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# Self-awareness and reflection as a means to explore the therapeutic use of Self

## Introduction

The way we view a person and their behaviour, our underlying assumptions and our attitudes have all been shown to have an influence on how we react to that person. At worst this means that staff can intervene in ways that are unhelpful and unsupportive (Stanley & Standen, 2000). Our attributions i.e. the meaning we give to an event or behaviour, can also have a stronger influence than our knowledge, which can again lead to inappropriate responses, for example in relation to dealing with challenging behaviour (Carr et al., 1991). Both health (McKenzie et al., 2000) and social care staff (Hill & Bruininks, 1984) are likely to provide support to individuals with behaviours which challenge. Recent research has found that nursing students (McKenzie et al., 2004) hold attributions about challenging behaviour which means that they are less likely to see it as open to change.

The increasing recognition of the importance of attributions, values and attitudes in shaping responses to people with a learning disability, has led to an interest in the role of the therapeutic self. This offers a way of making our personal attitudes more transparent and of allowing us to see the person with a learning disability as a person first and foremost. The present paper outlines a pilot partnership course on the therapeutic use of self for social care staff working in learning disability services. Partnership courses are a range of short courses comprising 50 hours of study. They combine group learning, teaching sessions and individual study. The courses are designed for social care staff

who are employed to support people with a learning disability in the community. It is acknowledged that this job is complex, involving an ability to respond to individual support needs as well as having an understanding of social processes such as marginalisation and stigma. Many support staff express dissatisfaction with the training they receive (McVilly, 1997) to prepare them for their job while others may not see themselves as carrying out work that is worthy of academic investigation and reflection. Partnership courses are run to meet the needs of this staff group.

In addition, many of the organisations employing support workers offer placements to students who are studying on Nursing Programmes. These organisations are partners in providing education and training. The Partnership courses aim to:

- contribute to improving the quality of life of people receiving learning disabilities services
- widen access to Higher Education for social care workers by providing good quality, accessible, relevant learning and teaching while acknowledging the value of their role, and helping to build their confidence and skills while

The courses are organised, facilitated and assessed in collaboration with staff of the partner organisations, to bring together the needs of the clients and staff and academic sources of knowledge and understanding, including research and theory.

**The Course**

The participants attended for two study days, approximately four weeks apart to allow for consolidation of learning and the opportunity to apply it in the workplace. The

participants all worked for organisations which supported individuals with challenging behaviour. The first day of the course introduced the group to new ways of looking at their relationships in practice. The second day was predominantly group activity and learning facilitated by the first author. The course aims are identified in Box 1.

| **BOX 1: Course Aims** |
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| To provide participants with:<br>❖ An increased awareness of self in the context of their work environment, an insight into their own beliefs and practices and an awareness of the impact of emotional labour (see below) on self and others<br>❖ An ability to reflect within a chosen framework<br>❖ An increased ability to be person centred<br>❖ An ability to use themselves within the process of 'presencing' |

The course focused on the need to become client centred and had as a core message that knowing the 'self' as a practitioner within the context of a caring role involves moving away from any old ways of working which act as a barrier to focusing on individual need.

The participants were asked to first explore and then practice new therapeutic ways of working which encompassed three main factors:

- Ethical decision making i.e. decisions focus on choosing between priorities, which are based on a client/staff partnership. This partnership is, in turn, underpinned by holistic and humanistic values. There is, however, a need to take account of available resources.

- Involvement with clients i.e. a consideration of distant, uninvolved relationships and the need to develop an awareness of the impact of 'self' on others. There is also a positive regard for clients, showing concern and being open and authentic.

- Developing more appropriate and skilled action i.e. any support and intervention moves from being service driven to person centred.

The course emphasised that becoming client centred involves striving to know ourselves within the context of our working environment, which requires reflective ability. Given the personal nature of the material being covered within the course it was identified that group size was important. There were seven participants in the first cohort and they all worked in social care. This small number enabled people to get to know each other and to feel safe and secure when exploring their feelings and experiences (Burnard 1998).

**The First Study Day**

This first day was planned so that the group could explore new concepts and think about what they actually meant to them. The environment was structured in an informal manner and refreshments were freely available. It was intended to create a relaxed atmosphere and although the group were going to explore some very complex concepts a conscious decision was made to keep presentation of material fairly low key. Main points were made on prepared flipcharts. The general method of explaining the concept and then getting the group to identify what it meant to them in their work environment was used.

