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Therapist, Know Thyself: Self-Reflective Practice through Autoethnography

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Abstract

Typically, in a social work graduate program, students are taught human behavioral theories, methods and interventions, ethical practices, policy and cultural competence among other areas. The primary tool used by social workers are themselves. Therefore, it is important the social worker is competent. The academic curriculum ensures that professionally, they are. However, how much does a social work graduate program ensure the social worker is competent personally? Theorists and current literature express the importance of a therapist possessing self-awareness— that essentially to know oneself is to know others. In this autoethnography, I aimed to enlighten the importance of self-awareness by participating in the self-reflective practices of clinical supervision and self-reflective journal writing during my graduate year as a social work intern and student. I took this data and interwove it with personal history and knowledge from social work literature and education. Through the process, I discovered the importance of the therapeutic relationship and its ability to provide relational repair, along with personal issues such as insecure attachment surfacing in order to be acknowledged and begin to be healed. Ultimately, I experienced the reason why self-reflective practice is essential in being a competent therapist. Self-reflective work brings self-awareness. Self-awareness brings self-knowledge. And, self-knowledge enhances the therapeutic relationship and increases a therapist's overall competence and confidence.

Keywords: self-reflective practice, clinical supervision, attachment, therapeutic relationship, autoethnography, countertransference, self-awareness

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Therapist, Know Thyself: Self-Reflective Practice through Autoethnography

"Know Thyself" was written by a group of philosophers at the entrance of the Temple of Apollo at Delphi. The Greek philosopher Plato said, "The essence of knowledge is self-knowledge." The philosopher Socrates went so far as to say that pursuits are laughable unless someone possesses self-knowledge (Austin, 2011). What is self-knowledge? Why is the pursuit of self-knowledge important and how do we go about it? And further, which is what this research study will address, does self-knowledge make for a better therapist? To answer this question, I will be using autoethnography. In its most simplistic explanation it is the study of self within a specific cultural context (Hughes & Pennington, 2017). Therefore, I will be the subject of this research in the context of my social work graduate program. Within this context I will be participating in self-reflective practices, experiencing the impact of such practices on self-knowledge.

But first, since this research intends to advance the field of Social Work, let's look to see how the National Association of Social Workers (NASW) values self-knowledge. The NASW Code of Ethics states that social workers "be aware of any conflicts between personal and professional values and deal with them responsibly" (2008, p. 3). One way in which the NASW supports this is upholding supervision as an essential and integral part of personal and professional development. Accordingly, some of the goals of educational supervision are to promote self-awareness, to provide support in environments where the supervisee may experience vicarious trauma, and provide resources for self-care or personal therapy, if necessary (Best Practice Standards in Social Work Supervision, 2013). Another way the NASW supports self-awareness is through the requirement of continued education of social workers. This

education is self-directed and offers the opportunity for the social worker to participate in

learning toward personal and professional development (Standards for Continuing Professional

Education, 2003). This learning requirement aligns well with the pursuit of self-knowledge, and

with the Social Work values: integrity and competence. One of the primary duties of a social

worker is to act in a trustworthy manner, which means to be honest and responsible in the work

with clients. Being honest and responsible often begins with being honest with ourselves—

knowing what our limitations and strengths are—so to better serve clients. Competence means

practicing within our area of experience and expertise. Further, if outside of this area, if possible,

seek the necessary knowledge in order to serve clients. To be competent in the area of self-

knowledge means to be committed to the self-reflective process in our work with clients. Duncan

(2010), in his book, *On Becoming a Better Therapist*, said, "…if we see our work as a calling

and a means to personal meaning and satisfaction then our view of our own growth as a therapist

would be quite important to us—so much so that we might do well to keep a finger on the pulse

of our own development at all times" (p. 14). Essentially, as social workers, we understand that

the instrument we use is our own self. Therefore, the better the instrument, the better the care,

and the better the outcome for the client.

There are two key terms that will be useful to know. One of the key terms that will be

used throughout this research is self-knowledge. Self-knowledge in reference to this research is

the goal and essential factor in being a better therapist. According to the Merriam-Webster

definition, self-knowledge is "knowledge or understanding of one's own capabilities, character,

feelings or motivations." Why would knowing or understanding our own capabilities, character,

feelings or motivations make for a better therapist? According to social psychologist, John D.

Mayer those who possess self-knowledge are better attuned to their own capabilities and

limitations, which in turn help them to be more attuned to the capabilities and limitations of others, specifically clients. Also, according to Mayer, people who possess self-knowledge are acutely aware of their own perceptions and those of others, which can help make them be more understanding and tolerant (Mayer, 2014).

The other term that will be frequently used is self-reflective practice. In reference to this research, self-reflective practice is the process toward self-knowledge. Self-reflective process is essentially self-analysis, observation and evaluation and it is a process encouraged within the social work profession (Yip, 2006). In 1983, the book, *The Reflective Practitioner: How Professionals Think in Action* by philosopher Donald Schon was published. In its pages, Schon theorized that the most effective professionals are ones who are able to not only pay attention to the work they do, but also pay critical attention to the way they conduct their work. He called this, "reflection-in-action," which is the ability to take a step back while doing our work and reflect on the way we are doing it. "Reflection-in-action," is also useful in the common ethical dilemmas that social workers face. In the article, *Reflective Practice in Social Work— The Ethical Dimension*, Reamer (2013), reasons that social workers use this reflective process when facing ethical dilemmas, especially when faced with them in the moment, as is often the case. This "reflection-in-action," is similar to the social work concept, "use of self." Therefore, self-reflective practice is anything which encourages and enhances the "use of self." It is important to understand that gaining self-knowledge is an ever-evolving process, and there are many self-reflective practices in the pursuit of self-knowledge, and each journey toward it is up to the individual (Yip, 2005). Briefly, some of these practices are: personal development classes, groups and workshops, studying self-help materials and books, self-reflective journal writing, self-reflective work within supervision, "reflection-in-action" within the work setting, college

classes on self-reflection, and personal therapy. The most common self-reflective practice, most often discussed in the literature, is personal therapy. Sigmund Freud believed that personal therapy is a necessity for not only practicing therapists, but also should be part of a clinical education (Malikiosi-Loizos, 2013). Freud said, "But where and how is the poor wretch to acquire the ideal qualification which he will need in this profession? The answer is in an analysis of himself, with which his preparation for his future activity begins" (p. 246). Thus, it appears that knowing ourselves is indeed useful, if not absolutely necessary, especially when it comes to the therapeutic process and relationship.

However, there is debate about this, especially in terms of client outcomes on whether or not therapists who have participated in self-reflective practice, like personal therapy benefit any more than therapists who have not participated in self-reflective practice. There is also debate whether self-reflective practices, specifically personal therapy, be a requirement for graduate programs and professional licensure. Several research studies have addressed these debates and have attempted to answer these questions. Overall, the research suggests that this debate is far from over and more research needs to be done.

One of the most obvious gaps in current research is in sampling. The majority of studies used psychologists, with only a small percentage of social work professionals. This is interesting because according to Probst (2014), social workers provide more therapy than any other group of mental health professionals. There also does not appear to be many studies that focus primarily on MSW students. So far, it appears only four studies have been done, the first one in 1984 and the last one known, in 2001. The research question posed in the 2001 study by Stroizer and Stacey was: "How important is personal therapy in the education of MSW students" (p 184)? This question was given to MSW faculty and administrators, along with MSW students (Stroizer

& Stacey, 2001). In regard to this question from this study, one of the key findings showed that MSW students believed personal therapy was essential in their education, which was three times higher than the results from the MSW educators, posed with the same question (Stroizer & Stacey, 2001).

Another gap in the current literature refers to the questions themselves. Some of the questions were, "What are the arguments for and against personal therapy in training" (Malikiosi-Loizos, 2013)? "What is it, specifically, about personal therapy that clinicians find useful" (Probst, 2014)? Although these examples were useful questions, that have helped to advance this topic, they don't go deep enough to explore the possible implications of the therapeutic process and relationship when a clinician does not participate in their own self-reflective practice. The questions so far in current literature also do not explore possible fears and insecurities of emerging licensed clinical social workers about their ability to be truly present and emotionally and mentally available to clients if they have not explored issues within themselves. Further, do we even know if emerging clinicians have such fears and insecurities, and if they have, what might help them to feel more adept and confident? Would a required course in a graduate program on self-reflective practices, such as how to work with countertransference in sessions, be useful? What practices does the field of social work consider self-reflective? Would a certain number of hours in self-reflective practice before licensure be useful or would it be a hindrance? These questions are important due to research that suggests many in the profession of clinical practice are drawn to the profession due to their own backgrounds of personal issues, like trauma and abuse in their families-of-origin (Durthiers, 2005). This is certainly true for myself. Recently in my class: Clinical Practice with Groups, my

professor asked us to write a poem about why we came to school to be social workers. I wrote

this:

> I came here to enlighten souls. That's big.
>
> What's true is I came here to fulfill a desire of a seven-year-old girl.
>
> She stood at the edge of a lake. It was family weekend at Hazelden. Her mother was an
>
> alcoholic.
>
> She lived in silence— something was wrong.
>
> These people called therapists gave what was wrong a name. That's why I am here.
>
> In an article in *Psychology Today*, *Therapy for Therapists*, author Steven Reidbord, M.D.

asks if therapists should have therapy themselves. In the article, he shares some thoughts from

readers who believe that therapists who receive personal therapy may actually decrease mistakes

that can be made due to "unexamined countertransference." For instance, one reader said, "We

are to be one of the self-monitoring professions, responsible in a unique way as the stewards of

our treatment with our clients.... Having our own issues worked with ... goes a long way toward

ensuring a unique quality of care." And, "I am also frequently shocked by the stories my patients

will tell me about being in therapy with someone who clearly hasn't worked on their issues. It

can be very damaging to a patient..."(Reidbord, 2011).

