

MAPPING PERSONAL AND PROFESSIONAL STORIES

**The personal development of psychotherapy trainees:
contributions from within a social
constructionist discourse.**

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ABSTRACT

This paper considers how psychotherapy trainings approach the question of personal development for trainee therapists, and proposes that a systemic, social constructionist framework offers another way of thinking about the subject. It then shows how a particular course component, "Mapping Personal and Professional Stories" has provided a way of translating some of the ideas into action, giving some examples, and comments from trainees and tutors. The paper concludes with some questions for the future.

INTRODUCTION

Frameworks of training: self, identity and therapeutic activity

One can say that the aim of psychotherapy training is for trainees to develop and grow into the "identity" of being a psychotherapist. The sense in which we are using "identity" here is the **process** of being able to identify oneself as having certain abilities which are always related to acting into particular contexts. This use of "identity", is one way of saying that training courses are designed to enhance the abilities of trainees to create therapeutic outcomes which are useful for those seeking help, and practice ethically and aesthetically (Lang, Little and Cronen 1990). Each form of training achieves this in ways which enact codes of professional ethics and practice which are consistent with its model. Central to all this is the vital necessity of ensuring the protection of clients and also therapists.

The approach to training used within Kensington Consultation Centre draws on ideas within a systemic, social constructionist framework of theory and practice.

To quote Lang, Little and Cronen (1990):

"Systemic theory contains a readily identifiable moral and ethical stance. It argues that a distinctively human life is one that holds open

the possibility of creative elaborations of our "lived experience" (Dewey 1934) and the radical reconstructions both of our "stories lived" and of our "stories told" (Pearce 1989)."

Neutrality is central to the development of abilities in an emergent systemic moral position. This has been variously defined. Selvini et al. (1980) defined it as a "specific pragmatic effect" that the therapist's "total behaviour during the session exerts on the family". The family, they go on to say, should not be able to identify the therapist as having sided more with any family member than with another. Cecchin (1987) re-defined it as "the creation of a state of **curiosity** in the mind of the therapist" which "facilitates the development of multiplicity and polyphony" of explanations, punctuations and descriptions and so on. Leppington (1991) suggested the term "**irony to the discourse in progress**", and Cecchin, Lane and Ray (1992) developed the idea of "**irreverence**" towards all positions. McCarthy and Byrne (1988) invoked "the notion of the **Fifth Province** wherein all emotions, judgments and descriptions can find acceptance", containing elements which parallel neutrality.

A therapist learning how to act from the positions suggested by these definitions needs to develop also a similar position to their own ideas, explanations and descriptions etc. These might be called their personal and professional "stories" (Pearce 1989) and will include ethnic, cultural, gender and political influences.

Dewey wrote:

"It is not too much to say that the key to a correct theory of morality is recognition of **essential unity of the self and its acts**, if the latter have any moral significance: while errors arise in theory as soon as the self and acts (and their consequences) are separated from each other, and moral worth is attributed to one more than the other" (Dewey quoted by Tiles, 1988)

To us this implies that the "professional self" cannot be separated from the "personal self". We may choose to speak of the stories that a person lives and tells in a professional or private context. In practice a person's many life experiences and ideas may inform their action in different ways at different times. We propose that the moral position of training is that trainees should become more self-reflexive (Steier 1991) about the positions (Shotter 1989) they occupy in conversations and how they alter these positions. This, we might say, is essential because:

"in the course of our practice we ... co-create who we are. We not only create communities, relationships, institutions and cultures we also create our identities - our selfhood." (Lang, Little & Cronen 1990 p 41)

Implications for training

In the training setting this implies that each part of a course is designed to enhance the development of the trainee's identity in systemic theory. Systemic training is seen as a unity in which all the elements of theory, practice, reflection, critique, and personal mapping are given importance in the development of the therapist "self".

In the study of theory, trainees explore together and co-create different perceptions about, and connections with practice. New theoretical understanding commonly alters trainees' ways of acting in their personal relationships, and the stories they tell about their histories, as well their professional practice.

In clinical work, trainees, in dialogue with clients, tutors and team members, co-create new accounts of their action and thinking, and generate different stories about themselves and their lives both past and present. The use of live supervision, teamwork and video review provide opportunities for this.

