



**UNCORRECTED SAMPLE CHAPTER**

## **Reflective Practice in Counselling and Psychotherapy**

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**Please note this material is at draft stage and has not yet been edited or proofread**

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## CHAPTER 2: THE ART OF HEALING

In this chapter, 'hearing' will be explored from three different angles; **what**, **how** and **why** does the reflective therapist 'hear'?

### STUDY AIMS

After studying this chapter, you should be able to discuss therapeutic practice with reference to the following principles introduced in chapter 1:

- frame-reflection
- reflection-in-practice
- reflection-on-practice

This chapter will also encourage you to consider:

- mirroring as means of feed back
- the idea of 'framing' and 'using lenses'
- your own modality and framing
- your feelings vis-à-vis others' framing

### Introduction

Hearing someone else is often, within therapeutic literature, described as a beautiful thing. Few capture it as romantically as Carl Rogers:

*There is [a] peculiar satisfaction in really hearing someone: It is like listening to the music of the spheres, because beyond the immediate message of the person, no matter what that might be, there is the universal. Hidden in all of the personal communications which I really hear there seem to be orderly psychological laws, aspects of the same order we find in the universe as a whole. So there is both the satisfaction of hearing this person and also the satisfaction of feeling one's self in touch with what is universally true.*

(Rogers, 1980 p8)

For therapists, experiencing negative feelings towards clients can be uncomfortable. The Jungian analyst Dr Valerio stresses how love and hate are inseparable aspects of a relationship – a ‘fusion of opposites’:

*I ... work with patients where strong counter-transference feelings, ranging from irritation to actual repulsion and hatred of patients, were judiciously disclosed and worked with in the consulting room. Hate is more commonly written about in relation to work with severely disturbed or borderline patients, but in my experience it is a more frequent occurrence that is usually acknowledged in work with all patients, if the analyst is open to it.*

(Valerio, 2002, p264)

Valerio emphasises an important point often made in psychoanalytic literature – that both negative *and* positive feelings will be experienced. The important question is whether or not the therapist is ‘open’ to these feelings. Hate and love are strong feelings, invariably stirred in emotionally intense processes:

*When love and hate are treated as mutually exclusive the tendency is to idealise one and demonise the other. [But] as Winnicott (1949) noted (rather radically for his time), the mother hates her infants from the word go, for all sorts of good reasons. Primitive feelings of love and hate are inevitably stirred up in this analytic vessel.*

(Valerio, 2002, p264)

This chapter focuses on therapy as an act where the practitioner listens outwardly as much as inwardly. We will explore how your own reactions can be used as assets rather than obstacles to your hearing of others. The starting point for this discovery will, in this sense, be *you*. In fact, you will be encouraged to concentrate on your own reactions throughout the whole book. Your own emotional and intellectual material will be regarded as crucial contributions to this ‘story’ about reflective therapy.

The book will move from 'gut' reactions to a more philosophical level. We will start with raw emotions and will eventually explore reflective practice in a cultural, political and an epistemological context. Different ways of 'hearing' will be considered with reference to how you and others may regard 'truth' and 'valuable knowledge'. This journey from 'gut to head' will take you past and through different therapy-rooms, where therapists and clients share their experiences of 'hearing' and being 'heard'.

A belief which underpins reflective practice is that we should consolidate or 'frame' our understanding. Framing is an inevitable thing:

*There is no way of perceiving and making sense of reality except through a frame, for the very task of making sense of complex, information-rich situations requires an operation of selectivity and organisation, which is what framing means ...*

(Schön, 1994, p29)

Schön even contends that:

*If objective means frame-neutral, there are no objective observers.*

(Schön & Rein, 1994, p30).

To be reflective does not imply putting all pre-understanding aside. Rather, it is about being aware of what we bring with us when we meet with others. This is a sentiment similar to that which Valerio wrote about strong feelings. Reflective practitioners 'must be able to put themselves in the shoes of other actors' writes Schön, but he adds that they must also 'have the complementary ability to consider how their own frames may contribute to problematic situations' (Schön, 1994, p187).

