SECOND EDITION

REFLECTIVE PRACTICE AND PERSONAL DEVELOPMENT

in Counselling & Psychotherapy

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London EC1Y 1SP

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Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
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New Delhi 110 044

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3 Church Street
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Singapore 049483

Editor: Susannah Trefgarne
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Cover design: Naomi Robinson
Typeset by: C&M Digitals (P) Ltd, Chennai, India
Printed in the UK

This book was first published in 2010 as *Reflective Practice in Counselling and Psychotherapy* under the Learning Matters imprint. Reprinted 2016 (twice), 2017 (twice), 2018 (twice), 2019 (twice)
This second edition published 2020

Library of Congress Control Number: 2020931238

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library

ISBN 978-1-5264-7750-7
ISBN 978-1-5264-7749-1 (pbk)

Contents

4

Reflecting on relationships

Core knowledge

Psychotherapy shares with reflective practice its interest in our subjective understanding of self and others.

- We will look at concepts like 'locus of evaluation', 'automatic thoughts' and 'transference' to explore psychotherapeutic framings for reflections on self in relation to others.
- We will consider the concept 'countertransference' among other concepts, to reflect specifically on the therapists' emotions and use of self.

Reflecting on relatedness and feelings

There is much written about how to draw on the therapeutic relationship to support the client's reflection on her/his ways of relating to the world.

There is less said about the therapists' opportunities to reflect on experiences, decision makings and actions with past and present relationships in mind.

The client's relationships to the therapists was in the original psychoanalysis understood to 'be unconsciously influenced, coloured and distorted by

earlier childhood experiences' (Holmes & Lindley, 1998: 126). Freud developed a theory about an 'ambivalent transference' (1959: 38) which 'comprises positive and affectionate as well as negative and hostile attitudes towards the analyst'. Freud writes:

> The patient sees in his analyst the return – the reincarnation – of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions that undoubtedly applied to this model. (Freud, 1959: 38)

Freud considered the lived experience as a crucial aspect of the talking cure, asserting that 'the patient never forgets again what he has experienced in the form of transference' (Freud, 1959: 41).

The relationship was reflected upon with an interest in what the client might project and 'put' onto the therapists, the therapists' relational experiences were guided by a focus on how the client might re-enact their childhood experiences in the room.

Countertransference

The original Freudian one-person perspective assumed in this sense an expert-driven 'doing to' stance, where the therapist's response was conceptualised in terms of countertransference that described a reaction to something which inevitably was 'owned' (and misplaced) by the client's defences and projections. One of the earliest and most lasting concepts for therapists' emotional, embodied responses in the therapeutic relationship has been 'countertransference'. Jung was a forerunner in expanding the concept of countertransference, suggesting that for projections to really latch on there needs to be a hook in carrier; a projection will, in other words, hook on to a therapist for a special reason. Racker (2001: 133) resonated with the view of therapy as a fusion of past and the present for both therapists and clients. Racker distinguished, for instance, between concordant and complementary countertransference, which the integrative therapist Clarkson later developed in terms of 'reactive' and 'proactive' countertransference (Clarkson, 2002: 9). With nuances within each term, Clarkson reserved the first category for responses originating in the client:

- Reactive countertransference describes the psychotherapist's feelings that are elicited by or induced by the patient.
- Proactive countertransference refers to feelings, atmospheres, projections, etc. that can be said to have been introduced by the psychotherapist themselves.

The broadened, pluralistic approach (Valerio, 2017) to countertransference assumes that both therapists' and clients' meaning-making processes and subjective understanding of the world is firstly changeable and ongoingly influenced by other experiences. Rowan and Jacobs (2003) suggest that 'countertransference has generally been underestimated by humanistic therapists' (Rowan & Jacobs, 2003: 22). Valerio (2017) offers a broad range of approaches across modalities

to countertransference. In the account below, the CBT therapist Devon (2017) explores, for instance, how 'emotions, physical changes and behaviours' can be explored through a countertransference lens also in Cognitive Behavioural Therapy (p. 90). Despite transference not being a 'central tool' in CBT, 'automatic thoughts and emotions related to the dynamics of the therapeutic relationship' is increasingly regarded as a valuable learning opportunity to modify behaviour, writes Devon; and countertransference is helpful to explore and reflect on 'automatic thoughts and schemata in the clinician' (Devon, 2017: 91). Devon stresses also how 'an intellectual understanding … does not stop the unconscious processes in the room and hence the importance of some understanding of the unconscious and one's own therapy for all practitioners' (p. 91). An intellectual understanding continues with an example with 'Sue':

