

## Chapter XIV

### Conclusion

#### Toward a theory of reflection-in-action

I have expanded a definition of reflection-in-action (how therapists think while they practice) throughout this present research. RIA is an evolving definition based upon the growing repertoire of therapists' narratives. I select the most interesting concepts that have come from the analysis of the interviews. I link them with the theoretical elements of my research. My findings help me to move toward a theory of reflection-in-action that is in motion, and based on the information and the narratives I have gathered.

#### What is a reflection-in-action?

RIA is a discourse forming and clarifying through language (Vygotsky, 1986). In the interviews, I find the pure enactment of Vygotsky's thesis that ideas form and emerge through language: "I think it was more felt sense stuff, before we talked together. Then, when I talked with you about it, ... I ... you know... I started to see more patterns". Reflection-in-action is a thought in process, which grounds itself in the theoretical background of the psychotherapist. RIA is deepened and enhanced by its very practice. Implicit knowledge is broader than what is disclosed through RIA. The therapist's RIA refers to previous sessions and establishes patterns within the sessions. From an initial confusion, ("Daaah... a big daah... (Laughter)...(Long sigh) to: "I am not sure. Part of it is... I guess... there is something about that, that seems a little familiar to the last time we worked together, she and I. About wanting to have something and not having it, and feeling some sadness about that. I just feel like it is an exploratory stage. I don't feel like I can say that I am anywhere or go anywhere, or I make any definitive statement about anything"). Along with my questions, the therapist's RIA becomes more articulate illustrating Polanyi's idea: "we can know more than we can tell" (1966, p.4). RIA brings, through language, elements that were previously implicit and inchoate in the domain of the explicit, while some implicit knowing stays in the implicit. In the interviews, several therapists highlight the importance of building first a therapeutic alliance before anything else can happen. RIA seems to frequently sharpen the focus of the session.

Sometimes RIA contrasts with what is obvious in the session. In other words, the therapist's RIA may be more sophisticated than what we witness in the session. There is an example in the fifth interview at the training institute where the therapist has much information about her client, about her relationship to the client, about herself as a therapist, and about the impasse reached that she was not sharing. The intervention remained sterile before the reflection-in-action was shared. One of the most interesting findings is to highlight

that some interventions, when using RIA, may hold a relational purpose. The example provided here is: “I need you to slow down so that I can pay more attention to you” as opposed to “Slow down, so that you will feel more connected to your feelings.”

In several examples through the interviews, the therapist’s disclosure of his RIA strengthens the therapeutic alliance. It means that the sharing of the therapist’s RIA may have a positive effect on the therapeutic relationship. We should not confuse sharing a reflection-in-action with the therapist’s self-disclosure. It is not; it is a sharing of the understanding of the process of therapy. The language used in front of the client is inviting and inclusive, as opposed to an objectifying language, which would have probably cut off the client.

In order to produce RIA, the therapist uses his physical and sensory information. He uses reflexivity to access the capacity of having a sense of his client’s mind, feelings, and thoughts. He puts himself as Siegel (1999) states in the “mental shoes” of his client(s). Practicing reflection-in-action involves an intention. It involves a pause in the process: taking a break and thinking outside of the box. The pre-requisite to practicing RIA is a reflexive attitude toward knowledge and toward oneself. RIA is a moving concept. It is not a tool. One therapeutic intervention can be a success in one context and useless in a different one. A therapeutic intervention is sustained by a therapeutic alliance and happens in a context.

RIA is not a statement of one’s theoretical position. Practicing RIA involves an effort from the therapist who explores his own responses and processes and, at times, shares them. In order to be a reflection-in-action the therapist needs to integrate the reflexive activity of what happened in the room with himself and the client, and to discuss the participation of the therapist in the relationship. Therapists can engage their clients in a reflexive posture by statements such as: “So let’s talk about what we just did!” In the interviews, several therapists highlight the relational and contextual nature of RIA. A therapist’s response depends on the response of the client, not only the words but also the affect, the tone and the volume of the voice, the body movements, and the facial expression.