Lindsey (1993) responding to the question "What should our answer be to the psychotherapists' training analysis?", recognises the necessity of attending to therapists' beliefs assumptions and prejudices about family life within live supervision of clinical work with a family. This, she says, gives one

"the opportunity to observe the process of which one is a part, in order to get other, fresh perspectives and to notice things differently."

Trainees do this through the process of hypothesizing in which they question their own particular stories and prejudices (Lindsey 1993).

When trainees see, through the eyes of the observing team, or through video review, how they have behaved with clients they may develop different stories about how their assumptions have affected their ability to act. For example, a trainee who had formerly worked in a child protection agency found herself identifying with a child whose parents were complaining about his behaviour, to the extent that she was limited in her ability to think about the story being lived by all the family members. This limited her abilities to interview in ways which might help to co-create different stories. In the process of video review, she reflected upon this with team colleagues and began to think of herself as having acted out of the context of pre-existing professional stories. The effect of this reflection was that she was able take up a different position in relation to the family's "story".

Mapping personal and professional Stories

Becoming more self-reflexive is encouraged throughout KCC's courses. This sort of opportunity has been elaborated in KCC's Diploma Course in Individual Systemic Psychotherapy and Counselling, through the introduction of a particular training component called "Mapping Personal and Professional Stories" (henceforth referred to here as "mapping").

"Mapping" takes the form of ten two and a half hour sessions each training year offering trainees opportunities to:

- reflect on their work;
- reflect on their personal and professional identities;
- be "in the systemic client's chair".

These sessions are usually led by a KCC tutor who is different from those who are responsible for the teaching, although, as discussed below, some groups of students have chosen to have mapping sessions with their usual tutors.

In "mapping" sessions trainees also test out and experiment with new forms of action arising from their reflections. Trainees have the option of choosing how much of the detail of what happens in "mapping" is shared with the clinical supervisor. Experimentation and testing out new ways of acting is inevitably extended in other parts of the training so as to maintain continuity.

THE PERSPECTIVES OF OTHER SCHOOLS OF THERAPY

The majority of individual and group psychoanalytic, psychotherapy and counselling training courses that we have reviewed require trainees to be in individual personal therapy, a training analysis, or to attend group therapy/analysis depending on the focus of the training (United Kingdom Council for Psychotherapy(UKCP) 1992).

Only five of the sixty or more courses listed in the UKCP Training Directory (1992) do not make this a requirement. These are all in the behavioural, hypnotherapy and family therapy sections. However, some family therapy courses also state that personal therapy for trainees is "helpful" (UKCP 1992: 54/5/6). In addition to this, many trainings also run confidential non-assessed personal development or experiential groups within the training setting (Dryden and Thorne 1991). It is suggested that this work enables trainees to develop "self-awareness" and, together with regular supervision, the client may be protected from the "danger" of a "maladjusted" therapist (Casement 1985; Greenburg and Staller 1981; Rogers 1951; Wright 1987).

The different approaches to this are integrated with 1. the theoretical perspective on the nature of human beings 2. what the model of therapy tries to do , and 3. how it tries to achieve its aims.

The UKCP document (1992) states that it is important that therapy trainees should experience the model in which they are training. For example, an abiding loyalty to the model of the training analysis has informed the majority of traditional psychoanalytic and psychotherapeutic training programmes. These theoretical positions, whether Freudian, Jungian, or Object Relations theory all refer to Freud, (1905/1953) who used personal analysis of his own unconscious material as the cornerstone of the theory (Freud, 1905/1953, Guntrip, 1969, Jung, 1964, Klein, 1952). On psychodynamically-oriented courses and humanistically oriented courses trainees' personal work, being consistent with the model of working alone with individuals, is also done with an individual analyst or therapist. In the majority of these models self-exploration is said to "develop" or "increase" self-awareness (Casement, 1990).

While it is impossible within the scope of this paper to do full justice to the multitude of therapeutic and training approaches, the following gives a flavour of the purposes and effects of developing trainee self-awareness through unconscious material. McConaughy (1987), reviewing the literature and research findings across the whole therapeutic spectrum writes:

"The psychoanalytic position...is..that it is critical for the therapist to be self-aware and self-accepting.... so that clients may come to 'know and appreciate themselves' ".

Casement (1985) writes that analysts and therapists have to be in analysis or therapy because

"unconscious speaks to unconscious..and....it is essential that a therapist should have maximal access to this deepest level of interactive communication via his own unconscious responses to the patient...".