> In my first session with Sue, she said she was always disappointed by people. They always let her down and she became really angry and hurt. She gave me examples … From a CBT perspective, her core beliefs were about being unlovable … As she told me more of her previous experiences of people letting her down and the rage she felt, I felt highly anxious and stressed. I was aware of my heart pounding; I was tense and felt hot … We worked on her negative automatic thoughts and behaviours. She came late to the next sessions and I was aware that I was relieved … On reflection, my own core belief about feeling not good enough and the desire to please others had led to my anxiety about knowing that I would displease Sue … My core beliefs of not being likeable and a fear of being abandoned are combined with a conditional assumption that if I try really hard I can please people … I had not used my feeling to deal with the therapy-interfering behaviours which could have helped us to deal more effectively with her (and my) unconscious processes. (Devon, 2017: 91)

There are now multiple approaches to countertransference. Rowan and Jacobs (2003) refer to seven types. They highlight, however, how 'counter' can be approached as either 'against' or 'alongside', depending on the therapists' understanding of their role in terms of being about 'doing to' or 'being with' in therapy.

Activity 4.1

In the case study below, the therapists Joanne reflects over her emotional response to her client Alicia. Please read it with the distinction between 'reactive' and 'proactive' countertransference in mind. How might you have planned the process with Alicia?

Case study 4.1

Joanne and Alicia 1

Joanne practices as honorary (placement) psychotherapist in a psychodynamic therapy service within the NHS. The service provides free long-term psychotherapy

on a weekly basis for a maximum of 2 years. Alicia, 45, seeks therapy in the aftermath of a traffic accident. She is a large woman, looks slightly unkempt and sits down with a deep sigh. She remains looking at a spot on the wall behind the therapist (Joanne) whilst describing how she has not felt able to leave home after a car ran into hers at a traffic light. Alicia is divorced since 8 years ago, with no children, and is unemployed after selling the company she shared with her husband. She seems docile, admitting to 'taking anti-depressants' which makes her 'sleep much'. The therapists register with interest a sense of disengagement, as if Alicia feels 'too much' and she would have preferred her to leave the room. She wonders if this might be how Alicia's mother felt, with Alicia as her last child in what Alicia has described as a troublesome marriage. Is this how Alicia got used to being seen and experienced? Did this become a blueprint? The sequence of the traffic event – as a sudden, unjust and unpredictable attack – seems to repeat itself. There is a sense of hopelessness as a starting point from all Alicia's experiences. Joanne notices a sense of disconnection; the pull to disconnect makes her smile, nod and talk more than she would in other sessions. She also watches the session go over the time.

In the example, Joanne is trained to listen out for her own strong emotional reactions in response to her clients, and she tends to understand that in context of 'countertransference'. How do you consider your responses in the context of your own modality? How does that help you to understand the therapeutic relationship?

The case study with Alicia and Joanne continues below, four months later. Joanne has explored her strong want to detach herself from Alicia, together with an almost irresistible pull to talk, smile and allow sessions to go over time. Her supervisor helped her to explore this strong, slightly overwhelming response in the context of her history of finding her sense of self-worth through being charming, light and facilitating. She discusses how she has found Alicia's needs overwhelming, as if an underlying disappointment was there from the start. Her own response to looming disappointments is often to please, charm and bring light. This feels repeated now. Alicia and her therapist Joanne have now worked together for 14 weeks, within their long-term contract of two years within the psychodynamic long-term service within the NHS.

Case study 4.2

Alicia and Joanne 2

Alicia has reduced her intake of anti-depressants and often engages well in the sessions. She has explored her traffic accident in the context of her feelings around it, which during one session she referred to as 'helpless, hopeless,

(Continued)

totally powerless and paralyzingly terrified'. To the Joannes' question about if she ever had felt like that before, she cried and described an incident when working as a baby-sitter for their next-door neighbours, the father of the child raped her. Alicia was 13 years old. She never told anyone about it. In another session, she explored helplessness, hopelessness and powerlessness in context of her family. As the youngest child of three, by parents bound by an unhappy relationship, Alicia got used to avoiding adding to her parents' troubles. She would struggle to recall any memories at all of closeness and explored the rape by the neighbour in the context of having grown used to coping on her own. Therapist Joanne has, in turn, felt able to explore in supervision her need to offer gushing charm in tense interactions, having re-connected with where the 'need' originated from and belonged. She has felt able to finish sessions on time and to allow for silences when appropriate as her modality privileges.