Identifying and reflecting on our emotions is the starting point of this book. To begin with, we will urge you to return to your 'gut' level, and concentrate on exactly what you feel when you

listen to someone who talks for five minutes. In theory, this is quite simple – just listen to your feelings, as they come – yet, for many of us this can be difficult.

### **ACTIVITY BOX 2.1**

#### ***Reflect on own emotions and knowledge during and after listening***

*If in a group, divide into couples and take turns to listen. Let your partner talk about anything to do with him- or herself. Talk for five minutes each. If you are studying on your own, ask a friend to talk about him- or herself for five minutes. Avoid general conversation subjects and, instead, ensure that the speaker talks only about themselves.*

*Concentrate on your listening and remain completely silent.*

*Listen inwardly as well as outwardly, while the other person is talking.*

#### ***Before listening***

- *Set boundaries. Have you got a watch? Is the speaker comfortable? Have you explained that this exercise is for you to explore your role as listener? Have you agreed on what to do if any unforeseen strong emotions arise? Does the speaker understand that to talk without interruption for five minutes can feel like a very long time? Give him or her some time to prepare themselves.*
- *Prepare yourself by addressing the following question: What am I feeling inside while the other person is talking? Anger, sympathy, boredom, distraction, inadequacy, involvement, excitement? Aim to be as honest as possible with yourself; the replies need not to be shared. Concentrate on connecting with all strong emotions during listening. What happens inside of you, when listening?*

#### ***After Listening***

- *Is the speaker OK? Discuss how it felt to talk for 5 minutes.*
- *Write up your 'case'. Write 1,000 words about what happened during the five minutes of listening. Nothing is right or wrong. Just capture the five minutes as you please.*

### **Listening with both hands**

The psychoanalyst, Casement, writes about 'listening with both hands'. On one hand we need to listen to what the client is actually saying, in a literal sense; but we must also, on the other hand, pay attention to the unspoken. In doing so, we allow one part of ourselves to be drawn quite deeply into a dynamic with the client, while another part of us remains detached enough to reflect on what is happening, and why.

To illustrate this we will look at excerpts from two sessions with my supervisee Sarah. Presented here are reconstructed notes, based on generic rather than precise details, from the presented

case to illustrate Sarah's concern about her strong feelings for a client, Pat. Names and details that could identify the parties have been changed throughout.

The case study which follows illustrates the complexity involved in simultaneously listening inwardly and outwardly while considering theoretical and practical frameworks. The therapist needs to ask: *What is the client communicating verbally and non-verbally? What am I 'hearing', and how? What do I feel? What do I think? How do I structure and frame the information that I receive? Where does my understanding of present situation come from? Could I do frame my understanding in any other way?* Take some time to reflect upon how Sarah appears to be handling these concerns.

### **CASE STUDY 2.1**

#### ***Sarah and Pat***

*Sarah has reported feeling detached from her new client, Pat. Pat is a nurse who has sought once-weekly psychodynamic psychotherapy for depression. Sarah is an integrative therapist. She is now in her second year of additional psychoanalytic training. I supervise Sarah in an agency where she has a placement as a voluntary psychotherapist. Sarah usually strikes me as an enthusiastic and inquisitive person.*

*She takes great care between sessions with her case notes. She writes two sets of notes; brief comments for the agency and verbatim transcripts in supervision, where she tries to recall the session word for word. It is unusual for Sarah to experience detachment in her work. With Pat, she struggle to remember enough from the session to write down notes: 'I think just want to forget the session,' admits Sarah. 'All I can remember is how slowly time passes during the session'.*

