How to Become a More Reflective Practitioner / Researcher

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Abstract:
This article is an attempt to glean, from various published writings how to become something more of a reflective psychotherapy practitioner / researcher. This article looks at the use of, and different kinds of, reflectivity in professional psychotherapy practice. It is hoped that such an exploration might encourage others in the profession of psychotherapy to adopt this well-tried tool, that albeit originally came (in part) from social studies, education and anthropology.
Key Words: Reflective Practice, Psychotherapy Research, Practitioner

Introduction:
Like many of us in our original trainings in psychotherapy, much greater attention was paid about the trainee getting the method (or modality) of psychotherapy correct (albeit for the different needs of different clients), and little or less attention was paid to any form psychotherapy research, or to useful methods of feed-back. There was (perhaps) an underlying assumption that, if you did the right thing in the right way and the client got better – that was fine; but if you did the same thing in the same way and the client didn't respond – then it was the client's problem, or even their 'fault'. Reflectivity about one's practice is an attempt to over-ride such assumptions.

A major research resource – for all psychotherapists – is their own clinical data: which is any data that is produced from within the clinical setting, comprising of the behaviour, including verbal behaviour, of the client, but which also includes their affect, any manifestations of occurrent thoughts, feelings, and free associations; reports of dreams, memories, fantasies, and physical symptoms; as well as responses to the therapist's questions and interpretations. In addition to the words spoken, the manner and tone of speech, pauses, corrections, moments of forgetting or going blank, facial expressions, body language, and so on, are all part of this sort of clinical (and possibly also transferential) data. Many psychotherapists also include, as a further part of their clinical data, their own emotional responses, thoughts and feelings in response to the verbal and non-verbal behaviour of their patient (the counter-transference). [1] How all this data is recorded, stored, and then used, is – of course – largely up to the individual therapist, but which also depends on their training. Reflecting on these aspects can become an important – and significant – research tool.

Reflectivity: Meaning & Definition:
There have been a lot of fancy words written about being a more "reflective practitioner" or a "reflective researcher" or a "reflective therapist": – essentially, what this term means, is the capacity to operate 'reflectively' in one's professional practice; and, what is meant by this, is focussing more on the combination of two interacting elements: *prospective* and *retrospective* reflectivity.

….Becoming more of a reflective practitioner (or a reflective practitioner-researcher) is helping to maintain, or even increase, the qualitative level of research by making a significant attempt to eliminate the individual therapist's or researcher's impact on the actual on-going

International Journal of Psychotherapy
March, 2020, Vol. 24, No. 1, pp. 21-32: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

Published Online: 30-Mar 2020; Print publication: 30-Mar 2020; DOI: 10.36075/IJP.2020.24.1.5/Young

research process. This is because qualitative research methods are much less structured than quantitative methods and thus qualitative researchers interact more closely and personally with their clients (or research participants) thus potentially bringing their own biases to the research. David Schön's (1983) book, *The Reflective Practitioner,* introduced such concepts as *'reflection-on-action'* and *'reflection-in-action'*, which explain how professionals meet the challenges of their work with a kind of improvised methodology that improves with practice. [2]

Firstly, '*reflectivity*' is a research concept that comes originally from anthropology, or qualitative social research, but is actually very applicable to all kinds of professional practice, especially in education and – of course – psychotherapy. It is the process of reflecting on a number of different aspects of yourself and your work: i.e. – what you actually said or did (depending on notes, recordings, etc.); as well as what you were feeling before, during and after the session; and - how you think you did; and whether your work was effective – especially if there has been any positive or negative feedback; and whatever assumptions or impressions you might have had were affirmed or contradicted. As a professional therapist (or researcher), all this reflective information is necessary in order to provide a more effective and impartial analysis of what was really happening in the psychotherapy session.

Types of Reflectivity

Secondly, simply put, ***prospective*** reflectivity concerns itself with all the possible effects that the person of the researcher might have on the research. What is called 'prospective reflectivity' has been more frequently accounted for in the professional literature; for example, in relation to considering how to handle: the researcher's status; insider/outsider-ness; gender or ethnicity; and also the effects of the researcher themselves (as in the case where a civilised, educated research might have considerable impacts if they were living in (say) a primitive tribal village).

