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RESEARCH ARTICLE

The Importance of Reflection: An Exploratory Analysis on How Prospective Psychotherapists Learn Self-Determination

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Abstract:

Background:

Learning to become a psychotherapist is a complicated process. Research on this topic has been limited and there is little consensus on how to assess therapeutic skills. SP/SR (Self-Reflection/Self-Practice) has emerged as a theory and method for learning psychotherapy. In this article students' reflections on how to become a psychotherapist has been studied from a phenomenological perspective.

Objective:

The aim of the present exploratory study was to generate preliminary hypotheses for future investigations in order to elucidate the complicated processes that occur during the therapist training programs.

Methods:

Five prospective psychotherapists were recruited to the present investigation, who all studied at the penultimate semester at Evidens University College, Gothenburg, Sweden. Unstructured qualitative in-depth interviews were used followed by phenomenological analysis.

Results:

Analysis yielded 252 meaning units and 12 categories which in turn led to four overarching themes: Learning as a visit to the dentist (when learning becomes painful because certain issues are not resolved); Learning as theatre (when the students just perform what is expected in order to pass); Learning as post-training soreness (when the learning process is challenging on a relevant level); Learning as reflections (when the students seek the intrinsic meaning).

Conclusion:

The study provided a basis for preliminary hypotheses for future investigations: reflections are helpful for managing the challenges described in the four themes. This, in turn, led to the formulation of some proposals for research questions for future investigations.

Keywords: Cognitive behavioral therapy, Phenomenological analysis, Psychotherapist training, Self-determination, Self-practice, Self-reflection.

1. INTRODUCTION

After World War II, a researcher-practitioner model, the so-called "Boulder model", became dominant in university programs within clinical psychology [1, 2]. It is characterized by the fact that the student is firstly educated as a scientist and,

secondly, as a therapist. The model is based upon the assumption that it is through knowledge of research that the therapist gains access to tools for assessment and treatment of mental illness [3]. From this perspective, the psychotherapeutic process can be understood as a matter of identifying the right evidence-based method or technique and using it to obtain the best possible treatment results [4]. It should be noted that this perspective has not been uncontested [1, 5]. Not all practitioners perceive scientific knowledge to be practically useful by itself [6]. Nor it has been easy to combine the

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demand for scientific knowledge with practical vocational training [7, 8].

Within the field of Cognitive Behavioral Therapy (CBT), it was only in the 1990s that the idea of experience-based education began to have a real impact. From the 1990s onwards, great emphasis was placed on a combination of experience-based teaching and reflection [9] with Beck [10] and Padesky [11] among others advocating the importance of having personal experience of psychotherapeutic methods as well as reflecting on these experiences. Despite this Bennett-Levy [12] notes that earlier experimental research has only to a small extent devoted itself to study reflection processes. Later studies studied the importance of reflection as well as personal experience of psychotherapeutic methods and how they affected learning. One such study [13] showed that educational elements such as reading, lectures and modeling primarily contributed to declarative knowledge. However, exercises, where the participants were allowed to practice something in combination with modeling and reflection, were better for procedural knowledge. The study also showed that personal experiences of therapeutic methods combined with reflections were particularly important for developing therapeutic skills.

Historically, personal therapy has not had the same importance for practitioners of CBT as for other psychotherapeutic orientations [14, 15]. CBT practitioners rank personal therapy as significantly less important for their professional development as compared to practitioners of other psychotherapy approaches. This is not surprising since research has not been able to demonstrate that personal therapies have any impact on clinical activities [16].