**Knowing Self**

Achieving knowledge of 'self' involves becoming aware of internal factors such as personal values and strategies as well as the ways in which external factors such as peers and the culture of the organisation influence us both consciously and unconsciously. Reflective practice is becoming more commonly used amongst nursing staff (Burns and Bulman, 2000; Wolverson, 2000) and is equally important to social care staff. Reflection is the process of learning by thinking about your experiences. This is not a new concept, but the process can become much more powerful if it is structured. Conway (1996) found that reflective practitioners gave care which was responsive, warm and driven by the needs of the individual. The course provided participants with two models of reflection that are described in Boxes 2 and 3. The participants explored these models on day 1 and the facilitator provided them with actual reflections using both models. The participants were asked to write up two reflections from practice, which they would share with the group on the second study day. They were also asked to identify which model of reflection they preferred.

**Box 2: Gibbs (1998) Reflective Cycle**

- Description: What happened?
- Feelings: What were you thinking and feeling?
- Evaluation: What was good and bad about the experience?
- Analysis: What sense can you make of the situation?
- Conclusion: What else could you have done?
- Action Plan: If it arose again what could you do?

**Box 3: John's (1998) Reflective Model**

- Phenomenon: Description of the experience
- Causal: What essential factors contributed to this experience
- Context: What are the significant background factors to this experience?
- Reflection: What was I trying to achieve? Why did I intervene as I did? What were the consequences for myself, the client, the people I work with? How did I and the client feel about the experience as it was happening? What factors/knowledge influenced my decisions and actions?
- Alternative actions: What other choices did I have and what would the consequences of these have been?
- Learning: How do I feel now about this experience? Could I have dealt with the situation better? What have I learned from this experience?

**Knowing Others**

Jenny and Logan (1992) argue that the 'knowing' process is influenced by factors such as the specific attributes of the client, the amount of time spent with the person, the motivation of both the client and carer and the empathy and skills of the carer. Likewise Tanner et al. (1993) suggest that whether or not you see the client as a person in their own right is related to your knowledge of the person's responses to therapeutic approaches, routines and habits, coping resources, physical capacities and characteristics.

The course participants were given the opportunity to apply these concepts in practice. They were encouraged to reflect on the answers to the following type of questions as issues arose in their day-to-day work

- Who is this person and how must he/she be feeling?
- What event brings this person here and how has this effected his/her normal life?
- How does this person make me feel?
- How can I help this person and what support does he/she have and need?
- What is important to this person?
- How does this person view his/her future?

It was apparent in the reflections that were brought to day 2 that these simple questions had been the catalyst for the participants reflecting on issues that could enhance therapeutic use of self.

**Unknowing**

The participants were also introduced to the concept of 'unknowing'. Munhall (1993) argues that being in a state of 'unknowing' paradoxically allows us to know both ourselves and the client better. This is because we are open and can 'unearth the other's world by admitting "I don't know you. I do not know your subjective world". Vignettes 1 and 2 were read aloud to the group. The group then explored the questions that the group were going to use in relation to issues relating to their own practice in between day 1 and day 2 outlined above. Vignette 3 was then introduced and the same questions were once more applied. The participants were then encouraged to think of examples of when they had made assumptions about the person they supported, their needs and wishes and

the ways in which this may have restricted their ability to become more person centred in the support they gave.

| **VIGNETTE 1**<br><br>**Tom** |
| --- |
| Tom is a tall dignified 70 year old man. Prior to retirement he lived in his own home with his sister Jessie and he attended the local Adult Training Centre. Since retiring Tom has had a few problems. It seemed he was no longer able to care for himself and he suffered periods of confusion. This had been taking its toll on Jessie. He has been in the residential setting now for four weeks. His periods of confusion have continued and he has gone missing several times. He has also been physically aggressive to staff members. This latter behaviour has become so prominent that he has recently been prescribed tranquillising medication to be given when staff feel that it may be necessary. |

| **VIGNETTE 2**<br><br>**Telling the Clients Story** |
| --- |
| It is 0730hrs Tom is up and dressed and sitting in the sitting room. He keeps getting up to go along the corridor. Each time a member of staff gently asks him where he is going and stops him. They appear to listen but they don't hear Tom's answer. Each member of staff then turns Tom round and takes him back to the sitting room. They sit him down and then carry on with what they were doing. |

| **VIGNETTE 3**<br><br>**Unknowing and Presencing** |
| --- |

On returning from coffee one member of staff meets Tom near the front door. She stops and says “Hello” and asks Tom how he is doing. He says he is looking for Jessie and needs to go home. The staff member says “Let’s go to the sitting room and talk about this”. She gently takes his arm and they move slowly down the corridor. On reaching the sitting room they sit down. The staff member leans forward and takes Tom’s hand saying, “Now Tom tell me what you want” “Well,” Tom says, “I need Jessie and I don’t know where she is.” The staff member seems to soak up Tom’s frustration and anger. She explains that Jessie is at home and will be in at lunchtime. Tom rejoins with two quick, loud questions, “Why am I not there?” “Where am I?” The staff member explains where Tom is and what is happening to him. She continues to sit and chat with him for about fifteen minutes. Tom remains calm for the remainder of the morning.
A member of staff is heard to comment at lunchtime “The drugs worked then!” He had however had no drugs!