Rather than seeing such influences as potential contamination of the data and thus to be avoided or allowed for, it is possible – by learning how to achieve competence and lessen potential (prospective) dissonance in any appropriate methodological procedure – to utilise this 'prospective reflectivity' in order to help researchers grow in their capacity to understand the significance of their own knowledge, feelings and values – that they themselves have brought into the field of research, and that therefore might have affected the research questions that they came to formulate. This type of reflectivity is seeking to sharpen the analytical lenses that the researchers choose to employ; and thus increase the accuracy of their findings.

Retrospective reflectivity concerns itself with the effect of the research on the researcher, and/or on the research subject: hopefully both will benefit, but sometimes disasters happen. [3] Both these types of reflectivity are attempts to find out whether there are any ways out of the essential dilemma that exists in qualitative research: on the one hand – between the hope of arriving at a non-contaminated, valid and reliable set of research knowledge; and – on the other hand – the threat of collecting trivial data, or producing (unintentionally) very personal accounts, or contaminating the research by personal or cultural prejudices that might be prominent.

These are two different ways to look at – more principally – the relevance of subjectivity and reflectivity, both in and to the process of adding to scientific knowledge; to qualitatively research, which is one of the ways in which psychotherapeutic practitioners can become involved. There are a number of different ways of doing this:

> *"... by offering possible theoretical frameworks; by examining the research process, using own empirical examples to show in which way cultural, social, professional, biographical, and personal*

> *characteristics influence what is perceived, interpreted and published; and by providing tools that can be used to highlight subjectivity in the research process in order to achieve new levels of understanding through reflectivity."* [4]

Relevance of Subjectivity and Reflectivity

With regard to the actual pragmatics of qualitative research into this (psychotherapeutic) research approach, and considering all our different methods and techniques, what we can see – as being quite central – is the essential capacity that is needed for the researcher in order to operate reflectively: which is the ability to create a significant differentiation from the researcher's subjectivity. It is probably quite likely that, as a therapist, you are already doing something of this, possibly without realising it consciously: but, what is this 'reflectivity'; why is it important; how can it be separated from pure subjectivity; and how can we use this reflectivity – not only to improve any research, but also – most importantly – to get more out of our professional practice?

> *On the one hand, there are many demands from philosophy of science and there are numerous methods that aim at eliminating researchers' impact on the research process except in controlled treatments. On the other hand, the insight spread that researchers, in continuously interacting with those being researched, inevitably influence and structure research processes and their outcomes – through their personal and professional characteristics, by leaning on theories and methods available at a special time and place in their (sub-) cultures, disciplines and nations. This is especially (but not exclusively) true for qualitative research, because qualitative methods are less structured than quantitative methods, and qualitative researchers interact for most part very closely with research participants in their respective research fields.* [5][6]

As researchers, we need to be cognizant of our own contributions to the construction of meanings and of lived experiences throughout the research process. We need to acknowledge that indeed it is (almost) impossible to remain "outside of" one's study topic, whilst conducting research. Perhaps this is the differentiation that is needed between subjectivity and reflectivity. [7]

The Importance of These Concepts

Firstly – as both psychotherapists and researchers – we absolutely have to acknowledge that all our perceptions, our concepts and preconceptions, and our understanding of the world are based on – our own (subjective) individual patterns of thought and behaviour. These are our personal values; our political, culture, ethnic, religious and age and gender-based leanings; and these are also based within the structures of the profession that we were trained in and that we now follow (and these can also change significantly over our working lifetime). Almost any critical examination, or greater awareness, of these can help to improve our professional practice. By subjecting our 'subjectivity' to reflective practice, we are acknowledging – and allowing for – our individual biases.

Therefore, if – as professionals – we wish to engage in any form of qualitative research into our professional practice, this increased level of 'awareness' necessarily involves a process of consciously examining and acknowledging all our (subjective) assumptions and preconceptions: the views that we might bring into our practice, and thus that might also affect our research. All these aspects can shape or invalidate any research outcome.

None of us can ever be totally detached: there is – in actuality – no such thing as a totally objective observer or researcher. We are all human beings, who hold opinions, impressions and pre-formulated ideas, based on how we were brought up, our education, and also what experiences that we have been exposed to in our lives. The huge dilemma of not only being in the process, but also being a part of the process, while at the same time having to reflect upon what is going on is complicated. As a therapist (or as your own supervisor), your very

personality, your entire person is inevitably involved.

