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# Awareness of Self—A Critical Tool[1]

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*This paper discusses the applications of self-awareness to all levels of clinical practice, and the urgency for its development in social work students; self-reflectiveness builds clinical competence, can prevent boundary violations and burnout, and offers protection against client violence. It is a basic cornerstone for the development of the professional self, which is the foundation for evolving professional maturation. Students need guidance in becoming aware of how their own feelings, attitudes, and relationships with clients are major factors in the helping process in all service settings, and further, that helping others is in itself a process. Students are generally idealistic, and wish to ease suffering, without understanding the obstacles to be overcome, nor how they themselves would be involved in the process. Social work education, dominated by cognitive-behavioral theories and evidence-based treatments, reinforces students' own tendencies to offer advice and to provide the 'right solution' to clients' problems. Educational recommendations for developing self-reflectiveness include: reclaiming psychodynamic theories; emphasizing self-awareness academically and in the field; utilizing process recording; and providing special educational opportunities such as video labs and observational experiences.*

*Keywords: Professional Self; Self-awareness; Competence; Boundary Violations; Burnout; Psychodynamic; Process Recording; Video Labs; Observational Experiences*

## Self-reflection and the Professional Self

When I was teaching master's-level social casework, I would say to each class: I don't think most of you realized what you were getting into when you came into this program; no-one ever disagreed. Students generally do not anticipate the psychological stress and the changes they will undergo in developing a professional self. Many probably don't even understand what a professional self is, although they know they are going to become 'professionals'. Students are generally idealistic, want to help people, and remedy injustices in the world. They wish to ease suffering,

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without understanding the obstacles to be overcome, nor how they themselves would be involved in the process; 'it is difficult to be what one does not yet comprehend' (Orvin, 1984, p. 57). Students are motivated to provide the 'right solution' to clients' problems, and 'empower' them to develop a new and constructive life course. Brightman (1984–85) has observed that the triad of 'omniscience, benevolence, and omnipotence' (p. 297) is found in all mental health trainees; social work students are not an exception.

The development of the professional self has long been viewed by many educators as the most essential component of graduate social work training (Robinson, 1936; Towle, 1954; Reynolds, 1965; Urdang, 1974, 1994; Amacher, 1976; Rubinstein, 1983; Saari, 1989; Brauer, 1991; Platt, 1992). In 1936, Virginia Robinson observed that the student's

> capacity to help is a very limited and bungling tool until he has undergone severe discipline, accepted change and achieved *reorganization in himself* to the end that his thinking and action may become truly responsible. The beginnings of this change must take place in the two years of professional school experience but it is by no means finished in this brief time. (p. 27; italics added)

During their MSW training, students need guidance in becoming aware of how their own feelings, attitudes, and relationships with clients are major factors in the helping process, and further, that helping others is in itself a process. Self-reflection and utilizing this awareness for the benefit of clients are major components of the professional self: 'continuing professional reflection ... [is] the fundamental developmental process in professional life' (Skovholt, 1992, p. 141).

Social work education today, in abandoning its basic psychodynamic orientation, has also abandoned its emphasis on building the professional self, and on process oriented clinical work, focusing instead on cognitive-behavioral theories, solution-oriented, time-limited and evidence-based treatments centered on outcomes rather than process (Urdang, 1999a; Brandell, 2002). These approaches tend to reinforce students' own tendencies towards 'omniscience, benevolence, and omnipotence', without a need to reflect upon or alter them. Additionally, managed care requirements have curtailed student training opportunities in the field, including a lack of long-term clients, and process oriented supervision, which also diminishes emphasis on self-reflection (Donner, 1996; Bliss, 2005; Meek, 2005).

Applegate (2004) observes that

> knowledge for practice increasingly has become skill-based and performance-oriented, to the relative neglect of issues of meaning, emotion, and the dynamics of inner life ... So-called competency-based training, focused on behavior rather than the person behaving, does little to equip social work students with the critical analytic skills they need to address the multilayered complexity of their clients' problems. (pp. 33–34)

I would add that necessary 'critical analytic skills' include the ability to be self-analytical.

