs to be seen as self-abnegating, identity-less, ego-less, or humble, and there could be patients who envy that posture of apparent simplicity and feel equally humiliated by what they imagine about the therapist (Devlin & Nasar, 2012).

Recent research has been completed on ideal office settings, even for specific therapeutic interventions (Lindvall, 2007). Devlin and Nasar (2012) studied what makes for an appealing psychotherapy room, asking therapists and clients to give their impressions of a therapist based on photographs of their offices. Participants were offered an opportunity to reflect on what kind of person each practitioner is, and if a client would receive good care or psychotherapy being in these offices. Participants in Devlin and Nasar's study were asked to reflect on photographs from a photography exhibit, "Initial Intake," by artist Saul Robbins, who photographed the chairs of psychotherapists and analysts practicing in Manhattan, New York, (Devlin & Nasar,

2012; Green, 2008). Of the 30 photographs included in the study, five of them were of chairs in a home office. The study found that people consider two characteristics of a therapist's office that may affect a client's experience: "softness/personalization, and order" (Devlin & Nasar, 2012, p. 3). They found that therapists and clients alike felt that the imagined therapists who worked in rooms which were non-cluttered, orderly, and reflected a calming atmosphere were most appealing to them. An interesting outcome of this study was that people were liable to forgive a more cluttered office if they sensed more of the practitioner's personality. "As softness/personalization and orderliness increased, the perceived quality of care and comfort that therapists thought patients would expect improved" (p. 9). Practitioners of psychotherapy, particularly those working in a home office, can benefit from meditating on the photos of Robbins, and reflecting on Devlin and Nasar's findings.

A story of three life stages and three offices: Sonja Marjasch.

In "My Three Offices," Marjasch (1988) traces 30 years of her career as a Jungian analyst, focusing on the evolution of her analytic work and how it has been influenced by the physical space around her, and the natural "psychic weather" occurring within her and around her (p. 103). Her phases of development as an analyst were marked by progressions from physical limitations or disillusionment with her current way of working towards seizing opportunities for new settings for her work. With the perspective of a more experienced analyst looking back on her development, her story provides a narrative which is valuable to consider for home office practitioners, and psychotherapists who wish to be conscious of how the setting of their work influences and is influenced by the work they do. From her third office, she reflected on her

different offices, and how their locations were tied to important progressions in her own development as an analyst and an individual.

During a period when it was necessary to establish her professional identity as an analyst in Zürich, Switzerland, Marjasch's first office was established with great fanfare in a building downtown near other analysts and businesses. Reflecting on this first office, "It now felt to me as if my first downtown office had been a mere branch of a paternal enterprise, still linked to the office of my father," who was a Freudian analyst, and that of her training analyst, the esteemed C. A. Meier (Marjasch, 1988, p. 103). She was very busy and successful in this first office, with patients referred to her by her close contacts within the Jungian community, but she felt limited and uneasy and looked toward making a change.

Whereas her first office had been an extension of her father and Jungian patriarchy, her second office, a home-based office in the city, could be "an office of my own" (Marjasch, 1988, p. 104). After moving to this home office with its balcony, its view of the lake, and proximity to parks, she found the setting allowed her attitude towards her work to become "less intellectual" (p. 103). This period was marked by expansion of her practice and gaining more confidence, living and working "more consciously to find my own way of conveying psychological insights" (p. 104). This confidence and finding her voice reflects a common path of a Jungian analyst's work, that it follows a path of individuation, a journey of one's soul towards "becoming and being one's own unique self" (Sedgwick, 2001, p. 10).

Her decision to continue working in a home office practice was influenced by her active life style and her need to exercise to combat a muscular ailment, "The enjoyment

of outdoor life led me in the middle [19-] sixties to look for new lodgings with more space and light and I decided to live and work at the same place” (Marjasch, 1988, p. 103). The desire to live closer to nature coincided with a fortuitous opportunity when her mother left her “part of an old cottage ten miles out of town” (p. 105). Soon, she converted the old house “overbrimming with junk and beautiful things” to accommodate a home and office situation where she would receive patients and continue her work.

She devised ways to allow the sprawling and open setting of her new cottage home office to provide an optimal experience for her patients, as well as allow herself more freedom, light, and space than she had in the city. She describes the entrance to this third office as dramatic, requiring the patients enter through a barn and exit through the kitchen, out onto a narrow lane. She describes living and working with what seems to appear as loose boundaries, yet with a firm attention to some traditional boundary maintenance. Respect for patient confidentiality and her own privacy were considered closely in devising this entrance and exit policy, “Thus at least one analytical tradition which my father taught me as a child, namely that the privacy of the analysand has to be strictly observed is still maintained” (p. 106).

As she moves away from the city to her third office, she distances herself from theory and dogma, reflecting that in the process, she became more like herself, working more from her soul, where her work with patients reflects a mutuality, an intersubjectivity which at this stage in her life, she was prepared for:

I consider the psychological work as an exchange on the subject-subject level, open to both the inner and outer world. Weather permitting, the windows of my “office” are open and my animals walk freely in and out.... As I work without

conceptual gloves I risk getting infected by the problems of the analysand, but when it happens it serves me as valuable information of what is going on in him and also helps me in my own work with myself.” (Marjasch, 1980, p. 108)

In her second and third offices, Marjasch was able to create a situation in which all participants in the therapy are encouraged to engage in an enriched experience of time. Marjasch writes of her waiting room as an important element in the *temenos* or holding environment for her patients’ work. She says that people often had to wait for her, and instead of allowing the stress of being late, or being behind schedule to negatively affect the work, she convinced herself and patients to consider these gaps “poetic time” in which to reflect and “step outside of chronological time” (Marjasch, 1980, p. 104). This allowed for the waiting area to become a “‘transitional space’ or ‘third area’ as Winnicott has named it” in which there is possibility for new experience to emerge while playing with toys in the waiting room, perhaps encouraging a deepening into the work (p. 104).

The decision to select the home office practice may coincide with the therapist’s own life stage development. A therapist who has been practicing for many years, like Marjasch, can see how psychotherapeutic practice evolves, and will mindfully reconsider and test traditional conventions to suit changing contexts within and around the life and the work. Living in the place where she worked, Marjasch was able to open herself to images, metaphor, and bodywork, inviting her patients along on her journey. Marjasch draws a comparison between an apartment and an old house to illustrate both her reality—working to maintain an old house—and her soul’s work, working in psyche with integrity and courage:

Much more than an apartment, such an old house is in continual motion, some tearing down and re-building is happening all the time...[pipes burst and need re-piping] All this was rather upsetting and expensive and made me realize that water pipes do not last forever. I took it symbolically as a hint that at the same is true on a psychic level. One cannot rely on traditions forever. After a few generations the pipes leading to the source of life, and with them, the psychological theories and therapeutic techniques, have to be revised and partly renewed. Yet I believe in continuity in the midst of change, and this continuity expresses itself in the way in which each analyst remains true to himself although his style may very greatly over the years.” (Marjasch, 1980, p. 106)

This metaphor of an old house with failed plumbing illustrates her confidence and respect for established structures, in this case the traditions of psychotherapy. She recognizes her role in upholding their integrity, replacing the existing pipe system when they cannot be repaired, and providing an example for others to follow. Though she may question and test traditions, she challenges herself by intentionally putting herself into an old building which needs constant maintenance and care. This willfulness is hardly a situation for her to become lazy or complacent in her practice.

Marjasch’s saga of her three offices exposes an example of how a home office practice is often made possible with access to greater material resources, as a result of earned income and access to suitable real estate. Class and socioeconomic realities can play into the choices and realities involved in establishing and maintaining a home office practice. She tells of how her practice in the city was quickly filled by inheriting referrals from well-appointed friends from the institute where she trained, so much so that she

over-worked herself. Her ability to move from the city to the country reflects a level of comfort of a person whose success and resources can allow such choice. That she inherits a large farmhouse, and is given the opportunity to slow down her practice and her way of life reflects the prosperity within her family. Her story also does not disclose whether or not she had children or raised a family, so perhaps she enjoyed this singular independence, as well. She is blessed to have the freedom to make choices that align her work with significant life transitions in her latter years.

Established norms of boundaries and the therapeutic frame.

Because the home office practice has challenged people's ideas about boundaries in psychotherapeutic treatment and the therapeutic frame, it is necessary to briefly review the relevant literature. Historically, boundary violations and breaks in the therapeutic frame have been important elements in the development of psychoanalysis, as Freud, Ferenczi, and Jung famously struggled to maintain control of transference relationships with patients, at clinics, or in their home-based practice settings (Gabbard, 1995; Mitchell & Black, 1995). Theories and guidelines about boundaries and the therapeutic frame which are regarded as status quo for the practice of psychotherapy today are results of early mistakes, recorded violations, and continual evolution of the practice of psychotherapy by conscientious practitioners (Singer, 1994; Zur, 2007; Gabbard, 1995).

Though there may be theorists and practitioners who strive towards strict loyalty to traditional psychoanalytic principles, it is doubtful that these are the practitioners who practice in home offices. Contemporary theorists and practitioners declare that the field of psychotherapy can be defined by a "deviation from a traditional or more accepted way of working, what [Irwin Hoffman] has termed a feeling of 'throwing away the book' "

(Gabbard, 1995, p. 123). McWilliams (2004) also refers to Hoffman's "throwing away the book" but mitigates this free-for-all attitude by assuring that one cannot throw out rules until one has firmly grasped them, understood them, and "knows the book so well it is no longer needed" (McWilliams, 2004, p. 104).

Though it can be claimed the roots of psychoanalytic practice are to be found in home-offices of Freud, Jung and other pioneers, the home-based practice challenges traditional psychoanalytic principles and accepted norms as some have interpreted them. It offers specific challenges regarding boundary crossings and violations because many interruptions or disruptions can be attributed to the extra-therapeutic person of the therapist, who is charged the unique responsibility of securing the therapeutic frame within the dyad, and around the physical perimeter (Zur, 2007; Zur & Nordmarken, 2010; McWilliams, 2004; Gargiulo, 2007; Woody, 1999).

Maroda's (2007) attack on the home office practice seems to be rooted in a conservative interpretation of Freud's original guidelines for psychoanalysis which is described by Bleger's (1990) analysis of the therapeutic frame. Bleger defines it as a place of "the constants, within whose limits process occurs" (p. 426). This stability is not easy to establish or maintain, which is why some therapists create analytic situations or offices which are benign, quiet, devoid of distractions, even womb-like.

Bleger continues, "What basically blocks off any possibility of a profound treatment is the disruption the analyst himself introduces or admits into the frame" (p. 426). The home office, being more tied to the therapist's private life, could offer such disruptions. The home office setting presents challenges to the psychotherapeutic work by providing opportunities for the boundary around the working dyad to be broken or

violated by a range of disruptions not common in other settings including curious or loud family members, pets, visitors, noises, and smells (Zur, 2007; Zur & Nordmarken, 2010; McWilliams, 2004; Maeder, 1989).

Maintaining a hermetically sealed boundary free of interruptions is all but impossible in any setting, and some acknowledge that interruptions or disruptions are best dealt with by bringing them into the therapeutic discussion, “in the here and now” (Gargiulo, 2007; Mitchell & Black, 1995, pp. 247-249). The interruption and disruptions that may arise in a home office practice may be more inherently personal or encourage self-disclosure by the therapist, these writers profess.

Langs (2007) attacks home office practicing psychotherapists based on what he considers an inadequate level of depth within the transference countertransference matrix. He targets practitioners who he refers to as “mainstream analysts” or “conscious system therapists,” particularly those who practice in home offices (pp. 180-181).

To illustrate his conclusions, he describes a case in which a particular home office therapist is working with a dream of a patient. Langs attempts to demonstrate how if the therapist was not distracted or blinded by his or her own narcissistic needs, she would be able to properly work with a particular patient’s dream. Langs attributes this inability to connect with this patient to the home office setting itself, boldly generalizing:

The home-office setting is universally seen deep unconsciously as a harmful frame modification that also fails to conform to the ground rule archetypes that pertain to therapists' relative anonymity without deliberate self-revelations and the uncompromised total privacy and total confidentiality of a treatment experience. (Langs, 2007, p. 180)

Obviously, since many people practice in this “harmful modification” and many more people go to these offices for treatment, Lang’s description that the setting is “universally seen” as harmful can be regarded as an exaggeration. His analysis is relevant to this study because it demonstrates how the home office practice can be threatening to some practitioners. Langs and Maroda demonstrate that there continues to be diverse opinions around the norms of psychotherapy and its setting, and degrees to which deviation from accepted norms are challenged and accepted.

Practitioner as a person in the therapy, the extra-therapeutic self.

In an interview with the *New York Times* in 2008, psychoanalyst Lewis Aron, who practices from a home office in New York City, is asked to comment on the discussion he participated in the year before, in *Psychoanalytic Psychology*, regarding home offices. He shares his disagreement with Maroda (2007) who had declared that unethical issues are fundamentally present in the home office practice, specifically because of opportunities it offers to reveal more of the therapist’s personal material than the work may require, and more than the patient may be able to handle. Aron tells the journalist, “I think there is always a dialectic tension between the personal and the professional and we lose a lot by making the setting too clinical. There is something engaging in seeing the therapist has a real life, and is a real person” (Green, 2008, p. 2). It is not difficult to imagine patients of Aron’s and Maroda’s reading this newspaper article and learning a great deal about their analyst as a person, and how others think of them. Aron’s commentary in a popular media context draws attention towards the subjectivity and personality of the therapist inside and outside the consultation room. Aron chooses to publicly demonstrate that he has a right to speak to journalists. He is

photographed in his home office—with his dog—for the article, making himself very visible to his patients.

The role of the analyst as a person within the psychotherapeutic context has evolved since psychoanalysis' early years. Apparently, there remain some classically-trained psychoanalysts who try to maintain the surgeon-like distance recommended by Freud in 1912—the “physician” who “puts aside all his feelings, even his human sympathy” (Freud, as cited in Langs, p. 393). Following society's progression through modernity, the easing of social restrictions since the Victorian-era roots of psychoanalysis, and a growing sophistication of insight among practitioners, the role of the analyst as a person has likewise evolved. This evolution has been made possible by theorists and practitioners who adapt psychoanalysis to mirror shifts in social relations and experiment with technique and modification of original frame orthodoxy (Hirsch, 2008). These theorists helped lead psychoanalysis and psychotherapy towards an intersubjective or relational direction, which refined itself in the latter part of the twentieth century, for the benefit of all psychotherapy, regardless of theoretical or school allegiance (Aron, 1991; Gabbard, 1995; Hirsch, 2008; Maroda, 2005; McWilliams, 2004; Stolorow, Atwood, & Brandchaft, 1994).

In the work of Jung and his descendants, the transference phenomenon has evolved to be seen more as a field to be embraced and explored. Each turn in the progression appears to loosen the tight hold of theory and dogma, to allow more space for the analyst to participate in mutuality, or a two-person analytical situation, which makes it less possible for an analyst to be objective or neutral like a blank screen, as required of classic psychoanalysis (Aron, 1996b; Crastnopol, 1997; Gabbard, 1995; Jacoby, 1984;

Maeder, 1989; Renik, 1995; Spiegelman, 1996; Stolorow, Atwood, & Brandchaft, 1994). The intersubjective or relational turn in psychoanalysis owes a great debt to the work of Jung and his progenitors (Giannoni, 2003; Heuer, 2012; Jones, 2002; Nuttall, 2000).

Regardless of the degree of a practitioner's conscious attempt to establish mutuality with his or her patients, or their loyalty to the orthodoxy of the therapeutic frame, all psychotherapists and analysts adhere to sufficiently maintaining the anonymity of the practitioner so that the work can remain centered on the patient. Though the literature establishes that for the home office practitioner there is a greater chance for self-disclosure or exposure of the therapist's personality or details of his or her personal life, anonymity can still be maintained and not be abandoned (Marjasch, 1988; Nordmarken & Zur, 2010).

Renik (1995) takes an investigation of the practitioner's subjectivity further by challenging anonymity as an idealization that potentially can be limiting or detrimental to the work of the patient and the ability of the therapist to do his or her best work. Analyzing what he sees as loyalty to "a posture of analytic anonymity" among analysts of all theoretical orientations, Renik finds it "interesting that the ideal of anonymity for the analyst has not received more explicit challenge within psychoanalytic circles" (Renik, 1995, p. 7). Renik's challenge to anonymity is worth noting not just for his willingness to challenge the status quo, but for his measured academic mastery of the various theoretical perspectives that he claims are restricting practitioners from providing better care to their patients. Renik challenges "the pretense of anonymity" which casts the patient into a "*folie a deux*" with the analyst who is blindly following a theory of technique he or she does not question, challenge, or explore. Renik's attitude is irreverent

at times, claiming that the analyst who operates under a “cloak of anonymity” makes himself look “silly” in that the analyst is expected to “achieve authoritative objectivity...a powerful self-idealization in which the patient is encouraged to participate” (p. 7-8). This study hopes to unite the careful attention of serious scholar-practitioners such as Langs and Renik, who care deeply about the healing nature of psychotherapy, but disagree about the ideal circumstances for its practice.

Renik and others reveal an exciting gap that hints at new ways psychotherapists can authentically involve more of themselves in their work while remaining focused on serving the patient’s work. While Maroda (2007b) asserts her conviction that the home office practice should be discontinued on the basis that it provides too much opportunity for the extra-therapeutic personality of the therapist to enter the therapy work, encouraging “younger therapists and analysts to be more self-reflective” in their consideration of how and where to practice psychotherapy, she may not be considering practitioners who do experience this level of self-reflection (Maroda, 2007b, p. 724). A therapist can aspire to the gratitude McWilliams (2004) expresses when she reflects on her experience as a therapist, “I feel a kind of fluidity and inclusiveness in my work that I think is rare...the more I can be fully myself, the better I do with my patients” (McWilliams, 2004, p. 282). Crastnopol (1997) provides a similar encouragement to therapists to involve more of his or her extra-therapeutic self into the work, thus leaving an open space for mutuality, and creating a situation of better self-care for the practitioner. It is heartening to hear authors encourage self-reflection and mindful involvement of more of themselves and challenge future therapists to build into their practices what Gargiulo (2007) refers to as “everyday transcendence that attempts to

situate human beings within a wider context than personal individuality suggests” (p. 716).

This “transcendence” that Gargiulo refers to is not foreign to for some writers and practitioners of Jungian or analytic psychology, such as Mario Jacoby, Marvin Spiegelman, and Sonja Marjasch. This license to operate “fully” as themselves often comes after years of practice, once they have gained confidence and developed a strong enough self. In analytic psychology, the priority of a therapist is providing for patients a setting and environment in which they can work toward wholeness, while simultaneously striving themselves to be conscious of their own individuation efforts and their work towards being whole themselves. In their service to the people they call patients or clients, as Jacoby paraphrases Jung, “Analysis is a dialectical process in which the therapist and client are involved as whole persons” (Jacoby, 1984, p. 36).

Self-gratification.

Critical analyses of the home office practice have specifically addressed the possibility that therapists are practicing in home offices out of convenience, self-interest, gratification of their narcissistic needs, and a need to resolve issues of dominance and separation anxiety (Hirsch, 2008; Langs, 2007; Maroda, 2007; Maroda 2007b; Nordmarken & Zur, 2010). Considerable literature pertaining to the therapist’s experience of gratification through their practice of psychotherapy skews towards the critical or negative (Aron, 1991; Gargiulo, 2007; Hirsch, 2008). Interestingly, an important work skewing toward the positive, *Legitimate Gratification of the Analyst’s Needs* was written by Karen Maroda (2005), the same author who 2 years later would write “Ethical Considerations of the Home Office” (Maroda, 2007) which originally

inspired the beginning stages of the research project of this dissertation. In this earlier piece, she summarizes how the mutuality of the analytic relationship embraced by the relational school provides opportunities for both participants, “[This mutuality] facilitates self-discovery and therapeutic transformation of the patient, while providing a sustaining level of affirmation, safety, and well being, [and that] similar benefits will occur for the analyst” (Maroda, 2005, p. 371). She encourages more research and soul-searching on the part of analysts towards “a more realistic assessment of our own mental health and motivations for doing treatment [before making any] serious consideration of legitimate gratification” (Maroda, 2005, p. 372). Without this assessment or self-awareness, analysts can easily fall into gratifying their narcissistic needs to be loved, appreciated and cured of neurosis, at the expense of the partially neglected patient, regardless of setting. In 2007, she repeats the same encouragement for practitioners to be wary of self-gratification, and directly warns that the home office practitioner is particularly susceptible to these illegitimate patterns of self-gratification.

Effects of a Home Office on the Therapist’s Family.

One cannot find a legitimate school or theoretical perspective that professes that a therapist’s self-disclosure of details of his or her family is a healing factor in psychoanalytic or psychotherapeutic work. It is possible that the proximity of the practitioner’s family to the work being done with patients can lead to greater chances for disclosure of personal material related to the family and personal life of the practitioner.

The literature available that specifically mentions the effects of a home office practice on family members is typically anecdotal and found included within memoirs and cinema. More prevalent than references specifically to the home setting are

references to myths in the collective consciousness which claim children of psychiatrists and therapists are said to grow up to be mentally disturbed, neurotic, or harmed by their parent's occupation (Gabbard & Gabbard, 1999; Golden & Farber, 1998; Maeder, 1989; Storr, 1990; Toub, 2010; Wetzsteon, 1977; Zur, 1994). Maeder's *Children of Psychiatrists and Other Psychotherapists* (1989) explores this myth by interviewing over 200 adults related to this phenomenon, netting anecdotes and lengthy testimonies that he concludes to ultimately neither wholly confirm nor deny the veracity of the myths.

Golden and Farber (1998) interviewed children who demonstrated an understanding of both positive and negative aspects of having a psychotherapist parent, citing among the negative, the "intrusions of patients into their lives (e.g. having to be quiet when parents have an office at home)" (p. 138).