It is therefore clear that – in to obtain such a level of self-knowledge – a significant level of 'deep enough' personal psychotherapy should be mandatory for all psychotherapists, during their training. When, practicing as a therapist, we (obviously) try to be understanding and empathetic – our focus of attention is, quite naturally, almost totally on the client, and it is therefore quite easy to forget about our own personal influences or unconscious assumptions, both about the therapeutic process and therefore also about any possible research findings.

Therefore, the attitudes and experiences – that we all carry with us, all of the time, almost inherently and inevitably – need to be acknowledged that these can influence any perspectives that we might have – either about the client, or for the process of the therapy, or for any form of 'reflective research'. For instance, the selection and wording of any questions and interventions – before, during and after the therapy session – can (almost inevitably) influence our conclusions and so, these aspects and influences can (almost inevitably) become reflected in our notes, reports or findings: i.e. our "research" conclusions.

However – and this is where reflectivity kicks in – by thinking "reflectively" throughout the entire therapeutic process – by reflecting on ourselves and on our perceptions – and by clearly owning these, and incorporating all these into our awareness – and, by making this reflective process itself, a point of the research analysis – we can reduce the risk of being misled by any of our own experiences and interpretations – and thus we are able to come to a more accurate and objective "research" perspective.

We are (obviously) professionally aware, as a psychotherapist, that we, the therapist, can possibly – and all too easily – project our own experiences, feelings and interpretations into the therapy session – i.e. how we might have felt if (or when) we had the same or similar experiences, or when we were in a similar situation. Because we have been professionally trained, we should be able to hear the client's narrative and issues – without 'too much' bias; and we should also to be able to hear and respond to all the complex aspects of their narratives and issues – without 'too much' distortion or overlay from our own experiences.

However, our experiences and relationships in such a situation are completely unique to us, and will therefore be quite different to the client's experiences and relationships – and, indeed, different from any other therapist. As professionals, and as researchers, we need to be able to differentiate between our perspectives and experiences and the client's perspectives and experiences; and also to be able to differentiate between their perspectives and perceptions as being different from ours. This 'separation' or 'differentiation' is very important – and almost necessary – for reflectivity, as both a therapist and as a researcher.

A client's reaction to the therapist's questions and interventions and/or the therapist's reaction to the client's answers, can profoundly influence ***what*** questions or interventions that the therapist chooses to ask next, and also on ***how*** the therapist might ask these. These aspects can therefore influence the answers or reactions that the client then gives. Identifying and becoming aware of these dynamics is – in part – what is meant by 'reflective practice'.

In order to make these interactions become a part of 'reflective' practice – capable of contributing to any form of research – these dynamics need to be held – significantly – in the therapist's mind – both during the therapeutic sessions and processes, and especially when the therapist is subsequently 'writing up' the session – as for any research purposes: especially as the therapist's thoughts and reactions can significantly influence what they report, or emphasise, in their case report or in their research findings: e.g. guilt, regrets, prejudice or resentment:

> *"The workings of reflectivity are accessed via observation and reflection, and through*

interaction with colleagues. We observe in action; we step back to reflect; and we step up again to action. That, at least, is the simple model that we find useful to hold on to. Beyond that, the actual complexities of thinking, feeling, and acting spread out before us." [2]

If the therapist / researcher then reflects on these points, they should be able to recognise some or most of these biases or personal aspects – and therefore seek to eliminate these. They can then try to ensure that they try to mitigate any of their own impressions or influences because of the effect that these might have had on conducting any following sessions, interactions, case reports, or, indeed, any significant effects of the therapist as a researcher. As is quoted:

"[This] is necessary because without such reflection the outcomes of the research process are regarded as "characteristics of objects," as "existing realities," despite their constructed nature that originates in the various choices and decisions researchers undertake during the process of researching." [8]

How can we – as therapists – become more reflective?