Alice Miller (1984) notes that discovering one's own

"defense mechanisms,.. such as denial, repression, projection etc. ..leads to a clearer understanding of the constricting views and ideas of our own childhood..."

which she says is "liberating" (Miller, 1984:4).

Dryden and Thorne (1991) write that,

"Even in those therapeutic traditions where the emphasis is on clients' behavioural change or the modification of cognitive processes...an unaware counsellor leading an unexamined life is likely to be a liability rather than an asset." (Dryden and Thorne, 1991:5).

However within these traditions there has also been some questioning of the value of personal work for trainees. Wright (1987) warns that we must not assume that

"we are able to take on a trainee with serious psychological problems and offer a dose of curative therapy...".

Dryden and Thorne (1991) are critical of the separation of personal therapy from training and note that it can serve as a means by which trainees evade important interpersonal difficulties which may be part of their experience both within the course and in his or her personal life. Some trainees, they say,

"will see personal therapy as the arena for self-exploration....and will feel entitled to remain somewhat aloof and withdrawn in other areas of the training programme...".

Trainers and supervisors, they say, may have:

"important roles...in offering additional or specific help but they are not there so that trainees can "siphon off" important personal material which belongs more appropriately to the group as a whole."

There is some controversy about whether individual psychotherapy per se is always beneficial (Dinnage, 1988; Dryden and Feltham, 1993; France, 1988; Masson, 1989; 1992; Pilgrim, 1990; 1993; Wright, 1987), and mixed results are found from trainees undergoing personal therapy (Macaskill and Macaskill, 1988).

From his breakaway humanistic perspective Rogers (1951) also emphasised the development of self-awareness in trainees, but challenged the traditional attitude to how this could be done in the training setting. He trained large numbers of therapists in short-term training and wrote that it was

"not consistent with the whole viewpoint for trainees to be required to undertake personal therapy."

although this was made available, "as and when necessary". He also believed that trainees should have theoretical and experiential understanding of people in different cultural settings and that "empathic understanding of others" could come through a variety of avenues such as literature and role-play. In the training setting Rogers (1951) encouraged the use of tape-recordings and occasionally used a one-way screen. These training methods may have ensured greater accountability and thus allowed him to take a more creative attitude towards personal therapy for trainees.

In summary, amongst psychotherapy trainers personal therapy has been regarded as important, to give trainees an experience of the model, and to protect clients from therapists. However its value has also been questioned by some, as has the separation of personal therapy from the other elements of training.

THE PLACE OF PERSONAL WORK IN FAMILY THERAPY TRAINING

Family therapy, when it was first developed, is said to have made a "conceptual leap" from individual psychotherapeutic treatment (Waldron-Skinner, 1979). Erikson (1973) describes the ways in which

"the trainee's orientation shifts towards new ways of perceiving, thinking and behaving, from observing individual action to noting patterns of actions in larger contexts, from bringing about change through a one-to-one professional relationship to bringing about a systems change and from passivity to activity with the social situation of the interview (Erikson, G. 1973).

As family therapy training developed over the years the requirement for trainees to undertake personal work was viewed differently according to the theoretical stance of the training. Hoffman (1981) writes that for Bowen the aim of family therapy was to:

"produce a person who is free of crippling entanglements with family relationships past and present and can therefore get on in a more unfettered way in his own life."

The training implication of this was that:

"a trainee is not considered fully developed until he has been 'coached' in differentiating himself from his own family of origin." (Hoffman, 1981)

Whitaker (Napier and Whitaker, 1978) regarded personal therapy for family therapists as essential while Haley (1981) thought it to be of no benefit. Others such as Framo (1981), and Dare (1981) with perspectives more allied to psychoanalytic thinking continue to develop ways of doing personal work with trainees. For example Dare (1981) talked of how

"unconscious" "countertransference" issues, "...distorted feelings of the therapist developed in confrontation with the transference feelings from the family"

can be a valuable source of understanding for the trainee if raised to their consciousness.

Erikson (1982), Minuchin and Fishman (1981) stated the importance of trainees' self-awareness of issues in their family of origin, and a well-developed sense of self in order to work more effectively with families. McGoldrick (1982) stated that looking at patterns in a trainee's own family in relation to clinical work aids the shift from linear to circular thinking.