First-person accounts of growing up with parents who are psychotherapists, such as Toub's, and authors who use interviews to explore the boundary crossings common in home office situations, such as Maeder's, expose common experiences which offer therapists more reasons to safeguard their home office practices from contamination and sabotage by spying children, barking dogs, and envious family members (Golden & Farber, 1998; Maeder, 1989; Toub, 2010). Considerable care is taken to elucidate how the work of the parent therapist can affect the children and significant others, inspiring in them jealousy of visiting patients as well as instances of when the psychotherapist parent crosses a boundary and acts like a therapist with his or her family members (Golden & Farber, 1998; Kohut, 1977; Toub, 2010; Wetzsteon, 1977)

Micah Toub (2010) offers an honest and humorous memoir of his development as a son of two Jungian analysts who both accepted patients into their home, before they had

divorced. Toub, who did not choose his parents' career for himself, offers a window into one first-person narrative of a child of Jungian analysts.

When I was growing up, my parents often had their offices in the house, which, in my mind, meant that the waves and waves of screwed up, crazy, lunatic weirdos were allowed to enter our altar of rational normalcy. I mean, I knew that in some ways my parents were different from most parents...in spite of that, my family was a sane, psychologically intact family. And that made us different from the people who waited just inside the front entrance, on the other side of a thin wooden door which I pressed my ear to hoping to hear somebody talking to himself. (p. 13)

Toub's memoir traces how this intrusion on his childhood developed into believing he had inherited special skills of psychological insight and sophistication through periods when he felt overwhelmed and confused by such great saturation by his parents' work and precocious wisdom that he suffered greatly (p. 209).

The proximity of a practitioner's therapy practice could offer temptation to weave the two sides of life together, but Woody (1999) states clearly, "There is no exception to confidentiality extended to spouses, family members, and friends that would allow access to client information without knowledge of and authorization by the client" (p. 608). No matter how well a practitioner feels his or her spouse or family members can intuitively communicate about the psychotherapeutic work happening in the office section of the home office, "There is no reasonable basis for believing that a practitioner's spouse will be prepared, by virtue of marital status, to honor the rights of the client...leaving the practitioner to shoulder the liability" (Woody, 1999, p. 609). A home office practitioner

must honor the rights of the patients, as well as those of their family members, by being aware of how the lines between home and office can be blurred.

This research into the home office practice has required thorough review of literature concerning home office psychotherapy practices and much self-reflection by the primary researcher. The symbolic significance of home has been explored in order to better understand the depth of the topic. The research methods employed to investigate the phenomenon honor self-reflection and depth of insight into what distinguishes the home office practice from other settings for psychotherapy.

Chapter 2

Research Approach and Methodology

Research Approach

This heuristic study gathers inspiration from phenomenology, which the *Stanford Encyclopedia of Philosophy* (2003) defines as, “the study of ‘phenomena’: appearances of things, or things as they appear in our experience, or the ways we experience things, thus the meanings things have in our experience” (p. 2). The focus of this study is home office setting of psychotherapy, and until now, most of the scholarly work regarding this setting has been completed by writers and practitioners who have not chosen to work with patients in this context. The phenomenon of the home office experience can be analyzed based on how it appears from outside of its context, but a deeper understanding of the lived experience of the phenomenon and more intimate insight into the significant meanings of these home office practice experiences can be best discerned by mining the psyches of those closest to the home office phenomenon.

Phenomenology had been an original launching point for this study since it “aims to remain as faithful as possible to the phenomenon and to the context in which it appears in the world” but this study seeks to go further into the experience via employing heuristic methods as developed by Clark Moustakas (Giorgi & Giorgi, 2008, p. 28). A consensus among qualitative researchers is summarized by Braud and Anderson (1998) who state, “Those who are most familiar with the experiences being studied—as a result of having had these experiences—are the true experts in any investigation of those experiences” (p. 18). In the spirit of phenomenology, these “true experts” were asked to describe their lived experience of the home office experience in dialogue with the primary researcher, who also practices in a home office setting. The curiosity of the

primary researcher and his personal connection to the home office setting mandates a more engaged research approach than a phenomenological approach generally allows, thus opening the door for a heuristic method.

The word “heuristic” is derived from the Greek word “*heuriskein*, meaning to discover or to find” (Moustakas, 1990, p. 9).

It refers to a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis. The self of the researcher is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge. (p. 9)

The heuristic research method as developed by Clark Moustakas allows for the researcher to satisfy a personal and passionate curiosity, as well as contribute to the scholarly study of the psychological experience. Moustakas describes the beginning stages of heuristic research from its inception:

All heuristic inquiry begins with the internal search to discover with an encompassing puzzlement, a passionate desire to know, devotion and commitment to pursue a question that is connected to one’s own identity and selfhood. (p. 40)

Using a heuristic research approach, the researcher uses himself as an instrument of knowledge, mediating between written texts, recorded dialogues, and his own lived experience. The researcher works towards interpretation and understanding of “the essence” of a phenomena, in this case the home office practice situation, while respecting

the subjective individuality of each subject as a particular human experience (Ashworth, 2008; Creswell, 2007; Georgi & Georgi, 2008; Moustakas, 1994).

For this study to be conducted with integrity and honor the voices of the participants which describe the “lifeworld” (Georgi & Georgi, 2008, p. 29; Kvale & Brinkman, 2009, p. 27) of the home office practitioners, the heuristic researcher has honored what Romanyshyn (2007) calls a “task of the phenomenologist [,] to loosen the grip of our preconceived and taken-for-granted ideologies” (p. 89) in favor of an openness to new and novel representations of the experience. Ideologies regarding objectivity are very important for all researchers to contend with, especially researchers employing heuristic methods. Speaking for most qualitative research approaches, such as heuristics, which values a forthright subjectivity and personal involvement in the action of inquiry, Braud and Anderson (1998) state, “A standardized, distanced and objective researcher who remains apart from what is studied is an illusion” (p. 16). All researchers involved in this study have supported each other in a resistance to this illusion of objectivity. This study of the home office practice willingly engages the subjectivity of the primary researcher as he stands with the coresearchers, not separate from them, encouraging each to share as accurately as possible his or her experience as a home office practitioner. The resulting findings amplify multiple voices from the home office practitioner community, reflecting diversity of experience and welcoming greater understanding of the home office practice.

This research is concerned with how each home office practice emerged from each individual self of the practitioners involved in the research, and how the setting may present problems as well as possibilities for their psychotherapy practice. By engaging

with other individuals' subjectivity, and allowing my own to be part of the research, we have pleasantly regarded the home office practitioners' way and place of working with patients as a problem to solve. Moustakas' heuristics makes space for precisely this type of solution seeking:

In its purest form, heuristics is a passionate and discerning personal involvement in problem solving, an effort to know the essence of some aspect of life through the internal pathways of the self. (Douglass & Moustakas, 1985, p. 39)

A therapist who practices from a home office does not accidentally stumble into working that way. More accurately, this choice is an accumulation of intentions and carefully considered choices. It is assumed that it is a practice borne of great intention. It may be developed as a step in a practitioner's personal evolution through many iterations of work situations, as seen previously in the example of Sonja Marjasch. For many conscious and unconscious reasons, the home office practice fits the theoretical orientation, lifestyle, personality or career of the practitioners who work in one.

Moustakas and other heuristic researchers such as Frick (1990) clarify that through heuristic inquiry, the researcher can come to understand more about a person's evolution. Through this heuristic inquiry, researchers can understand how the practice has evolved as a blossoming of that particular practitioner's "identity, personality, character, and selfhood" as well as a culmination of that person's education, research and intention (Moustakas, 1990, p. 102). By engaging with the subjectivity of home office practitioners, "revisiting [their] motivation" for developing the home office practice and perhaps correcting "distorted perceptions" of the practice which may exist among non-home office practitioners, a greater understanding can be attained of the phenomenon and

the people working within it (p. 102). Moreover, the heuristic inquiry process reflexively informs the coresearchers and can lead to increased understanding of their own motivations and how their home office practice fits their particular subjective reality.

Though the heuristic method is firmly rooted in subjectivity, Douglass and Moustakas (1985) insist that, “When utilized as a framework for research, [it] offers a disciplined pursuit of essential meanings connected with everyday human experiences” (p. 39). This study examines what is an “everyday experience” (psychotherapy) for a very specific population -- psychotherapists, analysts, and their patients. The rarified group of individuals who are affected by this study are involved in an experience which mirrors, in some ways, the method chosen to study it.

Practitioners of psychotherapy or psychology are committed to being fully immersed in psyche, and willingly immerse themselves in the inner worlds of others, their patients. There is a similarity between methods used by heuristic researchers and methods of psychotherapists since they both utilize introspection into subjective experiences and bravely engage in the search for meaning via engagement with another person (Hiles, 2008). The heuristic method suits this study in that it invites participants to gain and share deeper insight into the subjective experience of their home offices.

Though the primary researcher has needed to temporarily “bracket” (Creswell, 2007, p. 59) his own experience in order to adequately engage with coresearchers and listen accurately during the experience of the interview, he does not operate under an illusion that he can completely remove himself, as is the goal of other methods of inquiry. As Romanyshyn (2007) states: “Objectivity is not secured by denying the presence of the researcher in the process” (p. 106). The primary researcher is living the same experience

as the coresearchers, and is curious and personally engaged in how the home office experience will change over time with the evolution of his own family and as his career changes. Heuristics, as a method, makes space for the synthesis of the primary researcher's process with those of the coresearchers, and invites new understanding in a spirit of adventure and vulnerability.

This study also gains inspiration from anthropologist Ruth Behar, who has learned over a lifetime that the strength of most academic or scholarly pursuits can be measured in the degree of vulnerability of the observer, the scholar, and an observer of a phenomenon who is first and foremost a person. In *The Vulnerable Observer* (1996), she writes: "In scholarly fields ranging from literary criticism to anthropology to law, the reigning paradigms have traditionally called for distance, objectivity, and abstraction. The worst sin was to be "too personal' " (p. 13). This research wholly accepts the personal nature of its praxis, and hopes to employ that in its research methodology, resisting a stance of "distance, objectivity, and abstraction." Heuristics, as formalized by Clark Moustakas, is the strongest research method most suited to this vulnerability and willingness to engage directly as a person with the phenomenon and the people engaged in it as coresearchers.

Participants: Practitioners as coresearchers.

In addition to literature review and personal engagement with the topic, data for this study was gathered from seven interviews conducted with practitioners who have had direct experience as practitioners of psychotherapy or psychoanalysis in a home office (Creswell, 2007; Groewenwald, 2004).

Volunteer participants were recruited through an email outreach campaign targeted to attract the attention of practitioners who are known to currently work with patients primarily in a home office setting, or who have at some point over the course of their careers. They were invited to participate as “coresearchers” in this study in order to emphasize, as Braud and Anderson (1998) do, “an egalitarian stance toward all contributors to the research project” (pp. 17-18). Using the professional network established over 17 years in the psychotherapy field, I used a purposeful sampling method as described by Creswell (2007), selecting the sample of participants according to the specific criteria described earlier. The network from which coresearchers were selected reflects a somewhat broad diversity spectrum in terms of socioeconomic status, ethnicity, gender, theoretical perspectives, and training backgrounds, offering some variation of participants who met the criteria for the study. The specific nature of the study limits the ability to represent a heterogeneous sample of participants who evenly represent every demographic or experiential background of practitioners.

All but one of the seven practitioners owned the homes where their offices are. The pool of coresearchers interviewed are White Americans, divided almost evenly along gender lines: three women, and four men. Coresearchers self-identified their theoretical orientation as being aligned with one of the following: psychoanalytic British object-relations, British object-relations, Jungian Analyst, Jungian Analyst candidate, and eclectic solution-focused. The age range of coresearchers at the time of the interview was between 52 and 80.

Jack is a 74-year-old Jungian Analyst operating with an MFT license in a home office in a rural area near Santa Barbara. He lives with his wife and their dog. He has

been seeing patients in an adapted bedroom for 3 years. He has been an analyst for 30 years, and his past career as a Presbyterian minister informs much of his work with people.

Pauline is in her early sixties and practices in an adapted bedroom in a single-family home on a hill above the San Fernando Valley, a little removed from a busy street. She lives with her husband, who is often away travelling for work. She is a Jungian Analyst candidate, practicing under dual Masters degrees in Depth Psychology Counseling and Mythological Studies. Though she has been practicing for 10 years, she has been working from a home office since 2011.

Bonn is a 73-year-old psychologist who identifies with the British object relations school of psychoanalysis. He has been practicing, supervising, and teaching since the early 1970s. His home practice is in a lower room of a single family home he shares with his wife, in a hillside suburb of Santa Barbara.

Will is an 80-year-old psychoanalyst who practices with an MD license. Will has been deeply influenced by the British object relations school, with special influence by Bion, Klein, Meltzer, Winnicott, and Tustin. He practices in an office that he built onto his home in 1970, in the Beverly Hills area of Los Angeles. He lives there with his wife, the coresearcher Diane, and sometimes one of their adult sons and his children.

Diane is a 79-year-old psychoanalyst, child analyst, and developmental psychologist who was deeply influenced by the British object relations school, with special influence by Bion, Klein, Meltzer, Winnicott, and Tustin. She has been practicing psychoanalysis with a license in psychology since 1985. Her office, bathroom, and playroom (she sees children) above the home's garage, were originally a recreation room

built for the children soon after her husband's office was built. She lives there with her husband of 57 years, the coresearcher Will, and sometimes one of their adult sons and his children.

Jane is a 62-year-old woman who lives with her husband, horses, dogs, chickens and pond of fish in a rural area by the coast of Los Angeles. She has practiced in a 14-foot diameter yurt on their land for the last 10 years. Practicing as a certified Jungian analyst with an MFT, she proclaims her theoretical loyalty to "Jung, nature and the animal kingdom" (Jane).

Doug is a 52 year old Marriage and Family Therapist who sees patients in the living room of the home his mother owns, which was also his childhood home. Though he recently moved into an apartment nearby, there was a 2-year period when he lived and worked in the house. He has been working in this home office for 3 years, and he describes his theoretical orientation as "eclectic leaning toward narrative and solution-focused therapy."

Research Procedures For This Heuristic Inquiry

This research project's goal to better understand the experience of home office practitioners required the incorporation of the core concepts and processes of heuristic inquiry as refined by Moustakas (1990) into every phase of the inquiry process. These seven core concepts and processes are:

1. Identifying With The Focus Of Inquiry
2. Self-dialogue
3. Tacit Knowing
4. Intuition

5. Indwelling
6. Focusing
7. Internal Frame Of Reference

The heuristic researcher employs these concepts and processes as tools to make each phase of the heuristic inquiry come alive, to keep the research close to the question and faithful to the heuristic process. Moustakas (1990) has defined the phases of heuristic research into six phases, which are:

1. Initial engagement
2. Immersion
3. Incubation
4. Illumination
5. Explication
6. Creative Synthesis

Identifying with the focus of inquiry.

In order to “become one” with the process of inquiry and “get inside the question” Moustakas’ encourages taking an “inverted perspective” on the phenomenon being studied (Moustakas, 1990, p. 16). In a process which resembles the Jungian practice of active imagination (Sharp, 1991), architect Clare Cooper Marcus (1995) provides a model which can be helpful for me and coresearchers to achieve this inverted perspective and understand the home office experience more deeply. After loosening her clients up with brainstorming and drawing exercises, Marcus asks them to engage in dialogue with the homes they are building or remodeling as well as with homes and dwellings they have remembered from their childhood. She encourages people to not only talk to the space or

building, but to give it voice, allow it to speak, and listen to it, thus inverting the conventional perspective and expanding her curiosity and understanding of her clients.

Similarly to how the architect inspires her clients to identify deeply with their space, a home office practitioner can probe deeper into their relationship with their space where they work and live by asking it questions, talking to it as a person with whom they share tender time and care for others. By opening oneself up to unconscious processes such as active imagination and inverting the perspective, the home office may respond to a practitioner's inquiry if engaged thusly, perhaps revealing more of itself. As I took notes, wrote in my journal, and engaged in self-dialogue, I have benefited from an inverted perspective as described by Moustakas and modeled by Marcus.

Self-dialogue.

This inquiry process required me to “be open, receptive, and attuned to all facets” of my experience of the home office practice as well as my research into it with my coresearchers, “allowing comprehension and compassion to mingle and recognizing the place an unity of intellect, emotion, and spirit” (Moustakas, 1990, p. 16). Through keeping a journal and being aware of my own inner dialogue throughout all phases of research, I established a heightened attunement with my home office. This process of talking to oneself is less solipsism, and more a mindfulness awareness of inner process which helps one to “develop the ability and skill to understand the problem more fully, and ultimately to deepen and extend the understanding through the eyes and voices of others” such as coresearchers and those who will benefit from our research (p. 17).

Tacit knowing.

A heuristic researcher needs to have equal respect for all forms and manifestations of knowledge, in pursuit of a whole understanding of a phenomenon. According to Moustakas (1990), the explicit mechanics of a phenomenon are equally as important as its implicit, more mysterious features (p. 115). Neither can be privileged over the other, yet one who employs heuristics is aware that the implicit, more mysterious knowledge is by nature more difficult to understand and apply, thus requiring attention if a whole picture of the phenomenon is to be understood.

For example, home office practitioners can be asked many questions about how they started their practice and what kind of fences, furniture, and soundproofing they installed to ensure privacy. To pursue only such literal facets of the phenomenon would be informative and instructional, but it would not satisfy the imagined depth of this heuristic inquiry. Heuristic researchers nurture in themselves an openness which stays attuned to tacit knowing which gives “birth to the hunches and vague, formless insights that characterize heuristic discovery,” and apply research rigor to this curiosity (Douglas & Moustakas, 1985, p. 49).

A heuristic inquiry into the home office practice requires me to stay open to being guided into “untapped directions and sources of meanings” when in dialogue with coresearchers, and when synthesizing the data collected (Moustakas, 1990, p. 22). Following hunches around the material gathered will lead the inquiry to a more full understanding of the phenomenon, and provoke even more curiosity for future areas of research.

Intuition.

During the inquiry process, the researcher is taking in data and using whatever is available to understand multiple aspects of the phenomenon. Not all of the knowledge or understanding results from logical deduction or scientific methods, but needs to rely on intuition: “Intuition makes immediate knowledge possible without the intervening steps of logic and reasoning. . . . In intuition we perceive something, observe it, and look and look again from clue to clue until we surmise the truth.” (Moustakas, 1990, p. 23).

At the heart of heuristics is the spirit of discovery and respect for the “Eureka!” or “a-ha!” experience (Moustakas, 1990, p. 9). Moustakas’ design allows for changes in plan when the sudden knowledge of intuition indicates that one is necessary:

At every step along the way, the heuristic researcher exercises intuitive clues and makes necessary shifts in method, procedure, direction and understanding which will add depth, substance and essential meanings to the discovery process. (p. 23)

Indwelling.

Heuristic inquiry requires that the researcher turn his attention inward at all phases of the research process—before, during and after the data is collected and analyzed. This turning inward involves not only intellectual introspection but also a more comprehensive engagement with what is being explored:

Indwelling refers to the heuristic process of turning inward to seek a deeper, more extended comprehension of the nature or meaning of a quality or theme of human experience. It involves a willingness to gaze with unwavering attention and concentration into some fact of human experience in order to understand its constituent qualities and its wholeness. (Moustakas, 1990, p. 24)

The image connoted by the term “indwelling” bears great significance for this study of the home office because it is a term which refers to being *in a dwelling*, a place where people stay, live, or spend time in, such as a home or a home office. Participating in this research, all participants, primary researcher and coresearcher alike, were invited to enter into the research as if entering a home, to make themselves comfortable and avail themselves of the benefits of this dwelling in a home office. This is an example of an aspect of the heuristic method mirroring dynamics of the topic of inquiry.

Heeding Moustakas’ model of heuristic research, “I dwell inside my experience with a person to understand the essential parameters of my knowledge” (Moustakas, 1998, p. 110). I discovered a reverence for my own experience as a guest via engaging with the inner experience of other participants in the study. This guest humility emerged unexpectedly during this investigation into the home office practice of psychotherapy.

Focusing.

Central to the heuristic process is a slowing down, a going inward, a focusing on the matters at hand, as Moustakas (1990) describes, “Focusing is an inner attention, a staying with, a sustained process of systematically contacting the more central meanings of an experience” (p. 25). Much like the process of psychotherapy, the inquiry process hones in towards the essence of the topic being investigated.

As done earlier in the literature review, understanding Moustakas’ use of focusing as an activity and a quality imbued in the inquiry method is aided by seeing through the archetypal psychology lens via the Greek goddess, Hestia. James Hillman (2007) directly connects Hestia with the heuristic concepts of focusing, indwelling, and internal frame of reference, when he defines her significance.

She was the glowing, warmth-emitting hearth. That is her image, her locus, her embodiment. Hearth in Latin is *focus*, which can be translated into psychological language as the centering attention that warms to life all that comes within its radius. This is Hestia. Ovid speaks of Hestia as “nothing but a living flame.” Her [Roman] name [Vesta] probably derives from the Indo-European *vas*, inhabit. Another derivation is from the root of essence. In short, she is only “in,” and like consciousness itself, not an object seen but an enlivening, enlightening focus, the soul essence that inhabits anything. (p. 235)

Hillman’s analysis of Hestia’s name and core image equates this goddess with the heuristic inquiry process itself. The hearth is not to be an object to be investigated itself, but to be a source of warmth and light which bring increased attention to what is being focused upon or “comes within its radius” (p. 235). This purpose carries extra interest for the researchers in this project, since investigating the home office experience requires entering the homes and offices of practitioners. During the interview, neither I nor the coresearcher is the center of attention. We are both equally interested in our common experience of the home office phenomenon. This dissertation focuses on the role of the space itself, the hearth, a place not only of psychological focusing, but a space of the deepest sense of belonging, of seeking safety and shelter in the warmth of psychotherapy.

The internal frame of reference.

No matter what mode or method of understanding one uses to explore a phenomenon during heuristic inquiry, “Whether the knowledge is deepened and extended through indwelling, focusing, self-searching or dialogue with others—its medium or base is the internal frame of reference” (Moustakas, 1990, p. 26).