Stress is frequently created in the student as the self is being 'reorganized' into a professional self. According to Farber (Guy, 1987), 'psychological-mindedness in the

development of the psychotherapist' affects not only clinicians' work 'but also impacts on their private life and relationships' (p. 31). In learning psychopathology, for example, students 'apply everything they hear to themselves and find evidence of every symptom' (Saari, 1989, p. 41). These emotional demands need to be anticipated and acknowledged by supportive supervision and advising, increasingly scarce today.

This paper discusses the importance of incorporating self-reflectiveness into social work education, and aims to demonstrate how it is essential, not only for long-term clinical work, but in any social work encounter; students need to develop a centered and stable professional self, in all service settings. Further, the essential role of self-reflection in preventing boundary problems, worker burnout, and protecting oneself from client violence is discussed. The paper ends with suggestions of ways to incorporate the development of self-awareness into the current social work education scene.

## Boundary Problems and Self-reflection

Several years ago, in my class, a student discussed his work with a boy in residential placement; the youngster was responding very well to the student's supportive help. I inquired: 'What will happen if the boy asks if he can move in with you?' 'Oh', he replied, 'I have room!' In reality, he would not have done this, but he could acknowledge his wish to do so. This dilemma was not unique to this student; most students struggle with boundary problems, with their concerns about feeling closeness to clients and being uncertain of how to deal with these feelings.

Experienced social workers also struggle with this problem; many seek supervision and consultation when troubled by these feelings; however not every worker sees this as a problem. Boundary violations, often sexual, are frequent causes of malpractice complaints (Reamer, 2008). The *NASW News* (Oregon Social, 2008) recently reported that a clinical social work supervisor in the Northwest was sanctioned by the NASW for allowing a client to live with her ... 'to the detriment of the client' (p. 7). There are also many non-sexual boundary violations, including over-involvement and engagement in dual relationships which are also problematic (Ringstad, 2008). At times clinicians have inadvertently found themselves in compromising situations (Phillips, 2003).

First, it must be acknowledged that some serious boundary violations are committed by a 'habitual sexual predator; a therapist with a true antisocial personality or prominent antisocial features' (Phillips, 2003, p. 318). Other boundary breaches may be committed by impaired professionals whose problems with substance abuse or other psychological problems are having an deleterious effect on both themselves and clients (Reamer, 1992; Professional impairment, 2006–2009). This paper does not focus on 'habitual sexual predators', or impaired professionals; rather this discussion concerns the 'normative' boundary problems which students frequently develop, which are seen as a function of the special demands and pressures in professional training. Phillips (2003) suggests that perhaps a 'special category of "boundary violators" should be considered, that is a therapist who is just naïve, inexperienced, or *inadequately trained*' (p. 319; italics added). This group would include most students.

Boundary issues are included in required ethics courses for students, and in continuing education courses for social workers. However, a knowledge of ethics, while necessary, *is insufficient* to address the underlying complexities of maintaining appropriate boundaries with clients.

### *Factors Contributing to Boundary Violations*

Five major factors contributing to potential boundary problems in social work practice include; the complex nature of the casework relationship; similarities between clients and students; problems of mental illness; the potential hazard of direct involvement in clients' lives, such as home visiting; and the current emphasis on self-disclosure in clinical work.

#### *1. The nature of the casework relationship*

The security and acceptance fostered in the casework relationship enables clients to engage in the often painful process of clinical work. Even in settings where the focus is not on changes in self and/or relationships, such as medical services, many heavy emotional issues are involved, including clients' feelings related to loss, rejection, diminishing sense of body integrity and fear of death.