There are several ways that can help a psychotherapist become more of a reflective practitioner, and thus more of a clinical researcher:

1. **Reliability:** If there is a need for a degree of research reliability and/or a degree of accurate interviewing, then there could (possibly) be more than one interviewer, therapist, observer, or researcher (or using a video- or audio-recording). Alternatively, the client could review the therapist's notes – for accuracy; or possibly, the therapist could allow enough of a gap between the sessions, for more of an objective reflection; or for allowing more time to consider different aspects and so as to either accept or reject these: *"Second thoughts should be the rule!"* [7]
2. **Surprises:** This can be when there is an obvious discrepancy between what the client and therapist (or observer) remember; or when there are inappropriate assumptions, or preconceptions that are brought to awareness. It is both appropriate – and/or necessary – to examine and reflect on these 'dissonances'. It may be necessary to take some time out to examine these: it may be that there are expectations from either client or therapist that need some time to be brought out and looked at.
3. **Recordings:** One way of determining what actually happened, or examining the processes that went 'wrong', or as a way of looking at what was 'going on', one can keep a diary, use an audio-tape, or even a video (given ethical permissions). An 'emotional' diary can help determine how the therapist was feeling on that particular occasion. These 'recordings' can be particularly useful to provide an objective perspective.
4. **Reflections:** Consider how – when the research report, or case study, or synopsis – is being written up, how one's experiences or presumptions may have influenced the report. This is particularly important where the client comes from a significantly different culture, class, race, ethnic background (or similar).
5. **Observation:** As a learning exercise, watch (or listen to) with a colleague or a supervisor, a recording of a session that you have given. If possible, choose a recording where you can see your whole body – so as to be able to see one's non-verbal language, facial expressions, etc. – as well as what is being actually said. There may be discrepancies and dissonances between what was said and how it might have been experienced (by the client). Try to use these observations non-judgementally, as a further learning experience.

All this reflective work is: **(a)** good for you anyway as it can help you to become a better

practitioner; and **(b)** so that these internal observations can form part of some 'research' into the therapeutic process, or into your professional practice. Don't worry too much about the form of the research; that comes later. Practice the method of reflective practice first: probably for at least three months. Take notes, re-run any recordings; compare first (early) reflections with later ones and note any differences; discuss these with a colleague or a supervisor; make this a preparation project first – just as one does a literature review before some academic research; and read up about reflective practice. All this will inevitably have a fairly profound process of improvement on your practice. If not, you are either exceptional already (i.e. no room for improvement), which is unlikely, or you are just not 'getting it'.

How can we – as psychotherapists – become more of a clinical researcher?

All these terms – 'clinical researcher' – 'reflective practitioner' – etc., put slightly different emphases on different aspects. Another term – Local Clinical Scientist – has been presented as a slightly different bridge between science and practice. [9] This model is more of a mind-set and a process, than it is of carefully crafted interventions and consists of an informed sequence of hypothesis formation, testing, and revision on the part of the therapist. Any initial impressions (which may or may not be justified) now need to be 'tested out', with the idea of improving their accuracy, so the therapist might start to ask 'critical questions' – so designed that the response will indicate whether the hypothesis is reasonably correct or inadequate. [10]

> *"[Conclusion] Every clinician engages in evidence-based practice. Indeed, it would be both foolish and professionally irresponsible to knowingly ignore any available evidence. The key lies both in what evidence is available to each clinician, and how that evidence is weighed. In weighing evidence, it is critical to consider both internal and external validity. To speak in the vernacular, clinicians who rely exclusively on internal validity know more and more about less and less. Clinicians who rely exclusively on external validity know less and less about more and more. Clinicians who rely exclusively on internal validity are absolutely certain of something that may not apply to the patient in front of them. Clinicians who rely exclusively on external validity are absolutely certain about something that probably does apply to the patient, but it may not be true. Of course, these are caricatures, and there is much room between absolute reliance on one type or another of validity. The LCS occupies this ground, seeks out relevant evidence, weighs it in a balanced, critical, and skeptical manner, and applies it as best as can be done. The LCS then systematically records this new experience so that it can be consulted the next time it may become relevant, not as a guiding principle but as one more piece of relevant evidence. By doing this, the LCS is functioning as a scientist-practitioner."* [10]

From a more cognitive approach, Beck calls this 'collaborative empiricism'. [11] However, in this instance, the balance is put more towards the 'scientist-practitioner' getting it 'right', than towards a clinical researcher improving their work, in that the client is being questioned in order to 'prove' or 'disprove' the therapist's assumptions.