As stated earlier, this study focuses on the experience of the home office practice from the inside, seeking an insider's perspective on a phenomenon which could ostensibly be described from an external frame of reference, but not accurately understood. Heuristic inquiry into this phenomenon requires an internal frame of reference.

If one is to know and understand another's experience, one must converse directly with the person...in an atmosphere of openness and trust...and seek to understand [them] through their perceptions and feelings and the meanings that they attach to their activities. (Moustakas, 1990, p. 26)

As the primary researcher, I engaged my own internal frame of reference as I entered as a guest into the physical space of the coresearchers, their home office, and asked them to express themselves intimately. It is through respecting the meaning home office practitioners attach to their work, and being open to how they perceive and express the realities of their work, that true inquiry in the heuristic spirit is pursued.

Research Procedures: The Six Phases of the Heuristic Inquiry Process

The heuristic method of research is organized by Moustakas into six phases, with each phase employing the concepts and processes mentioned above at varying degrees. They do not occur exclusively in sequential fashion, but are engaged with at different stages of the research, at different levels of intensity, and sometimes repeatedly.

Initial engagement.

Heuristic inquiry requires a thorough investigation into the origin of the inquiry and the context in which the question came to demand answering. As described in the Introduction, this research topic chose me, after a great period of struggle. Professor

Elizabeth Nelson had suggested student researchers “look right in our own backyard” for our dissertation topic (class lecture February 25, 2011). When I had looked into my backyard during that period of searching, my nascent plans for a home office were staring back at me, but I did not yet see a suitable topic for inquiry. After months of reaching in different directions for research ideas, I came across the 2007 articles in *Psychoanalytic Psychology* regarding the home office practice (Maroda, 2007). I remembered then what was forming in my backyard, and the germ for a topic emerged. I found myself propelled forward on a journey of curiosity, self-doubt and ultimately total commitment to doctoral research.

In “Ethical Considerations of the Home Office,” I hoped to hear from Karen Maroda (2007) an encouraging message of kinship, such as, “Welcome home, valiant home practitioner! I got you in my arms here!” Instead, I heard, “Gotcha’, you unethical, unconscious fool!” As explained in the literature review, the four other articles accompanying Maroda’s basically accused home office practitioners of entering into the practice with unexamined intentions and unconscious motivations, and disregarding the harmful implications for their patients.

My initial engagement with the topic was in the spirit of war. Ignorant of Hestia, but emboldened by fiery Mars, I envisioned myself a scrappy David rising to battle and bring down Goliath. For many months, I proceeded with a grounded theory research approach which ultimately went nowhere. I sought to objectively describe the transcendent possibilities of the righteous home office practice, disprove the haters and naysayers with lofty universal truths, and share with the world the virtues and fool-proof steps of how to establish a home office. This approach required me to be scientific,

impersonal, emotionally detached, and objective, which I eventually realized was not in my nature, nor conducive to authentic engagement with this topic.

Progressing towards a phenomenological approach was a step in the right direction, but I still found difficulty bracketing out my experience from the research into a phenomenon that was so familiar. Encountering the heuristic method brought an initial rush—Eureka! —and with it came an ersatz illusion of ease.

As the inquiry process continued to gain momentum, I engaged more intimately with the home office phenomenon. Being challenged on a scholarly level heightened my sensitivity and energy to embark on this journey of inquiry. I am far from ignorant of the experience of my patients and my family. With every session, every new patient, every time I hear my family come home noisily while I am mid-session with a patient, I am hyper-aware, attentive and eager to incorporate my experiences into research. I continually use self-dialogue and frequently enter what I call “home office moments” into a journal.

Initial engagement occurred every time I engaged with a new coresearcher, and the material they shared with me. As Moustakas advises, upon engaging initially with a coresearcher in dialogue, I would approach with my questions, “Reach inward for tacit awareness and knowledge, permit intuition to run freely and elucidate the context from which the question takes form and significance” (Moustakas, 1990, p.27). By keeping fresh the relevant autobiographical context of the inquiry’s origins, I have maintained the fresh and open energy of curiosity required by the heuristic process. With this spirit of curiosity, I have engendered a similar freedom for the coresearcher to elucidate significant responses.

Immersion.

Since committing to this research project, everything in my life has indeed “crystallized” around the research question and the process of inquiry (Moustakas, 1990, p. 28). I have found that everywhere I turn, there is a song about home on the radio, or another person emerges who knows someone who practices in a home office, or I am hyperaware of concepts related to home offices, such as boundaries, for example. I have passed through periods of intense work when I am unavailable to family and friends, and I am sure to continue this way periodically. I feel grateful I have my home office, a place where I can hide out and and fully absorb myself in my work, undistracted, and focused.

Immersion is necessary throughout the inquiry process, and requires sustained energy for the topic at every juncture; one cannot tire, nor can one integrate every synchronistic correlation that emerges from one’s research. I have talked informally with all manner of home office workers – accountants, body workers, writers, landscapers, and visual artists—and each has taught me something which has increased my curiosity and respect for the experience. Being immersed in the topic has invited all the heuristic concepts and processes and manifested dynamically in the data collection and data analysis phases of the research process.

Research Procedures—Data Collection, Interviews

The heart of the data collection process are seven interviews with pre-selected coresearchers. All aspects of the interview process were as transparent as possible and offered each coresearcher a chance to participate as deeply as they felt comfortable in the research process.

After they provided consent to participate in the research, and before the interview, coresearchers were provided an interview guide, the Example of General Interview Guiding Questions (Appendix D) that includes a list of questions meant to inspire a possible course of the conversation. Coresearchers were given the opportunity to contact the researcher via email or telephone if they need clarification on the questions, and were encouraged to share suggestions for other questions or themes they believe could be helpful for the study.

The goal of providing an interview guide is to help to prepare participants to be relaxed and spontaneous during the interview, and to enhance the richness of material gathered. Since participants were given the opportunity to consider the questions before the interview, this may have encouraged them to share a deeper, more introspective perspective on their home office experience. Because they were able to pre-contemplate some of the issues I was curious about, several coresearchers were prepared to tell me at least one significant story or anecdote which they felt illustrated their home office experience.

Incubation after the interviews and between steps in data collection.

Providing an interview guide illustrates one manifestation of the phase of heuristic method called incubation, which Moustakas (1990) describes as a phase of consolidating emergent ideas and nurturing an atmosphere where material can be absorbed and ideas can develop. For all researchers, periods of incubation before and after major events in this research—particularly the interview—allow unconscious material to ferment and germinate. Each of the seven tools and concepts of the heuristic method are employed during incubation, in particular tacit knowing, intuition, indwelling,

and focusing. Slowing down and stepping away from data briefly to allow for incubation were very helpful for the primary researcher during the data analysis and final writing stages.

Data collection: The interview.

The interview style for the study was an open-ended, semi-structured interview between the primary researcher and one coresearcher at a time. Following the example of Moustakas (1985, 1990) the interview resembled an open-ended dialogue ranged in time between 50 minutes to 1 hour, leaving room for both researchers to explore the experiences they share with each other (Kvale & Brinkman, 2009).

Because the research topic is so deeply related to the setting of psychotherapy, the interview was conducted in each coresearcher's home office, a space that is comfortable for the coresearcher and allows him or her to welcome the primary researcher, providing what depth psychologists call a *temenos*, "a sheltered, protective place encouraging spontaneity" (Jacoby, 1984, p. 75; Sharp, 1991). The interviews were conducted face to face, with no one else present besides the researcher and the coresearcher. Appropriate setting, atmosphere and mutual understanding is important for the interview with scholarly intent to also be a dialogue between trusting peers, as Moustakas (1990) describes:

The data generated is dependent upon the accurate, empathic listening; being open to oneself and to the coresearcher; being flexible and free to vary procedures to respond to what is required in the flow of dialogue; and being skillful in creating a climate that encourages the coresearcher to respond comfortably, accurately, comprehensively, and honestly in elucidating the phenomenon. (p. 48)

In hosting a conversation that flows comfortably, the heuristic researcher pursues data that accurately captures the essence of the home office practice phenomenon from the perspective of each co-researcher.

Appropriate and carefully calibrated self-disclosure by the primary researcher is fundamental to the heuristic inquiry process, having the potential to add value to the authenticity of the work, as Douglass and Moustakas (1985) state:

At the heart of heuristics lies an emphasis on disclosing the self as a way of facilitating disclosure from others—a response to the tacit dimension within oneself sparks a similar call from others. (p. 50)

Interestingly, my reflections on my own home office practice were minimal during interviews, but not due to my withholding. The coresearchers were so eager to explore the topic and answer questions they had not considered, that I was not called upon to share as much as I had predicted. Though bracketing of my personal biases and material was not a priority in this heuristic process, I found myself listening much more than speaking.

All interviews were recorded with a digital recorder, and though I began each interview asking permission to write notes during the interview, I wrote very few notes. I took special care to maintain a relaxed atmosphere in the room and be a polite guest. It was important for me to remain open to all that could be perceived by the senses – what is seen, heard, odors—in the setting and in conversation, as well leave space for intuitive noticing of hunches, impressions, and feelings (Groenewald, 2004).

After at least one day of rest to allow the interview to incubate, I transcribed each recorded interviews manually into my computer, immersing myself in this mundane task

for hours at a time, in my home office. Transcribed manuscripts were printed and manually double-checked for accuracy.

After the interviews were completed and transcribed, the coresearchers were provided with an electronic copy of the transcript via email. They were provided the opportunity to offer me feedback, including corrections or clarifications to text. Only two coresearchers responded to this, and asked for very minor corrections or omissions to be made. One requested I downplay specific details about one personal story, and the other emphasized obfuscating identities of some of the people mentioned in a story.

Illumination.

After interviewing coresearchers in their home offices, responding to comments about the transcript, immersing myself in the data, and setting aside some time to allow for incubation, I utilized the heuristic tools of focusing, indwelling and internal reference to bring together “a synthesis of fragmented knowledge” (p. 30). This fragmented knowledge is pored over during what Moustakas calls the phase of illumination, in which that which may have been previously overlooked may reveal “a breakthrough into conscious awareness of qualities and a clustering of qualities into themes” (Moustakas, 1990, p. 29).

After periods of incubation, the phase of illumination relies on the emergence of insight, which may offer some hints of the universal significance of the phenomenon realized. Throughout the data collection and analysis processes themes emerge with frequency within one interview which can be grouped together in order to focus on the essence of that coresearcher’s home office experience.

According to Moustakas, the heuristic researcher must always be prepared to find he or she has “misunderstood” or “distorted” the data in some way: “In illumination, it is just such missed, misunderstood, or distorted realities that make their appearance and add something essential to the truth of the experience” (Moustakas, 1990, p. 30). In the heuristic process, the researcher holds open a space for the overlooked or newly discovered aspects of the home office experience that are emerging from the research process.

Explication.

After immersing myself in the lifeworld of every coresearcher, all the time operating with my internal frame of reference, using focusing and indwelling, and creating a space for optimal illumination, the time must inevitably come to focus attention towards preparing the findings for others to comprehend. Explication is the heuristic method’s step in which introspection and insight are used to share the discovery of “a more complete apprehension of the key ingredients” of the essence of the home office practice, “to fully examine what has awakened in consciousness, in order to understand its various layers of meaning” (Moustakas, 1990, p. 31).

Moustakas keeps the inquiry close to the subjectivity of the primary researcher. As I refined the themes that emerge from the interviews, I revisited my notes, previous writing, and self-dialogue process, and integrated them into my analysis of the data gathered as part of the research effort. “The entire process of explication requires that researchers attend to their own awarenesses, feelings, thoughts, beliefs, and judgments as a prelude to the understanding that is derived from conversations and dialogues with others” (Moustakas, 1990, p. 31).

Moustakas recommends, when collecting data from interviews, to explicate the core themes in an “individual depiction” of each of the coresearcher’s experience, in this study, of their home office, and to include a variety of elements in the depiction of this experience (Moustakas, 1990, p. 50). Usually, depictions are written in first person singular, in a perspective which is meant to only represent the coresearcher’s voice.

In this study, modified depictions are used, which emerge as portraits. For each coresearcher, the portrait includes what I, the primary researcher, experience as a guest in the coresearcher’s office. The portrait includes a summary of the evolution and current status of the coresearcher’s home office experience, from their perspective as well as my own. Because each home office is distinctly complex in its own ways, individual portraits will be created for each coresearcher, and will contain verbatim excerpts from interviews. Individual portraits will briefly introduce how each coresearcher contributes to the major themes that emerged in the data.

After individual portraits are completed representing the experience of each home office practitioner, and appropriate incubation periods occur which allow for the material to mature and themes to emerge, Moustakas recommends the value of unifying this material into one single “composite depiction that represents the common qualities and themes that embrace the experience of the coresearchers” (p. 52). The composite depiction of the home office experiences and themes shared by the coresearchers are presented in this study as a portrait, illuminating the complexity of the home office experiences. This composite description is presented in a first person singular point of view, to indicate how all coresearchers are united in this fictionalized personification of a generic home office practitioner.

Creative synthesis.

The final stage of the heuristic research process offers the primary researcher great freedom in expressing a creative synthesis of the entire inquiry process, a review of the findings and an exploration of how the findings address the research question, incorporating the best of all the concepts and tools of the heuristic method.

The researcher as scientist-artist develops an aesthetic rendition of the themes and essential meanings of the phenomenon.... In the creative synthesis, there is a free reign of thought and feeling that supports the researcher's knowledge, passion, and presence; this infuses the work with a personal, professional, and literary value that can be expressed through a narrative, story, poem, work of art, metaphor, analogy, or tale. (Moustakas, 1990, p. 52)

Eight Steps of Heuristic Data Analysis

In describing the seven concepts and processes of a heuristic approach and the six phases of heuristic inquiry, the basic elements of data analysis have been introduced. Moustakas (1990) provides an eight-step guide of procedures for analysis of data, which incorporates the concepts and phases that are described at greater depth earlier in the discussion of research procedures. These eight steps include:

1. Gather all data from one coresearcher via recorded interview.
2. Full immersion of primary researcher into the coresearcher's words until a preliminary level of understanding is achieved.
3. The phases of incubation and explication are alternately utilized while understanding deepens and significant themes are identified. Incubation of the emerging truths in the data collected is achieved by the primary researcher

engaging in intentional intervals of rest away from the data. This rest allows for intuition and tacit knowing to “continue to clarify and extend understanding on levels outside the immediate awareness” (Moustakas, 1990, p. 29). After periods of clarifying incubation, the primary researcher begins to explicate these themes through an individual portrait representing each coresearcher’s expressed experience. It is important that the person of the coresearcher is not lost in the process, and the portraits represent some of the language and specific imagery of the coresearcher’s experience, as well as the primary researcher’s interpretation of the essence of the home office phenomenon.

4. After the individual portraits are formed, Moustakas recommends the primary researcher return to the original data of the individual coresearchers’ interviews to verify each portrait accurately represents each person’s experience and expression (Moustakas, 1990, p.51). This process of comparing the portrait with the original data will be repeated until a fit is evident.
5. The primary researcher repeats the process of step four—incubation, explication, incubation, affirmation – with each coresearcher until all data is collected and there is an individual portrait from seven coresearchers.
6. The primary researcher gathers all individual portraits to prepare for creating a composite portrait. Consciously alternating between periods of immersion and periods of incubation, the data is analyzed to create a composite portrait which incorporates the primary researcher’s experience as a home office practitioner with the essential elements of “narratives, descriptive accounts, conversations, illustrations, and verbatim excerpts that accentuate the flow, spirit, and life

inherent” in the home office experience as expressed by the coresearchers (Moustakas, 1990, p. 52).

7. As in step four, the primary researcher returns to the raw data and the portraits collected thus far. After examining this data anew, the researcher decided to forego the recommended process of selecting two or three participants who clearly exemplify the group as a whole. The seven portraits were adequate in conveying the home office experience “in such a way that both the phenomenon investigated and the individual persons emerge in a vital and unified manner” (p. 52).
8. All of the concepts of the heuristic process blossom in the development and expression of a creative synthesis of the proposed investigation of the home office experience. “Knowledge that has been incubating over months through processes of immersion, illumination and explication of the phenomenon investigated” is given free rein with the creative imagination of the primary researcher (p. 52). Taking advantage of the freedom heuristics grants the primary researcher as a “scientist-artist,” the creative synthesis may take the form of a narrative which weaves together the accumulated stories and reflections of the researchers with imaginal figures of a dream brought to the primary researcher by the same patient who brought the first dream shared in this study’s introduction.

Through the explication of significant themes which emerged in the data, verbatim accounts, and reflections by the primary researcher, the home office experience of seven coresearchers is woven together with the primary researcher’s experiences and reflections.

Chapter 3

Presentation of the Findings

Overview of Themes Which Emerged in the Data

The research question addressed by this study is fundamentally concerned with the lived experience of home office practitioners: How do home office practitioners perceive and describe the experience of working in a home office setting? The literature review and interviews were conducted with a curiosity about insights that can reveal themes uniting the coresearchers' experience of practicing from home. The data gathered through seven interviews are rich in detail, describing seven individuals who are very unique and different from each other. Each is special in their distinct way of approaching their role as therapist, analyst, or healer, and this is evident in the settings they choose to practice and how they manage the complexities of their practice. Though this study cannot properly represent the coresearchers as individuals fully, what they share in the interviews provides valuable expressions and truths, uniting them as home office practitioners and illuminating the phenomenon of the home office practice. Though they perceive and describe their experiences as individuals, an analysis of the data reveals major theme clusters that express essential realities for the home office practitioner of psychotherapy.

To begin, when sharing the origins of their home office practice and the reasons for working in this setting, home office practitioners reveal that they are influenced by their previous experience in other home office practices, as students, trainees, or patients. They bring these experiences into their home office, carrying on traditions, as well as improving on them.

And, when sharing how their home office functions, whether they are describing their ideal situation, or telling stories of obstacles or problems, it is evident that the control over one's space is a source of satisfaction for home office practitioners. Whether or not they are fastidious or laissez-faire, home office practitioners create their own home for their work, with patients and family members in their minds and their hearts.

Choices home office practitioners make in regards to self-disclosure and sharing of personal information are influenced by their personality, their personal development, and their theoretical beliefs about psychotherapy.

Like all practitioners, the home office practitioner integrates their whole self with their identity of a therapist or analyst, and must make clear choices about boundaries, self-disclosure and how to modify the therapeutic frame. Not every one of the seven coresearchers claims to be eclectic in their approach or completely improvisational about boundary management, but all approach the work with a spirit of hospitality towards what the patients invite into the work.

The data collected in interviews generally aligns with themes explored in the literature review conducted before data collection. Where possible, connections have been made between texts, verbatim excerpts from interviews, and synthesis by the primary researcher. The themes come alive most vibrantly when a meaningful narrative can be woven together using the coresearchers' own words in constructed conversation around the common themes.

Before these themes are explicated, each coresearcher is represented via an individual portrait which describes their practice setting, the subjective feelings of the primary researcher in their home office, an overview of what the coresearcher contributes

to the study, and a taste of their unique voice as a home office practitioner. Following the seven individual portraits is a composite portrait of a home office practitioner.

Individual Portraits of Coresearchers

Pauline.

Pauline has practiced since 2011 in a home office in an upper middle class suburb of the San Fernando Valley, a quarter mile removed from a major boulevard. The office and its adjoining bathroom occupy a room which used to be the bedroom of a tiny 600 square foot home, perched on a hillside. In the 1990s, she and her husband completed a home addition, which provided them more living space, and allowed her to begin planning another use for the original bedroom. Clients enter through a wooden gate and can wait in a patio by a small fountain. They enter through the living room of the original home, pass by the small kitchen, and are unable to see past a portable screen that stands in the open doorway to another room.

Pauline chose to work at home after she suffered a personal injury and her practice was interrupted for 2 years. She was forced to rebuild a practice after losing all her clientele. The most cost-efficient option was also the most desirable to her, which was to convert the guest bedroom into an office. She has been enjoying working in the space for the last 3 years.

Pauline has a Master's degree in mythological studies, and relates deeply to the Greek goddess Hestia. She compares herself to Hestia in that she has chosen not to have children, is a homebody, and takes very seriously the maintenance of a sacred space for her work. She is very comfortable sharing her feelings about the significance of being in the home office she created.

There's something important to me about having my space, my energy, and my psyche holding what's going on in the room. I imagine that I could recreate it somewhere else, in some way, but not in the same way as it actually is in this space. It's in the mist. It's here in the dew. This feeling nourishes my home because the psyche is invited in. Holding the space for others in my home feels emblematic of what I stand for, of what's important to me, and it has a profound effect on me. I get to be in the environment that I created. I'm not running around the city getting myself ready to be sitting with clients. I'm near the vessel, all the time and I step in and step out. There's a sense that everything's happening invisibly. I'm someone who believes deeply in hospitality—the way you are with someone, the way you love them, the way their energy affects the home, and the way the home affects them. (Pauline)

Pauline's devotion to creating the right sacred atmosphere for psychotherapy work is aligned with who she knows she is, and helps her be available for the intimate work of clients. She tells me, "You know, Jung said 'You really have to be who you are' and that happens in this environment. I don't have a choice. Not that I would want it otherwise" (Pauline). Pauline shapes her environment and her work so that she can be as true to herself as possible, and be most available to do the work she is called to do. Her interview is valuable for this study of home offices as she shares her process of negotiating self-disclosure and revelations of her personal life with her deep belief in hospitality and her appreciation of feeling at home in her home office.

Will.

Will has been a practitioner of psychoanalysis and home office practitioner for longer than anyone else in this study. He began his clinical training in California 53 years ago and has maintained a busy home office practice in Beverly Hills for about 40 years. An esteemed lecturer and authority in his field, this coresearcher's interview traced his personal history and evolution as an analyst, offering insight about how the intimacy of his home office practice is inextricably woven into his approach to psychoanalysis and how he works with patients, from the heart.