Today is Alicia's and Joanne's 15th session. Alicia arrives slightly flushed in her cheeks, in a colourful dress with big flowers. Alicia has so far worn brown and grey, mostly a well-worn brown pullover with a grey striped jersey skirt.

Alicia: Hi there!

Joanne: (Silence. Joanne's reflection-in-action suggests waiting to respond to avoid impacting the relationship before Alicia does. Alicia has got a new dress, which might bring something about progress – but just as well not. Joanne's reflection-in-action suggests waiting to see what unravels, to potentially learn more about these responses before she says anything. Her chosen action is to remain silent.)

Alicia: It's my birthday today.

Joanne: (Again, remaining silent fits well within the therapist's modality – but this is an unusual event, and Joanne has to reflect-in-action and make an on-the-spot experiment based on an embodied sense of tension in the room. She gets the sense of a girl-like smile when Alicia tilts her head and smiles, and she considers an incongruence between Alicia's smile and what they have talked about earlier. Joanne's reflection-in-action suggests waiting to see what unravels, to potentially learn more about these responses before she says anything.)

Alicia: I might treat myself to a present.

Joanne: (Continued silence. Her reflection-in-action suggests that she will hear from Alicia about what might be underneath the smile.)

Alicia: Or I might go home and go to bed. What do you care?

Joanne: (Silent.)

Alicia: I even kicked the dog today, I felt like tying him outside in the garden last night – to the big, lurking foxes …

Joanne: (Remains silent. She notices feeling overwhelmed, as if Alicia is very big and difficult to like. The verbal attack on the dog makes Joanne slightly dizzy – her reflection-in-action tells her that she has felt like this before, when Alicia moves quickly between victim to perpetrator mood without showing compassion for the victim while

seeming helpless and wanting support herself. Joanne's reflection-in-action suggests that this makes sense in context of Alicia's background. Some of her feelings seems to fit the responses of Alicia's mother, who Alicia describes as seeming exasperated; as if Alicia always was too much, that this is some of what might have been underneath Alicia's earlier responses. Jumping in too early with a 'congratulations, nice dress' might have prevented this from surfacing. Joanne's reflection-in-action suggests that this moment lends itself to address that.) … It sounds like you are wondering if I care for you?

Alicia: Yes, I was thinking this morning, why should Joanne care? Alicia, you're a fool to think she'll be the slightest bothered about your new dress. She's only here for her salary, birthdays or new dresses or not. I was really looking forward to coming, I'm looking forward to coming more and more …

Joanne: (Silent. Joanne is watching Alicia, who's looking out if the window as she speaks, as if lost in thought.)

Alicia: … and that feels weird …

Joanne: I'm glad that you come here …

Alicia: (Crying, but now smiling between tears.) Part of me hates you, you know! It goes against my principles to trust, you know that.

Joanne: … part of you hates me …

Alicia: … yes, it feels so scary …

Joanne: (Remains silent. The silence seems warm, as if filling the room. Joanne's embodied response to Alicia is sensing warmth and intense affection. Joanne looks at Alicia, who turns towards Joanne and meets her eyes. They hold each other gaze for a long time, both smiling.)

Alicia begins to talk about memories of her mother often travelling, leaving home to stay with friends and relatives, without bringing Alicia along. She starts remembering one birthday in particular …

Reflection

Joanne is trained to adopt a relational focus, where she considers her embodied responses. Being silent in order to not preempt opportunities for the client to connect with negative emotions is significant within her psychodynamic perspective. How does your modality help or not help you to work with your responses in mind?

Discuss (if possible in pairs) how you would have responded to Alicia about her birthday, and why.

Humanistic therapy asserts that 'there is no compelling reason to assume that 'fundamental' (that is, important, basic) and 'first' (that is, chronologically first) are identical concepts' (Yalom, 1980: 11). The therapeutic process involves tapping into something which already is there 'implicit, but unverbalised' in most clients, and one of the overriding goals with therapy, suggests Rogers (1961), is 'the dawning realization that [we] can base a value judgement supplied by [our] own senses [and] own experiences' (p. 150). To facilitate this Rogers (1961: 35) says that the 'rational of the counselor's role [is about] entering the world' of the client 'as completely as I am able' to share the client's 'experiencing' (p. 35) so that the s/he 'can examine various aspects of his experience as they ... are apprehended through his sensory and visceral equipment, without distorting them to fit the existing concept of self' (p. 76).

