

Navel Gazing or Valuable Training Strategy? Self-practice of Therapy Techniques, Self-reflection, and the Development of Therapist Expertise

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Abstract

Personal therapy and/or experiential learning have traditionally been regarded as central components of therapist development in many therapeutic traditions (e.g. psychoanalysis, gestalt therapy, group therapy). However, the literature provides little empirical data to support their assumed value. Furthermore, the delineation of ways in which they may be useful has been rudimentary; and theories to explain their assumed usefulness are almost non-existent. Consequently, the extent to which personal therapy and experiential learning are valuable training strategies for therapists remains unclear. In the past 25 years, cognitive therapy has become one of the best-established therapies in the western world. Up to this point, cognitive therapy has not had a strong tradition of experiential training. The present paper focuses on the training of cognitive therapists, and examines the value, as perceived by trainees, of a training technique known as SP/SR (self-practice/self-reflection). It identifies ways in which cognitive therapy understandings, skills and therapist self-concept are reported to be enhanced; and discusses possible conceptual underpinnings of SP/SR, and other experiential/reflective approaches. It is concluded that there are theoretical grounds within experimental psychology and adult learning theory to suggest that SP/SR may represent a promising approach to the training of cognitive, and other, therapists.

The role of personal therapy in therapist training

"But where and how is the poor wretch to acquire the ideal qualifications which he will need in this profession? The answer is in the analysis of himself, with which his preparation for his future activity begins." (Freud, 1937/1957)

So wrote Sigmund Freud in 1937, advocating personal analysis as the strategy of choice in the development of therapist skills. But was he right? Since Freud's time, personal therapy and experiential training have continued to occupy a central position as a training strategy in many therapeutic traditions. However, their value is unclear.

The literature on personal therapy for therapists, much of it from the psychodynamic tradition, tells us little from an empirical perspective. We do not know:

- 1 If personal therapy is effective
- 2 How it may be effective – what outcomes?
- 3 Why it may be effective – what learning mechanisms could explain its effectiveness?

The best that can be concluded from a recent review of the literature on personal therapy for therapists is that "there is some evidence that receipt of personal therapy is associated with therapists' possession of supportive attributes such as empathy, warmth, acceptance and genuineness ... whether these attributes can only be learned from personal therapy is debatable" (Macran & Shapiro, 1998).

Accordingly the literature sheds little light on whether personal therapy is a long and expensive navel gazing exercise, or whether it has some value as a training strategy. And theories to explain its assumed usefulness are almost non-existent.

We might posit that the value of personal therapy and personal experiential work in therapist development takes two principal forms. Firstly, it may be hypothesized that personal therapy enhances personal wisdom, which in turn may create a more adaptive therapeutic field in which therapy takes place. However, from a theoretical perspective, this argument has not been well articulated, nor is it clear what data would be needed to substantiate the claim. Accordingly, this question will be put to one side for the remainder of the paper.

Secondly personal therapy may have direct impact on the acquisition and development of therapist skills and expertise, through such mechanisms as self-experience and observational learning. It is this issue that the present paper addresses.

It should be noted that the focus of the paper is not on personal therapy per se, but rather on the value of personal experiential training strategies within the context of a training course. However, the conclusions may also have direct implications for the value of personal therapy as a training strategy.

The purpose of the paper is to start to develop theory; to suggest why at least some forms of personal experiential work may be valuable in the training of therapists; and what the principal mechanisms of learning may be. The paper is drawn from a series of studies I have been carrying out with colleagues in Australia on the impact of personal experiential work in CT training. In this case, the research colleagues are also the participants, some of them trainees on a clinical psychology training course, and some professional practitioners.

The role of self-practice of therapy techniques, and self-reflection in cognitive therapy training

Cognitive therapy (CT) has had less of an experiential tradition than many other therapies, but recently, with the expansion of CT in the 1990s to work with a wide range of often severe problems, for instance, those who are given a diagnosis of personality disorder (Beck, Freeman & Associates, 1990; Layden, Newman, Freeman & Morse, 1993), a number of leading authors have suggested that personal experiential work may make a valuable, and possible unique contribution to the development of cognitive therapists (Beck, 1995; Padesky, 1996; Safran & Muran, 2001).

For instance, Judith Beck writes in her 1995 book: "Your growth as a cognitive therapist will be enhanced if you start applying the tools described in this book to yourself" (Beck, 1995, p.5). Christine Padesky (1996, p.288) comments: "To fully understand the process of the therapy, there is no substitute for using CT methods on oneself". And Wills and Sanders (1997) have written: [Being a cognitive therapist now demands] ... "a high degree of self-knowledge – an awareness emphasised more readily in other therapies but now a necessary part of cognitive therapy".