Before he established his home office, Will enjoyed walking to his office, which was very near the home he and his wife (coresearcher Diane) bought as they raised four sons. Will had committed to avoiding an arduous commute to work through busy Los Angeles traffic, so the progression towards a home office practice was convenient to him, and fitting his personality as a homebody. As part of a generation of home office practicing psychoanalysts and therapists, Will has very little doubts about the efficacy or appropriateness of a home office. He does share one regret, in retrospect, in regards to how working at home may have affected his family.

I'd say that one of the main disappointments was that I worked too much. One of the reasons that I also moved my office home was to have more time with the kids, if I had an open hour or something. The fact is—I'm a workaholic. I would start to work at 7:15 in the morning; I would stop at 7:00 at night, Monday through Friday. Usually, since I founded [an institute], taught, [and held] many committee meetings at least four nights out of the week—after I'd finished supper at 8:00—I was in there doing administrative or teaching [work]. And...my time

with my kids on weekends was intense and good, but my wife was carrying the full responsibility of the kids Monday through Friday, and I couldn't do that.

(Will)

Will's home office is, in most ways, the prototype of a home office. He employs a psychological assistant who helps with billing, bookkeeping, and other clerical work. There are two reserved off-street parking spots he shares with his wife's practice. Patients pass through a gate on the side of the house, walk down a narrow walkway, and once buzzed in or let in by Will or the assistant, enter a formal dining room that is used as a waiting area, for meetings and as a group supervision space for his institute work. One steps down a single step into the carpeted consulting room furnished with classic furniture and painted in warm tones of beige and brown. A few tasteful pieces of modern art on the wall above a (non-working) fireplace, and a framed photo of Wilfred Bion adorn the walls. The books and notebooks of a busy professor gather on one side of the room, where a child-sized table and chair are piled with active clutter. Two soft high-backed arm chairs face the center of the room, at angles, where a classic psychoanalytic couch commands attention.

Will is glad to trace the history of the building of the home office, celebrating the features he appreciates, and which foster the work of his busy practice. Will enjoys how the architect created a very secure office which was both easy to close off from the rest of the house, creating a cozy and warm atmosphere for analysis, but still able to be opened up when he and his wife are entertaining friends or hosting an event.

Diane.

Diane has practiced since the mid-1980s in a home office in Beverly Hills, California, where her husband also practices from a home office. Her office is in the rear of their property, above the garage, in rooms that were originally constructed as a recreation room for her four sons, to draw their boisterous play away from the area where her husband works. She takes great pride in her training and the rigor of her work, and is particularly proud of having worked with many seriously disturbed children. She maintains great enthusiasm about her work and states, “I believe psychoanalysis is most fascinating—if you don’t just think of it only as a therapy, but as research into the human mind—there’s nothing like it!” (Diane).

Because she works with children who are naturally curious and some of who are psychotic, maintaining a simple, yet safe setting for clients and herself is very important. She has gone to great lengths to create an office which allows her to control the closing and locking of all doorways in between her home, her consulting room, the playroom, a bathroom and some storage areas.

She decided to train as a psychoanalyst during a period in her life when she and her husband were deeply involved in the formation and running of a premier psychoanalytic training institute in Los Angeles. She underwent a second analysis with Wilfred Bion, who also analyzed her husband prior to her analysis with Bion. She says, “Our analyses overlapped for 4 to 6 weeks as Will was finishing his 5-year analysis and I was beginning mine. This was upsetting to a few, but Bion had the discipline for this job. “Maybe most analysts couldn’t, but Bion could!” (Diane) She is very grateful for what she drew from her analysis and an extended analysis, after Bion had left Los

Angeles. Occasionally she seeks consultation, supervision, and study group activity with colleagues and peers. Interestingly, she says the best supervision she receives is from her husband, Will. They consult with one another, often weekly, when necessary.

Trained as a nurse, and later as a psychologist, her interest in psychoanalysis began slowly. She compares her development as an analyst to a camel in a myth, which pushes its nose into a tent and, after the camel's nose is permitted to enter the tent, the body follows soon after. She started by going to psychoanalytic institute meetings with her husband, immersing herself in her own analysis, and making connections between her nursing training and a curiosity about the development of the mind in infancy and what she has learned from psychoanalytic treatment of children of all ages. Besides some training years at the institute and several years as an outside supervisor for other local training programs, most of her clinical work has been at her home office.

When interviewing Diane about her home office, she is eager to share what she feels is central to what has made it successful and rewarding.

It's keeping boundaries, it's assessing the patients as appropriate, it's keeping things safe, and it's analytic discipline. It's getting the consultation when you need it.... Even if they [patients] know about my family—I just stay disciplined and analytic. (Diane)

Diane offers diversity to this study in the way she stays loyal to her theoretical training and does not stray from what her training has taught her. Whereas other coresearchers practice with an eclectic mix of theoretical influences, improvising and adapting their approaches, Diane fervently maintains a strict analytic state of mind and a

focus on a consistent, simple setting in her home office to allow a psychoanalytic process to develop in her patients, whether they be adults, children or couples.

Bonn.

Bonn welcomes me into his home office in an affluent hillside suburb near Santa Barbara, California, where he has lived with his wife and practiced psychoanalysis for the last 15 years. To park my car as patients do, I drive over a curving gravel driveway about 15 yards onto his corner property and park by the rectangular swimming pool. Tall eucalyptus and cypress trees filter the afternoon light. Stepping out briefly, Bonn welcomes me through the French doors of his office, which is on the lower half of a three-bedroom home, built partially into a hill. Before being an office, the room may have been designed as a pool house, or changing room. Against the walls are three dark wood bookcases prominently featuring musical books, images and small statues recognizable as classical music composers Beethoven or Mozart. One closed door leads to a garage and to a stairway going up, for access to a bathroom, which he tells me patients rarely use. The room has an insular underground ambience, which is augmented by a faint aroma of mildew that quickly fades after a few moments. An intentional “womb-y and container-like” (Bonn) atmosphere is created by pink, translucent curtains which cover the glass-paned doors, and bathe the room in a calming, mellow, natural light. The womb-like effect is augmented by a very light shade of pink wall paint and roughly plastered ceilings, which hang slightly lower than customary. We sit in two high-backed easy chairs, at angles, facing the classic psychoanalytic couch in the middle of the room.

Before “coming home,” (Bonn) Bonn had practiced psychoanalysis in offices in Los Angeles and Santa Barbara for about 30 years, since the early 1970s. He expresses great satisfaction with his home office practice; “I have been, on balance, very happy with the office at home...I think it’s lovely, honestly...really positive” (Bonn).

Seventy three years old and not yet ready to retire, Bonn shares with me his plans for the future, which demonstrate much about his character and how integrated his psychoanalytic practice is with his personal life, and how convenient it is to work from home.

I’m never going to go back to an office outside of my home. I’ll probably [teach and administrate at a school] for another 5 years. I’ll probably continue to see patients as long as I have my marbles, but gradually diminish it. I wouldn’t stop seeing patients. It’s just too convenient to do anything but stay here. I’m so wrapped up in my music... I have my piano right above me. I’m one move from my piano. If I have an hour to play, I’ll go and play. Sometimes when I have a big break, musicians will come over and we’ll do chamber music. So that part of my life is right there. It couldn’t be if I was in an office downtown, and say “I’m going to go run home and play music for an hour and come back.” (Bonn)

During our fifty minutes together, Bonn contributes to this study by generously sharing his ideas on topics which are presented in data elsewhere in this study: the importance of convenience in his home office practice; how his training and theoretical background influenced him to practice in a home office; details of how cooperative his wife has been; the boundaries he maintains to keep his own private life separate from intrusions by his patients; how the home office practice involves a necessary stretching of

the analytic frame and increased self-disclosure; a story about how he almost ruined the analysis of a patient when he was temporarily blinded by the self-gratification of his own needs, which will be discussed later.

Jane.

The location of Jane's home office practice is in a rural area, near the Los Angeles coast. It is very far removed from the city, or areas where many people live. It takes about 25 minutes up a winding road from the main highway. This location and distance from the city is important to the unique character of her home office. Jane has learned that this adds a quality to her work that is unique from her previous offices in the city. She works with patients in a yurt on her large property which she shares with her husband, their two horses, two dogs, 10 chickens, a pond full of fish, in addition to the wild animals – rattlesnakes, coyotes, birds, and mountain lions.

Fourteen feet in diameter, and providing a 155 square foot area of space, the yurt is technically a portable structure which can be folded up and moved at any time, being a temporary shelter modeled after traditional dwellings used by nomadic peoples of Central Asia. The yurt required no permits to set up, and she could be creative about the wood porch she had constructed around it, next to a live oak tree, which provides shade and great character. Inside, there is ample space for a typical therapy furniture arrangement of a high-backed chair and plush cloth-upholstered couch and pillows, a writing desk and many images of animals, and totemistic natural objects. Natural light enters from two windows, a screen door, and a small skylight at the peak of the yurt. I felt very comfortable and protected inside this yurt office. The drawbacks of the yurt were felt several times when an airplane or helicopter flew low over the mountains toward the

coastline, and the noise would drown out our conversation. Any other noises that would enter were natural, such as dogs, roosters, horses, or the occasional slow-moving car on a gravel road, and these were not distracting.

Jane has observed much about clients' experiences of coming to the yurt for psychotherapy. "The session starts long before they ever get here." (Jane) Some patients use the travel time to be with themselves and their thoughts, and prepare for the work. Jane echoes the reflections of Sonia Marjasch, who practiced on a farm where time took a different quality, which she and patients had to adjust to. Marjasch's citing of Winnicott's concept of poetic time is similar to how Jane describes a distinct "rhythm and intimacy" she and her patients experience working in her yurt on the sagebrush hill above the ocean.

The very first thing she wants me to know about her home office experience is that she practices in a yurt because of her experience with a wolf in Beverly Hills.

I had an office in Beverly Hills, which was a straight-up office with a waiting room, with all the magazines, and the key to the bathroom, and the light switch that lets you know they're there. And one of my clients had a wolf. And the wolf meant a lot to her; he represented a lot for her. And years into our work, she wanted to bring him in. I'm thinking, "How am I going to get a wolf into an office in Beverly Hills?" And we snuck him in. And when he got there, he paced and paced and howled and was so agitated with that sort of "get me out of here energy." We did her work, she did her work, but it made me realize that I actually want to be in a place where I can better host that kind of energy. And it really made me realize that something in that wolf matched something in me that wasn't really at home in that kind of environment. So [my husband and I] started looking

for a place to live, and we ended up here, and the first thing we did was put up the yurt.

Because the wolf felt “at home” in the yurt, Jane felt she had finally arrived in a situation where she could work with patients according the nature’s rhythms. Jane feels passionately that she wishes her work to mirror “nature on nature’s terms.” After ten years practicing in a yurt, she can attest to how the setting provides a space that carries a special rhythm that she has not experienced in the city, and is best for the clients who come to her for psychotherapy. Though her home office practice is distinct from the other coresearchers’, Jane’s experience of the relationship between setting and intimacy share much in common with the experiences of others.

Doug.

Doug has been developing a psychotherapy practice that now focuses mostly on couples for 4 years, since 2009. After practicing in offices he sublet from colleagues and therapist friends, in 2011 he began to welcome patients into a home office in a middle class hillside suburb of Los Angeles, in the spacious living room of the home his mother owns. One enters from the street directly into the consultation living room, and is greeted by warm furniture, colored shadows from stained glass windows, and a sofa and a chair facing each other. The presence of a fireplace in the room, Danish modern furniture, and tasteful paintings decorating the carpeted room give a sense of a well established home. Doug’s home office is distinct from the others in this study in that he no longer lives at the home office, but moved to an apartment after he had established the home office practice. Having spent his formative pre-college childhood years in the home, though, his definitely qualifies as a home office.

Doug contributes a diverse voice to this study in that he is neither a Jungian nor trained as a psychoanalyst, as are the other coresearchers. Trained as an MFT, he practices with an eclectic humanistic, solution-focused approach, and utilizes cognitive behavioral and narrative psychotherapy techniques. As he candidly shares on his website, he came to practicing psychotherapy through the healing process and life lessons he learned while adjusting to life as a divorced father of three children. Still developing his approach and self-confidence as a therapist, Doug energetically pursues self-improvement through consultation and continuing education. Doug continues to run a non-therapy business that had been very successful and allowed him to start a second career as a therapist, which is more fulfilling for him and attuned to his natural gifts as a healer.

I feel an affinity for Doug, as we both operate as therapists and businessmen with close attention to the concrete matters of building a practice, earning a living, and providing for our children and our own future security. The six other coresearchers do not lack these concerns, but if their practices were to diminish or fluctuate towards part-time status, their livelihoods would not be threatened, because they are either well-established in their reputations or they have a spouse who is successful in their field, or wealthy. Like all psychotherapists who enter the work as a wounded-healer, Doug's practice is shaped by the vicissitudes of his life, and mirrors his own continuing development. Doug has had to make a difficult decision to temporarily move to his mother's home because his practice was not at the level he needed to earn a living, and his attitude has been admirable. He feels very fortunate to have been able to change his career to support himself and his children, and to also have the support of his parents, who have always

provided him with a home where he has always felt welcome and “has always been a place of convenience” (Doug).

Doug enjoys his home office practice, as he states, “I feel like I made the right decision. There’s not much more to it. It’s not overly complicated for me” (Doug). This pragmatism and confidence of a home office practitioner in the early years of working from home can be encouraging to other practitioners who consider a home office practice.

Jack.

Jack has been practicing in a home office for 3 years, in a semi-rural valley outside Santa Barbara, California, where he has lived for many years. Located at a crossroads, between the wide-open country and the nearby sleepy town, the ranch house he shares with his wife and their dog is airy and bright.

We enter through a new door into a waiting room with a low bookshelf along one wall. Jack and his dog lead me through a short hallway past an office with a computer monitor and the busy desk of a professor. I get a glimpse into the living room and kitchen, which he shares with his wife, an artist who also works from home. His consultation room has a large window across one wall that looks out onto a well cared for garden of native plants. A gravel path among the native plants winds towards a horse paddock at the rear of the property. I sit on a sofa, and after removing the morning’s newspapers, he sits in a low, leather, high-backed chair that is equipped with a hinged desk top for note-writing.

Jack is 74 years old, has been a psychotherapist for 40 years, and a Jungian analyst almost 30 years. Besides seeing clients referred to him by word of mouth, he

lectures at graduate schools and Jungian institutions. An important element of his story is his work as a Presbyterian minister, which preceded his analytic training and continues to influence his work. Thinking quickly and speaking rapidly, Jack easily makes jokes and shares deep reflections. At times he plays the role of an irreverent trickster, but because his energy is infectious and engaging, he helps me feel at home with him, as a guest in his home office.

During our interview, Jack is very frank about the home office practice being a convenient and economical choice for him at this point in his life. He appreciates the community where he lives and is very comfortable that people know him as an analyst who works from his home. He is proud that he has treated various members of extended families. His attitude towards boundaries and self-disclosure is both playful and confident, and he is eager to share an anecdote that illustrates what life is like for him in his small valley town.

Part of what's interesting about being up here is—it really is a small town so I meet people all the time, in the markets and in the restaurants. It's never been an issue for me, because you see my background was originally as a Presbyterian minister. And in those days, I was in everybody's life. I was in their homes, and I would then see them for counseling, so the whole boundary thing was very, sort of, nonexistent. As long as I didn't borrow money or sleep with them, I was OK. So that carried over to life up here. And in the same way that I learned to keep things compartmentalized, in the early days, as a minister, I just do the same thing here. I mean—literally—I was in town yesterday, I went to the post office, cause we don't get home delivery. Small area, we go into town to get our mail. So I'm

in the parking lot, I had just picked up my mail. In comes a car, and it's a former client. So he comes over, starts chatting with me, tells me how things are going and for a few minutes we have a nice chat. So I get in my car, and he goes in to get his mail. I'm driving around the corner, I turn out onto the street and here is *another* client, walking down the street, who sees me and waves, "Hey we're gonna go have therapy down at The Coffee Shop—wanna come with us?" (Jack)

In this story, Jack demonstrates his unique contribution to this study. His trickster qualities combine with his sage confidence to allow him to modify conventional therapist-client boundaries in ways which encourage people to be trusting and spontaneous. After many years of learning how to work with people and gaining their trust, Jack shows that he can practice where he lives, and live where he practices. He is truly at home in his world.

Composite Portrait of a Home Office Practitioner.

Before I began working in a home office, I had been extremely fortunate to be working as a therapist for a number of years in an area of my city that has suited me very well. My career has been full of varying experiences, and I have learned a great deal from my training, being inspired by supervisors and mentors who have encouraged me and referred me clients. I have been lucky to have worked in many different settings, including clinics, and medical office buildings. I have shared offices with colleagues, and at times I have been able to call some offices my own. It has been important to me that the place where I welcome clients is a place where I feel at home, where I feel comfortable with myself, and in a place that I am proud to work. I definitely believe that where one practices matters to the quality of the work and the happiness of my clients.

My clients and patients find me through my trusted network of colleagues, friends, and former clients and sometimes even my own family. Maintaining boundaries between my personal and my professional life is important to me, and I feel confident I have been able to learn how to be mindful of maintaining balance between the various aspects of my life.

At a certain point in my life, I faced some personal challenges that required me to reconsider how and where I wanted to live and work. It was a period of searching and deciding. Sometimes it was exciting, and sometimes it was scary, but as I gathered my options for where I wanted to set up my practice, I knew that I wanted to work in an office that I could call my own, a place I could control, where I could feel at home and offer the best service to the clients I wanted to serve. I also felt comfortable seeking a work situation that would be as convenient as possible for me, which, for me, means being close to my home and my family.

When the opportunity presented itself to work from home, I knew it was right, and things started falling into place to let it happen. My family and I discussed all the great possibilities and inconveniences. I would save money renting a space, save on gas and hassles for commuting through traffic. We had to spend lots of money, and create some safeguards and rules, but eventually, we worked out arrangements so everyone at home could still live their lives normally and the work I would do in my office could follow its course. At times, especially for the first 5 years, it has been a struggle to build a practice that could provide the income I need, but I do not think that this struggle has anything to do with the home office.

Though I may have had to learn from my mistakes, I believe that this work is about real life and real relationships. I welcome people who are willing to do work that may be difficult for them, and I will do my best to honor that intention. Welcoming people into my home office and adapting to each person's work, while still maintaining my own growth is a challenge, but that is what makes this work more of an art form than a science. I am loyal to my training, but the most important rule is to allow psyche to do its work, accept change, and continue growing with my patients.

Though it works for me, I do not believe it is for everyone. If someone is considering it—they will know, instinctually, in their gut, if this is the appropriate setting for them and the clients they want to serve. Like me, they will learn that the home office practice makes sense at a particular time in one's life and will change according to where one is in one's life. I look forward to continuing to work in my home office well into my older years; I may enjoy working at home longer than others would let me work at a conventional office job, and I will probably enjoy myself much more.

Themes

Home office origins and reasons.

This study is concerned with the motivations of practitioners who practice in home offices. Responses to questions revealed complex reasons why coresearchers practice in a home office setting. Each mentioned the benefits of practicing at home—convenience, above all—but exploring the origins of their practice is fundamental to this study. Findings resulted in the following reasons for initiating the home office practice: convenience, economic incentives, opportunity of an ideal space at an opportune time,

and lastly, that their beliefs and personalities were aligned with what a home office promises and provides.

Home office practitioners may decide to work from their homes after exposure to other home offices, as patients in their own therapy or analysis, and in supervision as part of their training to become therapists or analysts. Every coresearcher reported that they had been a patient or analyst in a home office practice, as well as in standard office settings. Significant examples of exposure to home office practices include combinations of experience in therapy and as part of training.

Will.

Will recounts the early 1950s when he was new to Los Angeles, entering the world of psychoanalysis and the culture of private practice, and completing his child psychiatry training at a prominent hospital.

I had no idea that [the hospital] was on the outskirts of Beverly Hills, and much to my astonishment, realized all of my teachers had practices in Beverly Hills. ... I was given very special treatment, and I had a full practice before I'd even completed my residency. And I sublet office spaces up on Couch Canyon, which is [a nickname for Beverly Hills street] Bedford Drive. (Will)

The offices he first sublet during this period were not home offices, but he recounts how some of the psychoanalysts who worked on "Couch Canyon" and in the hospitals were also practicing in their homes, and some exclusively practiced from their homes. The more exposure he had to the culture of Couch Canyon, privileging convenience and proximity to one's home, the more appealing it seemed to him. Having experienced working far from his home, and having to commute long distances by car,

Will had sworn to avoid LA traffic at all costs and established an office close enough to his home that he could walk to work, and home for lunch. When the ideal circumstances converged and the opportunity arose to build onto a home he and his wife had found, Will moved with confidence toward building a home office.

Bonn.

When Bonn shares the reasons why he established a home office in the early 1980s, he refers to his exposure to many home offices during his years at a particular training institute based in Los Angeles, where many people worked in home offices. He clearly alludes to a culture of home offices that was very common at the time (1970s), which included practitioners such as Will and Diane.

But more than anything, I think I moved here because I had all sorts of experiences in analytical training. I did my training analysis in my analyst's home. Many of the supervisions were done in the analyst's home. So the culture in my institute was one in which analysts had moved essentially from their Beverly Hills offices to their homes, and had even built offices in their backyards.

(Bonn)

Pauline.

Pauline, currently a candidate in a Jungian Analyst program, declares that her home office practice is a gratifying culmination of her self-identity as a Jungian, and her focused interest in setting up her own psychotherapy office at her home. Throughout years of being in analysis since her teenage years and during her training programs, she had been treated and trained in many kinds of offices, many of them home offices, and has developed a curiosity in home environments.

I always wanted to work at home, from the beginning; I'm a Jungian. Before I knew I was going to be an analyst, I knew I wanted to work at home. So I always had it in the back of my mind, but I put off the thought of *how* to do it until I *had to* make the decision.... So when I decided to go back to get the counseling masters in 2005, I knew that I would want to be at home. In the back of my mind—it had nothing to do with pursuing the profession—I just knew that Psyche would lead the way... I did my [agency] training [and] a private practice internship, so I was in different environments. I saw what it was like. And every chance I got—which is part of why I resonate with what you're doing—I went to see someone's office. Anyone who I met I asked to go see [their] office. It was fascinating to me, the whole idea of *how* people set up their offices, *where* they chose to work. What neighborhood, what building it was, it all meant something to me, about them. (Pauline)

Pauline expresses a specific attraction to working at home that gels with certain aspects of her personality and her interest in how the setting and space of psychotherapy are important to the work.