How then, can we prepare future clinicians to ensure they cause little to no harm to the

people with whom they work? I have been surprised, and disappointed by the lack of curriculum

and conversation about self-reflective practice in social work undergraduate and graduate school.

In classes, I learn about theory and methods and the psychology of others. But often, I wonder

what about me? What about us— the students who want to be therapists— and our personal

history? Our families of origin? Our psychology? Why does social work education take the *self*

out of the classroom? Is self-knowledge valued in social work education? These are the questions

that drive the reason for this study. Carl Rogers believed that therapists who were not attuned to

and aware of their own inner life— their own feelings and thoughts— could not help others

become aware of theirs. "To become a therapist is to take on an awesome responsibility for

facing oneself" (Kahn, 1997, p 40). On some deeper level, I understood this. Those family

weekends spent at Hazelden showed me there were people who understood what I had no words

for. They gave me tools I didn't know existed. They inspired me to be what they were for me and

be that for others. This began the long journey into knowing myself, understanding the more I

know myself, the more competent and authentic I would be in the service of helping others. It is

my hope that this autoethnography will provide a deeper exploration into this area of self-

knowledge and professional practice, which will advance the research and open new doors and

insights. To begin, is a review of the current literature that explores the important research

already done on the topic of self-reflective practice and professional practice. Then, the

conceptual framework, method, findings and reflections for this study will be given.

Literature Review

The Pursuit of Self-Knowledge Through Self-Reflective Practice

What does the pursuit of self-knowledge have to do with professional practice and the

preparation of future therapists? According to Malikiosi-Loizos (2013), a self-reflective practice,

like personal therapy has a dual role: "a) adds knowledge and skills and helps trainees

comprehend more effectively the counseling process, and b) promotes self-awareness" (p 34).

The addition of self-reflective practice into professional practice has some roots in the theories of

"self-actualization" developed by Abraham Maslow and Carl Rogers. It is believed that each one

of us has an inherent desire to self-actualize, and the process to self-actualization occurs as we acquire self-knowledge (Malikiosi-Loizos, 2013). This process is important in professional practice because self-knowledge allows the therapist, or student-in-training to be aware of their thoughts, feelings and motivations, which in turn can reduce errors in stressful or challenging client situations and increase empathy and understanding, which foster the therapeutic relationship (Malikiosi-Loizos, 2013). The challenge however is how self-knowledge is defined and how we can determine if and when self-knowledge is achieved. This lack of clarity makes it difficult, for instance, to implement, let alone enforce curriculum or mandatory self-reflective practices for graduate programs and licensure (Malikiosi-Loizos, 2013).

Another challenge is determining what self-reflective practices would qualify if there were requirements for licensure and graduate programs. For example, would a requirement of a certain number of hours on self-reflection in supervision qualify? In social work, clinical supervision happens in groups or individually (Pack, 2011). In a study done by Pack (2011), a group of clinical supervisees engaged in written self-reflective exercises about their practice. This type of critical self-reflection can bring about insights, which often reflect positively on their work. The Pack study found that clinical supervisees gained understanding of their thoughts and emotions while working with clients. Also reported was the positive impact on clinical supervision, which allowed supervisees to feel safe and supported while they discussed the complexities of their work.

A narrative, auto-ethnographic study by Ruch (2000) explored the self-reflective process in education with her perspective as a social worker. She believes that students, given the client experiences they often face, need to engage in self-reflective practice in order to stay open to learning. She also noticed a trend in social work education where self-reflective practices are

becoming more integrated. She described reflection, which comes from various literature, as a process that draws from past experiences, reflects on the present, which informs future practice. She also described four types of reflection: technical, practical, critical and process. Technical reflection is an analytical style of reflection. It often uses external sources, like theory and research with its goal of efficiency and effectiveness. Practical reflection is what Schon in his work, *The Reflective Practitioner*, called getting knowledge from the "bottom-up," which basically means the knowledge gained by reflecting upon experiences in practice. Critical reflection engages the thoughts, feelings and conscious and unconscious understandings in order confront and change existing social, cultural and political norms. Finally, process reflection comes from the psycho-dynamic approach and seeks to understand the unconscious occurrences in practice, which help the practitioners to gain insight into themselves, their work and their clients. Further, Ruch (2000) found supervision as a way to nurture her self-reflective process and inquiry and also wondered where the opportunities existed in social work education for the self-reflective process. The importance of such practices is made by her example of anxiety that social work students often have. She found that there are two main sources of anxiety for students: what they may say or do to clients and what may be said or done to them. Simply, they are afraid they are not competent enough to handle certain situations. One way to manage this anxiety would be a self-reflective practice. It can help social workers explore the anxiety, perhaps discuss in supervision and further understand and process their experiences so they can further develop the professional "use of self" (Ruch, 2000).

Statistics on Self-Reflective Practice

There are a number of mental health professionals attracted to the profession because of personal experiences, perhaps from past trauma or family-of-origin issues. These experiences

can create internal wounds, which can easily be triggered, especially in the therapeutic setting. Vicarious trauma, which is trauma experienced by the clinician upon hearing the experiences of clients, is another factor in considering self-reflective practice (Durthiers, 2005). A self-reflective practice, such as personal therapy, can support the clinician in both of these instances. But are clinicians receiving personal therapy and do they find it useful?

Holzman, Searight, and Hughes (1996) studied 1,018 psychology graduate students and found that 74% sought therapy at some point in their lives, with an average of 80 sessions. A study by Deutsch (1985) of 264 practicing psychologists and social workers found results similar to the Holzman, Searight and Hughes study. Pope and Tabachnick conducted a survey of 800 psychologists. They found that 84% received therapy, and only 2% considered it not useful. Further, most believed that therapy should be a requirement of graduate programs and licensure (Pope & Tabachnick, 1994). In another study Kaslow and Friedman (1984) concluded from a sampling of 14 graduate students that personal therapy was more useful than supervision in their development as clinicians (Kaslow & Friedman, 1984). As seen, these studies asked if clinicians are participating in self-reflective practice, specifically personal therapy and its usefulness in professional practice. However, Probst's study (2014) cast a wider net. She interviewed 30 social workers with a focus on how and why personal therapy is useful. Six themes emerged, which are based less on the internal experience of the participants and more on the concrete criteria that was studied. Participants learned through the example of their own therapists how to work skillfully, especially in terms of session pacing, presence of the therapist, and the use of self-disclosure. Other significant themes were noting the importance of the actual environment of the sessions— for example, is the room clean, comfortable and organized— and recognizing how vulnerable it can feel to reveal issues in therapy and the courage it often takes to do so. To

paraphrase one of the participants: therapy allows for a deeper exploration of ourselves and therefore, how can a therapist take a client to these deeper places if they have not gone there within themselves (Probst, 2014)? Although, most of the literature points to the usefulness of self-reflective practice in professional practice, one study examined reasons why therapists do not participate in self-reflective practice.

According to the research 20-25% of therapists have never had personal therapy (Norcross, Bike, Evans & Schatz, 2008). Norcross, Bike, Evans & Schatz (2008) examined 119 psychologists, counselors and clinical social workers who had never had personal therapy. The highest rated reason why these participants did not receive personal therapy was they dealt with issues in other ways or felt they had other areas of support, such as family and friends. The lowest rated reason was the inability to find a therapist. Studies have also recorded data on the use of personal therapy before and after entering professional practice. Guy, Stark & Poelstra (1988) examined 749 practicing psychotherapists. Sixty-three percent received individual therapy before entering the profession compared to 57% after receiving their degree. Data also showed that those receiving therapy before their degree were more likely to receive therapy after their degree. In regard to social work field work and supervision, according to Stroizer and Stacey (2001), there is pressure felt by field faculty and supervisors from students who want personal therapy as a part of their curriculum. However, faculty have wrestled with the difficulty of differentiating supervision from therapy.

Benefits of Self-Reflective Practice

According to the literature, there are many benefits to professional practice when a clinician follows a self-reflective practice. In social work, under the right conditions, self-reflective practice can result in self-knowledge and enrichment. These right conditions include: a

social worker's willingness to engage in self-reflective practice, an encouraging environment, such as in supervision, space and time for self-reflective practice and insight into the social worker's limitations within self-reflective practice (Yip, 2006). Those surveyed in the Pope/Tabachnick (1994) study ranked self-awareness or self-understanding as the greatest benefit to personal therapy, followed by self-esteem or self-confidence and improved skills as a therapist. In a study by Norcross, Strausser-Kirtland, and Missar (1988) six benefits were found from receiving personal therapy: emotional and mental functioning improves, a greater comprehension of personal dynamic, which allow for clearer perceptions, helps deal with the emotional stress that comes with being a clinician, enhances socialization, creates sensitivity to the reactions and needs of the client, and offers an alternative way to learn clinical interventions and practices. The benefits of a self-reflective practice, specifically of social workers in recent literature, shows receiving personal therapy enhanced self-awareness, allowed for more engaged and empathetic listening and increased confidence in their roles as professionals (Malikiosi-Loizos, 2013).