The present series of studies (Bennett-Levy, Lee, Pohlman, Travis & Hammernik, 2001a; Bennett-Levy, Lee, Travers, Pohlman & Hamernik, under review; Bennett-Levy et al., 1999; Bennett-Levy et al., 2001b) have been the first studies in the CT literature to ask whether practising therapy techniques on oneself might have an impact on therapist development and skills. For several years, we have been looking at the self-reported impact of a training strategy known as SP/SR.

SP stands for self-practice, and SR for self-reflection. In SP/SR, trainees practice cognitive therapy techniques on themselves, either from workbooks on their own, or they do limited 'co-therapy' work with a partner. Then they reflect in writing on the sessions. The written reflections are, in my view, crucial to the process, enabling trainees to look in depth at the implications for themselves, for their clients and for cognitive theory.

It is important to understand that SP/SR is *not* designed to be personal therapy. Its primary function is as a focused training technique. Any personal gains are a by-product, not a central focus.

In the absence of any useful guidelines from previous research, the purpose of the studies has been to map the impact of SP/SR: to determine process and outcomes as reported by participants. However, as yet, we have no objective data to suggest whether the self-reported changes are matched by objectively measured changes. Mapping the experiences of participants has been seen as the first step.

Outcomes in SP/SR

In this presentation, the outcomes data will be only briefly summarised, since the main focus will be on the process data, which bears more directly on the primary question of the paper: Can we derive some theoretical underpinnings which may explain the self-reported impact of SP/SR?

The data are derived from the written reflections of 27 cognitive therapy trainees with varying levels of experience and competency. In all over 160,000 words of reflections were categorised using a grounded theory approach. Grounded theory is a qualitative methodology devised by Glaser and Strauss and articulated in a number of books (e.g. Glaser & Strauss, 1967; Strauss & Corbin, 1990). For those who do not know grounded theory, it is perhaps the most systematic and well-suited of the qualitative methodologies for this particular purpose.

The outcomes data is presented here only in summary form, just to give a taste, as the focus is largely on the process data, and some of the outcomes data have already been published (Bennett-Levy et al., 2001b). SP/SR is reported by participants to impact on three elements:

- 1 At a conceptual level, it impacts on Therapeutic Understandings, for instance on their understanding of the role of therapist, and the therapeutic relationship.

- 2 At a Practical level, it impacts on Therapist Skills; for instance therapists report that they are better at communicating the conceptual framework of cognitive therapy, and establishing a strong therapeutic foundation for change.
 - 3 At a self-concept level, they see themselves as the agent of an effective therapy, having experienced some of its effects internally, and have greater self-confidence.
- Many more examples of each of these categories could be given, but restrictions of space prohibit this.

Process in SP/SR

Now to turn to the Process data in more detail. Firstly, trainees report what we have termed "a deeper sense of knowing" of cognitive therapy practices as a result of SP/SR. They are suggesting learning is deeper when comparing SP/SR to other training techniques such as didactic learning, or role-plays with simulated clients. To give a couple of examples:

John: Although I already knew that emotions are a result of our interpretations of events, this situation gave me a good example of that from my own experience. So rather than just "knowing" about this phenomenon I "realised" it - the difference between understanding the concept at a head level and gaining an unquestionable, full-bodied experience of understanding.

Jenny: *I don't think I would have such an awareness of what cognitive therapy is, it still would have been like a textbook - sort of "oh yeah I see what cognitive therapy is all about." But now I feel I really know what cognitive therapy is, it is just a difference, it is sort of the depth of it.*

These examples are typical. There is a quality of depth from SP/SR, which many of the participants struggle to put into words, but all of them recognise.

It seems that the core process is arrived at through two quite different modes of information processing: *Experiencing from the Client's Perspective*, which is equivalent to SP (self-practice), and *Reflecting on Experience*, which is equivalent to SR. In study interviews and written reflections, participants were asked to describe these two processes, and the elements of them that were most important in achieving change. They described the processes quite differently.