Rogers uses the term 'locus of evaluation' to understand difficulties when we 'evaluate' our experiences. Rogers (1961) observed a common 'tendency for the locus of evaluation to lie outside' the person: 'In therapy, in the initial phases, there appears to be a tendency for the locus of evaluation to lie outside the client. It is seen as a function of parents, of the culture, of friends, and of the counsellor' (p. 51). Rogers (1961) writes: 'in client-centred therapy ... one description of the counsellor's behaviour is that he consistently keeps the locus of evaluation with the client' (p. 151). This involves in turn striving to achieve someone's 'frame of references [with] the expressed ideas and attitudes from the other person's point of view [and to] "sense how it feels to him"' (Rogers, 1961: 332), so that the client 'in the absence of any actual or implied threats to self' allows him or herself to 'examine various aspects of his experience as they ... are apprehended through his sensory and visceral equipment, without distorting them to fit the existing concept of self (p. 76).

Buber (1947/1971) and Rogers and both wrote about the impact of moments when 'deep realness in one meets a realness in the other' (Rogers, 1961: 151). Rogers refers to the therapeutic relationship as a place for phenomenological understanding guided by attempts to 'reciprocal experience' (1961: 26).

Activity 4.2 Active listening

You will remember the listening exercise from Chapter 1. You need a partner for this exercise, which focuses on active listening. Please remind yourselves about how to prepare for the exercise. This time you will be invited to be more active, in the way that Rogers referred to as the 'rational' for counselling in terms of 'achieving someone's frame of references [with] the expressed ideas and attitudes from the *other person's point of view* [to] sense how it feels to him' (Rogers, 1961: 332; emphasis added). Existential therapists refer to this aim in terms of 'entering' and sharing the client's 'phenomenology [or] experiential world' (Yalom, 1980: 17). The existentialist philosopher Merleau-Ponty draws our attention to how

> in the experience of dialogue, there is … a common ground … a dual being, where the other is for me no longer a mere bit of behaviour in my transcendental field, nor I in his. Our perspectives merge into each other, and we exist through a common world. (Merleau-Ponty, 1999: 200)

Rowan and Jacobs refer to this level of deep empathic attunement as a 'second level of empathy' characterised by an aim to be 'in their shoes, seeing through their eyes, but at the same time retaining one's own identity' (Rowan & Jacobs, 2003: 47).

To the one speaking

Talk about a personal subject for ten minutes.

To the one listening

Listen with the view of 'standing in the other's shoes' or seeing 'through his/her eyes' whilst retaining your own identity, as Rowan and Jacobs suggest.

Afterwards

Revisit the earlier checklist to explore what might have come up for each of you, as you speak and as you listen. Compare the experience of listening in this way. You may both want to make notes about difficulties as well as positives involved in this kind of listening. Make notes of whom – if at all – you feel you can turn to, to explore this in a supportive way.

This 'intentional understanding' guided by 'deep hearing' aims to hear with rather than about the other. It has been explored in other contexts, in terms of, for instance, what Habermas (1987) refers to as a 'communicative rationality', where the aim of the interaction is about understanding each others' viewpoints instead of proving one's own point, which tends to be the dominating 'rationality' behind human interaction in a society guided by a 'technical rationality'. It is a dialectic, transformative process that inevitably influences both parties through the nature of immersion of new and other frameworks. Rogers' (1995) refers to these moments as 'memorable I–Thou relationships'; he suggests that these 'deep and mutual personal encounters does not happen often, but I am convinced that unless it happens occasionally, we are not living as human beings' (Rogers, 1995: 8). We referred earlier to Mearns and Cooper's (2018) developed relational theory based on humanistic principles. They draw from the term 'relational depth' to describe 'state of profound contact and engagement between two people in which each person is fully real with the Other, and able to understand and value the Other's experiences at a high level'. Finlay (2016) describes

relational therapy as an umbrella term for approaches offering a 'microcosm' of the social world, so that what happens in the therapy room can reflect processes happening outside – and vice versa. The significance of 'between' brings focus on an intersubjective space between where 'we touch and are touched by the Other in multiple, often unseen ways'. The therapist is present – and there to explore and share upcoming relational experiences. The relationship works as a collaborative partnership. Both parties contribute to the relationship so that therapy becomes a joint enterprise. This resonates in turn with Schön's idea of a reflective contract around a 'virtual world'.