Supervision and personal change in Family Therapy training

Up to 1979 Waldron-Skinner noted two broad types of family therapy supervision: a) the "reflective supervisor" who focuses on "personal growth" to deal with areas of trainee "dysfunction" which may block work with the family; and b) the "behaviourally-oriented supervisor" who uses a "task-oriented approach" in live supervision. The shift from "reflection" to "behavioural" was described by: Dowling et al (1982) from The Cardiff Family Institute as influenced by Erikson and Haley (1963; 1973; 1976), Watzlawick et al (1967, 1974) from the Mental Research Institute Palo Alto and Montalvo (1973) from the Philadelphia Centre. These trainers described the move from a psychodynamically-influenced programme using experiential groups focusing on personal work towards a preference for the teaching of skills, using video and live supervision.

Whilst one may argue that such a rigid either/or division between "reflective" and "behavioural" supervision would not now be made, Waldron-Skinner's (1979) research findings are interesting. These show that even with no personal therapy component on a behaviourally oriented family therapy training course there were important changes in individuals' self-concepts. She notes that from,

"a picture of tight, pre-emptive construing..." by the end of the short-term course trainees had become "much more multidimensional". The way in which they assessed interpersonal relationships between their own family members and as the therapist in family therapy sessions" had developed into a richer and more complex picture.". This, she says, indicates that "...a considerable amount of personal growth ...had taken place."

These findings invite questions about how these changes took place and whether all aspects of the work are best done in the training setting alone.

More recently, Jones (1993) says that although personal therapy is not usually a requirement in family therapy training ,

"there is nevertheless an increasing acknowledgement that the personal history and life of the trainee will be influential in their work with clients."

FIGURE 1 SELF REFLEXIVITY AND SELF AWARENESS COMPARED

	Self-reflexivity	Self-awareness
Similarities	<p>Implies idea that trainees should reflect on their participation in constructing episodes of interaction.</p> <p>Process of developing self-reflexivity helps trainees to experience the model of therapy</p>	<p>Implies idea that trainees should become more aware of themselves and their responses</p> <p>Process of gaining self-awareness helps trainees to experience the model of therapy</p>
Differences	<p>Implies idea of self as emerging in social interaction</p> <p>Implies that "stories told" about the lived experience can be "re-edited" in the context of the perspectives of significant others</p>	<p>Implies the idea of self as an "object " to be discovered</p> <p>Implies that one can "know" the "truth" about oneself</p> <p>Implies that one can look at oneself objectively</p>
Aims	<p>give therapist experience of the model</p> <p>increase awareness of possible influence of therapist</p> <p>widen range of perspectives therapist can take on a client's story.</p> <p>increase ways in which therapist can position her/himself in relation to clients</p>	<p>give therapist experience of the model</p> <p>avoid self deception of the therapist</p> <p>avoid danger of the "maladjusted" therapist's unconscious affecting client's unconscious adversely</p> <p>develop more empathic understanding, or acceptance of others</p>
Intended Outcomes	<p>Self-reflexivity: "observing system"</p> <p>Therapist develops ability to include self-in-hypothesizing</p> <p>Therapist: open to a wider variety of stories experiences effect of techniques develops wider repertoire of possible practices re-edits own stories, and changes own sense of professional abilities/identity</p>	<p>Self-awareness: self observation</p> <p>Therapist more "self-accepting, to help client to be more self-accepting</p> <p>Therapist experiences the road to self awareness. This helps in work as therapist</p>

Although supervision, "...may at times deal with personal elements..." she says that "...personal therapy...is not the business of the supervisor or the rest of the trainee group (Jones, 1993:200). Some trainers use genogram work (Francis, 1988) or sculpting (Heinl, 1987) as a means by which trainees looked at their own experiences of family life, relationships and norms within cultural and societal settings as well as their particular family milieu.

List (1987) critiques what he calls a

"virtual disregard, at least in the literature, for the development needs of the training family therapist"

and believes that individual work for trainees would be beneficial. Many family therapists teaching the subject today were, he says,

"themselves taught through individual psychotherapy, changed through individual psychotherapy...".

One might argue however that undergoing psychoanalysis might result in considerable confusion of models for a Family/Systemic Therapy trainee.

THE DEVELOPMENT OF PERSONAL AWARENESS WITHIN A SOCIAL CONSTRUCTIONIST DISCOURSE

Social constructionism suggests an alternative approach to the question of trainees' personal development.

For example, the concepts of identity, the unconscious and self-awareness take on a different meaning. They are used in different ways from the psychoanalytic approach. Some comparisons between the idea of self-awareness and the systemic notion of self-reflexivity are outlined in Fig.1.