Students must learn how to be caring, accepting and empathic in professional ways, without immersing themselves in the life of the client, becoming frightened by the client's emotions, or feeling totally responsible for 'fixing' the client's problems. As they enter into this arena, they often experience tremendous self-doubts about their capacity to be of help. One first year student, working with a chronic schizophrenic patient, observed that his own mood would go up and down, depending on how well the client was doing.

The clinical encounter is a potential minefield for complex relationship issues to develop and for students to be both dazzled and confused by the tumultuous feelings developing in them. Very often, for example, as the relationship unfolds, the client idealizes the student, may express appreciation, and feelings about how special the student is. 'No one has ever understood me like this before!' Certainly that feels good to hear!!! In the intimacy of the casework relationship, it is not uncommon for mutual sexual feelings to emerge. Students should be encouraged to process the range of their feelings with supervisors and teachers. If students are unable to become aware of, and master their own feelings, the ground is ripe for boundary problems to occur, especially as relationship demands arise, and as termination nears.

A social work student, when asked by his client: 'Will you be my special friend?' became very uncomfortable (as most students do), and immediately changed the subject. This student had no wish to develop a social relationship with the client, but did not have the knowledge nor the skills to process this with the client.

Students also struggle when there are negative reactions from clients, who not only might *not appreciate* their help, but engage in power struggles or other forms of

resistance. Students also frequently experience discomfort if they do not like a client. In an article, bravely titled: 'The repulsive client', Lieberman and Gottesfeld (1973) stress the importance of social workers acknowledging their strongly negative feelings towards a client (even though such feelings are generally felt to be 'unacceptable') and then use their insights to reach out to, rather than reject the client: 'Essentially the repulsive client is one who induces a powerful feeling of rejection and disgust in the therapist; this occurs in reaction to the need on the part of the client to repeat an early history of rejection ...' (p. 22). Students need considerable supervisory help with these clients.

*2. Similarities between clients and students*

Social work education emphasizes students' understanding and accepting diversity in clients; self-awareness is critical here. However, complications can also occur when there are *similarities* between the client and the student, such as cultural backgrounds, or sexual orientation. Some students, in fact, are recruited, in part, because of their ethnic status, in order to work with clients of the same ethnicity.

Working with clients from within the same ethnicity or culture can raise special counter-transference issues such as over-identification. Pérez Foster (1999) expressed concern about her 'treatment failures' with individuals from her own Caribbean background, who 'somehow detected in me the probable confusion I felt at the time about my own bicultural identity' (Pérez Foster, 1999, p. 273).

A Bedouin-Arab social worker in a Middle East country faced a literally life and death situation when he started to work with a 17-year-old unmarried, pregnant Bedouin-Arab woman who was a member of his village (although he had not known her previously) (Al-Krenawi, 1999):

> In Bedouin-Arab society, it is common for women caught in pre- or extramarital affairs to be killed by an immediate family member in order to preserve *Ar,* or family honor, and to erase the shame that was perceived to have been brought to the family ...
>
> I had two years' practice experience and had never encountered a problem of such complexity. I was shocked by the story and had feelings of anger toward the man who had put this woman in such a situation; but I also found that I was angry too at the woman who had violated cultural values of premarital chastity. The client's story raised many questions ... I felt that this case "put me in the corner". I did not know what to do. During the meeting with the client, I asked her, "How come you did that? Were you blind?" I criticized what she had done. I forgot my role as a social worker and spoke to her from my membership in the Bedouin-Arab culture. (Al-Krenawi, 1999, pp. 489–490)

Students can also be drawn to clients with lifestyles or problems similar to their own, such as having a physical disability, or having been in an abusive relationship. Over-identification with clients may develop, boundaries on both sides can become blurred, and students may base their treatment on their own needs and experiences rather than the client's.

One second year MSW student requested a medical placement, because she wanted to work with parents whose children had a terminal illness; her child had died after a terminal illness. When she learned that pediatric placements often involve work with abusive parents, she adamantly refused to do this; she only wanted to work with caring parents who were bereaved! If she were to work only with bereaved parents, might she assume that all bereaved parents experienced their bereavement as she had? She needed supportive supervision to help her sort out these issues.