An attempt to create a theoretical framework for self-practice and self-reflection is the model "Self-Practice/Self-Reflection" (SP/SR) [17]. According to the model, the prospective therapist should experience to use CBT methods *i.e.*, Self-Practice (SP) and then reflect on these experiences, *i.e*., self-reflection (SR). In addition to being a method for professional development, SP/SR is also a method for helping psychotherapists take care of the personal side of being a psychotherapist [18]. It is a structured and manual-based process in which the uses of specific CBT techniques are followed by reflection [17]. The model is based upon the assumption that with help of reflections to refine his/her explanatory and procedural knowledge the psychotherapist will be able to increase his/her own CBT skills. The importance of reflections becomes particularly significant when treating complex patients, since greater flexibility from the psychotherapist is then needed [19]. Studies have shown that the SP/SR model can help prospective therapists to become more skilled at making case conceptualizations [20], gaining a better understanding of the therapeutic role and processes of change [21], better on conveying conceptual knowledge of what CBT is [22], as well as better self-confidence in the professional role as a psychotherapist [21]. SP/SR contributes to the development of meta-competencies [23] which can be useful within the framework of supervision.

Not only will prospective psychotherapists benefit from the method. Bennett-Levy and associates [13] showed that SP/SR is important in recurrent training for practicing psycho-

therapists in terms of technical skills, and interaction skills. This result was corroborated by a review [24] of ten articles and in a recent study with experienced psychotherapists [25]. However, the SP/SR research has been criticized [26] for methodological weaknesses in, among other things, differences in results between quantitative and qualitative research and for the method to be time-consuming [27].

The focus of the present study coincides with the extensive literature on how to learn to become a CBT psychotherapist [7, 11, 25, 28, 29]. The aim of the present study was to generate hypothesis that helps explain the complicated learning processes facilitated by self-reflection in cognitive-behavioral therapy trainees.

2. METHODS

2.1. Participants

Five prospective psychotherapists were recruited to the present study, who all studied at the penultimate semester (*i.e.,* semester five) at Evidens University College, Gothenburg, Sweden. Thus, they had undergone most of the theory and practice of the education. There were four women and one man aged 31 to 51 years. Three were trained psychologists, one was a nurse, and one was a counselor. When the students were admitted to the program, it was a prerequisite that they had either undergone personal therapy or currently participating in an ongoing one. Of the five students, three had undergone the requirements for personal therapy, while two had ongoing personal therapy. None of the students had received any training according to Self-Practice/Self-Reflection (SP/SR) or in other similar methods. The study participants are hereinafter referred to as respondents.

2.2. Procedure

Based on a list of names for a group of 19 students, the selection took place after a random procedure. Five students were asked and all of them accepted participation. The number of respondents was considered sufficient for an explorative study with unstructured interviews and with the aim of identifying hypotheses for future research [30 - 32]. All respondents received the study guidelines and related information. The purpose of the study was to investigate how students at the psychotherapist program reflect on their own learning process in terms of theoretical teaching, supervision and personal therapy. All parties agreed that all data was to be handled confidentially, and that the data collected as well as the digital tape recordings of the interviews, would be stored in a safe manner until a report has been published, then all content will be destroyed. The interviews were conducted at the premises of Evidens University College and continued until saturation was achieved [33]. Interviews ranged in lengths of between 40 and 52 minutes each. At the completion of all interviews, respondents were asked whether or not they had anything to add, explain or comment on.

2.3. Data Collection Method

In order for the interviews to provide as rich a material as possible, unstructured qualitative in-depth interviews were

used [33, 34], and these were based upon one or a couple opening questions. Respondents are then allowed to share their thoughts and reflections completely freely and spontaneously. During such an interview, the interviewer follows the respondent's story, avoids leading questions, but asks when needed questions such as "how" or "can you elaborate on that". Two opening questions were used: (a) Can you describe something that you learned during the psychotherapist training that you perceive as important? (b) Can you describe something that you learned during the psychotherapist training that you did not feel significant? The nature of these issues is in line with Englanders [33] and Kvales [34] reasoning that an interview should begin by allowing the respondent to describe a situation where he/she experienced the phenomenon. In this study, the main phenomenon is the respondents' reflections on what the training for becoming a psychotherapist really is.

