Preface

Learning from our work

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The publication of this book is very timely as reflective practice has become increasingly important in the field of psychotherapy. One indication of this is that a quick search on *Google Scholar* reveals only one hit for the term 'reflective practitioner' in 1980-1981 compared with 1,180 between 2007-2008! This growth in interest mirrors a parallel growth in the popularity of personal and professional development (PPD) in the training of psychological therapists (e.g. Hughes & Youngson, 2009). There is a central concern here to locate the person of the therapist in their work and for psychotherapists to turn the gaze of their theories on themselves.

However, as Rudi Dallos and Jacqui Stedmon ask in the first chapter, what is the point of reflective practice? I think there are a number of justifications.. The main aim of reflective practice must be to improve the quality of our work with our clients. As the contributors to this volume demonstrate, many of the leading exponents of psychotherapy developed their theories and skills through honest, careful and thoughtful reflection on their work. However, as the editors and contributors like Harry Procter suggest in chapter 6, one definition of reflexivity concerns turning a theory on itself. This leads to two additional meanings of reflective practice: that our theories are only provisional; and that we and our clients are not fundamentally different. Since our psychotherapeutic theories (e.g. a particular formulation of a client's difficulties) are hypothesised constructs which may be more or less useful to the client, there is a need to acknowledge to our clients that they are provisional. This need not alter whether these ideas will be useful – we know from experience that clients can have many different goals: some may want to explore their feelings; others may want to bring change in their relationships; others still may want some concrete practical advice. A reflexive stance may, therefore, allow clients to have more choice in our work with them and this may also make us more accountable as they can ask us why we have suggested one formulation rather than another equally valid one. Similarly, if our theories apply equally to psychotherapists then we see that we are fundamentally the same as our clients. Such an appreciation can help us to avoid the 'them' and 'us' attitude which can develop so easily in modern mental health services and which can lead to abusive practice.

Reflexivity is, of course, not an end in itself and it is good to see the contributors grapple with some of the dilemmas of reflective practice. As in other endeavours we need to maintain a careful balance between content and process: an exclusive focus on one can lead to the detriment of the other. One problem is that reflective practice itself can become self-indulgent and narcissistic if our reflection is too inwardly focused. This is a particular temptation for psychological therapists when reflections can sometimes follow a 'confessional' style narrative, particularly if we see reflective practice as similar to the accounts we might give of ourselves as a psychotherapy client. Instead, our work and our reflection on it occurs within a particular social context. A danger here is to assume that reflexivity is achieved by simply listing our social locations (e.g. middle class, white, heterosexual etc). However, we also need to think through what difference these social positions have made to our work. Have my responses to a particular client been influenced by my gender for example? If so, in what way? Here, working in

teams with colleagues can be valuable as we can learn about our own 'blind spots'.

I was pleased when the editors invited me to write a preface for this book. I have been interested in the topic of reflexivity and reflective practice for a number of years both in relation to therapy and in relation to research. In addition, for the last ten years I have been employed on a clinical psychology training programme at the University of East London. Conversations with trainees remind me that reflective practice is also a skill as well as a general orientation to practice. For example, one needs to learn how to talk and write about one's work in a manner which avoids being either too over or under-confident, or which avoids being defensive or self-blaming and so on. These developmental aspects are easily ignored and Jacqui Stedmon and Rudi Dallos helpfully address this in the second chapter.

The editors thought it might be interesting to begin the book by engaging the reader in a more personal manner than might normally be the case in a preface and they invited me to reflect here on my own personal and professional development[1], making links to material in the book.

One of the themes of the book is the mutual influence of one's self as a person and as a therapist. As a result, I'll begin by looking at one side of this coin: what are some of the issues which arise as one seeks to develop a therapeutic style which 'fits' you as a person? Reading the different chapters, I sensed another, less explicit theme of the book was how our reflections occurred within different kinds of conversations. As a result, I'll also discuss the impact of different social contexts on my own reflections: working in teams; and having contact with the mental health service user movement.

A great strength of this book is that the contributors are drawn from a variety of traditions of psychotherapeutic thought and practice. Unusually for a concept which is now so prevalent in the therapy world, the notion of 'reflective practice' *per se* did not originate from within a particular psychotherapeutic theoretical framework. Rather it emerged from the work of organisational and educational theorists like Donald Schön who tried to understand how professionals learnt their trades. As a result, although each model can plot a particular history of its engagement to the topic, it is not owned by any particular 'brand name' therapy. This is very useful since, as is demonstrated in chapter 3 and in the individual chapters, the way each tradition does 'reflective practice' is slightly different and reveals something new. It is also true to say that different approaches to therapy focus on different aspects of clients' lives and also call forth different aspects of therapists' personal and professional styles.