Macran, Stiles and Smith (1999) interviewed 7 practicing therapists on how personal therapy affects professional practice. In their research, 12 important themes were discovered. The first theme had to do with the benefit of knowing how it feels to be client and the importance of remembering how difficult the experience can be. As a result, this helped the participants to understand the power and influence they have as therapists. Another theme that emerged was seeing personal therapy as self-care, which helps them be more attentive to their clients. Other relevant themes from this study were about learning new skills from their therapist, acquiring more self-knowledge, which gives insight and skills beyond textbooks and classroom learning and the importance of giving client's space. Some of the participants were able to understand on

a deeper, experiential level the necessity of giving room for the client to find their own resources and insights. Doing so, helped build trust in the therapeutic relationship, and trust in themselves. Another interesting benefit, which came from this study was "listening with the third ear." This means, that through the participant's experience of personal therapy, they noticed they were listening more deeply to their clients and were better equipped to discern what was their own thoughts and feelings and what was coming from their clients. One participant described it this way:

> It's taught me a lot about my own feelings about things. And because I now recognize a lot more about my own feelings, I'm able to separate my own feelings from the client's. And I believe that I can listen much better to clients because I've got a really good sense of what belongs to me and what doesn't. (p. 427)

The ability to discern between the feelings of the client and the clinician, essentially being aware of countertransference is one of the benefits of self-reflective practice. Durthiers (2005) studied fifty-seven interns, clinicians and supervisors of psychology and found that through personal therapy, a greater appreciation and awareness of the countertransference process occurred. Countertransference in the therapeutic setting often goes unnoticed and this can have a negative impact. For instance, according to Durtheirs (2005) if a therapist is unaware of countertransference, important material can be missed, which can lead to a client not getting their needs and goals met and further, the therapist causing harm to the therapeutic relationship by projecting their feelings onto the client.

According to Yip (2006), when social workers find themselves in the midst of their client's challenging experiences, they can intervene on what Schon called "high ground" or "lowland," in his work, *The Reflective Practitioner.* On "high ground," the social worker applies

theory and research based practice to the situation. On "lowland," social workers stay in the

complexities of thoughts, feelings and the unconscious. This includes their own thoughts,

feelings and unconscious, which is the material of countertransference. Determining where to

intervene and reflecting upon uncomfortable feelings during practice is self-reflective practice in

action and can be a great benefit to the social worker. According to Yip (2006), these benefits

include, improved competence in the social worker's ability to handle difficult situations, which

brings confidence and openness, which brings more insight and self-awareness, and therefore

self-knowledge.

Dr. Reidbord (2011), in his article *Therapy for Therapists,* said a therapist being a client

allows for greater empathy and knowledge of when a client is feeling something that they may

not be disclosing. Also, according to Dr. Reidbord, countertransference is a useful tool in therapy

and to use it effectively, self-awareness is essential. He said, "Our own feelings,

countertransference broadly defined, is the sensitive instrument we bring into the consultation

room." Thus, we must ensure our instrument is fine-tuned, and personal therapy is one self-

reflective practice that can help with this attunement.

The Challenges of Self-Reflective Practice

It appears that the research indicates mainly benefits to a self-reflective practice,

however, the pitfalls of personal therapy should also be noted. In social work, if the conditions

are not right, self-reflective practice can create professional and personal challenges. For

instance, examples of unconducive conditions would be a large number of cases and clients,

which overwhelms and causes burnout, the social worker's own unprocessed pain or past trauma,

and an unsupportive professional environment between worker, supervisor and colleagues. In

this case, self-reflective practice can be perceived as just one more thing to attend to, and

therefore would not be effective. It may also impede the worker's personal and professional

identity as self-reflective practice can open up insecurities and fears that the worker might have

(Yip, 2006). Across the board, much of the research suggests that the factors, which inhibit

therapists or students-in-training to receive personal therapy have to do with issues of

confidentiality, the burden of time and money, the worry of self-disclosure to a stranger and the

challenge of finding a trusted and effective therapist (Malikiosi-Loizos, 2013). Another reason

that shows up in the research is some feel they already have the support they need and personal

therapy, for them, is unnecessary (Malikiosi-Loizos, 2013). In a study by Probst (2015), 30

clinical social workers who had been practicing for 10 or more years were interviewed. The

study focused on the experience of personal therapy for seasoned social workers. One of the

challenges of personal therapy at this point in their professions is they found themselves

critiquing the therapist. This dual-identity, as they called it made it difficult to participate in their

own therapeutic process. One of the advantages of receiving personal therapy at this point in

their career, was the partnership they felt with their therapist. Because they were also therapists,

they found that they could work more effectively together, which made the work more efficient.

The Debate: Should self-reflective practice be a requirement for professional practice?

The debate on whether self-reflective practice should be a requirement for graduate

programs and licensure has gone for a while without a resolution in sight. This may be because

there is not enough research to suggest it is beneficial and what may be the pitfalls of requiring

personal therapy. Clark (1986) attempted to answer whether self-reflective practice, specifically

personal therapy, made for a more effective therapist than those who did not participate.

However, he found that the empirical evidence was inconclusive, based on sample sizes and the

lack of control over certain factors and variables such as the motivation behind the clinician

seeking therapy and what point in their career did they participate in therapy. In general, therapists understand the value of self-reflective practice, but are divided about whether personal therapy is necessary. According to MacDevitt (1987), many therapists see that other practices, such as supervision and self-exploratory activities are sufficient enough. Also, according to Probst (2014) it's hard to ignore the research on the benefits of self-reflective practices like personal therapy and asks the question: "are social workers not obliged under the ethics of evidence-based practice to endorse, and personally embrace, whatever contributes to best possible care" (p. 60)?

What is known is in most European countries personal therapy is mandatory before being able to enter the profession (Malikiosi-Loizos, 2013). For instance, in Britain, the Division of Counseling Psychology of the British Psychological Society requires that students participate in 40 hours of self-reflective practice such as individual therapy or workshops (Malikiosi-Loizos, 2013). The European Federation of Psychologists' Associations mandate at least 100 hours of self-reflective practice. These facts do seem to put pressure on the United States to conduct more research and decide whether or not self-reflective programs should also be mandatory.

According the Pope & Tabachnick (1994) study out of 464 participants, only 62 were a part of graduate programs that had a requirement for personal therapy. When asked if personal therapy should be a requirement, 39.7 answered, "absolutely yes." Nearly 31% answered "absolutely yes" whether personal therapy should be a requirement for licensure and 62% said "absolutely yes" that in order to continue practice, personal therapy should be required.

Self-Reflective Practice as a Requirement for Graduate School and Licensure

If self-reflective practices were required for graduate courses and licensure what might that look like? Some of the suggestions or present ways of offering this are through role plays,

journaling, personal development support groups, a requirement of personal therapy and through supervision during internships, which specifically address issues on self-reflection (Malikiosi-Loizos, 2013). In regard to group work, a study was done on its effectiveness in enhancing self-knowledge. Participants, who were students-in-training, said the group was useful as far as pointing out "blind spots" in their work, which helped them develop insight into areas where they needed to grow (Malikiosi-Loizos, 2013). Another consideration in this area is how to measure the effectiveness of self-reflective practice and its ability to gain self-knowledge. Chigwedere and Fitzmaurice (2017) did a study to check the reliability of a questionnaire called the 'Self-focused Practice Questionnaire.' It measures the self-perceived impact of self-reflective practice. Although the use of the questionnaire could not rate therapeutic impact, it did show that it is accessible to a range of therapist levels— from foundational to graduate levels.

Specifically, in social work a study by Stroizer and Stacey (2001) examined MSW students and faculty about the effectiveness and relevancy of personal therapy during an MSW program. They wanted to know if receiving personal therapy in graduate school was appropriate and can graduate schools require students to get personal therapy. In terms of relevancy of personal therapy in an MSW program, three times more students than faculty saw it as necessary. Rated first in how personal therapy is effective for students and faculty was self-awareness. In the area of personal therapy as a requirement in graduate programs, 93% of faculty said there was no policy for their program, but some said that if personal issues were interfering with student's effectiveness this could change. Forty-nine percent were not sure if therapy should be mandatory. Some of the comments from faculty about the debate ranged from a shift from clinical work to social justice issues to personal therapy should always be voluntary to personal therapy should be a requirement. For MSW students, 85% felt that therapy should be a part of

their education. Their comments ranged from therapy should be a requirement for MSW students

to a good therapist should not be determined by whether or not they receive personal therapy to

receiving therapy will reduce harm for clients.