2.4. Data Analysis

The Empirical Phenomenological Psychological Method (EPP method) devised by Gunnar Karlsson [35] was used in processing the data. The EPP method contains five different steps:

[1]	The interview transcriptions of each participant are read, until a good understanding, and "feeling" for the material is achieved

[2]	Here one distinguish "small units", called Meaning Units (MU). This does not follow rules of grammar but as the text alters, meaning breaks are made, independent of grammar.

[3]	During this step each MU is transformed from language of the participant to the language of the researchers. An example of a transformation may be the statement "I am so damn cursed at [name of supervisor] when [name of supervisor] claims that I do not prepare myself for meetings with the clients" is transformed into: "R gets very upset when the supervisor questions the preparations for the meetings with the clients."

[4]	The transformed MUs are synthesized into categories. One seeks to describe "how" the phenomenon expresses itself and "what" the phenomenon is.

  [1]	Here the researchers move from the categories to more general themes or structures.

The present analysis yielded 252 transformed MUs that in turn generated 12 categories. Each category illustrated a special perspective of the phenomena studied, and each category was described in a synopsis. Finally, the 12 categories were related and subordinated into three all-embracing categories, so-called index categories [36].

3. RESULTS

3.1. Overview of Results

The data analysis generated 12 categories that could be grouped into three index categories: (I) the importance of agreeing on what CBT is, (II) the importance of exposing oneself, and (III) to mature as a psychotherapist. Content and

examples of MUs are reported for each index category in this section. The examples of the MUs given in italics are the raw MUs. Thus, they are not the ones that were transformed, which were only used in the analysis. Later, in the Discussion section, we will examine whether it is possible to identify recurring themes that can shed light on the essence of the phenomenological analysis carried out. Table **1** provides a summary of the index categories as well as the number of MUs in each category.

Table 1. Overview: Index categories, categories and number of meaning units (MU).

S. No.	Index Categories	Categories	MU
I.	The importance of agreeing on what CBT is	1. The definition of CBT 2. Priority 3. To negotiate what KBT is	19 15 13
II.	The importance of exposing oneself	4. What does it mean to expose oneself? 5. The importance of being exposed 6. The importance of others exposing themselves 7. The importance of the supervisor 8. Obstacles linked to exposing	18 26 17 41 14
III.	To mature as a psychotherapist	9. Repeating skills 10. Managing problems with self-determination 11. Trying new things 12. Obstacles in the maturation process	23 21 14 31

3.2. Index Category I. The Importance of Agreeing on What CBT Is

Respondents claim that there are different ways of understanding and practicing cognitive behavioral therapy. This means prioritizing what is important in the education, which in turn leads to a kind of negotiation based on different definitions of CBT. The negotiation can be described as a process that determines which aspects of psychotherapy have the highest priority. Here is an example where a respondent describes a conflict that arose because of different priorities: *"One has an idea that this is good therapy. This is how it looks when it's CBT. But when someone goes in and knocks that bubble and says it is completely wrong that you work this way ... Then I can think that it is the supervisor's role to address me ... over there somewhere and encourage me to find a new way, instead of just letting me meet the resistance from my fellow students. I don't want that, and then I don't do more than I have to do."* The interviews described different ways of defining CBT:

[a]	**CBT as a structured process.** There should be an agenda for each session and problems and goals should be identified. When the conversation with the client or the psychotherapy in its entirety falls outside the scope, it is the task of the psychotherapist to restore the structure. Choosing a manual to deal with a particular

problem is described as safe and effective. Overall, the structure is described as difficult to maintain, often in contrast to patients' wishes, needs or behavior, but also as a gain for the psychotherapist in the form of increased freedom: *"How did I think here? So it is important that you have a plan, you have a structure for what we really do"*.

[b] **CBT as an interaction process.** It is about prioritizing the relationship with the client. This is done by making the structure, both for individual sessions and the therapy in its entirety secondary in the therapeutic process. It is often justified by circumstances such as severe problems for a client where it becomes difficult to maintain a structure, or that some clients have greater need to establish strong relationships with the therapist rather than relating to structure: *"So go into a more freer process then where we would not be controlled by all the templates because we still created a therapeutic foundation and the patient is very pleased with it"*.