*3. Problems of mental illness*

Working with mentally ill people is an emotionally demanding task for clinicians, and especially so for students. They are exposed to patients' 'psychotic regressions … primitive drives … fragmented ego … strangeness … lack of reality-testing … and incomprehensible actions that are sometimes aggressive. All these may cause the therapist to experience a sense of helplessness and anxiety' (Itzhaky *et al.*, 2001, p. 148). Many clients with schizophrenic and psychotic disturbances have a weakened sense of identity and diffuse boundaries. Students may find themselves the objects of psychotic merger and relationship demands, some of which may be of a sexual nature. If self-reflection is not encouraged and supported, students may find themselves overwhelmed and acting in inappropriate ways, including committing boundary violations.

Clients with borderline personalities may demand special attention and involvement and then, outraged, take 'legal or ethical actions *after* the therapists had submitted to their demands for special treatment which crossed boundaries' (Phillips, 2003, p. 322). Psychopathology courses can contribute to an examination of relationships often formed by patients with certain diagnoses, enabling students to anticipate the inherent relationship 'traps' which may await them. Brandell (2002) raises questions about the current teaching of psychopathology courses, which are based on teaching students the diagnoses categorized in the DSM-IV. In these courses, 'questions about dynamics and etiology … remain unexplored' (p. 44).

Clients with psychiatric problems do not appear only in clinical settings, but in everyday practice in all areas of social work. Students can be caught unawares in a maelstrom they don't understand and can't stop; they need supervisory help to work with people who are mentally ill, including a focus on their counter-transferential feelings.

*4. Direct involvement in clients' lives*

The potential for boundary violations exists when students have direct involvement in clients' lives, which is prescribed by the agency, such as providing family preservation services within the home. There are also other placements, such as medical settings, where 'strict' boundary issues are difficult to maintain, such as visiting patients in their rooms, or holding the hand of an elderly or dying patient. There are situations when acts which may appear to be 'crossing boundaries' may be appropriate and helpful, such as accepting food during a home visit, and attending a client's graduation or

wedding. Self-awareness and good supervision are essential to help the student navigate these ambiguous situations.

*5. Self-disclosure*

Self-disclosure by the social worker is regularly utilized in relational therapy (Ornstein and Ganzer, 2005), and is often advocated as beneficial in all settings, although its use is currently debated. Its advocates suggest disclosure provides a more authentic relationship for the patient, promoting the ability to share meaningful material, and to enable patients to feel both understood and validated. There are times when the clinician's self-disclosure has been helpful; sometimes with dramatic results. However, it is critical that students considering personal disclosure reflect about their own motivation, the context, and the purpose this is intended to serve.

Students should ask themselves: whose needs are being served? How do I want the client to receive this communication? How will I feel when the client knows this about me? How much of my personal world do I really want to disclose? Can revealing 'too much' lead to 'personal conversations' rather than therapeutic encounters, while the existing boundaries slowly erode?

Finally, questions of therapeutic technique should be considered. Can the student's message: 'I also suffered—I understand what you experienced', derail both the client and therapist from entering into the client's own experiencing (and meaning-making) of a particular event? Perhaps sometimes it is better to say: 'No, I don't understand what it was like *for you*—can you help me to understand'? Are students more comfortable substituting a 'personal dialogue' for a 'therapeutic dialogue' for which they are not prepared?

## Worker Burnout and Self-reflection

Burnout frequently occurs in social workers, resulting in their physical and psychological distress, and frequently leads to them leaving the field. Stress and burnout, according to a recent NASW survey (Stoesen, 2008), are often experienced by social workers providing direct services, especially those in mental health and health care. While organizational factors such as large caseloads, long hours and inadequate resources are often involved in burnout (Stoesen, 2008), other factors can include: working with difficult clients (Stoesen, 2008), and highly charged emotional situations, such as placing children in foster homes (Dane, 2000), and working with patients experiencing severe illness (Sormanti, 1994). Listening to clients' traumas can also produce symptoms of burnout, as well as secondary traumatic stress and vicarious traumatization (Bride, 2007).