Finding your own style as a therapist is rather like finding your style as an artist or craftsperson or finding your own 'voice' as a writer. In more artistic

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[1] Some of this material is drawn from a talk I gave at the Affiliates conference of the British Psychological Society's Division of Clinical Psychology 'What kind of clinical psychologist do I want to be?', Midland Arts Centre, Birmingham, 3 September 2004.

disciplines it is acknowledged that developing a style takes time and experimentation. Like many psychologists, much of my experience prior to training and most of the teaching I received whilst a trainee on the University of Liverpool clinical psychology course was behavioural and cognitive in orientation. However, the course's philosophy was a pluralistic one where other models were valued and given significant teaching time – it was considered, for example, that one could produce a functional analysis within each therapeutic tradition (Owens & Ashcroft, 1982) – previously functional analysis had been seen as only a behavioural notion. Cognitive-behavioural approaches are often unfairly criticised for not addressing issues like reflective practice and it is, therefore, a pleasure to see the chapter by James Bennett-Levy, Richard Thwaites, Anna Chaddock and Melanie Davis. Many trainees feel they have no alternative but to draw on concepts from, say, psychoanalysis simply in order to reflect on the influence of a client's early life experiences or on the therapeutic relationship when writing up cognitive behavioural work case studies. However, it is important to try to stay within model and address such concerns in a theoretically consistent manner. As a result chapter 7 will be very useful to me as a trainer.

An important early element in my development as a clinical psychologist and therapist was understanding how my 'self' as a person and as a therapist inter-related. A key early theme for me was how to understand the meaning of the emotions I experienced in client work and this process is very well-described in John Wright's chapter on psychodynamic approaches to reflection. When I was working as a psychology assistant in a Special hospital (a maximum security psychiatric hospital), I was engaged in some supportive psychodynamic psychotherapy with a young woman. She was very challenging to work with: she regularly injured herself to quite a severe degree and also attempted to physically attack me on one occasion. However, what was most difficult was that she spoke very little and so I found it very hard to understand what the meaning was of her actions. My psychodynamically-oriented supervisor helped me to think about my emotions and feelings and to use them as sources of information about how my client might be feeling. It was in these discussions that concepts like transference and counter-transference came alive and helped me to understand that how I was feeling in those sessions might say a lot about relationships earlier in my client's life.

In the approach to reflective practice outlined in chapter 1, there are two axes: one focusing on reflection on the therapeutic approach and client work; the other focusing on the self of the therapist. Within the psychotherapies, one of the dominant means of reflecting on the self of the therapist, has been seeking therapy for oneself, often as part of training. One of the dilemmas here is that therapists can come to develop a reductive and pathologising story of their lives – for example, we *really* became psychotherapists in order to resolve personal issues. I have never been one of those people who thinks all therapists need to have therapy themselves as part of training -- there are many routes to becoming a better therapist. Indeed, there are many ways in which receiving therapy as part of training is different from seeking therapy at other times. However, an experience of therapy can be a valuable learning

opportunity and it can provide insights not just into one's own life but into the experience of being a client.

A concern for me during my clinical psychology training was how to become more 'human' as a therapist since I was finding myself preoccupied with hypotheses and questions as I tried to listen to clients' stories. Humanistic therapies take this concern as a central theme as Delia Cushway demonstrates in chapter 5. Interestingly, when I sought therapy later in life I ended up choosing a therapist with a Gestalt therapy background -- a different orientation than my own. I decided that I would not read anything about Gestalt therapy in order to avoid intellectualising the therapy process. Over the two years of seeing her, I learnt a lot from being on the other side of the therapy encounter. For example, the relationship with my therapist seemed to be more important than my therapist's gender, therapeutic orientation or the kinds of techniques she used. It was good to have the experience of feeling really listened to and I noticed how important the little things that the therapist did were. I learnt about my own vulnerability. One of the most important things I learnt through therapy was that one cannot always predict what might be helpful. In my own professional practice I am often keen to help people clarify their goals -- what they would like to get from their conversations with me. However, in my own therapy when I raised the question of goals, my therapist asked whether, given that I seemed very task-oriented and goal-focused in my life, it might be a good idea to create a space where I did not place this pressure on myself. This was a very powerful interpretation for me and made me rethink some of my assumptions about myself both as a person and as a therapist.

Reflection is often seen as a solitary, cerebral and introspective affair. However, one of the things that struck me as I read the book was how the authors' reflection on their work often emerged in different kinds of conversations – for example in supervision or in discussions with colleagues. One of the things which I have found most helpful in reflecting on my own work has been working in a reflecting team. I first had experience of working with such teams in the early 1990s and continue to work with a reflecting team in a systemic consultation service in Newham where the clients have opted in both to systemic work and working with a team. This form of practice is discussed in more detail in the chapter on systemic therapy by Arlene Vetere and Rudi Dallos and on narrative therapy by Paula Boston. However, briefly, the idea is that a small team share reflections on what they have heard in a session in a conversation with each other, to which the family and the therapist listen. I think I do my best work when I am with a team – I find it stimulating hearing the team's ideas and live supervision of this nature is, I think, professionally healthy in that one's work is regularly seen by colleagues. The most important thing, of course, is that the clients say they benefit from hearing multiple perspectives. It is often hard to predict which ideas will resonate with them most and seeing which do provides important information about how the therapeutic conversation is going and what the next steps might be. In addition, the team's reflections and discussions before or after a session can be very helpful in providing a space where team members can

make each other aware of particular assumptions which might be influencing their work.