It is clear that reflective practice can help any individual develop both personally and professionally, as it allows all sorts of professionals to update their skills and knowledge continually and to consider new ways to interact with their patients, clients and colleagues. David Somerville and June Keeling suggested eight simple ways that professionals can practice more reflectively: [12]

1. Seek feedback: Ask "Can you give me some feedback on what I did?"
2. Ask yourself "What have I learnt today?" and ask others "What have you learnt today?"
3. Value personal strengths: Identify positive accomplishments and areas for growth

4. View experiences objectively: Imagine the situation is on stage and you are in the audience
5. Empathize: Say out loud what you imagine the other person is experiencing
6. Keep a journal: Record your thoughts, feelings and future plans; look for emerging patterns
7. Plan for the future: plan changes in behaviour based on the patterns you have identified
8. Create your own future: Combine the virtues of the dreamer, the realist, and the critic.

However, there are three more criteria or concepts that are also very significant, especially for psychotherapists: these are: (A) Trust; (B) Co-operation, and (C) Collaboration:

A) Trust: Building and maintaining a high level of trust between therapist-researcher and client-subject is necessary not only for the therapy, but is also necessary (possibly even mandatory) for the research, in order to generate open and accurate data. This degree of trust strengthens the validity of the qualitative research and facilitates generating sound, reliable theories from it – to be tested out later.

Within this aura of trust, including some other significant concepts, is the whole issue of re-building the client's drive towards better attachment.

> *"Attachment theory is deceptively simple on the surface: it posits that the real relationships of the earliest stages of life indelibly shape our survival functions in basic ways, and that – for the rest of the life span – attachment processes lie at the center of the human experience."* [13]

The client's attachment process can be followed and developed during therapy, but it can often take several years in order to grow into some kind of maturity – depending on the background of the client. Clients with particularly disorganized attachment, or who are very insecure, will need a much longer time; and they also have quite a hard time realizing that there is such a thing as (or even a possibility of) a secure base (hopefully, via the work with the therapist) until they can feel more secure within themselves.

Depending on the therapist's way of working, it is fundamental that the (mostly unconscious) attachment dynamics are explored through similar channels to the interactive psycho-biological regulation that shaped the client's original level of attachment. In the interplay of verbal, but mostly non-verbal, interactions between the client and therapist, it is very difficult for the therapist to stay fully aware of all the subtle interplays that exist, all of the time, at many different levels. Modern developments in neuroscience make it clear that:

> *"Many features of social interaction are nonverbal, consisting of subtle variations of facial expression that set the tone for the content of the interaction. Body postures and movement patterns of the therapist…also may reflect emotions such as disapproval, support, humor, and fear. Tone and volume of voice, patterns and speed of verbal communication, and eye contact also contain elements of subliminal communication and contribute to the unconscious establishment of a safe, healing environment."* [14]

There is, therefore, a need for a considerable period of reflectivity after a session to work out more exactly what was happening in the session at any particular moment. As mentioned, exactly how one uses any notes, recordings, etc., depends on the individual practitioner-researcher.

Sometimes, the therapeutic relationship will break down completely – and then much can be understood by reflecting on why this sudden breakdown of understanding happened, or what it was that was part of the irreconcilable differences between the client and therapist's inner worlds. But, as there cannot be any further sharing of mutual experiences: so, reflectivity – at this point – is also necessary, if not essential.

B) Cooperation: Close collaboration – or cooperation – between researchers and their subjects (therapists and their clients) is also

necessary – not also for strengthening the 'therapeutic alliance' (the most productive component of good therapy) – but also in order to facilitate the gathering of good data. Relationships in the research field are very important and can also be quite challenging:

> *"... it was necessary to have ongoing negotiation between the researchers, the research participants, and other stakeholders during the research process."* [15]

In some cases, appropriate methodology means making formal arrangements and getting signed permissions about making audio or video recordings, and also about destroying these at the end of the research project. This – in itself – will have a small, but possibly significant, effect on the therapeutic relationship. The client (subject) can feel more empowered or important; they are being asked something or contributing something more to the therapy. It can also help with any feelings of respect.

C) Collaboration: Thirdly, in research, data – to be credible – often needs corroboration and, for this, collaboration with others may well be necessary, as we might need access to alternative sources of information. For example, as a psychotherapist working in the UK National Health Service, I may be able to gain relatively easy access to a client's (or patient's) medical record or mental health history. As an independent practitioner, I would definitely need the client's clear and written permission in order to access any such corroborative material. There are other forms of collaboration that may be needed.