Although the research indicates the need and benefit for self-reflective practice in

graduate programs and licensure, there are negative impacts as well. For example, while

receiving personal therapy can bring relief, it can also bring up personal hurt and pain. This

could be a lot to deal with, on top of the demands and pressures of graduate training (Malikiosi-

Loizos, 2013). Another consideration is, how effective is personal therapy if it is mandatory and

not self-chosen? According to the literature, we know that the readiness is essential for change

(Malikiosi-Loizos, 2013).

Overall, based on the current literature, self-reflective practice is not only encouraged in

the field of social work, but studies have shown the benefits of such practice. The literature also

shows that there is great debate about how the profession implements this practice, and how it

can further quantify the benefits to professional practice. More research is needed, especially in

the area of how self-reflective practice is used by social workers and what are the various

conditions that affect its use.

Conceptual Framework

"When someone reflects-in-action, he becomes a researcher in the practice context."

(Schön, p. 68, 1983)

In 1983, social scientist, Donald A. Schön's book, *The Reflective Practitioner* was

published. In the book, he examines several professions and how they think in action. He offers

an approach he calls reflection-in-action. Firstly, he says that society looks to professionals to

define and solve society's problems. However, he also concludes, increasingly, there are signs

the public has lost confidence in the professional's ability to do so. According to Schön (1983)

professional practice has been dominated by the model of Technical Rationality. This method

relies solely on scientific theory and technique, and whether these theories and techniques are

standardized across professions. Technical Rationality came from Positivism, during the rise of

science and technology, and theorizes that all human achievement emanates from scientific

discovery. The limitation of Technical Rationality is it cannot function in "complexity,

uncertainty, instability, uniqueness, and value-conflict" (Schön, p 39, 1983). This limitation has

caused the breakdown of this model, which has also, created society's lost confidence in many

professions. Fortunately, when old models break down, new ones emerge. According to Schön

(1983) there is a distinct approach, which often only functions in complexity and uncertainty.

This approach is reflection-in-action. Its defining feature is intuitive, spontaneous thinking about

what the professional practitioner is doing while they are doing it, and what they can offer in the

moment. Often, in this reflective space, a "kind of knowing" or self-knowledge creates a skillful

behavior from the professional that does not come from intellectual knowing (Schön, 1983).

Without this reflection-in-action, professional practitioners may develop what Schön calls

a "repertoire of expectations, images and techniques" (Schön, p. 60, 1983) where their practice

becomes habitual, lacking in spontaneity. Therefore, these practitioners will not easily tolerate

ambiguity. In fact, anything out of their routine could cause the professional practitioner to

neglect the needs of their clients, and eventually they may suffer from burn out, or at the very

least boredom in their work (Schön, 1983).

Another defining feature of reflection-in-action is the "stance toward inquiry," which

professional practitioners make themselves a part of a situation and also, where they shape the

situation. However, in doing so they realize the situation has a life of its own, distinct from their own purposes, and therefore stays open to this dynamic (Schön, 1983). It is in this "stance toward inquiry," that I will lead this research. I intend to shape the methods of data collection while also remaining open and reflective upon the data I receive. I also intend to use what Erik Erickson called "disciplined subjectivity," where I will document everything relevant to the research while paying acute attention to relevant themes and insights as they answer my research questions (Schön, 1983). I also intend to show how the method I am using, autoethnography, compliments the reflection-in-action framework of this research in that it will allow for the complexity and uniqueness this research project will provide.

To show the overall framework of this research, see figure 1, *The Reflective Practitioner*. The Reflective Practitioner, in the case of this research study, is myself. As the reflective practitioner, I will be participating in two self-reflective practices: self-reflective supervision and self-reflective journaling. These practices are my attempt at reflection-in-action as a professional/student social work practitioner. It is my assumption that my self-reflective practice will expand my self-knowledge, which will therefore increase my confidence and competence as a social worker and enhance and support the therapeutic relationship between my clients and myself.

Figure 1, *The Reflective Practitioner*
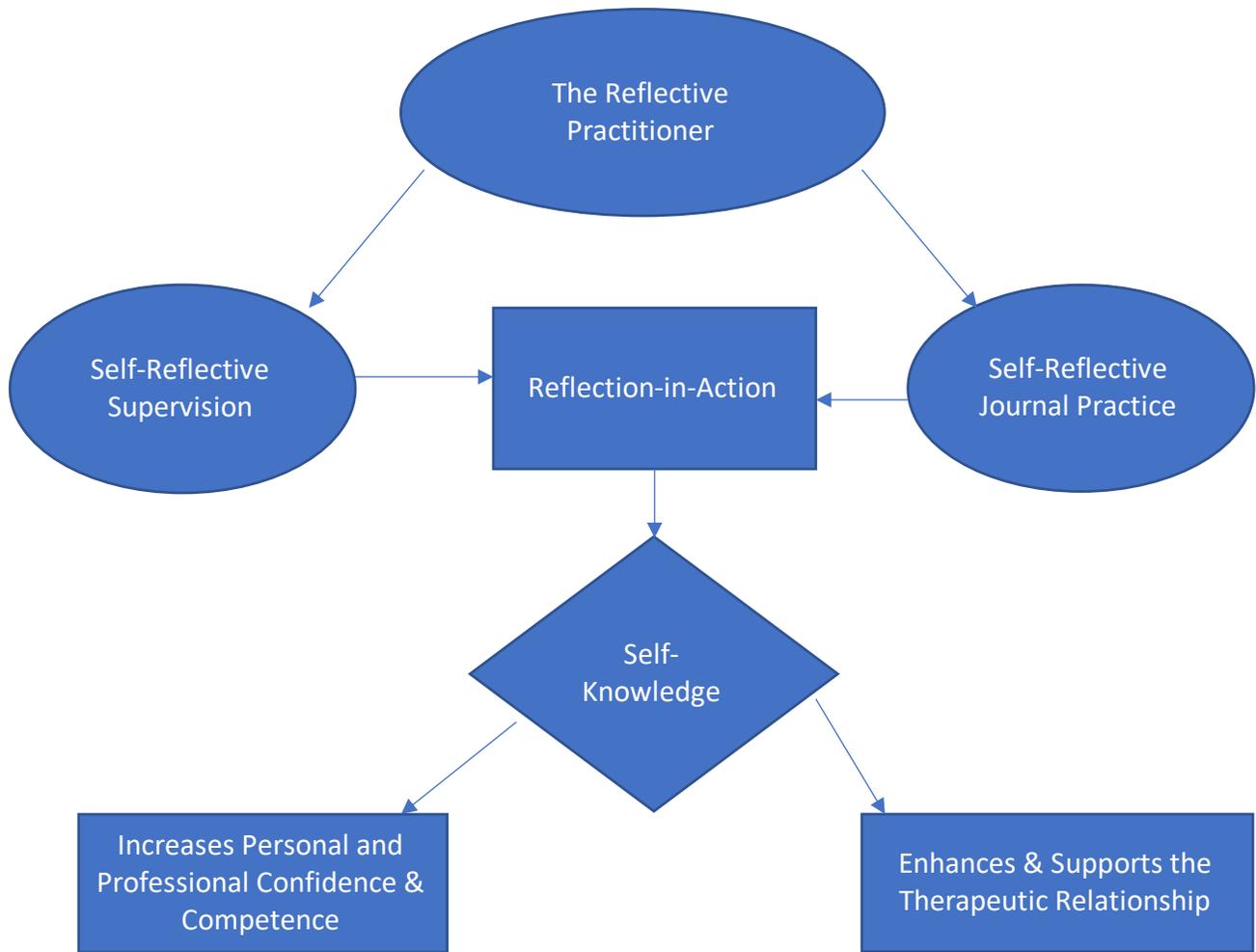
Methods

Research Design

   Autoethnography: *narrative of the self.* This clinical research project is an

autoethnography of my experience using self-reflective practice during my Master of Social

Work program. Autoethnography is a qualitative approach that emerged out of ethnography,

which is the study of other people in their environment and culture. Autoethnography is the study

of one's self in their own culture and environment (Patton, 2002). Historically, Europeans used

ethnography to study the people in places like Asia and Africa. In more recent times, it's been

used to study those who are homeless or use drugs. But how does one study their own culture?

Thus, the birth of autoethnography (Patton, 2002).

   Goodall (2000) calls autoethnography "creative narratives shaped out of a writer's

personal experiences within a culture and addressed to academic and public audiences" (p. 9). By

using its unique autobiographical nature along with its social and cultural lens, a rhythm occurs

that is both inwardly and outwardly focused. For example, according to Patton (2002), the

autoethnographer looks through a wide lens on to the external environment and then moves

inward to explore their personal insight, feelings and thoughts. Because of this personal quality it

is written in first person and can assume many forms. Some examples are poetry, personal essays

and journal entries (Patton, 2002). Also, due to its personal nature, some researchers have

difficulty seeing autoethnography as a legitimate research method. Some object to its literary

approach (Patton, 2000) while others question its validity due to its subjective nature (Chang,

2008). Therefore, according to Chang (2008) there are "pitfalls" to look out for when using this

approach. Some of these are: focusing too much on the self in isolation, rather than the self in

culture or environment, and ethical issues regarding confidentiality when other people are used

in the personal narratives. Accordingly, Patton (2002) suggests the autoethnographer is held to a higher standard because this approach is nontraditional and therefore he offers criteria, which can maintain the integrity of the study. For example, the autoethnographer must ask: does this contribute to the understanding of the social culture? Do I contribute acceptable self-awareness and self-exposure, which helps the reader make conclusions about the research? Also, how does this impact the reader?