Jane.

Jane attributed the establishment of her home office practice to feeling frustrated by limitations of office settings in the city, and wanting to align her working situation with her beliefs. Jane is unique in that her motivation for a home office was not to be located closer to her home, her comforts, and her family, but to practice in concert with the natural world, where she feels most at home. She sought out an area as secluded and wild as possible, eventually establishing a home office in a yurt on her expansive

property in the coastal mountains near Los Angeles. During our interview, she emphasized to me how serious she is about sacrificing what a “straight-up office” in the city provides in order to be prioritize “the importance of nature and the influence of nature here.” (Jane) Jane is humble and deferential in the face of the natural world, trying to down-play her ego in favor of being a student, or at least a part of nature:

That’s sort of what I try to be here, that it’s on [nature’s] terms, not imposed by what I think, or what I’ve been trained is the structure for it. And yet, there *is* a container for it, and this yurt is it. (Jane)

Economic incentives.

Three coresearchers referred to economic factors as important in deciding to move to home office practices: Jack, Pauline, and Doug. Weighing his options as he was looking for a new home with his wife, Jack decided to convert one of the bedrooms in their new house into an office for Jack to welcome patients.

One of the main reasons we did it was just economic. We started thinking about possibilities. I was very happy with the office I had here in town, so it wasn’t about being unhappy from that point of view. We were just playing with options. We just thought, well what about *this*? It just played out so neatly once we realized how we wanted to do it. (Jack)

Comfortable in his practice, and familiar with many other colleagues who also worked from home offices, Jack saw his choice for a home office from a very uncomplicated perspective. He had his wife’s support, some discretionary funds to make minor architectural adjustments, and confidence that his patients could adapt to a new office.

Besides being the fulfillment of a long-held dream, one of the motivating factors for Pauline to start her home office practice was economic. After suffering a personal injury and experiencing a career interruption, Pauline was thrust into a “life-changing time” which forced her to make difficult decisions (Pauline).

I lost my whole practice; I had to start from scratch. I had been outside of the whole networking scene. I had lost all that income, so I couldn't rent an office; I couldn't afford to. And you know that when you start with no one, you can't rent for one day, you don't know if that first person is unable to come, you don't know how to do that and be flexible. (Pauline)

She describes a basic business reality that when one does not have a place to practice, nor an immediate source of referrals, one cannot make a living. Adapting an unused bedroom in her recently expanded home seemed less expensive and appeared more feasible than renting an office. Long having harbored the desire to work from home, Pauline's misfortune was slowly transformed into the working situation most suited to her.

Doug was also motivated by economic reasons and life changes. Before becoming a therapist in 2010, Doug ran a successful business, so he is comfortable describing himself as “very cost-benefit-analysis driven” (Doug). After practicing for some time, his client base was not growing enough to bring him the benefits to cover his costs. Paying office rent became a burden for Doug as he struggled to reach out to new clients with limited access to an office he sublet from a friend. His experience was similar to Pauline's in that he found it hard to plan for more clientele if it meant spending money to

reserve hours in an office that were not easy to fill, an office that was not under his complete control.

I had to reserve a day and a half a week, whether I used it or not. That was a big impetus as well. With a day and a half, I would have to hope that all my clients would be okay with whatever days that it was—I think it was Tuesday and Wednesday—and they would all fit on that day. But coming here I was able to be wide open. (Doug)

Faced with too little income, and too many expenses, he had to make some changes in his life. It dawned on him while talking with his elderly mother who was living in a large home alone, that her living room would make an ideal office for him to see patients, and she readily embraced the idea.

When I ask him about the complexities of practicing in his mother's living room, in his childhood home, and if he has ever had to explain the arrangement to clients, he responds matter-of-factly, "I can say, 'Yeah, this is the family home, but I've been able to transform part of it to a home office, which saves on rent.' That's always my line, 'It saves on rent.' " (Doug). It is clear that he believes the benefits of the home office outweigh the costs, and his confidence in disclosing this with clients is refreshing. During our interview, this frankness about issues of money stood out as unique and in comfortable defiance of a taboo that prevents therapists from directly addressing the concrete realities of fees and money (Kipnis, 2013).

When encouraged to consider more of the possible negative aspects or costs that would outweigh the benefits of the home office, Doug calmly reaffirms, "I feel like I made the right decision. There's not much more to it. It's not overly complicated for me"

(Doug). Though he experiences some subtle anxieties in regards to his mother's presence in the home, which he mitigates as much as he can by being conscious of himself and communicative with his mother, his lack of ambivalence about practicing in a home office is encouraging to home office practitioners and possible future home office practitioners.

Inside home office choices.

After practitioners have decided to work from a home office, their choices on how to set up their office and prepare a welcoming office for their clients can be indicative of their personality, their attitude towards their work, and the complexities of the home office. As Devlin and Nasar (2012) found, "softness/personalization and order" can be two perceivable elements of a practitioner's office that can influence the work and clients' perception of the therapist. Though this current study could neither confirm nor deny these findings, the seven practitioners' choices about what to include or not include in their home office décor cast light on some complexities of the home office phenomenon.

None of the offices are so minimal and innocuous that the setting reveals nothing about the practitioner; each has its particular character. Only a few examples are shared here, indicating intentional or possibly unconscious inclusions or exclusions of objects and décor.

Doug.

When Doug established his home office, it was like coming home to a space where he felt comfortable, and did not make drastic modifications. Moving his practice into his mother's living room, Doug did not feel he had to change very much about the

room. He admits that interior decorating is not his forte and he has always left that to others who have those skills. He brought in an easy chair and some smaller furniture was removed to make it appear less busy. The existing sofa was ideal, and only required shifting to face a different direction. On one side of the room is a Danish Modern desk outlined by a wall of brightly colored stained glass. He installed a sleek white glass white board on a wall, on which he could write notes in dry-erase marker, to help communicate with his clients, as he is a very visual communicator.

Doug decided to leave all the decorative art on the wall, as it was when he began there. His recently deceased father had painted most of the paintings, so there may be sentimental feelings about the work. It is also an indication of the compromise Doug has with his mother, who lives in the home. Though he does not mention whether or not it affects his work, the presence of the deceased father's art imbues the home with the creative spirit of its owner, and presumably offers some comfort to Doug and his mother. Because I did not pursue any deeper significance of the presence of these paintings with Doug, it is difficult to know how conscious Doug is of their presence, or if there is significant unconscious material being generated via the décor.

One of the more significant adaptations Doug had to make to the room was to remove many tchotchkes from the mantle place above the fireplace, and the flat surfaces. He explained, "It looked too much like Grandma's house, which is what it is" and these items were moved to an enclosed glass case in the room (Doug). It was not difficult to negotiate this décor change, as his mother is very supportive and cooperative with the arrangement.

Bonn.

Having practiced for almost 30 years when he moved into his home office and having lived in his home for 15 years already, he was quite comfortable in his home office. This comfort and ease shows in Bonn's office.

Bonn intentionally creates an atmosphere in his home office that is conducive to the patient and he entering the internal world of the patient. He directs my attention to the ceiling, which is plastered roughly, with bumps and subtle shapes.

People make all sorts of images out of it and that acts as their internal world. The colors are particularly selected to give the sense of a womb, too. The curtains cut completely across [the French doors], and give a sort of pink cast. It's very kind of womb-y and container like. (Bonn)

This manipulation of the ambience in the room is meant to create an optimal environment for Bonn to work with his patients, as they lay on their backs on the psychoanalytic couch.

Though it is not fussy or flashy, there is a strong sense of the man who lives and works in this place.

A person comes in here and can't help but realize my life is heavily devoted to Beethoven and Schubert. There is an entire bookshelf filled with Beethoven, and pictures of Beethoven and Schubert and Mozart all around. So everybody has a nicer sense of me. (Bonn)

These images and objects express his willingness to share with patients the information of his passion for music. Patients are not expected to share his interests, and he does not

introduce classical music into the work unless the patient brings it in, but by feeling comfortable being at home with his music, he is hoping to put his visitors at ease. Though it is his hope that patients interpret the presence of classical music positively, I have to ask of the possibility of a client reacting negatively to the room or the décor, or if there could be anything being communicated unconsciously which is not positive.

Grist for the mill, Mario. It's stimulation. We're nothing but Rorschach cards, whether we're in a medical office or we're in a home. You know, everything we are and are around us, the clients going to project into, so we just go with that. So if they identify with music, I follow that material. (Bonn)

If the patients do not identify with the music, Bonn is comfortable with himself and skilled enough in his craft to consciously and tenderly work with anything that emerges.

Jack.

Jack includes art on his walls typical to many therapists and the other coresearchers. There are photographs and paintings of abstract images, as well as photographs of scenes from the natural world. As I leave, he makes a point of asking me what I think a certain image is, starting an impromptu Rorschach test. After we enjoy my ornate and overly descriptive impression, he tells me it is a photograph of the burnt bottom of a frying pan, which he took in the kitchen, which I can see directly across the living room. He delights in surprising me a bit, and tells me he often shares similar moments with his clients. I wonder if they also wonder about his kitchen, and if they take the opportunity to ask him more about his kitchen, his art, and what goes on in the other side of his home. I wonder this, as I exit through the waiting area and the door he had installed so that clients would not need to walk the personal side of his home.

Jane.

Jane's cozy yurt has the feeling of being contained, protected from the elements of wind, sun and light. The walls feel thin, though, when an airplane or helicopter buzzes above, so I feel like we are camping outside, which is a feeling Jane would welcome. Clients are not deprived of all comfort, though. For more extreme weather, there is a swamp-cooler air conditioning unit and a portable heater.

In line with her adherence to doing her work according to nature's rhythm, Jane has mindfully placed about the room small objects from the outside -- rocks, crystals, pieces of wood, dried plants, and flowers. On the walls next to a photograph of C.G. Jung are images of hawks, wolves, and other wild animals, which carry significance for Jane. In the yurt, it is clear that one is in Jane's world, which is a natural world, which she welcomes her guests to be a part of.

Pauline .

Pauline very carefully set up her office so that the client's experience is simple and soothing without any of indications of her personal life. Her books and a few tasteful photographs of natural landscapes adorn the unpretentious office, giving me the impression that I could be in a therapist's office in any office building in the San Fernando Valley. Pauline's intentionality of providing a generic atmosphere and withholding indicators of her personal life merits a broader discussion of self-disclosure in the home office practice.

Self-disclosure and revealing.

Like all practitioners, home office practitioners reckon with issues of self disclosure, and this study confirms that the risks for home office practitioners are indeed

“elevated” due to the physical proximity of signifiers of their private life (Nordmarken & Zur, 2010, p. 2). Several of the seven coresearchers included in this study share creative and inspiring ways of integrating this elevation of risk into their work.

Feeling at home at work: Pauline.

Pauline’s home office practice is the newest of the seven coresearchers, having started seeing clients in January 2012. Very comfortable in her vocation as a therapist, and progressing in her Jungian analyst training, she has strong beliefs about providing “a neutral environment” for her home office patients and maintaining strong boundaries which do not reveal too much of her personal life (Pauline). While exploring these themes in our interview, she reveals a depth of caring for her work with patients, a yearning to practice according to the teachings of Jung, from whom she learned, “you really have to be who you are” (Pauline). For Pauline, really being who she is involves maintaining her privacy and withholding any revelations of her personal life so that she may offer what she believes is the optimal experience for her clients to do their work, without interference or distraction. She seeks the right balance between working at home and feeling at home in her work, “I’d considered building something on the property, a separate entity, but I didn’t want to put it *in* my house, because of confidentiality, but also I didn’t want to reveal too much about myself” (Pauline). She wanted to work from home, but avoid bringing her work too close to her personal life. Building an office separate from her home was cost prohibitive, and adapting the original master bedroom to an office was the most feasible option.

She professes to enjoy working from home, but the close proximity creates a compromised situation for her, as it causes her to limit her ability to enjoy some things

that are important to her. She works very hard at remaining conscious of the friction between maintaining a neutral environment and feeling at home. In the future, she hopes to complete her office with a new door and an exterior stairway through which patients can enter and exit without passing through the living room, but at this time it is only a wish. Her home office will develop in concert with her own personal development, and these material changes may depend on the maturation of her practice.

While planning her home office practice over several years, Pauline sought counsel from other therapists she trusted. She received only positive encouragement, and gathered much information from her visits to others' offices. Her most reliable guidance came from within herself, though.

I watch. I look at my supervisors' homes, my analyst's office, my analysts' home offices, I looked around, to see *how* other people—great people, people of great wisdom—handled themselves, and *where* I felt comfortable. And I noticed for myself that if there was ever a picture of someone, I felt uncomfortable. So I knew that that was not okay. (Pauline)

Operating from her experience with her feelings in others' offices, and considering possible similar experiences of her clients, Pauline keeps her office, living room, and kitchen devoid of signs of her personal life.

It's fine that people walk through this [living room and kitchen] space, but the way I handle it is I have nothing personal out... I have my husband move his shoes. I don't leave my purse out... No pictures... If you're distracted by the photograph of our summer vacation, or the smell of onions from scrambled eggs in the morning, your mind [is distracted]; the imaginal is going to come in. And

maybe it's fine, but you don't know that. And it informs a session if it's distracting. (Pauline)

Pauline expresses openness to welcoming outside stimuli to enter into the work, but she admits to being slightly anxious of the uncertainty, and protects both herself and her clients from possible discomfort by minimizing stimuli. She cannot be sure if revelations of her personal life would disturb or upset her clients, but she believes it would at least be distracting, and this is a risk she tries to avoid. She recounts how she no longer decorates the mantle above the fireplace in her living room during Christmas season, deciding, "It wasn't good for people to see too much." (Pauline)

Jack draws a similar line between his living room and his work area. While deciding how to adapt his home to a home office, he and his wife had to solve a problem about patients entering and exiting the house.

One of the big issues was: How do we get people into the building? I didn't want people to come in through the front door. I just think that's *too* much exposure to your life and that means you got to kind of *freeze* a big area of your house while you're seeing clients. It's got to be clean and it's got to be no people in there.

(Jack)

Jack's personality accommodates more revelations of his personal life in his work with clients than Pauline's does, but he clearly shows he has limits to how much he wants to expose to clients on a constant basis. He also has limits to how much he wants to inconvenience his wife. His statement, "You got to kind of freeze a big area of your house" refers to a potential disruption of his wife's freedom to move about the house

while he is working with clients. Concerned with the possible distracting experience of his clients seeing too much of his life, Jack also wants to preserve his and his wife's privacy and comfort.

Similar to Pauline, the coresearcher Jane makes comments in relation to her internal process when a distraction breaks into the work from outside. Jane shares how she felt when she saw her neighbor talking loudly on his phone as I walked towards her home for our interview.

That kind of stuff gives me a flinch, because I don't know where that's landing, or what it's doing. [I flinch at] any personal intrusion—my dogs bark, you hear chickens, or sometimes there is deer out here, or the horses run down. (Jane)

Though the stimuli may be different, Jane's "flinch" is very similar to Pauline's feeling of being "uncomfortable." Both cannot be sure of how the intrusion from their personal life will "land" on their clients or be distracting, so they do their best to control the situation to avoid discomfort for the client and themselves.

Home-cooked meals and animal companions: Pauline.

Pauline does not lament having to abstain from displaying photographs of her vacation in the living room; she and her husband have adapted to this concession. Pauline's minimization of personal information in her living area has caused her to sacrifice two important things that she misses: cooking and having an animal companion.

Pauline resists cooking in her kitchen, which her clients need to pass through on their way to the office. She changed her cooking schedule and habits early in her home office experience

The smell. I learned that really quickly. People would come in and say “Oh it smells like you’re getting ready for dinner.” Oh Man! I’m a very sensitive, sensorial person, and I know *I* don’t want to walk into a place where I smell somebody’s meatloaf from the night before. (Pauline)

She errs on the side of caution by assuming that her home-visiting patients would respond similarly to how she would to the aroma of a home-cooked meal, and mourns this as a loss and a possible reason to discontinue her home office.

The hardest part for me, honestly, is that I can’t cook anything...you know we eat dinner here. That part is hard. That’s the part that I would change for, alone.
(Pauline)

When she moved in to her home, before being married, Pauline used to have a dog, with which she was very close. The dog passed away before she started her home office practice; it is an emotional loss she still feels deeply. She feels sad that practicing at home is an obstacle to welcoming another dog into her life. She worries about how clients would react to a dog, that they would not like the dog, and that the dog would be a distraction from the work. As she envisions how she could welcome a new dog into her home in the future, the solution involves keeping the dog out of sight, downstairs, while she works. This solution would continue her policy of minimizing stimuli, and relegates her dog to being a member of her home, but not her home office.

Pauline’s idea of having a dog as a companion may be in opposition to the kind of neutral environment she desires for her home office practice, but I wonder what could happen. I imagine that fulfilling her personal wish for having a dog could affect Pauline’s

experience of feeling at home in her work, both negatively and positively. The effort to keep the dog out of the work by hiding it could create anxiety for Pauline, the dog and the work. Whether or not this anxiety is productive or destructive depends on many factors, but ultimately relies on Pauline's attitude and approach. If she were to take the risk to consider the presence of a dog, Pauline would be challenged to consciously reconsider the boundaries as she has set them, and this could possibly result in refreshing surprises and growth for herself personally, and as a developing Jungian analyst. Considering this, I am grateful that Pauline was so honest with me about her intentions to create a neutral environment, and sharing some hopes she has for accommodating more of her personal life into her home office in the future.

Tell your son I said hello: Diane.

Practitioners, regardless of setting, are occasionally confronted with a patient who may know the practitioner in a personal way, unbeknownst to the practitioner. This can be a result of maturing in one's practice for many years, having success and gaining recognition for one's work, or a byproduct of raising children and being involved in one's community. These boundary crossings can be awkward and unbalancing, forcing the practitioner to negotiate his or her own capacity for complexity, possibly threatening the work. Diane is challenged with this situation at the closing of a first session with a marital couple, and recounts: "As they're leaving, going out the door, he reaches to shake hands with me, 'Very nice to meet you, and say Hi to Andy.' And I was stunned. Andy's my third son" (Diane). As she asked him how he knows Andy, the son who lives with her and his wife and children, she instantly made a connection to his name as a childhood friend of Andy's, and that they had skied together years ago.

Though she was temporarily imbalanced by the boundary crossing, Diane tells me she did not feel a boundary had been violated. This did not threaten the work, which had barely begun, but instead excited Diane, who is by nature quick-witted and curious. She tells me enthusiastically, “What I felt was great appreciation for the discipline with which I saw them ‘with no memory and desire’ ” referring to a core teaching of her analyst and teacher, the British object-relations analyst, Wilfred Bion (Diane).

Diane acknowledges that this patient had a different awareness than she throughout the session and perhaps he had used this to gain leverage, “to intrude a bit” on her private life (Diane). Diane, in all her professionalism and self-confidence did not conceive of this minor intrusion as destructive to the work. She chose to appreciate how her analytic training and expertise held her focused to the task at hand with this couple. He had come to her home office for therapy and entrusted his mind and his wife’s with her, an expert whom he also respected as a parent of an old skiing buddy. The couple did not leave as old friends, though, but as a couple in treatment, because Diane had stayed loyal to her training with Bion, and “what came through was that [Diane] was doing [her] professional work, as [she] would work with any other marital couple.” (Diane)

This appreciation of her ability to do her work with “no memory and desire” and analytic discipline mirrors her admiration for Bion who was able to treat both her and her husband in simultaneous separate analyses. This story of how she was able to withstand the crossing of boundaries with a potentially manipulative patient in a possible dual relationship is significant for a study of home office practices. By no means eclectic or New-Age in her methods or boundaries, Diane displays how by staying as loyal as she

can to keeping her analytic boundaries intact, she can treat the friends of her son who happens to live with her.

Home office boundary realities and settings.

Each coresearcher has accepted the heightened possibility of self-disclosure and makes preparations according to their own predilections, situation and approach. Jane does not represent her beliefs about self-disclosure and boundaries as Diane or Pauline do, but there are commonalities between them. Pauline and she both represent themselves as private people. Because her yurt is separated from her home by considerable distance, Jane's patients are not confronted by the same distractions as Pauline's, so she can afford to be looser about safeguarding her personal life. The exception is when Jane has many family members at her home and she cannot avoid her patients hearing and seeing her family. Expressing a similar openness expressed by psychoanalyst Lewis Aron in his *New York Times* interview, Jane acquiesces to a certain level of revelation of her private life (Green, 2008).

I think there is this whole built up idea that is way too analytical about all of that. I mean, I still am private. I like that privacy, for my sake, and for my clients' sake, but then there's just life and kids and dogs that bark, and "Okay, so you saw my grandkids." (Jane)

In contrast to Diane, who maintains a strict analytic discipline, Jane succumbs to a looser boundary around her clients occasionally seeing into her personal life. Like Pauline, Jane recognizes how she experiences some tension and moments of "flinch" when her work with patients is threatened by moments of self-disclosure when patients see her as a

person, and not just as a therapist. Like Diane, Jane is confident that she can maintain the required focus on working with her patients, though she expresses it differently.

Though the home offices of Jane and Diane are starkly contrasted, both are adaptive with their priorities to do their work according to their teachers' wisdom, their training, and their belief about what matters most in psychotherapy. In Diane's case, she honors analytic discipline as she learned from Wilfred Bion, and clearly articulates it. Besides being educated in Jungian analytic psychology, Jane is most vocal about getting inspiration from nature as her teacher. Her tendency to be more spontaneous and adaptive may reflect what she has learned from the natural world.

Natural curiosity.

In regards to the “unavoidable condition of constant disclosure” constant disclosure of a therapist's personal life, personality, or extra-therapeutic self, Pauline, who strives towards maintaining a firm boundary between her personal and professional life, acknowledges the common curiosity clients may have in regards to their therapist (Livingston, 2000, p. 2; Zur, 2007).