Reflective contract

The emphasis on a reciprocal, jointly felt understanding underpins Schön's term 'reflective contract' (Table 4.1). Schön emphasises, as mentioned earlier, the significance of 'the practitioner's reflective conversation with a situation' and how this rests on the sense that s/he makes 'of the situation must include his own contribution to it' (Schön, 1983: 163). He speaks about aiming to 'step into the client's shoes', which is often focused on in the emphasis on intersubjectivity expressed in both humanistic and psychoanalytic theory. He refers to a 'reflective contract' where the therapist 'becomes adept at his relationship with the [client] into a world of inquiry in which thoughts and feeling can be seen as sources of discovery rather than as triggers to action' (Schön, 1983: 161). The contract depends, in turn, on the therapist's

> ability to empathize, to establish and honour trust guided by the norms of their mutual obligations, reflect on their own experience of being with the client with an interest in signs of countertransference responses, and to help the client 'gain insight from revealed thought and feeling so that the efforts of the special relationship comes to seem worthwhile'. (Schön, 1983: 161)

Schön refers to this process as a 'virtual world', which becomes 'both a method of inquiry and a strategy of intervention'. Schön sees in this sense 'action-present' stages in therapeutic practice where 'iterations and variations of actions [to] be tried' within a reflective contract where the practitioner always becomes part of the process (1983: 161). The therapeutic relationship becomes a 'virtual world' that works as 'contexts for experiments' (Schön, 1983: 129). The idea of reflecting over ones' own shaping of situations is fundamental to this. Schön suggests that in 'reflective conversations', the practitioner approaches each situation as an '*experient*'. The 'reflective practitioner' balances ideally uncertainty with the 'curiosity of a child', and explores situations 'as if for the first time' The 'sense he makes of it must, as mentioned, include his own contribution to it' (Schön, 1983: 163) within a 'reflective contract' (Table 4.1) allowing for practitioner's own uncertainty and openness to be welcomed into the process.

Table 4.1 Schön's reflective contract

Expert	Reflective practitioner
I am presumed to know, and must claim to do so, regardless of my own uncertainty.	I am presumed to know, but I am not the only one in the situation to have relevant and important knowledge. My uncertainties may be a source of learning for me and for them.
Keep my distance from the client and hold on to the expert's role. Give the client a sense of my expertise but convey a feeling of warmth and sympathy as a 'sweetener'.	Seek out connections to the client's thoughts and feelings. Allow his respect for my knowledge to emerge from his discovery of it in the situation.
Look for deference and status in the client's response to my professional persona.	Look for the sense of freedom and of real connection to the client, as a consequence of no longer needing to maintain a professional façade.

Source: Schön (1983: 300). Republished with permission of the Hachette Books Group; permission conveyed through Copyright Clearance Center, Inc.

Different modalities offer different frameworks to reflect over our emotions as part of our the on-the-spot experimenting at the junction of out-of-awareness responses and decision makings and actions as therapists. Many therapists will, as McLeod and Balamoutsou, 'consistently use language permeated by feelings' (2001: 142):

- the **central significance of feeling**, for instance: 'so when you're starting a fight you are actually feeling really scared …'
- the **existence of an inner world**, like: 'so, are you saying that on the outside you're always happy, but inside you're actually feeling …'
- a self **comprised of 'parts'**, like: 'it's like a part of you still is very angry …'
- the value of **experiencing what is felt here and now**, for instance: 'You looked tearful, right then … when you're talking about the dinner with your family. Can we perhaps try to stay with that feeling that came up, could you try to tell me what you're feeling right now …'

The messiness of being human

Psychological 'realities' are likely to fall within a category which we typically refer to as 'messy' in the sense that they are ambivalent and changing – and as practitioners we tend to direct our focus on 'truth', which often as Symington suggests 'cannot be measured but it does exist':

> Most psychological realities do not have the property of extension or tangibility; a dream, a hallucination, a belief, a thought. Truth is a reality of this nature. It cannot be measured but it does exist; the fact that is it difficult to define does not detract from this. (Symington, 1986: 17)

The therapists' emotional world

In the case study below, Lisa Champion shares her experiences from seeking ways of reflecting on therapists' own use of emotions in therapy. Lisa describes her journey into a 'phenomenological enquiry into the therapists' emotional world'. You are encouraged to read it with your own emotions in mind: how do you reflect over your emotional world? At the end of it, Lisa shares a reflective writing exercise, which she has used when learning to 'write phenomenologically'.