Just as there are drawbacks to this approach, there are also benefits. According to Chang (2008) autoethnography is becoming a useful method for researchers, including social workers. Chang (2008) considers it an approachable method due to its engaging writing style, and because the author is both the researcher and the source of the research. It can have a therapeutic effect on both author and reader due to its self-reflective nature and evoke self-examination. Further, it is one of the few approaches, which recognizes subjectivity, emotionality and the researcher's own thoughts and insights on the research subject (Ellis, Adams & Bochner, 2011).

Why autoethnography? Autoethnography is well suited to this research project, and to who I am as a person and a researcher. The process of autoethnograpy inspires self-reflection (Chang, 2008) and the purpose of this research is how self-reflective practice supports and enhances social work practice. Therefore, it seems fitting to use this approach for this research. Further, I consider myself as self-reflective, based on years of my own self-reflective practice. From a young age, I was curious about myself, and I continue to be. In 7th grade, my English teacher told the class to keep a journal. I have continued this practice ever since and have found it to be one of my most useful self-reflective practices. Other helpful practices have included reading self-help books, participating in groups such as Alateen, Adult Children of Alcoholics and Co-

dependents Anonymous; personal, couples and family therapy; yoga, bodywork and meditation. A few of these practices, like couple's therapy, yoga and meditation I continue today.

In terms of the research topic itself, autoethnography allows for an intimate, authentic and creative way to collect data. This adds to the current research on self-reflective practice in unique ways. For instance, due to the self-reflective nature of this method, "epiphanies," or spontaneous personal insights occur more readily (Ellis et al., 2011) and therefore, is a part of this project's data collection and analysis. The narrative structure of the research creates a piece that is engaging and aesthetically pleasing (Patton, 2002). It also allows the reader to have a more active and participatory experience because of its narrative nature (Witkin, 2014). Therefore, as the writer I made sure the words I chose flow and are artistically shaped to encourage the reader to move along my personal journey of self-reflective practice in the hope that they will have their own self-reflective journey and insights. Self-reflective practice is a process toward self-knowledge, and often what is missing in the current research is process. Considering the personal nature of self-reflective practice, autoethnograpy allows for an intimate look into my process of personal discovery and self-knowledge through self-reflective practice. It is my hope that this research will inspire fellow MSW students and practicing social workers to develop self-reflective practices of their own, and if they already have, to continue that commitment. It is also my hope, through this research that administrators, professors and those who hold power in social work education and licensure see the benefit of adding curriculum and perhaps, criteria to further encourage self-reflective practice.

Protection of Participants

I am the sole participant in this autoethnography. Therefore, I did not submit an application at the University of St. Thomas Institutional Review Board. My data comes from two

sources: my individual supervision sessions at my field placement and my personal journals. Because I am sharing information from my supervision sessions, I asked the permission of my supervisor to which she agreed. I also shared with her that I will protect her identity by not using her name and not using any identifying features or locations. In regard to using my personal journals, it was up to my own discretion of what I shared publicly as this will be read by my chair, committee members and further, will eventually be published online.

Self-disclosure. According to Jones (2015) sharing the autoethnographer's personal background information is a critical piece of this method. Thus, I am a 46-year-old white woman who is currently enrolled in a Master of Social Work program in Minnesota. After I graduate in May 2018, I plan to begin the process of becoming a Licensed Clinical Social Worker. Once I receive licensure I plan to have my own clinical practice. I also plan to author books and articles on mental health and spirituality. In speaking of spirituality, it is important to note that I do not have any religious affiliation, however I have committed to what I call a spiritual practice of knowing myself. As stated earlier in this section, I have used several self-reflective practices in order to facilitate knowing myself. It is of the utmost importance to me that the people I work with currently, and in the future, feel safe and supported by me and my work with them. I believe strongly that my self-reflective practice has made me a better social worker and will continue to do so. I also believe that social workers, and all those who are in the mental health field, will better serve their clients if they too, commit to a practice of self-knowledge and discovery.

Data Collection Instrument and Process

Autoethnography is an autobiographical method of research (Patton, 2002). Thus, I am the instrument of data collection. The data comes from my lived experience in social work supervision and my self-reflective journal entries. My research questions are: "How do my self-

reflective practices increase self-knowledge and support me as a social worker? And, "How does self-knowledge, through self-reflective practice, impact the therapeutic relationship and the competency of social workers?" These two questions lead the data collection process. To collect data from the self-reflective supervision sessions I wrote in a designated field notes journal and recorded two of the sessions. In the journal, I documented the details, including the conversations from those sessions. After each session, I reflected upon the session and documented the reflection in the field notes journal. As previously stated, other data includes journal entries that were written during the course of my graduate program. In all journal entries, I document my perceptions, thoughts, feelings, insights and most importantly, my process of self-reflective practice. In the next two sections, I will explain the details of each data collection method.

Self-reflective supervision sessions. In the months of February and March, I had three sessions with the Licensed Clinical Social Worker at my field placement for my MSW program. Each of these sessions were specifically designed around self-reflective practice and process as it pertains to my professional work with clients at my internship. Specific questions, along with issues, concerns and successes surrounding countertransference and other personal issues and insights directed the sessions. The purpose of this data is to show how supervision in social work can be used as a self-reflective practice. In this way, it shows how it can increase self-knowledge and therefore, increase competency and confidence in the social worker and positively impact the therapeutic relationship. It also shows how it differs from personal therapy, which according to the literature, is a concern for supervisors and why they often do not include self-reflective practice in their time with supervisees (Strozier et al., 2001).

Self-reflective journal practice. During the course of my MSW program, I made entries in a self-reflective journal. These entries document my insights, along with thoughts, feelings and questions, that transpired over the final semester of my school experience as I prepared to meet the world as a professional social worker. For example, in my Methods class, after a role play with another student, the instructor pointed out to the class her thoughts about the use of my non-verbal skills. She said I came across as open, nonjudgmental and curious. So much so she wanted to join in our role-played session. This was a defining moment for me as a soon-to-be-social-work-professional because I received feedback, which told me I am expressing the qualities I want as a therapist: openness, curiosity and a nonjudgmental stance. This experience, along with others like them, are the data from the self-reflective journal practice. The entries reveal the self-reflective practice and process of journal writing, which I have used over the years. To offer a brief outline of this, the entry usually begins with an issue, question or problem. From here, more details are explained. While the writing continues, connections are often made— many, which often come from the past, such as in my childhood. At this point, feelings often surface and sometimes are experienced. As the connections and feelings emerge, there is a sense of space, which often brings solutions to the problem, answers to the questions or just space to have a new experience.

Research Format

The findings section is different from traditional research, in that it highlights data from my personal experiences with self-reflective practice. This data reflects only my thoughts, feelings and experiences. The trademark of autoethnograpy is its use of multiple layers of consciousness, which are interwoven throughout the narrative (Jones, 2015). This narrative style does an often-difficult dance of trying to find the appropriate language to describe internal

experiences, along with weaving the external details, which either triggers the internal experience or is created from the internal experience. This dance came to life for me as I weaved the raw data from my personal journals and supervision sessions, along with context and background. Through the course of this dance, I found pertinent themes and added current research and academic knowledge from my text books to enhance the findings. Following are the results of my self-reflective journey.

Findings

The Therapeutic Relationship and Relational Repair

"The relationship is the therapy" (Kahn, 1997, p. 1).

Self-Reflective Journal Entry: January 22, 2018

In less than an hour I will have my first client session. I feel nervous— that I won't be good enough, that I won't be liked, that I won't know what I am doing. What if something goes wrong and I am unable to manage him? How will I fill the space of this one-to-one session in the quiet of this office? This feels like a more intimate experience in my profession than I have known. I feel vulnerable— exposed.

I can remind myself that we will both be curious of each other and will be having a new experience together. The space then is open for us to get to know each other, and for me to understand how to support him.

The emphasis on the therapeutic relationship has a long history. Sigmund Freud, over time, saw the therapeutic relationship as complicated, and stressed the importance of paying attention to the transference and countertransference that occurs between client and therapist. He also stressed the importance of knowing how to respond to it. Carl Rogers emphasized the

importance of the therapeutic attitude, which required genuineness, empathy and "unconditional

positive regard." Then, in the 1960's brought the humanistic approach, which demanded the

therapist be emotionally vulnerable and honest with their clients (Kahn, 1997). These ideas

remain present today and contribute to the importance of the therapeutic relationship.

A therapeutic relationship can also occur in the context of clinical supervision. The

NASW defines supervision as a collaborative process that is built on trust and maintains the

necessity of providing feedback and support for the development of competence within social

work practice (NASW, 2013). The following supervision session demonstrates this collaborative

process where a relationship is being built on trust based on the willingness of myself to share

openly about my first experience with a client and the therapeutic stance of my supervisor.