I understand that intrigue, wanting to know more about that person, I get that.

And in a way I think this [the home office] mediates some of that. Alternately I think it does kind of calm that feeling, “Who is this person? Where do they live? What does their house look like?” That feeling you might not verbalize, but [the home office] kind of satisfies it a little bit.” (Pauline)

This indicates that Pauline understands that though she minimizes distracting information of her personal life, she nonetheless is satisfying her clients' curiosity about her as a person, simply by welcoming them into her home office, and providing a modicum of

“actual confirmatory data” which answers questions they may have about her (Nordmarken & Zur, 2010, p. 4).

Expecting theoretical allegiance and discovering rebels.

Before the data was collected for this study, I was curious about how the theoretical background of practitioners would dictate or determine the suitability and efficacy of a home office practice. After the seven interviews, the data suggests that more important than a practitioner’s allegiance to any specific school of thought or theory is a home office practitioner’s relationship to conventional settings and need for institutional or theoretical structure. Home office practicing coresearchers reveal themselves to be unconventional in several ways, as illustrated in the comments of Bonn and Jack.

While discussing the suitability of the home office practice for practitioners, Jack illustrates how the need for home offices is driven by the willingness of patients to be seen either in a conventional office or a home office.

I would say it depends on the person. I just think there are people who are more or less willing to...be seen in an un-[draws a square in the air with his fingers] context—a compartmentalized, more formalized, controlled environment. (Jack)

Jack acknowledges that for a variety of reasons, some people—patients and practitioners, alike—are more comfortable inside of a regulated, “formalized, controlled environment” such as a conventional medical office building, while others are comfortable outside of a regulated environment, perhaps in the constructed and personalized environment of a home office. Jack trusts that patients and practitioners who are more comfortable outside of those more formal environments will find each other.

Bonn more pointedly defines who would most likely not practice in a home office, also alluding to an inability to think and practice with an outside-of-the-box mentality or approach.

If I had to make a statement, I would say that—probably—folks who see clients in their homes are likely to be more psychoanalytically eclectic. One could make a case that somebody who originally feels they have to be in a medical building, in a medical office, with other doctors, may be more constricted in their listening capacities and their focusing capacities. They need that security. ...I would think somebody who needs to hold to a medical model rigidly, more like “I’m going to have my office here, in this medical building, with my name on the door...” and deal with the old classical way of thinking about psychoanalysis probably doesn’t think outside of the box, as could be required. (Bonn)

Bonn makes a strong point that places home office practitioners in a privileged status, as more free and unconstructed in their listening and focusing capacities than their colleagues who cling to a medical model and practice in a medical office building.

Doug’s response to the questions of suitability for a home office for practitioners complements Bonn’s statement about practitioners who need to “hold to a medical model rigidly” (Bonn). Doug approaches the issue as one of “image,” (Doug) referring to the practitioner’s own attitude towards themselves as a competent professional, and what image of themselves they feel they need to project to the world. Acknowledging that a home office practice requires an appropriate space to work and other practical details, Doug believes that a practitioner’s attitude and beliefs about professionalism and image are important hurdles.

If you have that capacity, all things being equal, I think the people are just worried about their image.... [They can balk, and say], “I have to put up a good front of professionalism which includes having an office in a medical office building,” or something like that.... They may be concerned about what their image is.... Once they get over that, then home office is “Game on,” you know?
(Doug)

Faced with challenging circumstances, Doug disregarded any threats to his professional image for leaving the medical office building and decided to start in a home office in his mother’s living room. According to these coresearchers, a practitioner who reckons with his or her own image and gauges how important it is to be loyal to a traditional concept of a doctor or a therapist can be rewarded for taking a risk to work in a home office

Home office realities of boundaries and the therapeutic frame.

Bonn describes how the home office provides opportunities for multiple ways the analytic or therapeutic frame is modified, consciously and unconsciously. He understands that the home office arrangement compels the patient to take a risk, in that it is distinct from the conventional experience of being treated in a conventional medical office building.

The risk, obviously, is you’re expanding the frame. You have to be alert to the fact that when people come to a doctor, they don’t ordinarily come to the doctor’s home. In the unconscious, it has a different quality to it. In some folks—you have to listen into the material—they have some anxieties about that. It’s not like they’re doing the “normal” doctor thing. You can see I made an attempt to do a little bit of it—I have my name above the door. (Bonn)

Bonn directs my attention to a wooden plaque that hangs above his French door frame, with his name neatly carved into it. By featuring his name and the letters that indicate his professional degree and license, he is deliberately bringing into his home office an air of professionalism, for those of his patients who need a concrete reminder that his office is the office of a doctor. He expects patients are prepared to work in this expanded frame, at his home, and considers it his responsibility to contemplate the unconscious effect the home office setting may have on his patients. Bonn is well aware of Bleger's definition of the therapeutic frame as a place of "the constants within whose limits process occurs" and respects his patients' needs for recognizable indicators that their analytic process can be adequately contained.

Bonn has contemplated deeply the experience of the patients who come to him at his home office, and he is aware of how the fact that they are in his home can inform the work they do on an unconscious level. His explanation directly refers to his psychoanalytic approach and includes direct reference to self-disclosure of his personality, his interests, and his family.

Certainly there are elements of the frame that are catapulted to the top, in as much as you're here in your analyst's home. So the kind of parental images are activated, even more than they ordinarily would be in a sterile medical office. This is exacerbated by seeing personal things of mine. A person comes in here and can't help but realize my life is heavily devoted to Beethoven and Schubert. An entire bookshelf filled with Beethoven, and pictures of Beethoven and Schubert and Mozart all around.... Classical analysts don't like that; they like you to be kind of anonymous, based on the old concept of the transference. Being

here, the frame is different. They will drive in and see my wife leaving to work. They'll hear her come in for lunch and hear her in her high heels parade across the ceiling. Some people will make a note of that, and some people won't. The gardeners are here, and they're blowing sometimes; I have to go out sometimes, and let them out. It causes a stretching of the frame. In other words, the isolated, pure, patricentric, early classical frame was: you take everything and make it like a blank screen so that the projections are very clean and clear so you can interpret the projections. Here, they see everything. They see my car; they see my wife; they see my gardener; they see my pool; they see my books; they see the things that I collect. So it's a little different. I have not found it to be a problem, though. And if they do, they bring it up. (Bonn)

In addition to the unconscious stretching of the frame, Bonn shares examples of when the frame is tested by patients, and when he has consciously chosen to manipulate the frame to fit the work. Instead of having a hard and fast rule, he makes individual decisions, dependent on the particular patient and the work they are doing. He is careful about when he decides to extend the frame past his office doors, and has learned by trial and error.

When a patient he had been seeing off and on since he was a boy returned from college, the young man asked to sit by the pool, as they used to when he was a younger boy. In this case, Bonn agreed to extend the frame by working with him outside of the office, which was beneficial for the work with this patient, at that particular time. In another example, a request to extend the frame could not be satisfied for a patient.

I recently sent a woman away who came in and said, "I can't stand the smell of your office." It's old and it has a little kind of musky smell to it. She says, "It

doesn't make me healthy—can we sit outside your door? Can we sit by the pool?"

And I didn't want to do that, because it just didn't feel like the right thing to do.

(Bonn)

The treatment with the woman who commented on the musky odor was discontinued because Bonn refused to accommodate her request to have analysis outside of his office.

I referred her away. She was really upset, too. We had a really good connection.

But it was also, I think, a little bit of acting out. She was somatizing. I didn't want to go ahead and sign on for that, and set up a paradigm—particularly with the winter coming up—where the sessions were outside. (Bonn)

Bonn explains that this decision to stop treatment was informed by an experience he had years before, when he agreed to accommodate a patient's request to avoid his office.

Years ago, I did that once with a woman who had allergies to all sorts of things. I even had her sit in my office upstairs, in my living room upstairs. I really way overdid it in terms of trying to accommodate her and that was another lesson of: This is my office; this is where I'm going to see my patients, and except in *very* extraordinary situations, that's the way it remains. (Bonn)

Bonn's three examples of expanding and limiting the frame for treatment demonstrate how a conscious and disciplined home office practitioner explores the options he has working from home. He is willing to explore individual requests, take risks, and at times frustrate the desires of his patients. By remaining conscious, staying analytic, and keeping his patient's experience high in his list of priorities, Bonn uses his home office in a mindful and well-considered way.

Home office realities of self-gratification.

The same coresearcher who casts the home office in such positive light, Bonn, acknowledges, “Yeah, coming home is a little bit self-centered in a certain kind of way; it’s a little selfish” (Bonn). When discussing the realities of being so close to one’s own home while working with patients, Bonn shares a story how he was blinded to his own self-centered behavior, at the expense of his patient’s treatment experience. His story illustrates how a home office practitioner’s proximity to home could distort his awareness of how slight manipulations of the frame to fit his own convenience or gratification of his needs could have disastrous consequences for the work of his patients.

I had an interesting episode with a patient, a lady who would come here early and sit out in the parking lot and begin her session in her car, thinking and getting into a state of reverie. I got a whopping counter transference over Monday Night Football, so I started bringing her in early, because she arrived early, so I could go up and watch the game. I did that for weeks, and it created havoc. The therapy started to fall apart, and I [eventually] made the connection and the interpretation. . . . I acknowledged to her that I had dropped the ball, by bringing her in early. She had counted on starting on time. She said, in tears, how upset she was that she didn’t have a regular ten or fifteen minutes to sit in her car and get ready for the session. I was thinking I was doing her a favor, when actually, I was doing *myself* a favor. Thank God it was in my younger years, and I haven’t repeated this egregious thing. I almost lost her over it. (Bonn)

A seasoned and sensitive analyst, Bonn acknowledges that the error could have been avoided by trying to work with the patient to change their schedule, even temporarily, so

he could get his weekly dose of football games and she could maintain her customary routine.

[I could have said to her] “I need to change the hour now, something has come up.” I don’t think it’s necessary to say, “I want to watch Monday Night Football,” [but I could have done better to] deal with the implications of changing the frame, rather than doing it *sotto voce* like that.” (Bonn)

His lesson is one that any therapist can learn from, but is especially salient for the home office practitioner.

Home office security and safety.

Safety for the therapist and his or her family has arisen as a topic of concern for home office practitioners (Nordmarken and Zur, 2010). Security and safety are mentioned unevenly in the data of this study. Most do not consciously consider it or offer specific examples of feeling in danger, while some believe it important and take precautions.

Doug and Jack claimed to enact minimal screening of potential clients, via phone or otherwise. Doug has had no uncomfortable situations so far, but imagines that “There’s stuff that could be a little too sideways for this, at the home office, maybe people with violent backgrounds” (Doug). Jack, since he relies on word-of-mouth referrals for his practice, generally trusts the referring party and is open to working with anyone as long as they establish a good “connection, I’ll work with anyone” (Jack). This confident attitude could indicate a lack of previous traumatic experience with danger, or perhaps an unconscious sense of privilege common to men who have not experienced assault or traumatic violations, first-hand.

Diane, Will, and Bonn stress in the interviews how important it is, for the home office practitioner, to be “very careful about the patients you select,” (Bonn) “be very choosy,” (Will) and “be selective about your patients” (Diane).

I don't see it as a danger, particularly if you are very careful about the patients that you select. If you're going to pick someone who's homicidal, [or a] paranoid schizophrenic, then you've got something to think about—but you don't do that!
(Bonn)

During her first years practicing at home, Diane borrowed the office of a colleague to interview potential clients before she welcomed them at the home office, but later she was more selective, and stopped using the other office for screening. “I learned very quickly when I began to take just a preliminary history over the phone, the people I did not want to see; to them, I simply ‘just didn't have the time’ ” (Diane).

The home office provides Pauline a reason “to avoid treating people with certain issues” such as “certain personality disorders...or people who have no containment in their lives—it can leak” (Pauline). She does her best to appropriately screen clients on the telephone. She is conscious that by inviting clients into her home office, she is “letting a certain energy in my house” and avoids avoiding situations that provide too much discomfort or possible danger (Pauline).

Pauline provides one example of feeling she was in danger with a client who she felt threatened by in an email. While was setting up a first appointment with a man on the phone, she felt an uncomfortable feeling about him, so she asked her husband to be at home during the first appointment. Her fears were substantiated when he arrived as a heavily tattooed and pierced man, sharing details of a chaotic childhood stemming from

his parents' drug use. Intrigued by the case, and believing she could work with him, they established a decent connection, and she agreed to schedule other appointments. Before the second session, though, he sent her a rambling email message that upset her. Besides the content of the message, Pauline felt threatened by the fact that he found her email address on the internet, even though she does not have a website, and had not shared her email address with him. Overwhelmed, she replied to him that she was not the right fit for him as a therapist, and offered him an alternate referral, to which he responded angrily and more threateningly. Her fears of his acting out against her were heightened because this man knew where she lived, and it was some time before she felt safe. This experience informed her screening process, and she continues to be cautious, as well as utilizing her husband's presence as a safety measure.

Diane and Will have considered and planned for security and safety for their patients, themselves, and their family. Being that they are the only coresearchers beside myself who have constructed or added onto their homes to establish a home office, Diane and Will included security precautions in the design and construction of their offices, in the event of critical situations.

Feeling safe and secure in their home is a priority for both Diane and Will. Both point out the locks on doors, and how they are placed to avoid tampering with by small children. Locks are placed on both single and double doors throughout the offices, high enough to be out of reach of children who may act out or disrespect boundaries. Diane demonstrates to me the importance of having multiple locks on doors to secure the perimeter of her office.

And the way I work, when I have children is, as you can see, all these doors have locks on them, and I always have the key, and am in perfect control. In fact, you

can take the blunt end of a children's scissors and open the door...you'll see here, there are double locks. There's one here, and in case someone gets creative, there's another one. They have to be either very tall, or climb up on something. (Diane)

Her precautions are more relevant to her work than her husband's who no longer sees many children in his practice. She recounts how she learned the importance of securing her office.

There's something I learned at the clinic where I did my child analytic training. In my opinion, we did not have adequate protection for the level of psychosis that we were seeing in children. For example, I had children I would see after dark, one psychotic kid who would turn off the lights. In my room, it didn't bother me; I could manage just him and me in the dark, but when he bolted from my office, and they had the whole clinic open, including the doors to go outside, and the freeway nearby—that was not good. So Will and I determined [in our home offices] that we would always have locks [high up on the door, some by the ceiling]. There are cases, when I had maids, I would give my maid the key and tell her, "Lock the gate, leave it for me," so the kids would not bolt and take off and I'm running around the city, worrying about them. (Diane)

Diane's example casts light on the responsibility a home office practitioner must accept for the safety of his or her clients. Whereas working in an office building or a clinic, a practitioner is provided a modicum of security, maintenance, and precautions (or lack thereof), a home office practitioner must make these modifications alone. These examples from the study demonstrate how the modifications of a home office practice for

safety go beyond physical or constructed measures, but include screening of patients and creative utilization of family members to reduce isolation or vulnerable situations.

Setting matters in the home office.

The home office practitioner coresearchers demonstrate a unique perspective on the impact of the physical surroundings and the interaction of the therapy work with the setting. On one hand, home office practitioners can be house-proud and content with their offices, believing the setting strongly influences the intimacy of the work. On another hand, coresearchers can downplay that the concrete reality of a therapy setting as any more than a place for work that can be done equally well in any quiet office setting.

While discussing whether or not psychoanalysis in a home setting violates traditional standards of practice or deviates too much from traditional practice models, Bonn and Jack independently refocus attention on the primacy of the emotional relationship in therapeutic work.

My training analysis belief was that psychoanalysis is about life, and this is life.

Coming into the home is part of life. The idea of creating some sacrosanct temple like a church, where this is the only place you can get salvation, I think, is erroneous. Good therapy is an emotional transaction. It isn't determined by the seats and the room that you're in. (Bonn)

Bonn is not declaring that a nice chair and sofa set are not important elements of good therapy, but that they do not alone make the work effective or satisfying. He enjoys decorating his office and has taken great pains to choose the proper furniture, but these are not as important as the analysis that happens in the room.

Jack also rejects the worship of a sacrosanct setting, and has developed a home office practice that emphasizes the process of therapy over the setting of therapy. He refers to the *temenos*, the place where the healing work of psychotherapy work can occur, “a sheltered, protective place encouraging spontaneity” (Jacoby, 1984, p. 75; Sharp, 1991).

I think for me, more than anything else, my emphasis is on the relationship. On what’s happening *in* the temenos, than *on* the temenos per se, and how does one serve or not serve the other. I think, primarily, the temenos is there to serve process. (Jack)

Jack distinguishes between an error practitioners may make when they focus too much on the concrete setting of therapy, losing perspective on the primacy of the emotional relationship and the process of healing.

Setting matters in the wild.

Jane explains how the remoteness of her yurt home office influences how she engages with potential clients, and prepares them for what they can expect when they inquire if she will work with them.

The first thing I tell people is “This is not like a normal interview.” And that’s true because when I was in the city, and [potential clients] called, there was this automatic [metacommunication], “Yes, we can work together, because I am the therapist you have in your mind and I’m going to fit your projection.” Where now I have to say, “The first thing is, *you have to know where I am*. You have to be willing to drive up a mountain. I live way up a mountain road out in the middle of nowhere. Are you okay with that?” (Jane)

In the city, it did not matter as much where her office was, or what inanimate furniture she had in her office. She explains how in that conventional setting, the process was one of bodies arriving at the office, and minds meeting; she could be in any office. Up on her mountain, “in the middle of nowhere,” where her location matters so deeply to her, the connection she makes with her patients is not limited to their minds. Her clients need to be willing and able to be where she is, where nature and the elements are participants in their work together.

Jane and I discuss the importance of setting and the importance of the material world around us, and if a therapist can indeed practice the same regardless of location or setting. I share how in my case, my situation had become untenable, subletting three distinct offices, and how I yearned to control a space of my own. Hearing my lament, she lead me towards a deeper level of understanding, past my petty disgust with an office’s décor and the feeble attempts I had made to downplay any uncomfortable feelings about the rooms where I practiced. Instead of minimizing the importance of the material or concrete setting of therapy rooms, Jane encourages me to change my perspective and accept the material world as en-souled, animated, and to be curious about what it can say to me. Similar to the inverted perspective the Jungian architect Marcus uses with her clients, Jane encourages me to engage with the home office and to listen to it (Marcus, 1995).

You know I understand there’s [much discussion about] “Don’t concretize”—but it’s not really true that the stuff around us doesn’t matter, and the drive [up this mountain] doesn’t matter. It *does* matter, and it *does* speak to us, and it *does* have an effect on us, and not enough of us pay attention to that. Because maybe it’s so

much being up here [points at head] that allows us to ruin the world. *Look* [points at her heart]. Get *connected* to it. Have a feeling connection to that tree. (Jane)

She encourages me to allow myself to believe that the space where I do my work matters to me and may influence the work I do with patients. Pushing me farther, she attempts to pull me out of my head and my thoughts, where I may think I can rise above the material world and urges me to enter more into communication with my surroundings, my home office, using my heart and my feelings.

Setting matters at the crossroads.

Like Jane, Jack chose a setting for his home office practice in a rural setting, but their priorities and perspective are very different. Whereas Jane's remote location requires detailed directions and a considerable time commitment for clients to travel into unfamiliar territory, Jack's location sparks instant recognition by potential clients. Because his home sits on a crossroads, has distinctive features, and is often a part of a local artist studio tour (for his wife), people often have familiar associations to it.

I say, "I practice out of my home." And because our house is right on the corner, half the people go, "Oh you're the one with the purple doors on the garage," and I go "Yeah" so it's not that difficult.

When describing where he is located within his community, Jack delights in being in more than one place at once,

We're on the cusp, because we have one foot in the town and one foot in the wilds.... We are literally on—the—road. And the roads cross over! We got one going here, the highway goes here, this one goes to the country, and this one's a dead end.

Jack revels in the conspicuousness of his location, its accessibility and that he lives and works on the edge of several worlds simultaneously.

He explains that he did not move to the valley to be in a rural setting that is bucolic or remote, describing it:

It's rural. But semi-rural. You can go into town and get a latte, but you can walk across the street and you're in country. You've got horses, and people growing crops. There are a lot of vineyards up here. It's for me a perfect balance. I've got all the civilization I can stand without most of the hassles.

Setting and context may appear for Jack to be very important, but he does not consciously yearn for perfection, as he provides a colorful illustration of the appropriateness of how his home office on the crossroads invites the opposite.

Another analogy about it is—if I choose between the *play* and the *setting*, I'd rather have *the play*. I'd rather have Shakespeare in the park than the perfect staging and bad acting. For me, the context is important, but it's what's happening within the context that's critical. (Jack)

Jack's attitude toward context, setting and location is both playful and serious. It belies a flexibility on one hand, which allows him to work under a variety of circumstances and in different settings, as well as to breezily greet patients and ex-patients while he does errands in town. This flexibility will accommodate a setting or situation that is not ideal as long as—as his analogy illustrates—the acting is not bad or inauthentic. His home office at the crossroads suits Jack perfectly. He does not make it work in spite of the

possibilities of boundary crossings or glitchy moments, but precisely due to the possible play that can occur in his home office at the crossroads.

Stories of intimacy.

Intimacy up here: Jane.

Jane shares about how the setting of her home office in a yurt in the semi-wilderness provides a space for heightened intimacy. She describes how being in a natural setting provides a temenos for deep psychological work to be done, where disparate parts of the self can come together and be integrated, for the client and the practitioner. She did not move for reasons of convenience, but because it was vital to her personal development and the way she imagines practicing psychotherapy in the context of nature, in the most authentic way possible for her.