Child welfare workers are one group vulnerable to vicarious traumatization; many are emotionally affected by difficult placement decisions, feeling ineffectual, overidentifying with traumatized clients, and working with violent, threatening people (Dane, 2000). Davies and Collings (2008) '*address the disabling burnout* that has characterized the field for decades'; they emphasize the importance of *self-reflection*

accompanied by supportive supervision in child welfare (p. 230; italics added). Emphasizing the importance of self-reflection in protective services, Bunston (1997) commented that distinguishing the emotions emanating from the client from those which belong to the worker 'may significantly counter the burden of despair' (p. 64).

Sormanti (1994) discusses the anxiety and distress experienced by students working with oncology patients. Strom-Gottfried and Mowbray (2006) observe that insufficient attention has been focused on social workers experiencing grief through their work with terminally ill patients and their families. Noting that 'formal course work on death and bereavement is typically absent or optional in curricula', the authors also emphasize the need for development of students' 'self-awareness' about this subject (p. 12).

Erik, a first year student, discussed with his faculty advisor his problems adjusting to a nursing home placement, and his difficulties with his client, Mr W (Urdang, 1991). When he learned that his client, Mr W, had just lost his wife, Erik went to see him, but could not walk into the room. He had made four attempts that day, until he was able to walk in and sit down. When Mr W did start talking about his wife's death, Erik began talking about discharge planning to help 'distract him'.

> What do I have to offer Mr W ... I can't make his wife come back ... I don't know how to console him ... at least if I can help him make plans I am doing something! (Urdang, 1991, p. 129)

Erik needs supervisory support and guidance before he can help Mr W deal with his losses.

## Recommendations for Developing Self-awareness

Recommendations for developing self-awareness in students include: emphasizing self-awareness academically and in the field; reclaiming psychodynamic theories; and providing special educational experiences such as video labs and observational experiences.

### *Reclaiming Psychodynamic Theories*

Social work education today has abandoned its basic psychodynamic orientation, which emphasizes the inner world, including: emotions, inner conflicts, internalizations, loss, and separation–individuation issues, and highlights the power of past relationships and experiences, often repeated in therapeutic encounters (Urdang, 1999a). A psychodynamic orientation should *incorporate,* but does not *exclusively* emphasize the outer world, systems, ecological theory, cognitive-behavioral approaches, or the strengths perspective (Urdang, 2008). The student who has integrated a psychodynamic orientation does not focus *only* on how to help the foster parent control and modify the child's emotional outburst; the question of what *precipitated* this behavior also arises. Does the fact that the child's visits with her biological parents have just been stopped have anything to do with anything?

Additionally, students should become comfortable tolerating affects and utilizing them constructively; this will also facilitate their ability to deal with affective material when it is specifically directed at them. Many students are uncomfortable with emotionality, in part related to their own histories, but also because they may not know 'how to sit with it' or what to 'do with it' professionally. The student discussed earlier, working with an elderly patient in a nursing home, commented: 'What do I have to offer Mr W … I can't make his wife come back … I don't know how to console him …' (Urdang, 1991, p. 129).

Learning psychodynamic theories can enable students to navigate a whirlpool of complex client personalities, affects, defenses, relationships, and behaviors. It can help students *objectify* what is happening, and why it is happening, and come to understand why their earnestness may not be enough to stop the chaos.

Additionally, obtaining knowledge about developmental psychology, and the physical and emotional stages through which people progress, or sometimes remain stuck at, is important as is gaining insight into psychopathological states and chronic characterological problems. An in-depth and objective view of human behavior is a major asset in the development of self-reflection.