Supervision Session One

I knock on my supervisor's door. She opens the door from the chair at her desk. She

greets me with her warm, welcoming smile. I take a chair at the round table in her office. She

joins me.

She asks, "How are you?" *I love that this is the first question she asks.*

"I feel tired," I respond. We are both women of a certain age, and discuss the difficulties

of getting to sleep, and staying asleep at night. We laugh. She then asks, "How are you feeling

about meeting with your first client?"

"I feel like this case is complicated and I am scared I won't be able to help. I am

concerned about my tendency to over-empathize with people— if that's even a thing…." I laugh.

"His teacher says he often feels hopeless. I tend to take on the feelings of people and become

how they are feeling. I am concerned I will feel too hopeless to be responsive and engaged. I

know this is not helpful. Then, I might panic because I will feel the pressure to fix the situation and make him feel better and I won't be able to."

She smiles, as if she understands, and says, "Your self-awareness and reflection will help you. It is easy to feel the pressure to fix, especially when others, like teachers and parents, depend on us to solve the issues. But, it is our job to provide a safe space and a therapeutic relationship."

According to Schon (1983) a supervisor has a unique opportunity to restructure an experience through reflecting and asking questions that encourage deeper investigation. In the example above, I shared my feelings of fear and worry about what I structured in my mind as my incompetence as a therapist. My supervisor, through empathy and reflecting my strengths, reconstructed my potential as a therapist, along with what we, as therapists, are in session to provide: a safe space and a therapeutic relationship. I had a similar experience with my professor in Methods class. The experience prompted the following journal entry.

Self-Reflective Journal Entry: November 14, 2017

In methods class tonight, I played the therapist doing Narrative Therapy with another student who played the client. After the role play, the instructor vocalized to the class her observation of my role play. She noticed I was present, open, curious and how I joined with the "client," so much so she wanted to join us. She asked the student how the experience was for her: "Did you notice her being present for you? And if so, what was that experience like?" The student answered, "I don't usually talk about myself and it allowed me to self-reflect. She listened and also asked questions, which guided me toward more self-reflection."

As I heard them both discuss their experience with me, a part of me felt validated and encouraged. The feedback offered me an experience to be seen through someone else's eyes as a therapist. The feedback is exactly the kind of therapist I want to be. I want to embody self-reflection. I want my presence to invoke self-reflection. However, another part was deflecting these words— like please don't spend too much time talking about me. I don't want to make anyone mad or think I am getting too much attention. I simply noticed this part. It's familiar.

Much of my work so far has either been in isolation, and immersed in my own self-reflective practice, or in a classroom doing role plays. It has felt like being in a dark cavern, alone. But, tonight, my instructor shed a light on my work, and through her experience of me I was able to experience myself as a therapist. Her experience mirrors the vision and intention I have of myself as a therapist— as someone who holds the space and embodies self-reflection so much so that it invokes the client to self-reflect— to take the time to "know thyself."

One of the benefits from the therapeutic relationship is it provides opportunity for relational repair. Relational repair occurs once a therapeutic alliance is formed and the client's maladaptive patterns are discovered through the context of the relationship. Once they are discovered the therapist provides responses that counteract the maladaptive patterns. When this happens, the client experiences new ways of relating and has the opportunity for repair (Teyber and Teyber, 2017). I have read about relational repair in several of my text books and was having difficulty connecting to the concept. I have participated in therapy since I was a young child but did not recall experiencing it. Also, in the short time I have practiced therapy, I did not think I provided relational repair for a client. This changed during my spring semester and I experienced what I had only read about. The following journal entry begins my experience.

Self-Reflective Journal Entry: March 8, 2018

The end of the semester is approaching, and this will be one of the last journal entries for my data collection. I thought the final semester would bring less work, but instead it has brought more, which leaves me feeling overwhelmed. For the past week I have struggled to finish two diagnostic assessments and treatment plans, so I can begin seeing the clients. I have juggled this with several homework assignments and class readings. I am also getting some pressure from my field liaison about the concern I won't have enough direct service hours at my internship. This is a clinical placement, he says, and I want you to get a rich and well-rounded clinical experience. I appreciate this, but it is going to be what it is at this point. There have been many obstacles that have been out of my control.

Anyway, everything caught up to me this morning while I kept running into obstacles entering data into the electronic health record. I noticed a familiar feeling inside my body, a feeling which in the past would have me throwing my computer across the room or at the very least pounding my fist on the key board. From here, I would just give up. Instead, I found myself texting my supervisor, the anxiety filling me, sending one frantic text after another until finally I sent one final message: 'If you have a minute today before noon let me know." I continued to struggle, resigned to the fact she was understandably busy with clients and would not be able to respond. Not able to take much more, I got up from my office chair and made breakfast. As I scrambled the eggs, the phone rang. It was my supervisor.

I was conscious not to transfer too much of my anxiety toward her. I did this because I notice I talk fast and frantic, often feeling like I am complaining or venting too much to her. I wonder if I overwhelm her. I was aware of how anxious I was this morning and I tried to play cool. I began by telling her I felt inadequate and explained my struggles with the electronic health record. Calmly, she asked me if I could get into the system and she would walk through it

with me and answer my questions. Almost effortlessly, the problems that loomed so large only moments before were smoothed out by walking through the issues together. Throughout the conversation she also made an effort to tell me how well I am doing. She said, "You got this, Nikki. You are going way beyond and doing exceptional work with your work with clients and documentation." She also emphasized, "I am making it a point to tell your field liaison that you are having a rich and meaningful clinical experience in your internship and that you are having a positive impact for clients and your documentation is excellent."

As I stood over the kitchen sink, washing the breakfast dishes, my mind felt clear for the first time in weeks, maybe longer. This is what support feels like. This is relational repair. What I have read about a therapist giving the client a new relational experience is coming alive for me through clinical supervision. My supervisor held the space for my anxiety, and didn't avoid me, which is what I am used to. Instead she offered a new relational experience where I felt supported, heard and affirmed. I can be supported. The text books emphasize the life changing nature of relational repair and now that I have experienced it for myself, my self-knowledge has increased, along with the motivation to be this for others.

This was an important experience for me professionally and personally, and I wanted to ensure my supervisor knew what she had provided for me. The following is that conversation during our supervision.

Supervision Session Two

Today, we met in my room.

I began with, "I want to say to you I really appreciated our phone call yesterday. I was feeling so overwhelmed, something has come over me the last few weeks. I feel like I am always complaining. But when I got off the phone with you I was like— *I feel so much better."*

She responds, "I am so glad!"

I continued, "This is what support is. I just wanted to say that I really appreciate you holding that space for me while I was freaking out and how you calmly lead me through what I was struggling with. And then, telling me— *you're doing great. You got this*. It was really helpful. It's so foreign to me. I had this horrible supervisor, as you know. It was nice to have this experience and it correlated with what I am learning about how we as therapists have the unique opportunity to provide new relational experiences for our clients. Instead of rejecting them or whatever they are used to, we do not do that. So, I was like, oh, I am experiencing what I have been learning and supposed to be doing in my work with clients. It was just really cool. Again, I really appreciate it. You're doing your job. And, you're doing a really good job."

"Wonderful, thank you," she responded. "It's such a mutual feeling. We are really well matched. I really do appreciate what you shared."

I replied, "It's been really cool to see all of these things come together— what I am learning and then to experience, which makes me more competent to do my job. It's really helpful."

"I'm really glad to hear that," she said. "I stand behind it— I think you will do really well with whatever path you choose, and I think you have a natural inclination for this work. You are really good at it. It's coming natural to you."

The need for my own relational repair comes from a childhood marked by my mother's alcoholism. Her addiction made her unavailable to me, especially emotionally. Therefore, I

developed a lack of trust in relationships, along with an incessant need to be in relationships that

are chaotic and demand that I be the responsible person in the relationship. Because of this, I

never really experienced receiving emotional support or attunement in my relationships.

Recently, I have been seeing a new therapist who is trained in Somatic Experiencing. We have

just begun to work on some of these relationship issues. The therapist, much like my supervisor,

has provided an experience of relational repair because of her skills in emotional attunement.

The following is a journal entry after one such encounter.

Self-Reflective Journal Entry: March 22, 2018

It's time to take some time to process, to explore deeply. I am giving myself a full hour to

do so. This, instead of reading for class. I think what I am experiencing lately is my natural,

internal process on speed. This, because I am in school, doing an internship and almost

constantly organizing and planning in my mind. This way of being seems to be disintegrating. It

is no longer needed. School is almost over. The parts of myself I love, that are more me, are

returning. They enter as rescuers, prompting me to sit in a sunny spot on the carpet, take my

daughter out to breakfast instead of doing homework. I am getting off this treadmill and finding

life again— and finding it more enjoyable and satisfying.

In therapy today, I noticed I came in foggy and unclear— my clear sight blocked by a

mass of congestion right in front of my forehead. By the end of the session I felt clear, bright and

relaxed. It's because she is present with me and reflects back what she is getting from me. She

says a lot: I'm getting this from you……It's validating in a deep way, not a superficial way.