The dangers of believing that we already know the person were outlined (Munhall, 1993). These include closure i.e. we do not explore further, failure to examine where our perception of the client came from, believing something to be fact when it is not, closing off opportunities to test other alternative beliefs and perceptions. The concept of unknowing was, therefore, presented as an opportunity to find out. To do this we have to hold our own beliefs in abeyance and put our assumptions to one side. Instead Munhall (1993) suggests that we should enable clients to tell their own stories and construct their

own realities. One of the main ways for staff to achieve this is to develop empathy with their clients.

**Empathy**

Empathy is a cornerstone of therapeutic work. The defining characteristics of empathy are:

- The ability to see the world as others see it
- Being non-judgemental
- Understanding another's feelings and communicating that understanding

(Burnard, 1998)

The course also acknowledged that there is a price to pay for undertaking the therapeutic use of self in the working environment. This is encapsulated in the concept of emotional labour (James, 1989). Emotional labour is the work involved in dealing with other people's feelings. This was defined as 'the induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared for in a convivial, safe place' (Hochschild, 1983). This concept recognises that being empathic and person centred can be demanding and difficult. It involves giving something of yourself rather than just a token response or one that is based on a formula. It is argued, however, that emotional labour is an integral part of the practice of staff who wish to provide holistic, person centred care (James, 1989).

**Presencing**

Presencing is a term that can be used to describe how you use yourself as a person within your relationship with the client so that the client feels cared for (Benner, 1984; Benner and Wrubel, 1989). It means 'being with' rather than 'doing to' and is based on an equal role relationship (Burnard, 1998). It is a component part of a trusting, committed relationship and encompasses the moral values of humanity. Since it is a nebulous concept that can be difficult for students to understand, clients and carers narratives were used to illustrate the concept and then participants were asked to collect similar narratives for the second study day.

**The Second Day**

The second day was focussed around the materials that the participants had gathered during the intervening weeks in practice. First the group explored how they would enhance their learning by giving each other feedback. Once the ground rules had been established each person shared a reflective account and there were fruitful debates on the pros and cons of using each model. Each participant also read a narrative that they had gleaned from practice and the therapeutic role was further teased out by the group. It should be noted that the flip charts used on the first day were displayed around the room and the group were actively encouraged to use them so that constant links were made between their practice and the theory that they had been exposed to.

**Evaluations**

The group were asked a number of questions about whether, after the two days of learning activities their abilities and knowledge had changed. Box 3 illustrates the number of participant's responses to these questions.

| **Box 4 : Evaluation** | | | |
|---|---|---|---|
| **Question** | **YES** | **PARTLY** | **NO** |
| An increased self-awareness? | 4 | 3 | |
| An insight into your own values and practices? | 7 | | |
| An increased ability to use reflection? | 7 | | |
| An increased ability to relate to others in a way that promotes freedom growth and empowerment? | 5 | 2 | |
| An awareness of the emotional cost of utilising yourself in a therapeutic way? | 4 | 3 | |

The participants were also asked what they felt they had gained from the training and how this would impact on their practice in future. Responses are illustrated in Box 5.

| **BOX 5: Participant responses** | |
|---|---|
| **Question: What do you feel you have gained from the training?** | **Question: How will the training impact on your practice in future?** |
| "An insight into better practice" | "Listen actively and reflect more" |
| " A huge insight into what makes me the kind of person I am" | "Listen more and tune into peoples personal needs" |
| "A better understanding of self and to remember that it needs working at" | " Reflection and trying to focus on the issues" |
| "Recognition that I am only human and that it is normal to like some people more than others but that you need to really examine this" | "More Reflection and I will identify what I have learned from the reflection" |

| | |
|---|---|
| “A better understanding of reflection” | “Reflect more about situations / issues” |

The evaluation illustrated that all of the participants felt that the course had increased their awareness, to some extent, of the areas addressed in the course i.e. self-awareness, personal values, self-reflection, empathy and the emotional cost that the therapeutic use of self can bring. In addition, all of the participants felt that this increased awareness would impact on their practice and the way they related to the clients that they supported in a positive way. This was particularly seen in terms of listening more to what the individual client was saying and trying to respond to these needs, rather than their own needs or those of the organisation.

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