*After their last session, Sarah had dreamt about Pat. She had dreamt that she and Pat had crept around in Sarah's home, where she practices, both desperate to find a place to settle down for further therapy. The house was filled with children, dogs and everyday things which belonged in Sarah's real life. Even her mother was there, walking straight into the consulting room to chat about something domestic. Sarah's feeling of not 'finding a good enough space' for Pat, lingered long after the dream. The whole case was covered by a blanket of confusion; she felt detached, yet something in the work felt at the same time 'too close for comfort'.*

*In our supervision time, Sarah experiments with recalling not only what but how things had been said (Figure 3.1) in their last session. My voice is in the figure as well, as supervisor. Sarah had expressed feeling sorry for Pat, for having been 'so sad, for so long'. In our previous session, I had suggested a view on depression as anger, which is not unusual in psychodynamic theory. But, rather than seeing this as helpful information, the comment had, admitted Sarah, lingered as an intrusion to her subsequent, third session with Pat.*

*Figure 2.1 Sarah's reflection in practice, from her third session with Pat*

Pat: 'I'm never angry, always the one to help others out.'

(Pat frowns, looks aggravated and impatient)

Pat: 'I really want to deal with this'

Supervisor: 'How about approaching P's depression as suppressed anger...?'

(Pat keeps her coat on)

Sarah (thinks to herself): 'My 'stuff', help...how to help a helper...'

Sarah recognises what mixed signals Pat is sending out. She is also surprised by her own ambivalence about 'helping a helper'. She had not been aware of how much she had identified with Pat. Sarah herself used to struggle with 'being helped'. Sarah once told me that when she first decided to train as a therapist, she had been influenced by an unrecognised desire to understand herself better. Sarah had helped others all her life and felt that she 'may as well turn helping others into a profession'. She began her subsequent four years of psychoanalytical personal therapy with a strong sense of resentment coupled with unease about 'putting herself in the hands of others'. This was something that she had never done before, and it took two years before Sarah felt able to admit that she needed to work through her issues around trust in others. This turned out to be a rewarding experience.

Sarah's work with Pat seemed to raise memories of the unease that she had experienced in her early years of therapy. Her unconscious response, her out-of-awareness reaction to Pat was now something that we could begin to explore in terms of a kind of counter-transference. Within psychoanalytic theory, Racker (1994/2005) is a prominent voice in research about the therapists' own reactions. Psychotherapy, concludes Racker; involves a fusion between the past and the present for both therapists *and* clients. Counter-transference, continues Racker, is a concept which intends to embrace the complex totality of the analyst's response. Racker writes:

*It is...this fusion of present and past, the continuous and intimate connection of reality and fantasy, of external and internal, conscious and unconscious, that demands a concept [e.g. counter-transference] embracing the totality of the analyst's psychological response'.*

(Racker, 1995/2005, p133)

Racker distinguishes between *concordant* and *complementary* counter-transference. Complementary counter-transference is often considered as a reaction to how the client treats the therapist. In Sarah and Pat's case, for instance, Sarah's notes indicate that Pat keeps her at arm's length, perhaps as someone who Pat assumes is untrustworthy. Pat acts in a reserved way; keeps her coat on, sits with arms crossed. And the fact that she actually says that she likes being with Sarah creates a smoke screen which could distance the two even further.

So, on one hand there is a spoken and unspoken message about Pat never trusting anyone to come close to her, which Sarah picks up on and experiences a sense of distance. This reaction can be explored in terms of transference. Sarah can ask herself: *'Who do I remind Pat of now? Who has taught her not to trust others? Is Pat thinking of me, and acting towards me, as if I was her distant mother; the mother who was sectioned for psychiatric treatment off and on during Pat's childhood?'* By remaining empathetic, Sarah would be able to contain the situation and not 'retaliate in re-enactment' of the traumatic relationship that is revisited in the room.

Racker's other type of counter-transference, concordant counter-transference, lends Sarah a frame for understanding 'new' feelings which may be seen as a result of overwhelming empathy, and mirroring and sharing something that the client brings; sharing to the extent that we almost experience ourselves what the other person brings. In this case, Sarah feels that there is something very familiar, and she wants to know what. She moves on with another illustration of her session. This time the session focuses on who says what, and when (Figure 2.2)?