The important elements of *Experiencing from the Client's Perspective* were its personal and emotional nature, its doing/experiencing quality, and the unique perspective afforded by being in the client's chair. For instance, regarding its emotional nature, one of the trainees, Ben, noted that *"it was striking to realise that nearly all of the exercises forced one to access feelings and memories from deeper layers than if one was just thinking on an everyday level."*

On the other hand, the important elements of *Reflecting on Experience* seem to have involved the application of cognitive strategies, which served to externalise and objectify experience from a detached analytic perspective - a very different processing mode to that of *Experiencing from the Client's Perspective*. A couple of examples here are Paul, who noted that *"SR takes me outside the process of just doing it and makes me think about what I am doing and why I am doing it"*; and Jane who wrote: *"Reflecting means to step back and distance oneself from the process in order to provide an objective evaluation of what is going on."*

Participants regarded both processes as fundamentally important in their learning. For instance, Martina wrote:

SP and SR are the two faces of a coin/different aspects of the same process. Without the experiential nature of self-practice, I would have remained too intellectually distant and not engaged enough to really get an understanding of the client process. Without the objectivity of self-reflection, I would not have been able to make the necessary connections to continue enthusiasm for my self-practice. I would be tempted to say that the self-reflection was of more use, but without the self-practice it probably wouldn't have been the case. I really feel the two techniques go hand in hand and perhaps together have a synergistic effect.

So to summarise so far:

- 1 Participants report that SP/SR leads to a deeper sense of knowing of cognitive therapy practices than more traditional training techniques
- 2 This appears to be linked to two fundamentally different modes of processing, a personal/emotional/experiential mode while practising the techniques, and an objective, detached, analytic mode, involving persistent self-questioning while reflecting on the experience.

- 3 Both processes appear to contribute separately and additively to the deeper sense of knowing.

Those people who are familiar with adult education theory will readily identify that SP/SR as a learning device that is wholly consistent with what adult learning theorists like Kolb (1984) and Schön (1983; 1987) have been saying for more than 20 years: that experiential learning and self-reflection are key processes in the acquisition of new learning in adults.

But is there anything in the experimental psychology literature, as well, which might provide a conceptual framework to understand the apparent impact of SP/SR?

First, it is perhaps necessary to translate the notion of a 'deeper sense of knowing' into operational information processing terms. My interpretation of 'deeper sense of knowing' is that: (i) SP/SR creates a deeper level of processing than other training strategies (e.g. didactic instruction, homework reading, observational learning from videos or demonstrations, and role-plays), and (ii) this facilitates the acquisition, storage and retrieval of therapist skills.

Turning first to the impact of Experiencing from the Client's perspective. To recap, the qualities are its personal, emotional nature, the doing/experiencing quality, and experiencing from a novel perspective.

Over the past 30 years, one of the dominant paradigms in memory research has been the depth of processing paradigm (Craik & Lockhart, 1972). In a nutshell, this states that different incoming stimuli may be processed at different levels of analysis (e.g. for physical, acoustic, or semantic features), and that deeper levels of processing (e.g. semantic) would lead to increased memory strength. When we look at what materials are best remembered in depth of processing experiments, the findings are interesting and relevant to SP/SR:

- 1 The self-reference effect is one of the most robust effects in the memory literature (Symons & Johnson, 1997). To-be-remembered information about the self is consistently better recalled than other kinds of information. In the therapy context, this means that trainees who engage in SP/SR have a wider variety of retrieval cues for therapy techniques available from the rich personal schema of the self, than trainees who do not practice techniques on themselves.
- 2 In laboratory memory experiments, materials with high emotional content tend to be better recalled (Heuer & Riesberg, 1992). In SP/SR, materials tend to have higher emotional content than learning using more traditional learning strategies.
- 3 There is an effect in memory research called the enactment effect which indicates that that "memory for ... actions that one has observed of other people, or that one has only heard about ... is less good than memory for self-performed actions" (Engelkamp, 1998, p.139). Again, SP/SR is favoured compared with traditional forms of learning.
- 4 In SP/SR, participants are both therapists and clients, the givers and recipients of cognitive therapy, more or less at the same time when practising on themselves. Hence they have the opportunity to encode their experience from both perspectives, again enriching the network of retrieval cues at their disposal.

To summarise, we can predict from information processing theory that SP information should be rather better learned and recalled than didactically learned or observed information or role-plays with little personal or emotional content.

However, there is another element to SP/SR, which is self-reflection. One of the findings within the depth of processing literature is that elaborative rehearsal increases learning and retention. For instance, in experiments where subjects are asked questions about the material to be recalled (for instance, do you like or not like this food?) they tend to recall the information rather better than if they simply rehearse the information without asking such questions. Clearly, during self-reflection, participants are engaging in extensive elaborative rehearsal, using strategies such as persistent self-questioning to look at the implications of their experience for their work with clients, and for cognitive theory. These strategies are likely to enhance acquisition and recall of therapist skills.