She's giving me what I never had— someone really with me. I have not, until the last two

sessions, understood what I read about— how a therapist can be a relational object and that this

in itself is therapeutic. For some of us, it is the first time we've had a therapeutic connection.

This is certainly true for me. She is showing me what I can be for others and I can't imagine better work. She is also giving me what I've never had— an attuned person who feels and sees me and reflects it back. The work is coming to life. By experiencing it and connecting to it is healing me and shows me why this work is important and necessary. To stay rooted here will guarantee engagement and passion with my work with people.

She is also helping me see that I am attuned but I do not externalize it. I have spent half my life internally processing, observing and absorbing. I keep so much of it to myself. This is beautiful and priceless. It adds to who I am, to my life, and to my work. However, I must now work with intention to bring what is internal, out. I must express what I am attuned to and offer it to my family and to every being I work with. I must be one that provides this needed gift, so people can heal and transform. I want to provide therapeutic experiences and relationships. I want to be attuned and express what I sense, checking in with curiosity and validating— I see you. I'm here with you.

Attachment & Parts

We can hardly bear to look. The shadow may carry the best of the life we have not lived. Go into the basement, the attic, the refuse bin. Find gold there. Find an animal who has not been fed or watered. It is you!! This neglected, exiled animal, hungry for attention, is a part of your self (Marion Woodman, from the book, *The Body Keeps the Score*, 2014, p 232)

When a primary caregiver is attuned to a child, the needs of the child are met. The child experiences, at its core, a deep validation of being seen and cared for. This means the child will grow up to be securely attached. However, if the opposite should occur— if a primary caregiver is not attuned to the needs of the child, the child will grow up to be insecurely attached.

Attachment researchers label three types of insecure attachment in children: Avoidant, Ambivalent, and Disorganized (Teyber, 2017). Assessing my personal history, I would say I have characteristics of both avoidant and ambivalent. In relationships, I can pretend to be fiercely independent and need no one, which makes me feel safe and in control. Or I can be incredibly needy and terrified of abandonment, which makes me feel out of control and ashamed. The need of relational repair is reflective in my attachment schema and has shown up both professionally and personally during my graduate program. Below is a supervision session where I share my attachment issue surfacing during my work with a client.

Supervision Session Three

It has been a couple of weeks since we have met for our supervision session. There have been sick days, conference days and President's Day. I was feeling anxious to have our session. I wanted to discuss my last session with my client. We decided to meet in my office.

I began, "One of the things that I thought I could process… so I am in class, and it's weird how it's coming together. I am learning a lot about attachment. I am having my own reflections about my own attachment… like with my mom and working with my client.

"There was a day he (the client) came in for an unscheduled appointment. I got the feeling he was curious about me and wanted to connect a little bit more. We talked about his phone call to his mom. I wasn't sure how long I was supposed to see him because it was unscheduled time."

My supervisor chimes in, "You can just go with it. Whatever he is needing."

I continued, "I asked him what he needed before going back to class. He asked, "Can I have a hug?"

My supervisor smiles warmly.

Continuing, "So I gave him a hug and he goes, "Yay!"

We laugh.

"After I brought him to his room and came back to my office I was freaking out. I was like, *okay I think I am becoming an attachment object.* I know that's what our role kind of is, but it freaked me out. I was like, *this is a responsibility."*

My supervisor reflected back to me, "Yeah, so it felt really big?"

Feeling heard, "It did. It felt overwhelming. And, I know I am not going to be here that long. I know I am not the only person in is life, but it still felt big."

There was a moment of silence. Then my supervisor asked, "So how did you process through that?"

I replied, "Um, I don't know that I totally have yet."

We both laughed and joked a bit, my supervisor realizing that I am probably still in process. She said, "I realize that's a big order."

I continue, "I have processed through some of my own attachment stuff. What happened for me is I really didn't attach to my own mom, and I still haven't. My dad was there, but he's more there now than he was then. Then, I met my husband at 15 and he became my attachment object— and that can backfire. This is what I realized this weekend. I was having some anxiety about my LGSW exam and when my husband got home, and he hugged me my anxiety disappeared. At that moment, it hit me: as a kid having a lot of anxiety and not having anybody to hold that for me, and then I find him— this big guy who has this nurturing part of him— and I attached to that. Then, I made the connections with the kids I work with— how much anxiety they probably have and for some of them mom isn't available. Realizing all of this became overwhelming. There's a lot of attachment stuff here."

My supervisor spoke, "It is a big role that we are in."

I kept sharing my experience, "When I went to our couple's therapy, I was telling our therapist about this and he talked about using my adult resourced self. But, you can't expect this from a child. They don't have an adult resourced self. So, I guess the work is holding the space here for them to explore and work some of these things out— and do what you can in the time that you have. So, maybe there is no resolution to this."

My supervisor replied, "When you're doing that attachment work it's appropriate and essential to be looking at your own attachment. You can't separate that out. And you're absolutely right, as adults we do have our adult resources and there's something we can do to nurture our child self. For your client, it's about providing that safe and protective space. That in of itself is huge."

"I also notice," I say, "when he (my client) comes to the door he has a smile on his face and I have a smile on my face. I know that means something too. I don't know if you ever heard Toni Morrison ask, 'Does your face light up when your child walks into the room?' I don't know how many kids actually have that experience. I think even that— the greeting at the door— is an intervention in itself."

My supervisor said, "Right. I tend to look at that as an intervention and imagine what that feels like to him— to have someone where there is this genuine: *I am really happy to see you.* And, not viewing him as a problem."

In the many years I have done personal, inner work I have come across various parts of myself. One part appears to be responsible. Another part seems to be a rebel. Other parts want to be loved and left alone. There is another part, one that is underneath all the others. This part feels deeply alone, isolated and misunderstood. She carries a lot of pain and is the most vulnerable of

all the others. In the book, *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma,* author Bessel van der Kolk, M.D (2014) says we all have parts. Many of us, in order to survive trauma, develop self-protective strategies. If used over time, which is often the case as these strategies were developed in childhood and remain unconscious to us as adults, they become parts with personalities and desires. Their strongest desire is to protect the part of us that is wounded. According to van der Kolk (2014), "Exploring—even befriending—those parts is an important component of healing" (280). Richard Schwartz created an intervention called Internal Family Systems (IFS). This strategy offers a framework that invites the exploration and understanding of these parts. This is primarily an internal process, which is about getting to know our own internal landscape. The outcome is the integration of the parts and coming into conscious contact with what Schwarz calls, the Self. Beneath the surface of these parts is a "Self" that is confident, curious and calm, a Self that has been sheltered from destruction by the various protectors that have emerged in their efforts to ensure survival. Once those protectors trust it is safe to separate, the Self will spontaneously emerge, and all the parts can be enlisted in the healing process" (van her Kolk, 2014, p 285). Following is one such encounter where I explored and befriended the vulnerable, isolated part of me— a part that experienced the trauma of neglect, and therefore insecure attachment.

Self-Reflective Journal Entry: November 13, 2017~ Morning

The Captured, Unloved Child Within

I no longer want to push love away and pull it to me for selfish reasons. I want to be free. Do we all have this part inside of us— a captured, unloved child alone, in pain, in a cage, walled off from the light and love? Believing no one loves her, but desperately needs and wants love. How often

was this vulnerable, frail child pushed to the side? Enough to push her into a cage, a place she

believes she belongs, but desperately wants to be free from.

Evening

In the work with my couple's therapist, he asked me to close my eyes and imagine the

captured, unloved child within. She was alone, in a locked cage at the corner of a dark

basement, backed up and crouched against the bars. The Nurturer (a loving, adult resourced part

of me) *came down the steps fully ready to free the child from her cage. The child was also ready*

to be free. The Nurturer went to her, unlocked the cage, held her and told her she's there for her.

They chose to hang out together for a while— learning, experiencing nurturing, freedom and joy.

The neglect and pain of this child was contained in a metal box that was placed in the rafters of

the basement.

I realized that the part I thought was me, the adult part was actually not. Instead, she has

been identifying with the aggressor. She had become the neglector like the one who neglected the

child under the disguise of protection. The neglector is full of fear, not love. She cannot

nurture— just there to keep the child alone, neglected and hidden. I also realized how nurturing

I am, how I'll be able to nurture the children I work with, how I understand so much better. They

need nurturance to calm down, to regulate.

During the work, I cried. I could feel the tension of the child release because she finally

had someone to nurture her, and she allowed herself to be nurtured. I see this reflected in my

marriage and in my new internship where I am supported by my supervisor.

According to Teyber and Teyber (2017), anxiety is a signal of insecure attachment. I have

experienced anxiety my entire life. In my late teens and early twenties, I had several panic

attacks a day. It was not until I began to dig into my childhood and feel the feelings from that time in my life did the panic attacks subside. However, the generalized anxiety has hung on. But recently, little by little, I notice it lessening. In this final journal entry, I share the observations my therapist made at our last session.

Self-Reflective Journal Entry: March 22, 2018

As I was walking out the door, my therapist said for me to slow down. She has observed how I move in my internal process— how I have one insight after another, how instead I can stay with just one and deepen it. I remember this is how I used to process. Now, there is less space because of school and technology— always checking a screen for news and updates. But she reminds me it is time to slow down.