*Figure 2.2 Sarah and Pat in Session*

Pat: 'I thought, oh, there's no point, I'll never be happy...and, well, it's partly part of life, of not being listened to...'

Sarah: (silence)

Pat: 'And then, well, I thought, how could I get it out? And so...we watched the wildlife programme (Pat cries). It was about dolphins...I said "I know how they feel, I can feel it" so I did...so I cried...which was really good.'

Sarah: (silence)

Pat: 'It was very blue...sort of the blue of your files.'

Sarah: (silence)

Pat: 'It's something about that colour that makes it feel completely safe...and protected and free, which seems a contradiction in terms...But...protected from everything that's feeling scary and just free to be myself, without having to be what's expected...and not having to explain in words, in logical words...I want to move with someone, safe, protected, free...I think that's about me.'

Sarah: (silence)

Pat: (silence)

Sarah: (silence)

Pat: 'What do you want me to say? I don't know what to say now...'

Sarah: 'Oh, but I think I see what you mean, you want to feel all safe and free at the same time...and you need to know that you can trust me. I hope that feel that you can trust me...!'

Pat: 'Oh, absolutely, I feel 100% safe here, I always feel great here.'

Sarah: 'Yes, because you can do that, you know.'

Pat: 'Oh yeah I do, definitely, sure, I feel I can bring everything here, that's really great, thanks...'

Sarah separating voices in the session, to get a sense of how the narratives were 'co-constructed' (McLeod, 2001, p108)

Afterwards, when we looked at Sarah's notes, she said: 'I think I jumped in and started blabbing to rescue her from thinking about how uncomfortable she really felt with others ... with me...' Sarah grew quiet, then continued; 'I couldn't stand the idea of her feeling uncomfortable with me. I'd hate to think that she'd feel like I did, with *my* therapist in the beginning. I feel like cringing. Well, more than cringing. The not-trusting-anyone reminds me of how things seemed when I was little; "you can't trust anyone, ever. There's no one there to

look after you ... and you've got nowhere to go, it's all a nightmare". I really wanted to sweep Pat up and say "the world is great!". I can see now that she was uncomfortable. But I don't think the silence made her more uneasy than she already was, deep inside. It just reminded her of it. We could have learned something. She didn't trust me a bit. She keeps trying to convince us at first...about my blue files, and the dolphins. We even come to a point where perhaps we would have had to face how scary and how sad it is to hope, but never really expect to find a place to go and just trust ... belong. We could have just stayed with that...that loss. And sort of faced that. But, no; I had to jump in and say "Oh Pat, you can trust me!" Rubbish! How could she trust me, after just three sessions! We both knew that. We're both paying lip service'.

Sarah then began to explore how there was something similar for both at them at heart -- both Pat and Sarah had experienced serious breaches of trust as children. This gave Sarah the ability to empathise with Pat. But at this early stage of their work together, Sarah began to consider that she had over- identified with Pat. Sarah had, so to speak, 'taken Pat's stuff and run with it' to a place of her own.

### **Framing our understanding through lenses**

We are helped to make sense of this by exploring Sarah's reactions through the 'lenses' of counter-transference. We explored her reaction in terms of complementary counter-transference. Clarkson's (Clarkson, 1995) writing about reactive and proactive reactions helped Sarah to begin to understand her re-enactment, i.e. how she felt she was her own, acting out rather than just 'staying with' her feelings. Sometimes therapists respond to something in ways where they 'complete', continue or follow up what the clients bring into the room. Clarkson calls this a 'reactive' response. She also offers the term 'proactive' response to explain scenarios where it may be the therapist's agenda, rather than the client's, that dictates the work. Clarkson writes:

*Complementary proactive counter-transference occurs when ...the psychotherapist react to the client on the basis not on the client but on the therapist's own past.*

In this case, Pat's and Sarah's pasts coincided. But it is important for the therapist to 'own' his or her part in the dynamics. Sedgwick writes:

*[A]nalysts need not eliminate their pathology, but know it and utilise it. This does not mean enacting it, but does mean a fluid awareness of new and old [own] shadows ...Searles cautions analysts against 'using the patient to bear the burden of all severe psychopathology in the whole relationship'.*

(Sedgwick, 1994/2005, p112)

Hawkins and Shohet stress that the more a therapist is aware of his or her own shadows, the less need there will be for the therapist to make others carry what we cannot accept within ourselves:

*The 'crazy' psychiatric patient will not have to carry our own craziness, which we pretend to be completely sane...Focusing on our own shadow, we will be less prone to omnipotent fantasies of changing others or the world, when we cannot change ourselves'*

(Hawkins & Shohet, 2006, p9)

### **Interim remarks about reflection-on and reflection-in-practice**

Reflection-on-practice involves considering what already has happened. Knott & Scragg write:

*The idea of the lens here may be helpful in trying to understand the experience being reflected upon. What frame of reference (or lens) is being used to make sense of what has happened? [T]he metaphor of the mirror may [also] be helpful, as the mirror reflects back to us what is going on for us...a good tutor/mentor[supervisor]...as well as fellow students and service users and carers can facilitate this mirroring process.*

(Scragg & Knott, 2008, p6)

Sarah has made good use of her supervision session. She has picked up on her own emotional responses and has taken advantage of the feedback and 'mirroring' offered in supervision. Sarah has also compared her own emotional experience with others, as described in the appropriate literature and research. These were all ways in which Sarah 'reflected-on-action' – she looked back at her work, and explored what had happened and what could have been done differently. Overall, Sarah has shown considerable creativity in her ways of revisiting and examining her sessions with Pat.

Sarah also 'reflected-in-action' through exploring new options during practice. However, in this particular case, she recognised that the way she reacted was something that she later regretted: during the session with Pat, Sarah considered and assessed the way she responded to Pat with silence as Pat explored and expressed her ambivalence towards trust; mid-session Sarah reached a decision to become more active and to 'comfort' Pat. In hindsight, Sarah felt that this was a mistake. Her sudden exclamation of 'you can trust me!' was something that she felt was urgent to express at the time, and only afterwards recognised as something she had said to protect herself –from Pat's disapproval and distrust as well as from Sarah's own childhood fear of living in an untrustworthy family – and thus, in the eyes of a child, an unreliable universe.

The reflections meant that Sarah's work with Pat improved greatly. There was a growing sense of ease and natural flow in the work, where both negative and positive feelings found their way into the sessions, so that Pat seemed to enjoy the opportunity to reflect and explore her own issues without being overshadowed by Sarah.

### **Always reassessing**

A year into their therapy, Sarah began to pick up on new, slightly unusual, feelings in the room. She notes how she looks forward to the sessions with Pat and how the sessions consistently leave her in unusual high spirits.

'I feel like super-human after each session, like a hero,' she admits.

Sarah and Pat have worked through some very dark moments. Pat has, for the first time in her life, explored a rape which occurred when she was 12 years old. Having been brought up by religious parents and attended a girls-only school run by nuns, sexuality was a particularly

precarious subject at the time of the rape. Pat and her peers were approaching puberty at the time Pat was raped, and their education was saturated with harsh warnings intended to prevent girls from engaging in pre-marital sexual relationships, and so on. Pat took everything literally and came to the conclusion that girls engaging in pre-marital sex were bad girls, often luring men into having sex with them. Pat experienced herself as rotten to the core and that the rape was all her own fault. She never told anyone about the rape, and as she got older, the experience was preserved as though in the mind of a twelve-year-old.

To explore the rape as an adult proved to be a liberating experience for Pat.