### *Teaching about Transference and Intersubjectivity*

Psychodynamic theory elucidates the phenomena of transference and counter-transference, concepts which are indispensable in developing self-awareness. Traditionally, a client's transference feelings evoked towards the clinician are related to feelings from the client's past experiences and relationships; counter-transference refers to those feelings in the clinician which are related to feelings from past experiences and relationships.

The concepts of transference and counter-transference have been expanded to include *intersubjectivity* (Stolorow, 1994), which implies an ongoing transactional exchange of feelings between a clinician and client, not necessarily verbalized or acknowledged by the participants; therapists sensitized to intersubjective insights will tune in to their feelings as a useful guide for picking up clues regarding clients. Heath (1991), for example, has observed that affects such as depression experienced by a client can be transmitted to a therapist; the therapist not feeling particularly depressed may suddenly feel so in the interview. I have observed the use of intersubjectivity in many good detective mysteries, although this concept is never labeled. The detective thinks to himself: 'There is something about this suspect that is troubling me, which I can't put my finger on—I have to think about this some more'.

Sensitizing oneself to intersubjective insights can literally save a worker's life. There is a high incidence of client violence towards mental health and child welfare workers. One important diagnostic signal of this potential violence is the rising level of the worker's own anxiety during the interview. 'Human instinctual responses such as the psychophysiology of fight–flight, combined with a "clinical-gut" should be acknowledged as a powerful resource for knowing' (Spencer and Munch, 2003,

p. 540). Such awareness can prompt the worker to take self-protective measures, which are also, ultimately, protective of the client.

Self-psychology has contributed the concept of *selfobject,* which refers to 'people who meet a person's needs for developing and sustaining a sense of self and self-esteem' (Urdang, 2008, p. 113). Students often become selfobjects to clients, and may not even know this is happening; they need to understand the significance of this phenomenon, its impact on the client, or how losing this relationship, as in termination, may affect the client.

## Fostering Self-awareness Academically and in the Field

Students need educational support and direction to deepen their capacity to develop a professional self, including an ability to recognize, understand, and utilize their feelings and insights on behalf of their clients. Teachers in the classroom, supervisors in the field, and faculty advisors need to be aware of the inherent difficulties students have in doing this and help them *appreciate the potential power of the casework relationship to heal and to strengthen clients*. It is my belief that when students both understand and emotionally internalize what a therapeutic relationship and professional use of oneself can accomplish, *their temptation to engage in personal relationships, of various kinds, with clients will diminish.*

Students need to understand the interactional nature of work with clients, how to process this internally, and, when appropriate, directly with clients; they first must learn how to *process basic interview crunches* before they can move on to more intense crunches such as seductive demands from clients. Most students have difficulty asking clients directly if they are having difficulty discussing a subject, or if there is something about the interview that is making them uncomfortable.

Another related problem involves setting limits, and utilizing professional authority; Gitterman (1989) observes that 'social workers do not like to acknowledge having authority and power over clients' (p. 167); Briggs (1979) asserts that this is 'one of the hardest tasks for trainees' (p. 144). Students who wish to help, to rescue, and rehabilitate, may view setting limits as inimical to their task; 'the current emphasis upon mutuality and egalitarianism in the client–worker relationship' may reinforce this negativity towards limit setting (Gitterman, 1989, p. 167).

The ability to set limits is necessary in order to establish the basic parameters of the social work relationship; it also lays the foundation for setting clear boundary demarcation. And although many students initially perceive limit setting as 'taking away' from the client and promoting a negative interaction, actually doing this can enable clients to feel protected and strengthened. Briggs (1979) has observed that 'limit setting not only tells the client that someone is in control in the relationship, but that the therapist … does not wish to see either party become a casualty of their contact' (p. 145).