She connected this kind of anxiousness with trauma and suggested that loneliness, the kind I experienced in childhood, is traumatic. I had never thought of this. As she said this, I felt a well of pain. I felt the loneliness and the isolation. It is all inside my little girl (part). Also, inside her is this sweet angel, and I adore her. Today I told her I love her, and I am going take care of her. My therapist sees my loneliness and isolation. I didn't know it showed. It has been a subtle sense of shame for me— to feel so unloved and alone—feeling like no one likes me, but not understanding why. But, it is because many of us did not have anyone who saw us. It is not personal. Those who raised us were also not seen.

Underneath all the wounds and pain, we are children of light. I want to rescue the little girl from that lonely space, once and for all, and bring her to the light. I want to be a guide for others in this work. This is my work here.

Reflections and Limitations

Reflections

"Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going on inside ourselves" (van der Kolk, 2014, p 208).

I'd like to begin my reflections of this research study by sharing a reflective journal entry about my reflective journal practice.

While writing the self-reflective journal entry (from 1/22/18) *I experienced being a reflective practioner—shifting from my fears and insecurities to being curious and open to the client and our session. To honestly express my fears and insecurities gave space to a strategy of recognizing the opportunity in that space. There is fear and insecurity in that space, but there is something else there too if we allow these fears to surface and give them a voice. When we do this through a reflective journal practice it helps us process how we are feeling, which gives space and perspective and opens us to see other possibilities. In this entry, as I honestly acknowledged my fears and insecurities of this first session, soon I was able to see the opportunities present for this session— to see that it would be new for us both, that I can stay curious and, in that space, find ways to fill the space and support, or at the very least just observe, listen and get to know him. In this way, I see using a self-reflective journal practice as a way of self-care, in supporting ourselves as we venture into new areas, that challenge and frighten us. The act of writing our feelings seems to quiet some of the anxieties, and therefore frees up some space so we can begin to see the other possibilities and solutions in the experience.*

In this research study, I participated in three forms of self-reflective practice: clinical supervision, self-reflective journal writing and personal therapy. The above example reinforces my belief that self-reflective journal writing is a practice that deepens self-knowledge. Van der

Kolk (2014) says that writing is one of the most effective ways to access our inner world. Through the process of pen to paper we find an opportunity that allows us to see what we are thinking and feeling. As we continue to write, sometimes we make connections from our current thoughts and feelings to past experiences. This can open a door to unconscious memories, stored emotions and neglected parts of ourselves. Writing then becomes a means to their freedom, and essentially to our own.

Also, in this research study I participated in clinical supervision where I used sessions to share experiences of countertransference and to process thoughts and feelings about my work with clients. Pack (2011) conducted a research study and found that supervisees could search and share the complexities in their work when trust is established in clinical supervision. Therefore, it is essential 1) that clinical supervision offers the opportunity for the supervisee to explore ambiguities and 2) that the supervisor be someone who understands the importance of providing a safe environment. Fortunately, for the sake of this research and for my clinical internship, I had both. I learned that clinical supervision can decrease the anxiety, which often accompanies a social work graduate student as they practice what they have learned in the classroom. I also learned the importance of the relationship itself. Because of the support I was offered by my supervisor I was able to heal an internal injury due to a lack of support in my upbringing. This healing experience showed me the importance of the therapeutic relationship and offering relational repair for clients.

Lastly, I shared journal entries that processed and shared insights gained by personal therapy sessions. Much of the current literature that is shared in my literature review expresses the importance of therapists receiving personal therapy. Van der Kolk (2014) also speaks about a time he had to end a session because of his reaction to his client's trauma story. This made him

realize the importance of therapists receiving their own personal therapy, so they can 1) be emotionally available to their clients and 2) take care of themselves and come to understand their own personal history. The largest gain for me receiving therapy during the time of this study was experiencing the emotional availability and presence of my therapist. Her availability and presence allowed for the isolated part of me to be seen and accepted, which created healing and relational repair. This experience not only increased my self-knowledge and affirmed the importance of participating in my own personal work but increased my motivation to create this experience for the people I work with.

Through this research and from years of personal experience in my own self-reflective practice, I believe it is imperative for clinicians to possess self-knowledge—to understand their personal history and how it can impact current experiences. It is also important to understand their own capabilities, character, feelings and motivations. This knowledge is important to the therapeutic process and relationship. Jena, from the online article, *Have You Seen a Therapist Yourself?* (2011) left this comment:

> I would go so far as to say that an unanalyzed therapist is a potential danger to his clients. So much of what we do as therapists involves separating our own feelings from what we are picking up from our clients in order to best understand and interpret their material. In order to do this accurately we need to have a very deep understanding of our own inner life. I believe there is much truth to the saying that a therapist can take you only as far as he has gone himself - and without his own therapy, that is pretty much nowhere.

Participating in this research project with myself as both the researcher and the one being researched was well suited to who I am as an individual. In many ways, I have been conducting this research most of my adult life due to the years I've spent writing in a journal, reading self-

help materials and receiving personal therapy. Because of this, the research method I chose felt

comfortable and came naturally to me. However, it did not come without challenges. Often, I felt

vulnerable and exposed as I shared my inner process on paper, knowing there may be people

who will read it. I feared I would be judged or somehow ridiculed for how I choose to participate

in this project. Overall, if I am to increase my self-knowledge to become a competent therapist, I

must not only participate in self-reflective practices, but I must also fully embody self-awareness

in order to encourage it in others. To share my internal process, essentially my vulnerability, then

is to be the change I do want to see in the world.

Implications

I entered into this project with 25 years of experience in self-reflective practices. I had

my share of therapists who seemed to be unable to fully attune themselves to me emotionally and

therefore an opportunity for healing was lost. Knowing I wanted to be a therapist from the age of

seven and realizing the importance of being present for clients, I set out to "know thyself." When

I entered college for social work, I began to notice a lack of attention, and in some cases, the

complete abandonment of self as therapist. I wondered how this could be when we are literally

the instrument that is brought in to an intimate space of another—a person who on some level

has chosen us to help them. Therefore, it is essential our instrument be as fine-tuned as

possible— meaning clear and efficient so we can be present to our clients. Briere and Scott

(2015) call this finely tuned practitioner the "mindful therapist." This therapist embodies

compassion, alertness and acceptance. In their work they include the skills of empathy,

attunement and unconditional positive regard (Briere and Scott, 2015). Bruce, Schapiro,

Constantino and Manber (2010) note that "through mindfulness practice, a psychotherapist

comes to increasingly know and befriend himself or herself, fostering his or her ability to know

and befriend the patient" (p 84). Being a mindful therapist means being attuned to the client,

which increases their sense of well-being (Briere and Scott, 2015). Therefore, the implications

for social workers is to be mindful and mindfulness is the result of engaging with our own inner

landscape and learning what is there. It is also important to note that mindfulness helps therapists

manage countertransference and the negative effects of vicarious trauma and burnout that

therapists often experience.

I set out on a journey to find out: *does self-knowledge increase personal and professional*

confidence and competence and enhance and support the therapeutic relationship? Will

supervision, journal writing, and personal therapy as self-reflective practices increase self-

knowledge? And, what self-reflective practices could be included in a social work graduate

program and should they be included? I entered into this project having an idea of what I believe

to be the answers to these questions. Through the research process, I believe even more strongly

in the use of self-reflective practices as a way to increase self-knowledge, and ideally having

curriculum in the social work graduate program that would support such learning. Some ideas

include: support groups for students to gather and process personal issues that arise during their

learning. Offering classes, assignments and in class discussions about the use of self and

countertransference. Any implementation that encourages self-awareness would be a welcome

change and would increase self-knowledge that would help graduate social work students feel

more competent in their work.

Limitations

One of the limitations of this research is I did not know at the beginning of this project

that I would be using autoethnography as my method. Had I known this early on in the process, I

would have been able to collect more data. I would have tracked the data of using the self-

reflective practices through the entire year of my graduate program. Once, I did choose autoethnography, the limitation became the lack of time to collect data and the lack of data to collect. For instance, my graduate internship was at a school. This means some of my supervision sessions were missed due to holidays, sick days and snow days. The lack of data came from curriculum that did not offer opportunity for self-reflection and self-awareness. My spring semester would be the first time I had a couple of experiences exploring issues of countertransference and the exploration of my family of origin. Another limitation is in the method itself. According to Witkin (2016), with autoethnograpy, everything is up to interpretation, and sometimes the writer cannot recall all the details of an experience.

Conclusion

In closing, I have some reflective questions for you, the reader: What is it like to read the intimate details of another person's process? Do you relate? Does it make you feel less alone? Is it helpful to your own personal and professional evolution to read the inner workings and process of another person? How so?

The research journey of self-reflective practice through autoethnography has now come to a close. However, my work as what Schon (1983) calls "The Reflective Practitioner and what Briere and Scott (2015) call "The Mindful Therapist" has just begun. I entered into this project understanding the value of self-reflective work increasing self-knowledge in order to enhance my own well-being. Now, because of the experiences I had during this research project, I fully appreciate the value of self-reflective practice increasing self-knowledge in order to be a competent and wise guide in the enhancement of well-being for others.

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