'I was only twelve!' she cried out during one session. 'How could I have been responsible? I was only a child. And all these years I've seen myself as the Devil's own daughter.' The therapeutic process involved several such moments of great importance to Pat, where she was able to explore new meanings in relation to old events.

However, 'saviour' was a theme that once again crept into the Sarah's mind – 'I feel like I am saving her again', she admitted. While she concluded that, this time, her feelings were not about 'helping a helper', there remained something 'omnipotent' and Sarah was concerned.

'Illusory' and 'real' relationships

At that stage, Sarah associated herself with a book that she once read, by the Jungian analyst, Kalsched, who presented fairytale image of the therapist as the Prince and the client as Rapunzel. There had been an almost romantic tune in their session; Sarah and Pat had, it seemed, created an illusion of unconditional closeness which reminded her of Kalsched's (1996) reference to a 'healing transference illusion' between the therapist and the patient. Kalsched compared this to when the Prince attempts to climb up the tower to reach Rapunzel:

*Just like Rapunzel and the Prince, therapist and patient tend to forget about the work they are to do together. A mutual deception occurs but it is a benign and necessary one. Rapunzel appears to the Prince as the lovely innocent victim and colludes with him against the witch, who remains her secret. Similarly, the Prince tricks Rapunzel into thinking that he is identical with the good (food-bringing) side of the witch, in order to get in. So he represents himself as nourishing and loving. He doesn't mention his reality-limitations, his other responsibilities in the kingdom back home.*

(Kalsched, 1996, p150).

Sarah reflected on how this mutual 'deception' can be a welcome stage in the therapeutic process, where both parties idolise each other. This stage is often called a 'fusion of horizons' where the therapist and client merge and almost fall in love – they collude uncritically and without the limitations of reality. This seems to have been an important part of the therapeutic relationship between Sarah and Pat with the result that trust had helped secure new experiences which Pat could stack up as 'positive' evidence against all her previous 'negative' experiences. Before this, trust had been a purely academic matter; something Pat 'knew' about, but had yet to experience. These positive experiences seemed important, yet, there was a next step, which Sarah had intuitively recognised would come; they needed to see that the trust could survive reality. Sarah recognised an increasing pressure 'to be there' for Pat, an unrealistic pressure which would set them up for failure unless it was addressed – and 'survived' – by both of them. As Kalsched states:

*Between Rapunzel and the Prince, or between patient and therapist, a healing 'transference illusion'...brings with it a renewed link with the world that had previously been devoid of fantasy... But this link will have to survive a test of the dark side which have yet to emerge.*

(Kalsched, 1996, p161).

### **Reflection-in-practice**

In Sarah's and Pat's case, the survival test came when the holiday season approached. This prompted Sarah to reflect-in-practice and 'think on her feet,' when Pat asked for extra sessions during the summer and intimated that 'it was too early to manage without therapy for so long'. Sarah experienced a pull towards saying 'Sure; you can see me all summer, I can see that you really need me right now!' but she resisted this and took time to assess the situation. The reality was that agreeing to extra sessions would not only collide with her promise to herself and her family to go on holiday, but would also create an illusion or omnipotent fantasy. It would be like saying, 'My work is so invaluable – in fact you may never, ever cope without me.' Sarah was torn between feelings of wanting to be like a good mother to Pat yet not wanting to collude with her, like before, in the fear that the world is a terrible place.

In the end, Sarah went with what felt authentic at that moment and said: 'I hear what you are saying, but I think that we shall take some time to talk about your feelings around me going on holiday.' Sarah was not unsurprised to find that Pat cancelled the two subsequent sessions and suggested that Pat was angry. When Pat did eventually turn up, Sarah addressed the link between her holiday and Pat's own absence. Pat grew furious. 'Why should you care?' she said. 'You really are full of yourself! You're just like my mum, think you're so important,' she scolded.