RIA can be a methodology for learning. By its regular practice, a clinician will become more aware of how he learns, functions, and relate. RIA permits a deepening of clinical practices. For example, RIA may be applied to the process of supervision and should be used to enhance training. In the interviews, I note several times that a clear positioning of the therapist in his context appears to be conditional to the emergence of therapeutic conversation and the establishment of a therapeutic alliance. The corollary is that poor positioning and a poor clarification of the context may allow only a less solid therapeutic relationship. RIA may be an interesting methodological instrument for approaching the unsettling concept of the “therapeutic relationship”. This is worth looking into with further research.

Therapists’ RIA parallels a therapeutic process. I could have shortened these three interviews with the expert therapists and only keep “la crème de la crème”. This would be a mistake. Therapy is not only made of moments of movement, and brilliant therapists’ interventions, but also hesitations, floating moments, repetitions, and at times confusing

interactions. When these moments of movement occur, it is important to emphasize them and to materialize our response in helpful intervention.

## Why should a clinician invite reflexivity in the therapy room?

As in a chess game, by taking a step back, we may learn more about how to make the next move. Reflexivity may broaden the therapist's understanding, allowing him to see more clearly the possibility of making the next intervention. The reflexive process can also paralyze a therapist. The therapist's reflexivity can become only a mirroring act, omitting its object (the clients) and its purpose (the therapeutic process); he may lose contact with his client. Reflexivity is a difficult equilibrium to maintain. Shotter (1993) talks about "temporary essentialism" to qualify this position in between dogma and relativity.

RIA is a powerful instrument to refine our professional practice. It reviews, corrects, and redirects. By practicing RIA, a psychotherapist creates a theory in motion, a theory of practice. By bringing into awareness what just happened in the session, the clinician may change whatever does not suit the context. The more a therapist trains and uses RIA as a central element of his work the more skilled and articulate he will become.

Building a repertoire of RIA may be the leading narratives that will inspire clinicians to understand how we create, maintain, strengthen, suffocate, damage, repair, and terminate these relationships that we want therapeutic. RIA is not only a clarifying instrument for the psychotherapist, but may also have a positive clinical impact when shared with clients. The sharing of RIA with our clients may be an essential element in the construction and solidification of a therapeutic alliance with clients. It is probably when the therapeutic is the least solid that the sharing of the therapist's RIA is the most powerful. It is a difficult exercise, since the art resides in the way the message is delivered.

A session of therapy is a work in progress. It can always be ameliorated. The use of RIA highlights an important subject of clinical practice. There are so many different venues, so many choices to be made during a therapy session. RIA will bring to our awareness the rationale behind our choices.

Reflexivity invites reflexivity. The practice of RIA appears to be generative. Once a clinician becomes familiar with reflexivity, this process is difficult to stop. If the therapist is able to maintain a reflexive position while doing therapy, he may be more attuned to emotional content of the client. The practice of reflexivity in a session may produce a generative effect on the clients as well, assisting the clients to become more aware and to use RIA themselves to define, correct and strengthen relationships outside of the therapy session.

Reflexivity may prevent reification. It may prevent dogmatism. It encourages us, clinicians, to keep questioning our daily practice, and to keep questioning what we think is obvious.

At times, our knowledge of theories of psychotherapy can constrain and limit our practices, if it is not custom-built to the clients. RIA has links to the practice itself and the theories of psychotherapy, making knowledge relevant and context-sensitive.

The effects of RIA may be multiple. Practicing RIA invites the therapist to position himself in the system he is engaged in, and this almost moment-by-moment. The practice of RIA during the session can be utilized as an intervention for the client. Sharing the therapist's RIA may produce a therapeutic effect.

*Extract from Inviting Reflexivity into the therapy room. How therapists think in action.  
Kuenzli, F. (2006). University Press of America, pp. 351-357.*