[c] **CBT as a scientific process.** A diagnosis-based treatment model is the preferred choice for scientifically-based methods and this approach seems to be the most appropriate one used today. Therapists are therefore trained to choose a particular treatment method or to use a prescribed manual to deal with a particular diagnosis. This is considered to be safe and effective, and it also provides the therapist with a sense of control: *"It feels more obvious, because now I know what I'm doing, which I didn't really know before. It feels safe because I now know that my method has a research support."*

[d] **CBT as an exploratory process.** A technique where the psychotherapist does not start from a predetermined treatment method but instead tries to construct an understanding of the problem together with the client. Empathetic treatment, body language, reflections, word selection and the client's childhood are considered to be of great importance: *"Why be so pure? So there I go a little against because I do not feel that my creativity comes to use when I should only describe a patient based on point 1, point 2, point 3, paragraph 4, as the template requires of me"*.

3.3. Index Category II. The Importance of Exposing Oneself

All respondents described various assessment situations where they had exposed themselves before fellow students or teachers/supervisors in a way which was perceived as uncomfortable:

[a] **Feelings of being exposed.** Characteristic for the feeling of being exposed is that what you share is representative of your own psychotherapist style and in this way your professional knowledge is subject to the judgment of others. The following example illustrates how a respondent ponders on how case reports may be perceived: *"The question of why it is uncomfortable for me to write case reports… I have not considered*

that before. But it's probably about performance anxiety. That I feel examined. And it makes me nervous. That I do feel uncomfortable. And also... I don't know what is expected of me ... It feels very uncertain."

[b] **Ability to cope with exposed situations.** Respondents describe occasions when they have to expose themselves as stressful, but they also admit that this experience may be of importance for their own learning. Respondents describe how report writing, exercise sessions and video feedback in supervision can be perceived as ranging from mildly stressful to very stressful, arousing negative thoughts, anxiety and shame. Being able to handle those reactions are described as a central part of developing as a psychotherapist. One respondent described it as a workout and another as going to the dentist: *"I think it is like exercise pain. It may not be nice, but it is not dangerous… quite okay and natural. And I would not have liked to experience this elsewhere ...this is after all the safest place I have."/ "Well, that's it. It's like going to a dentist. It's something you have to do. So the teeth don´t rot."*

[c] **Advantages with exposed situations.** While processes during the training are described as both challenging and in some cases painful, clear advantages are also described. It can be about dealing with one's own shortcomings and disturbing behaviors or learning to accept feelings like shame and anxiety. One respondent stated the following: *"I had some strange behaviors during a therapeutic session that I had not previously been aware of. But thanks to the video feedback this was noticed and now I do my best to extinguish that behavior, or at least think about it."*

3.4. Index Category III. To Mature As A Psychotherapist

A recurring reasoning suggests that psychotherapist education is part of a maturation process. Maturity process is described as knowledge development where new skills, as well as, personal development are important. Knowledge development is the aptitude to learn and to adapt with continuity newly learned skills and abilities over time so that they can become part of one's therapeutic toolbox and leading to an improved professional competency resulting in self-determination. When the benefits of video feedback and related reflections are highlighted, Cognitive Therapy Scale (CTS-R) is also described [37] and the assessment based thereon as a tool to identify and change behavior. The CTS-R scale will help identify and delimit something that should be repeated.