Drawing on Dewey (1929), "identity" is thought of as interactive, requiring a social structure for its development. It is in communication through language, that persons co-create stories with significant others about their "individual self". All stories about the "self" are seen as capable of elaboration and reconstruction. Dewey defined "identity" not as a fixed "something" possessed by a person but as an **activity**, a doing, **identifying oneself as having certain abilities**. Selfhood he viewed as an "eventual function" rather than as a "given" which was causal.

Dewey also made a dramatic critique of the notion of the unconscious as , " a separate realm of beliefs, purposes and strategies." which might seem to duplicate

the "conscious". Instead Dewey wrote that

"we continually engage in an immense multitude of immediate organic selections, rejections, welcomings, expulsions, appropriations, withdrawals, shrinkings, expansions, elations and dejections, attacks, wardings off, of the most minute, vibrantly delicate nature. We are not aware....of many or most of these..do not objectively ..identify them." This he saw as a subconscious sphere of activity.

Consciousness Dewey said " denotes awareness or perception of meanings", it is "focal and transitive" , it relies on a series of signals with variety, it **"is the meaning of events in the course of remaking"**, "that phase of a system of meanings which at a given time is undergoing re-direction, transitive transformation", (Dewey, 1929)

Drawing on these ideas, we might say that in the continual process of living we "remember" certain events and not others according to which stories are told or permitted in our context. A person's reality is in the form and details of the stories told and the circular relationship with stories lived.

It may be that in different, socially constructed, interpersonal contexts different stories may come to be told. For example how can social constructionism help us to understand an adult who begins to "remember" being abused as a child without previously being "aware" of this event. We may construe that, as a child, this person may have been told to say nothing and so the "story lived" was not permitted to become a "story told" (Pearce 1989). Within the socially constructed rules for conversation no social reality of abuse could be created in language. In later episodes in their life such persons may participate in social contexts where stories of abuse were being told. Abuse of the individual could emerge into a social reality in which it becomes possible to voice a different "story told" about the person's experience and create a different "story lived" for their future.

This leads to a different conception from the idea of self-awareness as a static self which one can get to know more thoroughly. We think about self-awareness as our act of creation. Certain meanings are given to life events through the selection of certain details. A person's reality is in the form and details of the meanings given, the " stories told". The purpose of therapy is to elaborate, recontextualize and re-edit those stories in such a way as to create the possibility to go on in fruitful living in the future.

Taking the position of the therapist seriously in Systemic, Social Constructionist Training

Why in systemic, social constructionist work do we give importance to the position of the therapist? As a participant in the co-creation of reality the therapist must have

some sense how he or she perceives on the basis of their own multiple stories. In the moment of action we are more or less aware of the different stories we are living but we cannot see from outside something of which we are a part. One trainee therapist in KCC undertook a small piece of research in which she compared her memory of a therapeutic session with her impressions on reviewing the videotape, and found that there were substantial differences between them (Wimshurst, 1992). In both training and practice we use at least one observing therapist to widen the range of stories which can be told about the client's experience and how the therapist can participate in the co-creation of realities. We do this in hypothesizing (Cecchin, 1993), in reflecting in the presence of clients (Andersen, 1987), and in looking back upon the session.

A therapist who is not to be able to move in and out of the positions of neutrality, curiosity, and irreverence (Cecchin, 1987 and Cecchin, Lane and Ray, 1992) might be more limited in her/his ability to co-create stories with some clients and might be less useful on that account. This limitation of the ability to "coordinate" (Pearce, 1989) fruitfully with some clients can be differentiated from the idea of the "maladjusted" therapist whose personal development is viewed as distorted, or incomplete.

"Mapping" opens a special opportunity for further orientation, development and re-editing of a therapist's stories with a personal focus in the context of training.

DESCRIPTION OF "MAPPING"

In "mapping" trainees work in groups of five or six usually with a tutor who is not otherwise teaching on the course, since it is not part of assessed course work. "Mapping" is free from the constraints and affordances of assessment, and so provides a different space to experiment and play from other elements of the course. Each trainee may decide how much to say to course tutors about what happens in "mapping". What is reported varies considerably from group to group. Issues surrounding this would make for an interesting debate in their own right, perhaps in a future article.