However, to equate this level of self-generated reflective questioning with the elaborative rehearsal typically studied in laboratory studies does not seem to do justice to the level of sophistication of the processes involved. Reflective learning appears to be a subject about which experimental psychology has little to say, presumably because, in SR, the input is self-generated and cannot be controlled or subjected to experimental procedures in the same way that externally generated material can.

In contrast adult learning theory accords a key role to self-reflection. Since he published his seminal book, *The Reflective Practitioner*, in 1983, Donald Schön has consistently emphasised that self-reflection is the main process through which expertise is gained in the

professions. Reflection enables us to discern in what context, under what conditions, and with what people, particular strategies may be useful. We learn what may be termed when-then rules governing the application of particular techniques to particular contexts, both when we reflect on our experience, and that of our clients.

The importance of reflective learning in therapist development has been recognised in a series of studies of therapist development in the past 10 years by Skovholt, Rønnestad and colleagues (Skovholt, 2001; Skovholt & Rønnestad, 1992a; Skovholt, Rønnestad & Jennings, 1997). One of their conclusions is that: "A therapist and a counselor can have twenty years of experience or one year of experience twenty times. What makes the difference? A key component is reflection" (Skovholt et al., 1997, p.365).

Thus, it would appear that SR is a key process in the learning of therapist skills, and the development of therapist expertise. To provide a more comprehensive theoretical framework for understanding the impact of personal experiential work on therapist skills, psychological theory needs to follow adult learning theory in developing theoretical frameworks, which recognise the true value of self-reflection in human learning.

Summary

So, to return to the title of the talk, do SP/SR - and personal therapy - constitute a valuable training strategies or are they gratuitous navel gazing?

On theoretical grounds it appears that Experiencing from the Clients Perspective should enhance depth of processing and memory, and Reflecting on Experience both further enhances depth of processing and enables therapists to develop contextually applicable when/then rules. Thus, there are good self-report and theoretical grounds to suggest that SP/SR may be a training strategy of distinct value to therapists.

What are the implications for personal therapy? This analysis suggests that personal therapy may be an inefficient way to learn therapist skills. Firstly, SP/SR explicitly builds in a written reflection process which asks trainees to reflect on the implications of their experience for clients and for cognitive theory, as well as for themselves. In personal therapy, reflection - in thought or writing - is usually focused on personal process. I suspect that only few of those undergoing therapy do written reflections on the implications of their therapy for their work with clients, or for therapy theory. Hence the link to skill development is less direct.

Secondly, in SP/SR, trainees are both therapists and clients. They have the chance to encode their experience from both perspectives, while those in personal therapy only have the opportunity to encode their experience from the client's perspective. Hence, retrieval cues from personal therapy are less rich, and therefore likely to be less accessible, in the client context. From a skills learning perspective, personal therapy may be an inefficient process, unless reflection on the implications for therapy is explicitly built in.

In summary, the take home message is: Roll Over Freud! If we want to teach and train skills, then personal experiential work does look potentially valuable, but save your trainees' time and resources and use focused reflective training strategies like SP/SR, not personal therapy. However, if our training goal is to enhance the personal wisdom of our trainees, then personal therapy might be one such strategy, but it is incumbent on its proponents to show that it does promote personal wisdom, and in a way which may impact on client outcomes.

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Positive Psychological Aspects of Women's Health in the Postnatal Period: What Women Do to Help Themselves – Issues of Empowerment

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Abstract

This paper arises from research conducted in parallel with a randomised controlled trial of midwifery-led postnatal care, at the University of Birmingham (MacArthur et al. IMPaCT study). Results presented use a sample (N = 114) of women's written comments twelve months after childbirth and from in-depth interviews with a different sample of women (N = 12) randomly chosen from various social and economic backgrounds. Material is analysed using interpretative phenomenological analysis (IPA). Methodological considerations are emphasised because of their contribution to a positive psychology approach.

Women's comments are unpacked to explore positive psychological issues. Principal phenomenological themes in relation to help seeking and what women did to help themselves are presented. The model of psychology adopted is one which attempts to make "implicit 'taken-for-granted' assumptions explicit" (Giorgi, 1995).

Women's narratives focus on complexity and ambivalence. Main themes relate to coping strategies, empowerment and searching for explanation. Self-help is identified as a way forward for some women as they recount what they did to help themselves. Use of narrative as an empowering way to explore experiences and perceptions of what it means to become a mother are examined. Women's attempts to make sense of their situation are also discussed. This study illustrates how women give meaning and context to their lives. It has implications for how health professionals and psychologists can better understand women's feelings and perceptions to inform quality health care delivery.