Another social context in which reflection can take place is the peer supervision group. In the early and mid 1990s as I was trying to develop my understanding of narrative therapy ideas I and some colleagues in Liverpool (Pete Harmsworth, Helen Marks and Dave Spellman) met regularly once a month over several years. Paula Boston discusses some of the key tenets of narrative therapy in chapter 9. One of the challenges for me was that whilst many of the ideas -- like the idea of an externalised problem and the move away from an expert model of therapy -- made sense as they had their origins in theoretical ideas I was already familiar with in my research, they were quite different from how we are socialised as therapists. Our small group would interview each other about different issues, using narrative techniques and a reflecting team and then write each other letters based on these discussions (Harmsworth et al., 1996). As chapter 7 demonstrates, forms of self practice like this can be useful in deepening one's understanding of therapeutic techniques. I found these meetings and narrative therapy ideas helped me not only to understand the link between the personal and professional in my life but also to use that understanding to further develop as a therapist.

This book provides a useful opportunity to reflect on reflective practice. I wonder what developments we might see in the future? Personally, I would like to see the question of power addressed more. . For example, one question which arose for me as I read the contributions was what those who use therapy and mental health services might make of discussions of reflective practice. Is it solely an inward-looking professionals-only concern or is there a way that service users need to become part of reflective practice? I ask this because, certainly in NHS adult mental health settings, the organised user movement has had a considerable impact and, perhaps some cross-fertilisation could occur between it and the world of reflective practice. The involvement of ex-clients as part of Outsider Witness groups in narrative therapy (see chapter 9) is one approach to this question. A trigger to many of my own reflections over the last 15 years or so, has been when I've attended events where the numbers of service users and professionals attending and speaking from the platform has been roughly equal. Before attending such events I had not had a lot of experience meeting service users who were not clients of mine. When I became a full-time trainer in 2000 I hoped I would have more time and energy to be involved in mental health activism and between then and 2005 I was involved with the Critical Mental Health Forum, a regular meeting in London of current and ex-service users and survivors, critical professionals (including some who were or had been survivors) and academics. Some readers may already have concerns about the professional boundary issues which such meetings might generate. However, the increasing amount of contact between professionals and service users outside of the therapy room means we have to think about new ways of being a professional that are not quite as defensive or stuffy as some characterisations of boundaries allow. For example, the notion of professional boundaries originated as a way of protecting vulnerable clients from being abused by professionals. It was not the aim to protect professionals and yet

this is how professional boundaries can function nowadays. Being an activist at demonstrations against the Mental Health Bill alongside service users, engaging in debate and going for a pint afterwards provided an opportunity for different kinds of relationships, allowing all those attending a chance to share a common humanity. These events were an excellent opportunity to meet thoughtful survivors who helped me think about my own practice.

As the editors acknowledge in their concluding chapter, we are all influenced by the wider discourses of society about when and how to share reflections about ourselves and others; the media now abounds with reality TV and the internet facilitates intimate disclosure of personal information to a vast audience. We are all caught up in this wider web and, as therapists, we need to acknowledge that our work with clients provides only one particular context where reflective conversations and practices can legitimately take place. Both therapists and clients will bring with them different repertoires about the meaning of being reflective, drawing on their own experiences of family, professional and cultural life. However, one of the fundamental ways in which therapists and their clients are different, of course, is in the power imbalance between them and this should provide rich material for reflection. Perhaps the 'confessional' style of reflective conversations that are often practiced inadvertently sets the scene for discourses about judgement and blame. Taken either from the perspective of our clients labelling their own difficulties and perceived shortcomings in therapy, or trainee therapists being conscripted into a view of their practice as flawed, mistaken , and in need of feedback and correction by their supervisors, an inherent power imbalance defines the nature of the reflective process. However this book offers the reader many different options for creating instead, non judgemental and non blaming contexts for engaging in reflective practices within therapy, supervision and working in teams. We can bring our awareness of power imbalance into our reflective practices. Specifically, when working with clients we might ask ourselves, 'In what ways do we occupy a position of privilege which might influence our therapeutic work?' How does my relationship to class influence my work with clients? How do my age or gender impact on the kind of conversations clients might share with me?

'The unexamined life', Socrates said at his trial for heresy, 'is not worth living'. This book should provide lots of fruit for further reflection. I hope that reading about how some of the themes of this book have resonated with me has prompted reflections of your own and that you enjoy reading these contributions as much as I have.

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