*In the Classroom*

Self-reflection is relevant throughout the curriculum, but especially in clinical, human behavior, psychopathology and clinical elective courses, such as child welfare or illness and disability. 'It is a serious mistake … to ignore worker subjectivity as an educational issue' (Grossman *et al.*, 1990, p. 25). Additionally, in preparing students for what lies ahead, using *anticipatory awareness* can be very helpful. Shackelford (Stoesen, 2002), concerned about students' developing secondary traumatic stress, noted that when teaching child welfare courses she talks 'about it before I even teach the class … I talk about the effects taking the class can have, especially if they have a personal history [with trauma]' (Stoesen, 2002, p. 4).

I would argue that there is a need for anticipatory awareness for all students in all specializations to become sensitized to clients' emotions of all kinds, as well as the upheavals they themselves will undergo in acquiring a professional self.

An atmosphere of psychological safety should prevail in class, with students feeling secure with both the professor and classmates to discuss any puzzling or troubling clinical issues, without a fear of being 'judged'. Teachers are ideal role-models who can stress the value of self-awareness and share their professional experiences, including difficulties as well as successes. Case materials, videos, and role plays illustrating social workers' involvement in complex situations can be valuable learning aids; case discussions should include a focus on the clinician/client interaction. Students can also be encouraged to write papers about their cases, focusing on process issues, including their own subjectivity and interactions.

*In the Field*

The field work practicum is critical; direct interaction with clients is necessary for students to gain genuine insight into the helping process and to develop their professional skills; it is problematic that clients for students to work with are scarce in many settings, and that long-term clients are even more scarce: 'The struggles of working with long-term clients are what "gets into the bones" of students, as nothing else can … It is through these struggles that the professional self will emerge' (Urdang, 1999a, p. 13).

Supportive and skilled supervision is essential; that in-depth supervision is rapidly becoming scarce is a major problem. Supervisory emphasis too often is on crisis management and task centered interventions, rather than on process issues.

*Process Recording*

Ongoing process recording can be a valuable learning tool; unfortunately, it is often misunderstood or discarded due to the pressures of task-oriented managed care. What is process recording? It is not a script; it is not a verbatim transcription of the interview. It is a first person narrative, describing the essence of the interactions between the clinician and the client (or clients), including non-verbal communications

and affect. Interspersed are clinicians' thoughts about their own reactions and observations. It concludes with the writer's impressions about the interview and questions to reflect on in supervision; this offers the supervisor a blueprint of where the student is at, and what he needs to work on.

*Process recording* furthers self-reflection (Urdang, 1979; Spence, 1986; Graybeal and Ruff, 1995), and

> allows for the process of active integration as the student emotionally and cognitively relives the interview. There is an opportunity for *analytical reflection* ... as he thinks about his part in the interaction, and his feelings about the strengths and weaknesses of the interview. (Urdang, 1979, p. 2)

Optimally, the student will *internalize* this procedure over time, and go from initially gaining insight upon reflection during the writing after the interview, to internal processing during the interview, and finally being able to process these insights directly with the client, when appropriate.

Process recording also serves as a vehicle for supervisors to teach students how to develop the 'therapeutic dialogue'. Students often do not know what to do with important material when it emerges. Erik, in his work with his elderly client, needs to learn how to sit with grief, how to help his client talk about his memories of his wife, and his thoughts about being alone now. Expanding the dialogue is a basic skill that students need to master, and which will give them the foundation to develop the therapeutic encounter, rather than to flee from it, or 'act out' with the client, because they know of no other alternative.

## The Video Lab

'The video lab can contribute to reflectiveness in a unique way' (Urdang, 1999b, p. 144). In this exercise two students (with an instructor present) role play an interview, in which one of the students portrays one of their clients, and the other student becomes the therapist (Mackey and Sheingold, 1990; Urdang, 1999b). This video-recorded interview is then viewed and analyzed by the three participants; the students discuss their impressions and experiences with each other. This experience also affords an understanding of the 'process' of processing interviews.

It was in one video lab that the student, Gregg, was stuck when the client, played by Eleanor, asked him if he would be her special friend; this was his greatest difficulty in the interview.