Sarah, again, felt parallels with what Kalsched referred to as moving towards an important transition from 'illusory' to 'real relationships' (Kalsched, 1996, p163), which involves a 'rupture in the symbiotic membrane'. He continues:

*...here, the two worlds that were kept apart come together in a stormy crash, and terrible disappointment is the result... There is always the desire for more than illusion, for otherness... The therapist's honest limitations result in 'disillusionment' and the patient is re-traumatised.*

(Kalsched, 1996, p163)

Furthermore, Kalsched asserts that:

*Both parties suffer a disillusioning loss at this stage. The patient thought the therapist would really be the link to real life in the world – would really fulfil this promise of being a prince. The therapist thought that the patient would really be healed by empathy and understanding alone. The therapist's patience may begin to wear thin... Usually the therapist acts out. For example, one time I raised a young woman's fee... I began to firm my boundaries, ending each hour on time, confronting transference demands instead of side-stepping them – each time calling the patient back to the paradoxical reality of what we are doing... Often, the patient cannot get over the 'cruelty' of the analytic set up. How can they express their secret transference – fantasies, for example – when they will only be humiliated by silence from the analyst who, a few minutes later, will usher them out of the door and usher in the next case?*

(Kalsched, 1996, p163)

It became clear to Pat that Sarah took her concerns seriously; they discussed alternative arrangements in case Pat needed someone to talk to while Sarah was on holiday. But, instead of re-enacting her own feelings, or acting out in response to Pat's expressed disappointment, Sarah remained focused on giving Pat the space to explore her strong reactions. Pat began to connect the pain involved in being 'abandoned' by Sarah with being abandoned and let down as a child, and they compared the past with the present. Sarah offered the metaphor of 'time travel' and they explored how Pat had travelled back to a very primitive place within herself. This showed them how the girl inside her actually felt when she was seriously let down. The proportions were clear and put Pat's subsequent defences against closeness into perspective. The event was explored by Sarah in terms of negativity and at the same time, what Kalsched refers to as 'benign' transference. The fact that they both individually and as a 'couple' survived the constraints of reality offered Pat a new experience: that things do not always need to be perfect and rosy in a relationship; that there is something called 'good enough'. Kalsched writes:

*The truth is – and sometimes the realisation matters to the patient – that in psychotherapy there is a 'real relationship' and an 'illusory one' between the analyst and patient all the time. Moreover, the tension between these two is necessary for both parties to endure.*

(Kalsched, 1996, p163)

## **ACTIVITY 2.2**

*What feelings did you experience while reading about Sarah and Pat?*

*Schön accepts the difficulties involved for practitioners attempting to relate to other frameworks than their own. Within counselling and psychotherapy, modalities can sometimes become like doctrines. Therapists can be quite hostile and unforgiving to each other for 'seeing' the world differently. Humanistic therapists make jokes about the 'the blank screen' analyst while psychoanalysts mock the 'open-toed sandal' therapist or the 'flowery shirt' counsellor.*

*Take some time to consider your own prejudices:*

- *What are your feelings for Sarah? Consider your feelings for her on a personal and professional level.*
- *How do you feel about Pat?*
- *How effective were Sarah's 'lenses' when trying to understand what was going on with Pat?*

*Think of one example where Sarah reflected-on-practice and one where she could be said to have reflected-in-practice.*

- *Could Sarah be considered to 'listen with both hands', as Casement suggests?*
- *Was there anything that you would have 'seen' or understood differently?*
- *What are your own 'lenses'? What is your modality and framework?*

*Take some time to consider your own therapeutic orientation. The following prompts may help your thinking:*

- *What made you choose the type of training that you undertook?*
- *Does it 'fit' you? Does the modality 'fit' your way of thinking and relating to the world? Do you enjoy the literature, the discussions, the case work?*
- *Do you feel that the model 'fits' the reality, as you see it? Is it likely to be a 'helpful' therapeutic model? Consider its strengths and weaknesses.*