Case study 4.3

Reflecting on your emotional world as a therapist, by Lisa Champion, PhD candidate at Metanoia

I am a budding doctoral student, drawn into the world of research because of my interest in the emotional world of psychotherapists. Both the theory that underpinned my work and on what I was noticing about myself as I was working with my clients, has been a major catalyst for my interest. The reflection on theory started with my training in emotionally focused theory, which suggests that the client's emotional 'way of being' in the world influences their well-being and their relationship to themselves and others. This theoretical framework has had a strong influence on my clinical work, but I was surprised how little attention was being paid to the therapists' emotional way of being.

Early in my career, I noticed feelings that I was having when I was working; I felt, for instance, an energy vibrating within me that made me sit up straighter, talk faster and start 'working too hard'. Sometimes, especially when I didn't know the answer to something or felt confused, I noticed a tightness in my chest and a sense of a protective barrier rising up around me. These feelings were far from what I wanted to experience when I was working, and they certainly didn't represent the wonderful core conditions that I aspired to hold and show as a therapist.

It's hard to expose the things that you don't like about yourself or your work. Fortunately, my supervisor was warm and supportive. She helped me understand the importance of being aware of my feelings as I was working.

By exploring my feelings, and the behaviours they elicited, I eventually learned how each had some connection to experiences I had had in my life. The 'working too hard' feeling was connected to a deeply held experience of having to work hard in order to be loved. The tightness in my chest, I came to understand, was connected to an ingrained fear of being criticized for 'not knowing'. I also came to understand how, especially early in my career, these experiences made it difficult to feel confident in my work. My fear of being criticised, for example, made it difficult to have professional boundaries on things like changing session times, cancellations and sticking to time limits. Over time, I learned that when I am in tune with my emotional world, it can turn my head in the direction of importance. When I try to ignore it or shut it down, I feel unsettled

and unsure. As I grew in this understanding, I became stronger and more grounded as a therapist. This experience was so powerful, that it led me to want to find out more about how other therapists experience their emotional worlds as they are working.

Literature in the field

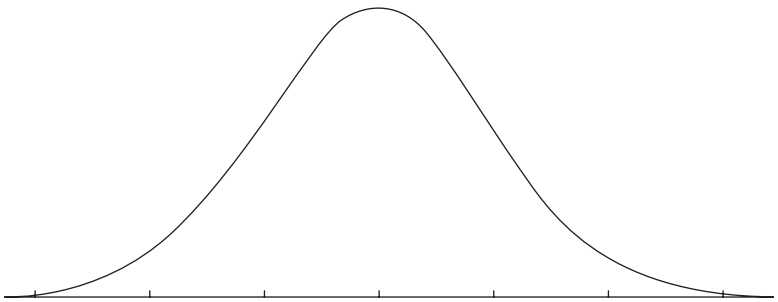
I'm in the early stages of exploring the literature to learn more about how the emotional world of therapists has been researched and written about. What I have learned so far is that the emotional world of the therapist appears to be either theorised in terms of constructs and theories often researched quantitatively (e.g., countertransference reactions, attachment style of the therapist) or somehow idealized – as in the conceptual writing and research on the core conditions that therapists need to imbue to build a strong therapeutic relationship or the theories of intersubjectivity or 'moments of meeting' that are presented as the jewels of our work. These constructs, theories, aspirations and ideals are all valuable in their own way, however my frustration was that they do not seem to speak to the everydayness of the experience of psychotherapists as they are working. My interest is in the normal, everyday emotional world of the therapist that is alive in the therapy room and is influencing their work with clients.

To better conceptualise what has been researched and written about, and where my interest was placed, I drew a bell curve (Figure 4.1). From the diagram, you can see how I have tried to define my area of interest as it sits with other psychotherapy research and conceptual writing. My area of interest is the middle of the bell curve – the emotional world we experience in the everydayness of our work as therapists – us as people, carrying our histories and experiences of relating, as we seek to do meaningful work with our clients.