The model that was developed by mapping tutors is as follows: at the beginning of each session the tutor asks the group how they want to use the session. An individual trainee's particular concern will often resonate with other trainees' experiences. When an issue or issues have been agreed they are explored with the mapping tutor who uses systemic ideas and techniques (Tomm, 1985, Selvini et al., 1980, Andersen, 1987) within the context of systemic methods such as:

a) a systemic consultation interview either with herself or another trainee as interviewer, (in both situations the other members of the group provide the reflecting

team); b) a consultation to the trainee by the mapping tutor; c) helping the group to rank issues in order of priority, and encouraging them to actively work together to find different ways to think about them; and d) encouraging the group to run the whole session using a combination of the above ideas.

Issues which are regularly addressed are concerns about

- the organisation of the course
- the training institution
- the systemic approach
- relationships with colleagues in their at-home agency, concerns about how their personal experience had led them to act in a clinical context,
- the impact of the course on their personal lives and relationships and vice versa.

Examples from these sessions given by trainees and tutors show how particular meanings about the training, developed through the process of reflexive questioning (Tomm 1985), co-created different stories about their growing abilities as professionals and informed their action.

Concerns about the Course

Trainees asked to discuss a particular difficulty they had experienced with the arrival and departure of a new trainee in the group. They had found this difficult to discuss with course tutors. Through exploration of the descriptions, stories, explanations, and mutual interaction involved in the trainees' feeling of constraint and powerlessness to make their views known, they were able to consider and rehearse different ways of perceiving the situation and consequently acting in it. This was demonstrated later in the way in which they were able to take up their concerns with course staff. It may be important to note that a "mapping tutor" would not consider it part of the contract to take up issues on behalf of trainees.

Relationships in at-home agencies

One of the trainees brought a recurring issue which was also familiar to others in the training group. Working with predominantly psychodynamic colleagues, she had tried unsuccessfully to import systemic ideas into the agency where she worked, colleagues had argued that their way was "the truth" and she felt "de-skilled and tongue-tied" with them. In the "mapping" session the tutor explored the trainee's ideas from a position of curiosity, with the group acting as a reflecting team (Andersen, 1987) bringing in their own experiences. New ideas about her position in the agency began to emerge which opened up her story and this eventually led to her creating a different story that there were many more legitimate positions and ways of seeing the world than she had originally seen, she moved away from believing that she had to persuade her colleagues to accept systemic ideas. She

reported later that she had interacted differently with her colleagues and that this had led to more useful conversations with them. She unexpectedly found that systemic concepts began to appear in their conversations.

The effects of personal experience on clinical work

A trainee with particular experiences of personal loss might wish to explore how these had affected his ability to help a client whose own situation contained elements of loss, for example, a relationship breakdown. A trainee might make assumptions that a relationship breakdown was automatically construed as, for example, loss rather than of relief or opportunity. An implication of such assumptions might be that the trainee was missing opportunities to help the client create future possibilities. A consultation about this in the group, in the ways already described, might help a trainee to develop an ability to behave with curiosity and maybe with irreverence towards his own stories.

The reciprocal effects of course and personal lives

A common issue was that of how trainees would "live" their new professional identities i.e. use their new abilities during training and after the course had ended. Exploration considered how partners and children were being affected now and might be in the future, and how the views of significant other about the future might affect the trainees decisions. The trainee's story of self and ways of acting as a partner or as a parent was open to re-editing in the course of telling and reflection. One trainee who had started the course with the idea that her health required her not needing to be too "taxed" and involved found herself taking a more involved position in course events, and finding a new meaning to life through the new learning. Another found his work as a teacher had radically changed because of the course.

Group Consultation

At the beginning of the academic year the "mapping tutor" asked each student to spend some time considering what stories they would tell about why they chose to do this training. In particular they might, for example, bear in mind their own stories about gender and to bring these to the group. Attitudes towards training and education were looked at from a number of levels of meaning in order to see how various stories influenced their action in sessions with clients. Students were asked to consider these stories from a number of perspectives: societal; political; cultural stories, professional and perspectives; attitudes of their peer-group; family and religious beliefs as well as stories from an autobiographical perspective.

Emerging stories showed how ideas about political and policy changes as well as societal obligation for qualifications influenced individual career choices. One person's wish was to improve their financial position, another wanted to re-define their identity, and so on. Trainees divided into pairs and interviewed each other. They looked at the logic of meaning and action: how these stories influenced the way

they behaved. They considered the reflexive relationship between stories, for example how family stories about education influenced their personal stories and how these influenced relationships on the course and particular episodes with clients.