On questions about what they think they have learned so far during the psychotherapist program, all respondents described that they have been helped to deal with various deficiencies or problems related to how they should perform psychotherapy. An example of a respondent who has gradually become more open to taking in new perspectives follows: *"Childhood and CBT have not been exactly obvious. (...) First, I claimed that this is not CBT. It's something I shouldn't be doing. I was a little provoked. Should we adopt this CBT method in our therapies? So, I've contemplated much about*

this. In the past, I might have had simplified thinking about depression or anxiety. But now one thinks that it is perhaps depression, as a kind of secondary effect of childhood experiences." Respondents described three obstacles in the maturation process:

[a] **If the distance between the supervisor's opinion and the student's is too great.** This indicates a process in which the respondent becomes aware of the fact that supervisor does not share the respondent's opinion and therefore has problems in the negotiation of what should be prioritized: *"And I think it is the role of the supervisor to meet me there somewhere and to lure me out, instead it was only resistance."*

[b] **Too much emphasis on respondents' shortcomings.** The descriptions of their education often show a problem-focused process where learning is defined based on the ability to correct errors. Respondents rarely define learning as identifying strengths and working from these. All in all, it seems as they perceive that learning to become a psychotherapist is partly about identifying one's own deficiencies, reflecting on them and remedying them in order to become a more skilled psychotherapist: *"If there were any tokens that would have fallen down then it should have fallen down now you think. I can't feel that it does. It feels like such ... impossible to do right."*

[c] **Theatrical show.** A third obstacle is that the presentation of oneself in the role of a psychotherapist can become a theatrical display. This seems to be part of a process where difficulties in negotiating on what is to be prioritized lead to a sort of surrendering: *"Then it feels more like it becomes an act. Not what I really should have as a therapeutic skill. I show something to the one who is going to examine me, and then it suddenly looks right… It's not a real reality."*

4. DISCUSSION

4.1. Four Themes Emerged

When analyzing the material gathered from the five interviews four recurring themes arose in the three index categories as well as in the categories and which were also abundantly represented at the MU level: (A) Learning as a visit to the dentist (when learning becomes painful because certain issues are not resolved); (B). Learning as theatre (when the students just perform what is expected in order to pass); (C) Learning as post training soreness (when the learning process is challenging on a relevant level); (D) Learning as reflections (when the students seek the intrinsic meaning).

4.2. Theme A. Learning As A Visit To The Dentist – A Painful Process

When the prospective psychotherapists encounter new challenges and demands, learning is, according to statements from our respondents, likely to become too painful and can be likened to an unwanted dentist's visit. The result usually leads to professional development, but the process is characterized by some discomfort and takes time. There was consensus in

regard to an identified problem or focus during the supervisory examination hearings. The student did not communicate the nature of the problem nor did the student know its importance. When the student begins to work with the problem by exposing himself/herself, significant negative experiences were triggered such as thoughts of disaster, depression, fear or anxiety. Exposure is thus done, but what is shown represents different things for the student himself/herself and for supervisors and fellow students. The process is exacerbated if the reflections together with the fellow students and the supervisor take place on a superficial level, which forces the student to alone deal with the problem and the feelings that have been raised. It is taken for granted that the students should be able to successfully identify their own problems, weaknesses, and thereby increase their ability for self-reflection and self-determination. Therefore, it becomes especially important to be cognizant of any constructive reflections between fellow students and supervisors so that these can be fully appreciated during the early stage of their psychotherapy education.

Theme A shows a structured and in-depth review of problems and what they represent for the student is missing [12, 17, 29]. There may be several reasons why a student chooses not to talk about painful experiences. Nonetheless, there are various solutions that can be adopted in addressing the identified issues. One possible approach is that there may be a lack of security with the group [7, 11, 25, 28]. A possible alternative to exposing one-self in front of a group is to keep a diary of psychotherapeutic experiences [9]. Such a diary could contain questions that enable further self-reflection. Another and perhaps more modern method is SP/SR blogs where the students have the opportunity to reflect on their learning [38].

4.3. Theme B. Learning As A Theater - A Smoke Screen

The five respondents' reflections indicated that if the negotiations are characterized by conflict or surrender, subsequent processes risk having a theatrical character in order to divert or reduce the painful elements. The student's focus will then not be real knowledge development or personal development, but instead the assessments [29, 37] and how to cope with the education. Where theme A is about managing one's own strong negative emotions, theme B is characterized by the lack of emotions or low-intensity abandonment.