The choice of a methodology for my research became clear as I thought about how I reflected on my own experiences as a therapist. I had to first have awareness that I was feeling something. Then, my supervisor helped me focus inwardly on the feeling that I noticed, encouraging me to put myself back into the experience and allow myself to really be in it. The feelings, thoughts and bodily sensations that I noticed as I relived my experience helped me more deeply understand what was happening for me. For me, hermeneutic phenomenology, a methodology that focuses on the pre-reflective lived experience of the research participant, most closely matched my own process. But pre-reflective experience is harder to get to than most people imagine! So, to help me better understand how to explore pre-reflective experience, my research supervisor encouraged me to start writing phenomenologically about my own experiences as a therapist in the middle of the bell curve.

Learning to write phenomenologically

I am in the early stages of learning how to write phenomenologically. But here is how I am practicing. I start by reflecting on a time in my work that I noticed a bodily sensation, an emotional response, or a behaviour that I was curious



Therapists' use of own emotions

Rigid adherence to theory, constructs, techniques and interventions	**Therapeutic use of theory, constructs techniques and interventions**	**The therapist in the interpersonal space**	**Magic Moments**	**Transpersonal theories**
This involves the therapist using theory or constructs to pathologise, explain or make sense of their feelings, thinking and behaviour when working with clients.	This involves the therapist using theory, constructs or interventions with attunement to the client and awareness of their self.	This involves the therapist being aware of and curious about their feelings, thoughts and behaviours in the 'everydayness' of practice. This is done without conceptualizing reactivity or responses through the use of theory or constructs.	This involves the powerful moments of intersubjectivity that could be described as the 'jewels of our work'.	This involves the therapist using theory and constructs that could be described as involving a higher self, the soul, the mystical or the transpersonal self. The therapist sees little or no boundary between themselves and the other.

Figure 4.1 Bell Curve of The Therapist's Experience, by Lisa Champion

about (such as talking too much). Sitting quietly at my desk, I close my eyes and put myself back into my counselling room. I picture the room, the client, myself sitting in my chair. I put myself back into the scene and allow myself to feel whatever it was that I noticed. I keep my eyes closed and invite the feeling to be with me. I notice what is happening in my body, I notice my thoughts, my intentions, my behaviours. I keep turning back to my body and asking myself 'what is happening to me right now?' as I experience this moment. When I feel like I have a really good sense of my experience, I open my eyes and I begin to write. I don't edit or re-read – I just try to write as freely as I can about what I noticed was happening to me in the experience. Sometimes I have to close my

eyes and go back to the experience again to be sure that I am writing as close to the pre-reflective experience as possible. Later I go back and refine what I've written. Here is an example of one of my vignettes:

I am sitting here, in my chair, looking at you across the room. You feel large – filling the space with your voice, your presence. You are full of thoughts and story. I am, at first, trying to stay relaxed. I will myself to just allow you to be you, but in myself I can feel an energy, like a vibration. It feels hollow in my chest. It's like a giant hole. A hollowness of not-knowing. There is movement towards this hollowness – I want to fill it. I don't like feeling unsure, not knowing what to do. I am uneasy. On the outside, I will myself to appear calm. I say to myself to 'just stay with you'. But deep inside I am all over the shop. I am annoyed, with you perhaps, with me mostly, because I should know what to do. I should know how to calm you but the not-knowing in me is making me restless on the inside. The hollow part in my chest has an outer ring that is vibrating saying 'do something'. I try to breathe into this space to settle it. It helps a little. I ask you to pause for a moment and check in with your body. When you close your eyes and are quiet, I feel myself breathe more deeply. It will be okay, I tell myself.

Activity 4.3 Reflecting on your emotional world: An exercise

- Choose a time in your work with a client when you felt an emotional response or noticed a bodily sensation or a behaviour that you are curious about.
- Sit quietly and close your eyes.
- Take yourself back to that moment. See the space where you are working, notice what is around you, picture your client, picture yourself.
- Now turn inward and allow yourself to feel what is happening to you.
- Notice any bodily sensations that arise, notice what you are saying, what you are doing.
- Keep turning inwards towards your own experience in that moment.
- When you feel you have a good sense of your experience, open your eyes and have a go at writing it down.
- Remember, you are simply seeking to write exactly what you were experiencing in the moment. Later you can more deeply reflect on what you experienced and invite meaning-making.

Lisa Champion's example illustrates how research can help us in our reflection-on-practice. In the next chapter, Biljana van Rijn will illustrate her approach to reflection in and her practice whilst introducing some research approaches. The latter will be explored further in the following chapters which delves deeper into research.