At the end of the year the exercise was repeated. The question then posed was: "as a result of your learning what actions have you taken?" The question brought forth how new stories of the trainees were emerging and influencing them. They considered what was informing their beliefs, what discourses and practices they were likely to privilege and what they may leave out in thinking about their practice as a psychotherapist.

Trainees began to realise a) how their language had changed; b) how their conversations had become different especially relating to clients and how they described problems. It was noted that they were able to reconsider the idea that as a trainee being assessed they must do everything right. They began to realise that taking a systemic perspective was a way of living in the world, rather than simply learning systemic techniques.

Different stories about living in the world and using different language meant that they began to act differently in their own agencies. Instead of seeing themselves as de-skilled, they found that they had become more confident and could begin to take on a new identity as a systemic practitioner. Mapping tutors noticed how the emerging stories were socially enacted by trainees in the "mapping" session. Trainees were able to act as witnesses for one another to the changed ways in which others "positioned" (Shotter, 1989) themselves in the group so that new accounts could be given and affirmed. In this way stories were told, lived and reformulated within the group. Further work was done in the process of co-ordinating with significant others afterwards and reporting back.

TRAINEES' COMMENTS ON "MAPPING SESSIONS"

General comments were taken from trainees on all three years of the course. These were largely favourable; however the authors do not naively assume this to reflect every story within this particular discourse. Two trainees from the middle year of the course and two from the final year were interviewed about their experience of "mapping" and a third gave a specific example for quotation.

Having "mapping" as a separate component with a non-assessing tutor was seen by some trainees as particularly valuable since beginning trainees were able to express concerns that certain ways of thinking and acting were "taboo" or "not sufficiently systemic" (Pearce et al., 1993) outside the context of assessment.

One trainee who had previously been in personal individual therapy said that a systemic consultation was a more challenging approach because of the focus on relationships with others. Taking account of the ways another person may respond was seen as particularly non-pathologising. It was noted that when a trainee comes from another therapeutic orientation, such as a psychodynamic approach, it takes time for social constructionist ideas to make sense and for the ideas to be translated into clinical practice.

It has been interesting to note that in the first year trainees valued "mapping" being separate from assessed course work. By the time students reached their third and final year "mapping" was conducted by their own tutors as an integrated part of the training. It was hypothesized that this group of trainees had developed their self-reflexivity sufficiently so that they were more aware of the possibility of multiple realities, and were more able to participate in "mapping conversations" without thinking that tutors would criticise them.

One of those interviewed said that especially in the first year,

"the course....may not have been survivable without mapping...because the new ways of working were so challenging."

The sessions were seen as a place to "off-load" and "get another idea" which was seen as "freeing".

For another trainee the first-hand experience of the systemic approach meant that systemic and social constructionist ideas began to "make sense". Connections began to be made "between the group, the institution and the world".

One trainee noted that the experience of receiving a systemically oriented consultation meant that it was "theory in practice in a very real way" and the theory "became transparent". Specific examples cited were: experiencing circular questioning (Selvini et al., 1980, Cecchin, 1987); being helped to take a both/and position; looking at their assumptions and prejudices (Cecchin, 1993) and working in a reflecting team (Andersen, 1992). The way the tutor showed the importance of language, the experience of how reality becomes co-created in the process of the conversation and the experience of self-reflexivity were all seen as being vital to this process.

One trainee said that when the "mapping tutor" connected with trainees' stories, then linked these ideas to others with whom they were in relationship, they were more able to acknowledge others' views and co-evolve different stories. Working within the group, one trainee said,

" helped me to move away from myself...I could step into another's shoes...and appreciate the different positions of all the people involved...".

The opportunity to explore notions of self and identity, beliefs and prejudices, styles of communication, and relationships with others within the training setting, and not be assessed, was seen by trainees to have had an appreciable effect on their training and their therapeutic work.

Waldron-Skinner (1979) notes that family therapy training, "...demands an ability to struggle with one's intimate areas of pain in the presence of one's intimate others."

Rather than this being a drawback, one trainee noted that social constructionist principles used in the group setting gave

" another perspective", and was said to have been " invaluable", since it "eased the frustration" of "getting used to a new way of looking at the world."