> "I was sitting there—I was thinking—I didn't know how to answer that question." He laughingly adds "oh gee—maybe if I let you talk long enough you would change the subject ...". Eleanor stated that "when I was sitting in your seat and she [the client] said that to me I didn't know what to say ...". (Urdang, 1999b, p. 153)

The instructor commented that it is

> important to ask them what this means to them ... we assume when someone says special friend—we know what they mean ... Gregg said that he "really didn't know what she meant. I didn't even think about asking". (Urdang, 1999b, p. 153)

Another benefit of video labs is often observed when interns, enacting the role of their own clients, become aware of clients' feelings of which they were unaware during their actual work.

> Eleanor did not know, on a conscious level, that her client was angry. But she had evidently *internalized* this knowledge. Playing her client allowed her to express and externalize this feeling in action, and viewing herself as her client enabled her to observe and get in touch with this feeling state in her client … "When doing this [working with her client] I didn't think of any anger, but in watching this [the video] I can see that suspicious look and a little bit of anger". (Urdang, 1999b, p. 154)

## Self-discovery through Observational Exercises

Observational experiences, including both 'passive' observation, such as observing nursery school children, and 'active', interactional learning, such as interviewing parents with newborn infants, can benefit students. While these exercises provide knowledge about human development, they can increase students' self-reflective abilities in terms of understanding their subjective reactions to the subjects, as well as analyzing the process of the ongoing interactions.

In one project, students interviewed 'normal' parents of newborn infants monthly; a major focus was on learning about the clients' experiential world, including their subjective reactions to parenthood with its ongoing demands and rewards (Urdang, 1966). They were to experience themselves as observers rather than as 'problem solvers', as there were no problems to solve.

> Their *task* was to learn how a client thinks and reasons and solves problems … by undertaking this task, a student can experience himself as a facilitating person. In a figurative sense, the students' hands were tied. They were told: "It is your task not to advise, not to change, not to tell, but to inquire. As you inquire, clarify, and reflect, you will gain an appreciation of the client's ability to think, to reason, and to plan". (Urdang, 1966, p. 453)

This exercise has also been adapted to interviewing other populations, such as children, teenagers, and the elderly, where the students identify themselves as learners and the subjects become the 'teachers' about their lives and experiences; this exercise has been successful with both graduate and undergraduate students. Meek (2005) has found value in infant observations where students, 'refraining from therapeutic action' (p. 41), focus instead on reflecting on their reactions to the infants, the parental interactions, and feelings evoked in them by this experience; trainees share their experiences with each other in an ongoing seminar. Meek's work is based on the extensive history of infant observations utilized in psychotherapeutic training at the Anna Freud Clinic in London.

> Observational training teaches observers to attend to the fine details of a situation, very like the therapeutic context, but with the temporary luxury of freedom from clinical responsibility. Because of the focus on the internal experience of the observer … the seminar members increase their ability to attend to phenomena that are very

> similar to transference and countertransference. Observers also learn to make use of their own associations and those of others in an organized, structured way. (Meek, 2005, pp. 48–49)

## Conclusions

Being self-reflective builds clinical competence, can help prevent burnout and boundary violations, and offer protection against client violence; it is necessary for all levels of clinical practice. Self-reflectiveness is a basic cornerstone for the development of the professional self, which needs to be nurtured and cultivated in social work education; this is the foundation for future professional maturation. It is especially important in today's social work environment where social services as well as supervision are curtailed. Bliss (2005) comments that there is 'clearly a need in social work education to assist burgeoning professionals in developing self-awareness during a time period when financial policies and agency pressures leave American social workers with little time for reflection' (p. 62).

The concepts of self-awareness and the professional self are not new to social work education. We need to restore this legacy, to enable our students to develop optimally and to become empowered to offer quality service to their clients.

## Note

[1] An earlier version of this paper was presented on 31 October at the 2008 Annual Program Meeting of the Council of Social Work Education, Philadelphia, PA.

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