So it's very spacious. I think that's the other thing about nature, is that you make room for what's there, for what wants to be there. There's space. There's room. If there's a psychological spaciousness, then everything can come. And if everything can come, that's going to be intimate. You're going to get intimate with all the parts that were never really welcome—like that Rumi poem, one of my favorite poems, “The Guest House” ‘This being a human is a guesthouse. Every morning a new arrival, a meanness, a joy, a depression. Invite them in. Welcome them at the door and invite them in.’ All the energy that goes into keeping pieces of us *out* has space here, hopefully, it has space *here*. (Jane)

“Here” for Jane is atop a mountain, in her yurt, which, though not convenient to most people, is appealing to the patients who accept her invitation to be treated in the wild spaciousness she describes. She feels strongly that as individuals we are hosts to energy

and many parts of ourselves, and she feels privileged to welcome willing clients into the space where she feels most at home.

You know, this whole work is about: Can we be in our own place, can we be where we really are? And I mean that, for me, can I be in my feeling and still invite people into that intimacy? And can I be in this physical place and can the clients tolerate that? (Jane)

Jane demonstrates how a home office practitioner can be unapologetically aware of the importance of their own physical place and their own availability for intimacy. When she asks, “Can I be in my feeling?” she is directly referring to her own personality as a feeling type. She is also recognizing that other people have their own responsibility to be in their own feelings. She has learned to not expect every former client or potential client to be able to work in the yurt with her. Over the 10 years of practicing there, she continues to experience the distance or remoteness of her home office through the experiences of the clients who she treats. One particular client uses the distance of her home office location to slow down her entire day for more reverie and poetic time, lunching at a certain restaurant on the way, and spending quiet time with herself driving up and down the mountain. She fondly shares how people often share with her their reflections and thoughts they have as they drive the winding road to her yurt.

Not all clients enjoyed the transition from her Beverly Hills office to the yurt office on the hillside. Jane explains clearly how the physical distance people need to travel to get to her yurt mirrors the psychological distance they are required to travel to do their psychotherapy work.

It was a really interesting and difficult transition, obviously, for a lot of people, and not just geographically. No more office, no more waiting room, no more magazines, no more key to the bathroom. I have a rock that people can sit on, when there's a need to wait, but now there's a whole different rhythm. Initially, and I think it's still true, but I've become more accustomed to it ...some of my clients who worked both there and here, people would make observations about the difference. To a person they would say it felt much more intimate here than it ever did there. And I started realizing that all that stuff—like the waiting room, the magazines, the light switch, the bathroom and the key, and all that—was really part of the persona that I wore as “I'm a therapist and you're not.” It did seem more intimate here as if all that was stuff sitting on this table and I just went [sweeping hand gesture and sound] “SSssshhht—“ and just pushed it all aside, and really it's just you and me here, now. So that made a big difference. And then some people *said* it was too far. And for some people it *was* too far, because *they* didn't ask for this. It is a commitment to get here, so physically it's true, geographically it's true, but psychologically it was also true for some people, that it asked too much of them, to be in this kind of intimacy and this kind of rhythm. Especially seeing me in that previous role, and the *me* now, that was probably too much for some people, psychologically. Like I said—that was *my* choice. Some of them, like for the woman who had the wolf, and for others, it worked, but for other people it didn't, so I lost some clients. (Jane)

Jane is a home office practitioner who has thoroughly considered the feelings and experience of her clients and has accepted the importance of her own experience, echoing

McWilliams (2004), “The more I can be fully myself, the better I do with my patients (p. 282).

Intimacy from the heart: Will.

Will is eager to share what excites him about psychoanalysis and the way he works with patients. In doing so, he exposes how a home office practitioner who feels at home with himself can authentically work with his or her patients, within a context of heightened intimacy that the home office allows.

My idea of analysis is that it is about helping a patient *have* their emotional experiences. That there is no emotion that is abnormal. It is the inability to have the emotion that creates different problems.... So, my job is to *show* my patients how to have their emotions. I do that by... [speaking] to them *from my heart*, so that they can feel the emotion—nonverbally in the music and dance of my voice. I learned that from Bion. I realized within the first few weeks, “My God, this man is speaking to me from his heart.” And it was a very transformative experience.

That’s the way I work. (Will)

Exploring his experience of working in a home office, and decades dedicated to psychoanalysis, Will agrees that he feels most “at home in the world” (Hill, 2010) while he is in his office, and that this is necessary for him to do his work well. He tells me, “I’ve got to work from my heart. If I don’t work from my heart, it’s a waste of time; nothing’s going to come of it” (Will). He repeats this point several times, about working from his heart, which surprised me, because I had assumed that as a psychoanalyst from a British object-relations school, he would be claiming more to work mind to mind, rather than heart to heart.

Will believes it is true that working in a home office is not only convenient for him, but it is expedient, in that his most authentic heart-based work will originate from where he feels most at home, and most in touch with what his own heart is feeling, “Well-- I hadn’t thought of it quite like that, but yeah [laughs loudly]. That’s very true, actually. That’s very true” (Will). He knows it is true that in his home office, his heart is most available for intimate engagement with his patients.

For Will to successfully work with a patient, he has to establish an intimate personal relationship with his patients, from heart to heart.

After all, you can’t have an intimate personal relationship without interpenetrating the other person’s heart and soul. And this is an intimate task. There has to be inter-penetration of two people working together or nothing’s going to happen. I learned, as a psychiatric resident, with my very first patient, that if I’m not growing, my patient’s probably not growing. And that’s held up. (Will)

After he had finished saying this, an intense gravity rooted me to the spot, and I felt we were sharing a very intimate moment. While listening to the recording, I counted 24 full seconds of silence before I started talking again. Though we were ostensibly there to explore the home office phenomenon, I felt I was being treated to a personalized sharing on the deepest aspects of psychoanalytic work.

Rooted in the same home office for almost 45 years, Will strives to continue growing as an individual, so that his patients can also thrive in this intimate setting. His description of a semi-mutual analysis, in which the analyst is conscious of the effect his own growth, development, experiencing of feelings is having on his patient can be related to the metaphor of the focus, the Hestia, the hearth. As our attention shifted to discussing

the actual fireplace in his office, Will reveals subtle wisdom about the nature of the analytic relationship, and the symbolism of the fireplace.

The fireplace was intentionally included in the design of Will's office as "a symbolic presence," (Will) though he stops short of articulating the symbolism succinctly, reflecting that he had not thought it completely through. He recounts how the fireplace was built with a flaw which prevents it from being used, a detail in the way the flue malfunctions, not allowing the air to flow in or out properly. This upsets him, as he would like to use it. No patients have ever asked him to use it, nor have they commented on its presence, symbolically or practically, over the years.

When I explain to him my interests in fireplaces as symbolic presence of Hestia, and the hearth metaphor, in which a patient brings a parcel of fire from his or her hearth, to add to the hearth of the home office, leaving with a transformed parcel of fire to return to their hearth at home, he was intrigued and added, "It's an intercourse, too" (Will). His inclusion of "intercourse" with what he referred to as "your hearth metaphor" indicates that he understands a relationship between the hearth and the "interpenetrating" of hearts and souls in psychoanalysis as he practices it (Will). Intuitively, Will may have sensed that I was at risk of becoming fixated on the concrete presence and function of the fireplace, because as I pushed him to talk about it, he forcefully drew my attention back to his psychoanalytic lesson regarding the symbolic interpenetration between the analyst and the analysand.

Yeah, my idea—I want to get back to "having feelings"—is that the wholesome resolution of the Oedipus complex has to do with the internalization of the mature mother and the mature father imago, *that isn't related to the anatomy and*

physiology of the person but to the psychic functions of the person functioning as a mature sexual function, meaning being generative... to grow that in one's heart and soul is the healthy resolution of the Oedipus complex. So, my work, indeed, has to do with helping the person grow those kind of internal imagos. (Will)

As I listened and re-listened to this portion of the interview, I became less interested in learning about the Oedipus complex, and more drawn to how by distinguishing the internal imagos of mother and father from the anatomical and physiological parents, Will provides an analogous framework to reflect on the symbolic hearth of interpenetrating hearts gathered around the unusable fireplace in his office. Will's interview adds depth to the contrasts between concrete and symbolic within the home office setting. His lesson on "psychic functions" resembles Hillman's description of Hestia's subtle nature, which governs "the inner psychic structure" of people when they gather around the hearth to do focus on psychological work together (Hillman, 2007, p. 238).

Intimate partners: Families and the home office.

Every coresearcher expressed a conscientious attitude around being sensitive to the family members who share their home. Each recounted how they sought counsel and permission from family members in establishing the home office and how they continue to make their best efforts to minimize intrusions into the lives of other family members, and avoid uncomfortable situations for their patients.

Doug.

Doug had been facing tough decisions about rearranging his living and working situation based on economic strain and needed to reduce expenses as he developed his

young practice. When he proposed to his recently widowed mother that he save money by moving in temporarily and begin seeing patients in her living room, she readily welcomed him. He is very grateful to have had this opportunity for a transitional living situation, and has since moved out to another apartment, continuing a rapprochement many people experience throughout their lives. Doug's still very active 82-year-old mother welcomes the presence of her son in her home, when he is working. She has shared that his work schedule not only guarantees when she can be near him, but also encourages her to be active outside of the home, in order to give him space to work. She has remarked that without this dynamic in her home, there would be a risk that she would grow more home-bound and less active in her community. This unique home office working situation has worked out very well for Doug and his mother, and both foresee it continuing indefinitely.

Doug's home office is also closely situated to his children when they are staying with their mother, which makes visiting them and completing his fatherly driving duties more convenient. He is grateful that his childhood home is still available to him, stating "It's always been a place of convenience" (Doug).

Doug regularly worries that if his clients hear his mother "wandering around, clanging in the kitchen" (Doug) it would disrupt the flow of their work, but he states that this has never actually happened. This anticipatory anxiety was more heightened when he was sleeping at the house, and has lessened after he moved out. Doug is aware that any conflict or anxiety around the situation of working at the home office is wholly his responsibility, and mostly under his control, similarly to Jane who recognizes her "flinch" at the disruptive noises of her family as her own tension (Jane).

Bonn.

After 30 years of living and 15 practicing in the home he shares with his wife, Bonn fondly expresses gratitude for her gracious cooperation over the years. He mentions that his work may have required more and “big sacrifices” by her in his early pre-home office years, when he was out of the house training at the institute, travelling far distances to teach, studying, and seeing patients in various offices. By the time Bonn was ready to set up his home office, they had lived there 15 years and their son had left for college. Accustomed to an empty nest and well-established rhythms and routines, it was not difficult for Bonn and his wife to reach an understanding how best to accommodate a home office.

Bonn made sure to work out details with his wife, who offered encouragement.

When we first made the shift to the home [office], of course I talked to her about it in advance. She was a champ about it, she just needed to say, “I don’t want to feel like I can’t enjoy my own home.” And I said, “The only issue I see, would be you being out and around when patients come. I don’t want you to feel you can’t go anywhere or do anything upstairs.” So I didn’t tell her to take off her high-heeled shoes or anything like that.... It requires an extraordinary wife, I think, to allow for a home office. It can feel—on a continuum, for different personalities—no intrusion to a huge intrusion. With my wife, I’ve been very fortunate. (Bonn)

Bonn understands how much disclosure of his extra-therapeutic life is tolerable for him within the analytic frame, how much he can require his patients to tolerate, and how many accommodations he can expect of his wife.

Jane.

Jane, like Pauline, shares her home with a husband who travels often. They independently resonate with a mythological pairing of Hestia and Hermes, agreeing the homebody and fleet-footed traveller make a good pair, “for the territory of Hermes ends precisely where that of Hestia begins, (that is, at the door of the house)” (Paris, 1986, p. 181). Jane’s husband has learned to follow her lead, to ask about her schedule, and to plan his exits and entrances as cooperatively as possible, since the driveway and entrance-gate situation can present a tight squeeze when family and visiting patients arrive or leave at the same time.

Though Jane lives only with her husband, there was a period of a year and a half when her kids and grandchildren lived with them. She describes it as a hectic time when there could be young children playing in the yard and three teenage boys coming and going in cars.

There wasn’t a whole lot I could do. They knew what I did [as a therapist], and they knew to lay low. They’re just coming and going and they don’t care.... And I realized I had so much tension around that and it doesn’t really mean anything to anybody; it’s *my* tension. They’re fine with it. I think there is this whole built up idea that is way too analytical about all of that. I still am private. I like that privacy, for my sake, and for my clients’ sake, but then there’s just life and kids and dogs that bark, and “Okay, so you saw my grandkids.” (Jane)

Jane’s is an example similar to Bonn and his wife’s high-heeled shoes. There is a limit to how much she can control and how much she can ask her family to accommodate her work. Even though family members understand the work that the therapist is doing,

they must feel at home where they live. Young children living on a hill, where everything is natural and wild, near horses, with chickens nearby in a pen, may mirror their environment and behave a bit wildly, at times. If her clients happen to see her grandchildren enjoying their life, Jane accepts that as part of life.

The home office practitioners interviewed in this study show how important it can be to understand the need to be flexible and adaptable to the family members with whom they share a home. As Bonn says, “My training analysis belief was that psychoanalysis is about life, and this is life. Coming into the home is part of life” (Bonn). The home office practitioner may want to protect their clients and their family from complicating each other’s lives, and this can cause tension within the practitioner, as demonstrated by Doug, Jane, and Pauline.

Pauline.

After Pauline welcomed her husband to move into her tiny 600-square-foot home, they collaborated on re-modeling the home to provide more living space. This living space made it possible for her to adapt the existing bedroom into her home office. The previous master bathroom is now the office, and the pathway to the office is through the living room and kitchen area.

Pauline is aware of the graciousness required of her husband. Using the same term Bonn uses, Pauline says her husband is “a sport” who knows that when he is not on the road for his job and she is working, that “he is relegated to the bedroom” (Pauline). Pauline acknowledges that with the home office come “glitchy” (Pauline) moments with her patients and her husband. There was once a scheduling confusion, and a patient came two hours earlier than her appointment, while Pauline was out grocery shopping. Her

husband heard a knock on the door, thought it might be Pauline, and awkwardly greeted the early patient. Confused, he told the patient that Pauline was out shopping at the grocery store, and invited the patient to wait in the waiting area outside by the fountain. Arriving home with groceries, not yet dressed for work, Pauline was “discombobulated” and unable to focus for a much of the session. Pauline later told her husband she was annoyed that he had told the patient where she had gone, feeling that this detail of her private life was not her patient’s business. This boundary breach was a learning experience for Pauline and her husband, who were able to discuss the best ways to deal with unexpected scenarios around clients in the home office, and establish clear boundaries about self-disclosure and revelations of their personal life.

Will and Diane.

The household of Diane and Will is unique in that it has been steeped in the home office practice of psychoanalysis for almost 40 years. Their four sons learned how to coexist with two psychoanalysis home practices, which can be compared to the experience of Micah Toub (2010), except that Will and Diane have stayed married for half a century.

According to Will, he and his wife protect their privacy as much as they can, in the way they constructed their offices and established routines with their patients that keep their private and family lives separate. At the same time, Will understands that his patients may get a glimpse of their sons, or grandchildren. “And it doesn't bother me that people know I have a family, and a wife and kids, and so forth. For most people it’s good for them. [I have seen this happen] many times.” (Will) It may be good for the patient

because it offers them a reality clarification that could satisfy any healthy curiosity and offer a fuller image of him as a person.

They remodeled the house when their four sons were very young and Will was the only psychoanalyst in the family. Deciding to add on a two-story wing to their Beverly Hills home resulted in changes, which affected the entire family. Much was done to separate Will's office from the rest of the family's life, including heavy carpets upstairs to buffer sound from the bedrooms. A playroom for the children was built on the opposite side of the property, above the garage, near the new pool, to direct their noisy activity away from the work area. (This playroom was 15 years later transformed into Diane's office, bathroom, and waiting room). Stronger security walls around the perimeter of the home were added. They also created a remote buzzer system in a hand-size wooden box to help Will communicate from the office with patients in the waiting room and with his family. When a light on the box goes on, he presses a button to open the exterior door into the waiting room; a second button rings a bell in the kitchen to alert the family that Will is working with a patient. He also uses the second button to tell the kids to be quiet or Diane that he is in distress. For 40 years, the family had been dependent on this same buzzer box for communicating with Will while he is working.

Both Diane and Will told the same story from different perspectives about their curious son trying to eavesdrop on Will while he worked with a patient.

The setup, the way with the way the house separates out created very little problem. When the kids were little, maybe one would come knock at the door, or—This one time, one of the kids had a stethoscope listening in. I heard from a

patient coming in, who said, “You might be interested to that there’s a little boy with a stethoscope outside.” (Will)

One of the cute stories was. That buzzer started working, and if there was an emergent type of situation, that’s how he would let us know. This is before I was working as an analyst. So it started going off. So I tiptoed across the living room, and I listened. It sounded like a woman’s voice, sounded normal. I couldn’t figure it out. I thought to myself, “He’s not in trouble.” The buzzer kept going. I checked upstairs, everything was quiet. Finally I went out, walked all the way around the house. And our oldest, at the time, he was 5, was sitting on his tricycle. He had a stethoscope, sitting on his tricycle, and he was tapping on the door of Jim’s office, listening. One of his patients had said to him, as they came in, “I don’t know it if you know, but there’s a little fellow sitting out there, listening.” Of course [our son] couldn’t hear, but it was the tapping of the stethoscope that was intrusive, and [Will] heard it from the adult patient. So I got [the boy], and I brought him back.” (Diane)

This story illustrates the multiple levels of cooperation needed to balance family life and work life. Planning and preparation, though necessary, cannot quell the curiosity of a home office practitioner’s children. As Diane and Will exemplify, the conscious and conscientious home office practitioner appreciates the curiosity of children and can try to be flexible when they push the limits of the boundaries the practicing parents set. In future research, it would be interesting to learn more about the children’s perspective in the homes of home office practitioners.

For the home office practitioner, family members and partners are vital participants in the success of the home office practice. If they are not happy, or they do not feel they at home where they live, it is unlikely that the home office practice will run smoothly. Of the seven interviewed for this study, every one of the households had a cooperative partner who sacrificed much to provide a *temenos* for the work to be done, and none of the practitioners was practicing with any obvious resistance or hostility from family members.

Chapter 4

Final Reflection on Findings

Home Office Update 2011-2014: My Reality

Since beginning this research project in 2009, my own home office experience has been profoundly affected by this heuristic research process. Continuing the narrative of my own practice's evolution, which I started in the first chapter of this study, is necessary to illuminate the findings of the research.

In December 2010, 6 months after my wife and I had completed construction of the home office, I quit my full-time day job. Without any savings, and with two daughters in private school, I left the security of a salaried job at Homeboy Industries, and fully immersed myself in my home office practice and a part-time job lecturing at a local university school of social work. One semester from finishing my doctoral coursework and embarking on dissertation research on the home office experience, I launched my dream career, confident that my future would unfold with increasing fortune.

Nineteen months after I had made that leap, it had become obvious that I had failed to fulfill the dream of the home office scholar practitioner. After months of struggling to adjust, panic had set in. I had to make the difficult decision to seek full-time employment in order to ease the financial pressures which had mounted in the absence of a booming practice, a lucrative teaching career, and all I had idealized about working at home.

All of 2011 and most of 2012 was, in retrospect, an experiment that taught me the practical realities of earning a living entirely from a home office practice. Teaching as an adjunct faculty did not bring in the income I expected, and was far from the expedient generator of extra income I had imagined. The office work involved in professing was

more formidable than I had expected. The time I spent completing professorial duties—reading course material, lecture preparation, paper grading—directly impacted the time I could dedicate to my doctoral studies. Trying hard to be a professor, an independent private practitioner, and a good father, I had fallen far behind in my own studies and cast my plans into peril.

At first, this period was glorious and filled with promise. Freed from the workweek shackles of a day job, I spent more time alone, as my own boss. Being solitary and without work comrades was thrilling and consistently satisfying throughout this time. I hiked with the family dog in exotic places, was very available to my wife and family, participated in my children's school activities, and had periods of feeling very proud of my independent lifestyle. The shadow side of these comforts was evident in the lack of progress being made in my doctoral research, and the harsh realities of a severely reduced income. Brutal financial realities threatened all facets of our family's lifestyle and ultimately forced my wife and I to change our daughters' educational situation and return me to the salaried workforce.

At first I attempted to find part-time employment, to continue building my practice, but once I opened the door to agency work again, full-time work became the only option that could repair the damage done. I returned to work at Para Los Niños, but in a different role than 8 years before, with less administrative responsibility and considerably less enthusiasm. I continue working there, and have successfully managed a very full private practice (mornings, evenings, Saturdays) while re-focusing my priority on completing doctoral research.

The last 2 years of this research process, especially the intimate engagement with the seven coresearchers, has re-ignited my commitment to the home office practice as an ideal work setting for my growing depth psychology practice. After hearing others' experiences, absorbing the wisdom of their victories and mistakes and by joining my dream with theirs, I return to tend my home office hearth and ruminate over the findings of this study. I am better informed of what is required to dedicate myself to a home office practice, and the next time I make that leap to work independently, I will be more prepared.

Reflection

Hearing the experience of seven home office practitioners has exposed me to different approaches to working practically, in a home office space. I had expected to discover certain truths about material success, namely that only wealthy people could practice from home. The research revealed more complex layers to this, which was encouraging. With the exception of Will and Diane, all the coresearchers had a source of income separate from their practice, whether it came from a business, work at an agency, teaching, or the income of a spouse. I came to terms with my defensiveness around these issues, discovered kinship with the other participants, and witnessed any bitterness or envy dissipate within my heart. Each of us engaged with this work because we felt the call to work as healers in psyche, and we have made many creative choices and compromises to answer that call. By choosing to work in a home office, we have brought the work closer to us, and in many ways, invited more complication into our lives.

I had expected to encounter more conscious awareness of any criticism of the home office as a setting for the practice of therapy or analysis. At first, most

coresearchers shared surprise that our practice setting could be interpreted as negative. Eventually, without much prodding, each divulged at least one story of boundary breach, or anxiety about boundary crossings, but not one shared any feelings of regret about their choice to practice from home. I found a healthy attitude about learning from one's mistakes, at varying levels of theoretical sophistication.