Previous assessment research has noted that students generally learn what they perceive that they will be assessed on [28, 29, 39, 40] whereby the reflection process ends up in the dark [41] which may explain why theme B arises. It has also been discussed that the phenomenon may be due to anxiety which leads the student to select material that he/she believes suits the supervisor in order to protect him/her and thereby reduce the anxiety [28, 42, 43]. In this study, the main reason why the theatrical situation arises seems to be that the negotiations in combination with the assessments do not create a sufficiently meaningful space for the student to be able to show what he/she needs help with.

4.4. Theme C. Learning As Post-Training Soreness - A Challenging Process

When learning to become a psychotherapist works well, it

is still not an easy process according to our respondents. To borrow a respondent's expression, it can be likened to post training soreness. That is a kind of necessary pain for development to take place. The negotiation process must be characterized by, or at least result in an agreement on what should be the focus in order for learning to be challenging.

An experience-based model [9] fits well with the learning that theme C describes. When the student presents a genuine problem, the actual exposure process creates an opportunity for self-determination and self-reflection because the student can then come into contact with both personal and professional aspects of the presented issue. Bennett-Levy [12] describes the importance of focused attention for reflection to occur. Theme C, as shown by other research, indicates that it is difficult to practically distinguish between a personal-self and a psychotherapist-self [44]. These two "selfs" can be distinguished and studied [17, 45] and these results indicate that self-reflection is important for the student therapist, and along with guidance from his/her therapist-self, the student is able to reflect on how the personal-self can influence the therapy.

4.5. Theme D. Learning As Reflections – Searching the Intrinsic Meaning

The occurrence or absence of meaningful reflections in order to gain a greater understanding of the therapeutic processes is included as an intrinsic factor in themes A to C. Theme D further illustrates the significance of the five respondents' reflections as a meaning-making process which in accordance to Rogers [46] moves a student from one experience to the next. Thus Theme D constitutes the hub that the other themes revolve around. It may be through reflections in interaction with others and through self-reflections that most students eventually can move on and act as self-determining therapists. These observations seem to be in line with recent research [17 - 23] and the following definition by Korthagen: "Reflection is the instrument by which experiences are translated into dynamic knowledge" [47].

A quantitative study [28] dedicated to examine the prospective psychotherapists' attitudes to group assessments with participants from two Swedish educational institutions (Gothenburg University and Evidens University College) showed that a majority of two-thirds of the participants had a very positive opinion of group assessments while one third were negative or skeptical. The analysis showed that decisive for how to adhere to group assessments was whether the students considered themselves as fairly evaluated by their student colleagues within the group and whether the supervisor should make the assessments. The students who were positive [28] estimated that the reflections became more extensive when not only the supervisor but also the student colleagues participated, and that it was instructive to take part of each other's strengths and mistakes. Those who were negative or skeptical feared that the relations between the students affected the discussions but they still hoped and longed for something else which could lead to a freer and deeper evaluation. These results relate to what has been elaborated in themes A to C and which also emphasizes the need for reflections highlighted in theme D.

CONCLUSION

This explorative study consisted only of five respondents, which means that conclusions must be tentative. However, the study provided a basis for preliminary hypotheses for future investigations: that is, reflections are helpful for managing the challenges described in the four themes. Research questions on what would be useful to investigate in future studies may be about how constructive reflections can be implemented at an early stage of the psychotherapy education, how the students' experience of security can be strengthened, how assessments may be designed in a new way so that they also serve as exciting learning opportunities, how students integrate professional and private aspects, and how the education of supervisors can be designed in the light of all the challenges that occur within the psychotherapy programs.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study procedure was reviewed and approved by the Ethical Research Committee at Evidens University College.

HUMAN AND ANIMAL RIGHTS

The study followed the ethical standards of the World Medical Association's Declaration of Helsinki concerning Ethical Principles of Medical Research Involving Human Subjects and in accordance with the Swedish rules on ethics.

CONSENT FOR PUBLICATION

Written informed consent was obtained prior to data collection.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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