The opportunity to talk about issues arising from the clinical setting, to look at the ways the beliefs, prejudices and actions of the trainee were recursively linked, was said to have had a definite, albeit indirect, effect on clinical work. Becoming more self-reflexive was seen as indispensable to a social constructionist way of working.

"Mapping" sessions were considered particularly helpful prior to assessed components such as end of year Viva voce examinations and the presentation of workshops at the annual plenary event. At these times trainees' stories about education, their ability to present themselves in public and their stories about being assessed might be reviewed and re-edited.

TUTORS' COMMENTS ON "MAPPING" SESSIONS

Tutors perceived "mapping" sessions as facilitating quieter trainees whose participation might be triggered by ideas brought by others.

Tutors noted that a particular trainee may be constrained by the training setting itself; their own stories about competence and incompetence may lead them to act in ways that in another setting may be seen as "maladjusted". Systemic therapists in training, may also be fully qualified mental health practitioners. Jones (1993) proposes that these practitioners may be initially uncomfortable in the process of working within an unfamiliar conceptual framework **and** being observed through the one-way screen with clients. Feeling uncomfortable can sometimes make a trainee's actions

constrained. Whilst we would not assume this always to be the case, Jones (1993) writes "...learning new skills, and being in the trainee role, creates anxiety and a sense of loss of certainty...". List (1987) says that a trainee " may be overwhelmed with a maelstrom of feelings of confusion, anger, helplessness about therapy, the supervisor etc.". This may affect a trainee's identity and sense of self.

DISCUSSION: "MAPPING THE FUTURE"

Each school of therapy gives attention to the "person" of the therapist as a participant in the therapeutic process. The ways in which this is done and thought about are coherent with the model of therapy concerned.

In the psychoanalytic approaches trainees undergo a training analysis or personal therapy, with the aim of becoming more self-aware, by gaining more understanding of one's internal processes, and bringing the unconscious into consciousness, and to experience the model at first hand. This is seen as reducing the risk of damage to patients through "unconscious speaking to unconscious" (Casement, 1985). There seems to be an implication that there is a state one can reach in which one will be safe with others, when one has "worked through" problems.

A social constructionist approach gives greater emphasis to the idea of therapists continuously being co-created and co-creating others in communication. Therefore a central theme of the approach is that therapists should consider how they position themselves in any interaction. Not to do this may mean that the range of "stories told" may be restricted, thus diminishing the client's possibilities for generating new and emerging "stories lived".

This paper has described a way in which training courses at Kensington Consultation Centre offer trainees the opportunity to become self-reflexive about how their beliefs, assumptions and prejudices interact recursively with their preferred ways of acting in all aspects of the training. "Mapping" is described as a component of the training which creates a context for the emergence of personal and professional awareness of the therapist and which is also congruent with the systemic, social constructionist thinking which informs the Centre's work with clients.

The examples offered are necessarily limited for reasons of confidentiality, but convey a flavour of what might happen in mapping sessions. The comments from trainees illustrate how through "mapping" trainees therapeutic range can be extended, and possible limitations attended to. We intend to write more about how "mapping" has affected trainees' practice with clients in future papers.

Questions which we intend to explore further include the rationale for having separate tutors to run "mapping sessions". Could this division lead trainees to think that of the personal and professional as separate, or to doubt "the essential unity of the self and its acts". (Dewey quoted by Tiles, 1988). It is interesting that given the choice, some trainees have chosen to have mapping sessions with their course tutors. This issue continues to be debated within KCC. For the moment the possibility of a separate experience has been seen as creating a space for experimenting in relation to action elsewhere.

The name "Mapping" itself, reflects the statement of Korzybski (Bateson, 1970) that "the map is not the territory", and indicates the idea that the stories we live and tell about ourselves are just that, punctuations we make, our reality, **not a representation of something that is there, that we can discover**. So, we are not proposing that "mapping" is an activity of getting to know the "real" person.

Mapping tends to enhance the abilities of therapists in training to generate multiple perspectives and so help clients who are **at an impasse**. Therefore, we consider it integral to becoming a therapist that trainees engage in the activity of mapping. However, from a position of curiosity there remains an important question. Since each set of circumstances is uniquely diverse and complex, and we take the view that therapists and clients are continuously co-creating each other, can we hope to train someone so thoroughly that they will **never** fail clients, or do them harm?

We wish to express particular gratitude towards Peter Lang, who devised the concept of "Mapping", for his generous help in thinking through the ideas expressed, and especially for drawing our attention to the work of John Dewey.

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