Every coresearcher expressed curiosity in this research project because they had never considered it as a distinct topic of interest to any other practitioners, or the field of psychology, in general. This was gratifying to me, as a researcher, because together we entered an intimate space of focus where we could explore areas of our practices unfamiliar to others. Also gratifying was when I heard the coresearchers stating in various ways that the home office practice is not suited to every practitioner, and that it would not be a viable option for most. Though there was at times a subtle expression of self-sure arrogance and exceptionalism among us, I would not consider any of these practitioners' accomplishments as anything less than the outcome of years of focused effort and dedicated work on themselves, both professionally and personally.

Though my Chair and professors told me that my study's participant sample would skew toward practitioners past their mid-life years, I did not believe this, or understand its significance, until I witnessed it emerge in the participant sample. As the composite portrait included in this study proclaims, a home office practitioner has arrived at a place in their lives where they understand how they are as a person and what would make them the most happy and successful as a practitioner.

After hearing every coresearcher celebrate the convenience of practicing from their home, I grew less defensive or fearful about the role convenience plays in my home

office practice. As a result of hearing others' stories, I more readily accept convenience as a healthy motivating factor for any therapist who is driven to work wholeheartedly for the benefit of their patients, while practicing self-care and avoiding burnout. Supported by the writings of Jung (1989), Marjasch (1988), and Behar (1996) and the intimate sharing by coresearchers, I have learned that as therapists develop in their personal life, they must grow to respect their own authority to determine how they want to live and work. As I enter mid-life, I aspire towards being more comfortable with my own authority, and to accept the importance of my own convenience for my own development, and not as something to be mistrusted.

Beyond every emergent theme and commonality between the coresearchers that was discovered in this research, the most important finding was the primary importance of the intimate relationships which support the practitioner in working in a home office, and the primal comforts of home. Although this study painstakingly reviewed literature about the concept of home, it was not until after I had immersed myself in the stories of each coresearcher and had time to reflect that I recognized one unifying bond we all shared. Every practitioner participating in this study enjoys at least one significant intimate relationship with someone who supports him or her, emotionally and materially.

None of these home office practitioners has created their home offices entirely on their own, myself included. Every one of us is fortunate enough to enjoy an intimate partner's help, and the gracious cooperation of family and friends. Dave has his mother's unconditional support, and a strong colleague network. Pauline and Jane have the consistent support of their Hermes husbands. Bonn has the support of his wife and his classical composers. Jack has his artist wife's support, as well as his extended valley

community. Will and Diane have each other, their sons, and a wider analytic community of students and mentees. I am entirely satisfied if the one essential truth which unites all home office practices is that the work is born of a loving home, with the support of at least one intimate partner. At the end of this journey, I am humbled and extremely grateful to be in loving relationship with my wife and daughters who allow me to welcome the deep work of psyche to my home, with all its possible complications. I sincerely wish this joy for all practitioners, if they choose to work in a home office, and if their priority is to be at home in their work.

Creative Synthesis: Dee's Second Dream

While I was completing this manuscript, my patient Dee, who had brought in a dream featured in chapter one of this dissertation, brought me another dream. It was only the second dream she ever brought to our work in six years, and one of the few she says she has recalled as an adult. Dee's dream and my reflections on this dream will serve as a creative synthesis, the final element of Moustakas's heuristic research method. Taking liberties with the interpretation of this dream, I will focus mainly on the images in it that reflect upon my work in my home office with patients, as well as the research process.

Dee's Dream:

I dreamed I was in your house. It was some kind of festival. I was on the second floor. Looking around, I was trying to figure out the furniture and the décor. It's hard to say how to describe it. Classic. Early American? Colonial? Dutch Colonial? Traditional. Like a hotel. No heavy wood of an old home, but no early colonial spinning wheel, either. Pretty, lovely, wealthy.

At first you were there. We heard a chorus singing, from the bottom floor of the house. It was lovely—pure art, angelic. It is a festival—people getting together and celebrating. Now it comes back; when I heard the singing, I remembered, “Oh right, it’s an art festival!”

Then you weren’t there. Your wife was there. Long blonde hair, or light brown. She introduced me to your daughter—six years old, cherubic face, chubby, very cute. Your daughter was wearing a pretty, old-fashioned, white dress.

The feeling, the atmosphere: Everything was light, airy, lemon-yellow, white, dreaminess. (Patient’s dream, November 18, 2014)

I welcome this dream as if Dee is bringing a parcel of her home hearth fire to my home office hearth. We gather around its warmth and share an intimate moment of focus. Allowing herself to be vulnerable, she willingly brings me closer to her by sharing this dream, using my house, my family, and our home as a place of focus. Because we have developed such trust in our work, I allow myself to play with the dream and imagine that Dee dreams this for me, all my patients, my dissertation, and the seven coresearchers who have shared their own hospitality with this work.

In this second dream, there is an art festival in my home, which resembles a hotel, where Dee recognizes tradition, and where angelic music rises from the bottom floor to the top. People gather at the festival to celebrate. It is a utopic vision of an airy, light-filled place, where artists are gathering to sing and share their work and play at a festival. Here is not a single-dwelling home, closed off from the outside with fences, as was in her first dream, but a hotel, where many people enter to make temporary homes for

themselves. She has dreamed herself into an intimate space that is at once her therapist's home, and also a communal gathering place enjoyed by others in a community.

Dee dreams me in and out of the scene, and my wife makes an appearance as she does in the first dream, blonde-haired, this time with my cherub-faced, chubby daughter. My presence does not seem to matter as much to Dee or the art festival as much as the space does, which gives an idealized impression of "pretty, lovely, wealthy... dreaminess," words which are superficially positive (Patient's dream, November 18, 2014). The word "wealthy" strikes me as odd, inviting a possible shadow element into the dream. It could echo shades of envy that have emerged in other sessions when she both admires me for owning a home and regrets never buying her own home. Wealthy could also signify a feeling of being well taken care of, a sense of there being enough resources for all inhabitants to enjoy, and a recognition that an art festival requires concrete resources to house the art and the people.

Dee invites me into this dream, this art festival, into a wholly original vision of my own home, where I have an office where I welcome other souls, like Dee, to visit as a kind of hotel, a temporary home. Like Odysseus, each patient suffers trials and travails en route to their temporary stop along their way, and in this vision, they are without worries, and sing at the art festival. I welcome Pauline, Jane, Diane, Will, Bonn and Doug into this space, to float in and out, not far from my wife and two daughters, among all patients and practitioners. Like Dee was in her first dream, I am in awe, wondering how I managed to be so fortunate to get inside here, home.

Ethical Considerations

Ethical consideration in the use of research participants, also called coresearchers, was considered with great care. Reasonable steps were taken to avoid causing harm to coresearchers, their patients, or families, making use of informed consent to ensure research was done at the highest level of ethical standards as expected by Pacifica Graduate Institute and the American Psychological Association. Each participant's consent to participate in the study was confirmed with an informed consent agreement (see Appendix A) which establishes seven elements of an ethical study, as outlined by Groenewald (2004): that they are participating in research; the purpose of the research; the basic procedures of the research; the risks and benefits of the research; the voluntary nature of research participation; the coresearcher's right to stop the research at any time; the procedures used to protect confidentiality.

Confidentiality of interviewed coresearchers has been safeguarded by assigning pseudonyms which were approved of by the coresearchers. For the therapist coresearchers, the identities of their patients and anyone else included in their interview are also protected from detection, with care to allow therapists to continue their practice without disruption for themselves, their patients, or their family.

This heuristic study began as a personal response to a conversation about the topic of home office psychotherapy practice in the psychoanalytic literature, and involves a phenomenon that I experience personally and professionally. It is necessary to acknowledge an awareness of what Creswell (2007) calls ethical validation (p. 205). "Ethical validation means that all research agendas must question their underlying moral assumptions, their political and ethical implications and the equitable treatment of diverse

voices” (p. 205). The final phases of the inquiry process, including the writing of the final manuscript, returned the original inquiry to the original questions posed, but with fresh energy, more fully informed, and without reactionary or biased assumptions. An honest attempt was made to balance between representing subjectivity and avoiding the judgment or mistreatment of other researchers whose opinions are in opposition to this study’s inquiry and findings.

The purpose of the research is to introduce as yet unheard voices into the professional literature, which has previously expressed a limited and negative view of the home office practice. It was important for me, as the primary researcher, to enter the research with an honest spirit of inquiry, to fully disclose my susceptibility to operate from a biased perspective, and not to unconsciously proceed from a defensive position, with an agenda or an axe to grind. My curiosity brought me to others’ wisdom, and offered me personal insights into how my multiple dimensions of self are operating in my work with patients, as well as the ways my roles as a family member and neighbor are influenced by my vocation as a psychotherapist. The personal nature of the heuristic process fit well with this curiosity and attention towards ethical validation.

Limitations of the Study and Areas of Further Research

As it was repeated in various ways throughout the study, the work of psychotherapy is one of relationship, kinship and connection, and is dependent on the focused attention of two conscious people who are aware of the unconscious. After interviewing seven home office practitioners who see the phenomenon from different perspectives, I find that this work may still be at risk of literalizing the importance of the edifice that houses a psychotherapy office. One of the limitations to this study’s

effectiveness for the field of psychotherapy may be the threat of literalism, of superficial attention to buildings and inanimate objects as being determinants of how psychotherapy can be experienced in a particular setting.

The limits of the heuristic process, which involves my own subjectivity at a more radical level than would an ethnographic study of home office psychotherapy practices, could limit the applicability of my findings to more than my own experience and that of the seven participating coresearchers. A limitation of this study is that the small number of coresearchers, and the limited range of differences between them, could reduce its applicability to a wider audience. The coresearchers participating in this study all practice in the southern California area. If the sample included a wider range of participants geographically, the findings could be more applicable in different areas of the world. Culturally, the sample of participants could be more diverse as well; I consider myself the only researcher of color in this study, and the only practitioner who works in two languages. Opening up further research to home office practitioners in different countries, cultures and languages could offer greater variety of experiences and reach a wider audience.

Further research on the topic of home offices could include a more complete range of perspectives on the home office practice and home. Any research which engages with the concept of home will enhance home office practitioners' understanding of how their professional and personal lives effect one another. The practice of psychotherapy by practitioners who visit the homes of their clients is an area of research which would addresses the concept of home from a unique angle, and illuminate the role of setting in the phenomenon of psychotherapy.

By including family members of home office practitioners as coresearchers in further research, more could be learned about the home office phenomenon from a family perspective. It would also be interesting to include in further research people who have had experience of being patients in both home offices and non-home offices, to allow for a richer understanding of the uniqueness of each setting.

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Appendix A
Informed Consent Form for an Interview Research Project

TITLE OF THE STUDY: No place like home: The problem and promise of the home psychotherapy office

1. I agree to allow Mario Prietto to ask me a series of questions related to my experience practicing psychotherapy in a home office.
2. Following the completion of a brief information form, I will participate in one audio taped interview at my own home psychotherapy office. After the interview is transcribed, I will receive a copy of the transcription via email. I will be offered the opportunity to correct or suggest additions to the transcription and am able to make any additional comments and offer reflection to Mr. Prietto via email at (email address) or by telephone (xxx) xxx-xxxx. I understand that all interview materials will remain confidential.
3. The researcher informed me that my name and contact information, as well as this signed *Informed Consent Form for an Interview Research Project*, will be kept in a secure, locked place that will only be accessible to the primary researcher. I will be able to select an alias (two initials) for the purposes of confidentiality. Any identifying information related to my identity will be excluded from the study.
4. The purpose of this study is to investigate the experience of the practice of psychotherapy or psychoanalysis in home offices.
5. I understand that some questions may be of a personal nature, and may involve topics that I do not regularly discuss with others. If at any time I prefer to not answer a question or explore any issue, I can withhold my answers or comments. My answers will only be used by the researcher and his committee for data analysis and final creative synthesis of this completed doctoral dissertation.
6. I understand that there are possible adverse consequences of participating in a research project involving an interview, such as recalling painful memories or experiencing strong emotions. While this is not anticipated, the primary researcher will provide me with possible referrals for psychotherapy.
7. I realize that this study is of a research nature and may offer no direct benefit to me, monetarily or otherwise. The interview material will be used to further the understanding of the experience of psychotherapy or psychoanalysis practiced in home offices.
8. Information about this study, the time and location of the interview, and my contribution to the study was discussed with me by Mario Prietto. I know that I can contact him during or after the research, by telephone at (xxx) xxx-xxxx or by email at (email address).

9. Participation in this study is voluntary. I may decide not to enter the study or refuse to answer any questions. I may also withdraw at any time without adverse consequence to myself. I also acknowledge that the researcher may drop me from the study at any point.
10. I understand that my privacy is limited in this particular study. I understand that with my signature on this *Informed Consent Form for an Interview Project*, I authorize that the data collected from the interview may be used in this study or any future publication, respecting my privacy and confidentiality.
11. I am not receiving any monetary compensation for being a part of this study.

Signature: _____

Print Name: _____

Date: _____

Phone: _____

Email: _____

Appendix B

Instructions To Research Participants

Date _____

Dear _____

Thank you for your interest in my dissertation research on the experience of the home office practitioners of psychotherapy and psychoanalysis. I value the unique contribution that you can make to my study and am excited about the possibility of your participation in it. The purpose of this letter is to (a) reiterate some what we may have discussed, (b) to secure your signature on the Informed Consent form, and (c) to ask you to fill out and return the Participant Background Information Form. Both forms are included with these Instructions. If, for any reason, I decide that your participation will not be required in this study, I will inform you as soon as possible, via email.

I consider your participation to be central to this research project, and I regard all research participants or interviewees as coresearchers, meaning that people I will be interviewing will have opportunities to guide the research. In this way I hope to illuminate or answer the question: How do home office practitioners perceive and describe the experience of working in a home office setting?

The terms of this question, as I am using them, are: home, home office practice, and practitioner. These three terms are fundamental to the clarity of this study and bear basic definition.

The Oxford English Dictionary (2011) defines home in many ways, such as:

Home: The place where a person or animal dwells; a dwelling place; a person's house or abode; the fixed residence of a family or household; the seat of domestic

life and interests; a private house or residence considered merely as a building; the place where one lives or was brought up, with reference to the feelings of belonging, comfort, etc., associated with it. A landed property; an estate, a manor; a refuge, a sanctuary; a place or region to which one naturally belongs or where one feels at ease; a place where something originates, flourishes, or is most typically found; the seat, centre, or birthplace of an activity.

Home is a place where a person sleeps at night, prepares and eats food, and relaxes during breaks between major activities of work and study. Home contributes to a person's identity, and is important at different stages of one's life for a myriad of reasons. For the working adult, one's identity at one's job, occupation, or study can be temporarily suspended while at home. At home, one lives with people who one has chosen to be with, as well as those who are related by blood, in a family way.

Home office practice: A working arrangement in which a practitioner of psychotherapy or psychoanalysis accepts patients or clients on a regular basis into an office that is in the therapist's home, primary residence, or is on his or her property, connected in some way to their primary residence.

Practitioner: A practitioner is any person whose occupation and work identity involves the practice of psychotherapy, psychology, or psychoanalysis with individuals, families and groups. For the purpose of this study, the term *practitioner* will be used to represent any Master's degree, or above, educated professional, licensed to work as a psychotherapist, counselor, psychoanalyst, clinical psychologist, or analytic psychologist, a.k.a. "Jungian" analyst. Practitioners of various disciplines or theoretical loyalties will

only be differentiated from each other as far as it is related to the experience of each particular coresearcher.

Through your participation as a coresearcher, I hope to understand the essence of the phenomenon as it reveals itself in your experience as a home office psychotherapy practitioner. You will be asked to recall specific episodes of events in your life in which have lead you to choose to have a home office, as well as episodes and events which have occurred as a result of choosing the home office practice. Although I will initiate discussion with some questions I have prepared to guide us, the dialogue will be open, and you are free to comment on anything that seems significant to you.

I am seeking vivid, accurate, and comprehensive portrayals of what these experiences have been like for you; your thoughts, feelings, and behaviors, as well as situations, events, places, and people connected with your experience. You may also wish to share personal logs, journals or objects with me or other ways in which you have recorded your experience—for example, in letters, poems, artwork, photographs, recorded dreams or stories of synchronicities. Your participation as a coresearcher can be limited to solely the interview, or you can be more involved in the process if you wish, and I would appreciate hearing your ideas. The Participant Background Information Form provides the basic demographic details required about you, your practice, your office and your home. Gathering this information via a form will allow the time we spend together in your office to be spent exploring the topic in depth.

I value your participation and thank you for your commitment of time, energy and effort.

Please return the signed Informed Consent Form and the Participant Background Information Form to me at: (address), Los Angeles, CA 90039.

You may also email me a scanned version of the signed form to (email address) or send it to my secure business fax (xxx) xxx-xxxx.

After I receive these documents, I will send you some examples of some guiding questions I may ask you during the interview. If you have any further questions before signing the release form, or if there is a problem with the proposed time of our meeting, I can be reached via email or cell phone at (xxx) xxx-xxxx.

Sincerely,

Mario Prietto, LCSW

Appendix C

Coresearcher Participant Background Information Form

This Form is intended to gather basic information about coresearchers and their home office arrangements with clients. The research interview will explore more deeply the researchers' opinions and feelings about home office practice.

Note to Coresearcher: Feel free to include as much or as much or as little as you wish.

Name

Address of home and home office

Phone, work.

Phone, personal.

Email address.

Public website representing your practice.

Age.

Education and Theoretical Loyalties

What is your license in?

How do you describe your theoretical orientation?

Marital and family status.

Who lives with you?

What are the gender and age of any other family members living with you?

Briefly describe your home and neighborhood.

Do you rent your home?

Do you own your home?

Briefly describe the physical arrangement of your home office.

Describe the arrangements for entry, exit, waiting area, bathroom arrangements for you and patients/clients

Appendix D
Examples of General Interview Guiding Questions

1. Please describe the evolution of your home office practice, from your first hopeful planning stages up until how it functions now, and how you are feeling about it.
2. Please describe your decision-making process of establishing (or discontinuing) a home office practice?
3. What important people were helpful or influential in the process of making decisions regarding establishing or discontinuing a home office practice?
4. What have you found that is special or unique about working in a home office, in comparison to working in a non-home office, an agency, or a group practice?
5. As a therapist who works from a home office, what have you experienced about the setting that has influenced the work you do with patients?
6. As a therapist who works from a home office, how has the setting or location of the work influenced the effectiveness, depth, or success of the psychotherapy?
7. If you could live your life over, would you choose this home office practice path again?
8. What is it about your home's location or architecture that lends itself to a home office practice?
9. What is it about your personality or temperament that fits the home office practice?
10. What is it about your training or beliefs about healing, therapy, psychology that influences your choice to practice from a home office?
11. What is it about your beliefs about the patients you are most suited or eager to help that influences your choice to practice from a home office?
12. What is it about your life stage that influences your choice to practice from a home office?
13. What is it about your personal or family life that influences your choice to practice from a home office?
14. As a therapist who works from a home office, what can you tell me you have learned about boundaries?
15. What can you tell me about how your family relationships are impacted by the home office practice?

16. What can you share with me about how your family members adapt and respond to the daily life of a home office practice?
17. As a therapist who works from a home office, how do you feel about self-disclosure, or the revealing of aspects of your life or self that are personal?
18. What do you openly share with patients about your home, your family, and your self?
19. What is and is not your patients' business to know?
20. How do you protect or safeguard your privacy? How would it be different if you were not in a home office?
21. Do you keep photos of family in your office, drawings by family members? How would it be different if you were not in a home office?
22. Do you have a gift policy with patients that is influenced by the home office setting? How would it be different if you were not in a home office?
23. How do you respond to comments by patients about your gardening, your neighbors, your neighborhood?
24. As a home office practitioner, how would you respond to writers and therapists who have made statements that home office practices can be "harmful" to patients and "dangerous" for therapists?
25. How do your feelings about cultural realities affect your decision to start or end a home office practice?
26. How do contemporary cultural realities such as social network technologies affect your work with patients? How would it be different if you were not in a home office?
27. What is appealing about not leaving your home to go work?
28. How does a short commute to your work place influence your life?
29. What do you miss about working in an office outside of your home?
30. Does your home office have multiple purposes besides seeing patients?
31. Do you use your home office as a space for writing, art or research?
32. Do you use your home office as a guest room for visitors?
33. Do other family members use your home office for something?
34. What would you never do or allow in your home office?

35. What objects go back and forth between your home and your office?
36. When friends or family visit your home, what is your policy on welcoming friends or visitors into your office?
37. Let's play or imagine that your home office space was sitting here with us and we could ask questions of it, or express to it our feelings. What would you ask of it? What would you like to express to your home office?
38. If you have had any dreams about your home office, please share them.

Appendix E
Announcement of Study on Home Office Practices

Dear Colleague,

This email is an announcement of a research project on the practice of psychotherapy in home offices. You are invited to participate in my study, *There's No Place Like Home: The Problem and the Promise of the Home Psychotherapy Office*.

You are receiving this email because you are within my professional network, and I know that you are aware of the many benefits and complexities around the practice of psychotherapy. Like me, you probably have great respect for many ways that our colleagues practice, and wish that everyone could avail themselves of the kind of therapy experience which suits them and serves them best.

Do you practice from an office in or near your home? Have you ever worked in a home office in the past?

I am very curious to engage in research with licensed therapists of all kinds—psychoanalysts, Jungians, psychologists, social workers, MFTs, LCSWs, LPPs—who have worked in a home office.

This heuristic study will involve one interview at the office of the home office practitioner. Further involvement with the research process is possible, as well, but will not include any scholarly writing; I am reserving that joy for myself!

All safeguards and precautions for confidentiality, professional decorum, and hospitality will be observed as a part of this doctoral dissertation study.

If you are interested in participating, or want more information before you decide, please respond to this email, or call me at 213.364.0162 and I will be happy to answer your questions or welcome you to the study. I am looking for about eight people to interview. Feel free to forward this email to a home office practitioner you may know, as well.

Sincerely,

Mario Prietto, LCSW www.marioprietto.com

Doctoral Student at Pacifica Graduate Institute

PhD in Depth Psychology with an emphasis in psychotherapy

Appendix F Further Reading

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