All these components will inevitably 'change' the therapeutic relationship – in some way or another. It is possible that psychotherapists are somewhat reluctant to consider 'practitioner research' because they fear such changes. They may also feel that they are imposing, or injecting, something into the relationship from their side that might be counter-transferential or even counter-productive, rather than seeing the longer-term benefits. All these points must be considered carefully and must be "woven" into the fabric of the therapy – always to the benefit of the client first, instead of for the benefit of the therapist-researcher, or for the benefit of professional knowledge. Furthermore, there may well be ethical considerations here that should also be considered. [16]

However, once one is more practiced in reflective practice, one can then start to move towards becoming a reflective researcher:

> *"We [also] note the relevance to the reflective process of distinction between reflection-in-action and reflection-on-action without exploring, on this occasion, whether that counts for our purposes as a distinction of category or scale. A decision whether or not to record a conversation, for example, may have to be taken on the spot, while the decision to amend a research question will call for careful consideration of what has been learned. In both cases, we shape and are shaped."* [2]

Reflective researchers have to open themselves up to being a significant element of the phenomena that are to be investigated: they are thus embedded in, and also emerge from their contexts. Moreover, such researchers also need to utilise a developmental learning approach to their research methodology, as well as an educational approach to becoming a researcher: they need to be ready to change.

This is an issue that should be looked at through the magnifying lens of supervision: how much is the reflective practitioner-researcher ready to examine themselves critically and also ready to change their approach, as the result of such an examination. If supervision is to be significant here, as it should be, then the supervisor needs to have experience of, and familiarity with, reflective practice and research: one additional aspect – the use of "grounded theory" – can be particularly useful here. [17]

All, these approaches need to be equally open to the possibility of shifting insights, emergent goals, and evolving methods, in the pursuit of

findings that might have become more significant than the initial research questions. However, this process of continual self-examination can be quite an exhaustive process.

A Personal Learning Journal

One of the methods suggested for reflective practice is to keep some sort of a 'learning' journal (on paper or on a computer), in which one documents one's own feelings, thoughts, observations and (even) visions – as soon as possible after a session. Keeping a reflective journal can help to: focus thoughts and develop ideas; develop your own 'voice' and gain confidence; experiment with ideas and ask questions; organise your thinking through exploring and mapping complex issues; developing one's conceptual and analytical skills; reflecting on and making sense of experiences and the processes that lie behind them; expressing one's own feelings and emotional responses; becoming aware of one's actions, strategies and any results; developing one's own writing style and skills, and exploring different styles; developing a conversation with others. It is also suggested that: you write for yourself; ideally every day; that you be informal, using language that you are comfortable with; write by hand, or one the computer, whichever you prefer; write in your own language; be relaxed and comfortable; try sitting in different places and positions; use diagrams and drawings, if that helps; record – not just the events – but also reflections on the process; ask questions and challenge assumptions; connect up personal and professional experiences with concepts and theories. [18]

Reflective researchers need to be able to raise the level of awareness of their own internal processes with the aims, both of enriching their lived experience, and then of being able to add their new awareness to a deepening understanding of the field. With regards to experiential enrichment, the value of reflectivity is perceived to lie in the individual researcher's ability to construct an overall sense of congruence in their research practice. It is suggested that the effects of reflective practice are considerably enhanced by being in a supportive supervisory environment. [19]

Reflective Groups

Alternatively, or additionally, working in a peer-group, who meet on a regular basis and reflect together can also be a powerful supporting element of an individual's reflective practice. 'Co-operative Inquiry' is a reflective practice method for groups, initially developed by John Heron. [20]

This usually involves groups working through a structured four-stage cycle of action and reflection, through which group members move towards developing new ways of being. However, this group structure can also be very useful and supportive for the individual practitioner-researcher, using reflective practice, to share this with other similar psychotherapists, also using such.

David Kolb identified four main stages of the experiential learning process, as a continuous loop, in the order of: Concrete Experience; Reflective Observation; Abstract Conceptualisation (concluding / learning); and then Active Experimentation (planning and trying out what has been learnt); then leading back to Experience. These 'Learning Styles' have now become accepted as part of a classical model. [21]

Conclusion

In conclusion, psychotherapists of whatever modality who are working clinically are encouraged to adopt some of these reflective measures, not only to benefit their own practice, but also to take a significant step on their way towards becoming more of a (reflective) practitioner-researcher. This sort of qualitative research is becoming increasingly important, as it is one of the more relevant and appropriate methods of research for psychotherapy.

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