

## Oh No, I Left the Coffee Pot On:

### Psychotherapists' Management of Distracting Momentary Self-Awareness

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Therapist self-awareness has been noted time and again as a vital aspect of psychotherapeutic skill (Edwards & Bess, 1998), multicultural competence (Roysircar, 2004), and ethical practice (Rubin, 2000). But is self-awareness always associated with positive psychotherapy process? In most discussions of therapist self-awareness, the focus has been on self-insight or global self-knowledge. Though self-insight has indeed been found to be important, for example in the management of countertransference reactions (Hayes, Gelso, Van Wagoner & Diemer, 1991), there are other definitions of self-awareness. For example, Williams and Fauth (2005) defined therapist self-awareness as “therapists’ momentary recognition of and attention to their immediate thoughts, emotions, physiological responses, and behaviors during a therapy session” (p. 374).

The research on global therapist self-awareness (or self-insight) suggests that it is a very positive quality (Coster & Schwebel, 1997). However, the social and cognitive psychology literature suggests that there are more mixed findings about the construct of self-awareness. For example, generally high levels of self-focus have been associated with negative affect (Fejfar & Hoyle, 2000), psychopathology (Ingram, 1990), and rumination in depression (Lyubomirsky & Nolen-Hoeksema, 1995). In contrast, heightened self-focus has also been associated with decreases in emotional intensity. Campbell et al. (1996) referred to this contrast as the “self-absorption paradox” (p. 142) – while much research supports a connection between self-focus and negative affect, others

have found that heightened self-awareness provides a buffer against stress (Mullen & Suls, 1982).

Similarly, the research on *momentary* states of self-awareness reflects comparable contradictions. Though several studies have found a relationship between heightened therapist self-awareness and negative psychotherapy process (Hale & Stoltenberg, 1988; Nutt-Williams & Hill, 1996; Williams, 2003), other studies suggest that heightened states of self-awareness may sometimes be positive. For example, Ellis, Krenzel and Beck (2002) found no decrease in task performance or increase in anxiety when psychotherapists reported greater self-focus. Fauth and Williams (2005) found that when psychotherapists rated their self-awareness as higher, clients reported more positive feelings about their therapists.

Therefore, it may not be the existence of therapist self-awareness (whether heightened or diminished) that impacts and is impacted by the therapeutic process as much as the strategies that psychotherapists choose to use to *manage* self-awareness when it becomes distracting. Williams, Judge, Hill and Hoffman (1997) found that novice psychotherapists reported three typical management strategies: focus on the client, suppress awareness, and use the awareness to better understand the process. Williams, Polster, Grizzard, Rockenbaugh and Judge (2003) found that novice psychotherapists typically relied on self-disclosure and relaxation techniques to manage feelings of anxiety whereas experienced psychotherapists typically relied on thought stopping and self-reflection to manage outside distracters. Interestingly, Fauth and Williams (2005) found that no one management strategy was particularly more effective than any other.

Given the “infancy” of the research on therapist self-awareness and given the fairly contradictory findings, there may be little direct applications that can be recommended at this time. However, one very interesting approach to the management of distracting and problematic therapist self-awareness has been identified – that of mindfulness. Brown and Ryan (2003) defined mindfulness as the intertwining of awareness and attention, such that “attention continually pulls ‘figures’ out of the ‘ground’ of awareness” (p. 822). Bishop et al. (2004) noted that mindfulness allows one to observe thoughts and feelings “without overidentifying with them and without reacting to them in an automatic, habitual pattern of reactivity” (p.235). Of critical importance to the therapeutic use of mindfulness as a management strategy is the idea that mindfulness not only involves self-awareness but also self-acceptance (Safran & Muran, 2000).

The practice of mindful meditation is becoming more popular with psychotherapists as evidence of its health benefits become more widely disseminated (Baumeister, Heaterton, & Tice, 1994; Martin, 1997). Brown and Ryan (2003) suggested the importance a person’s trait-like mindfulness in everyday attention. For example, the extent to which we walk without paying attention to the path or journey, forget a person’s name as soon as we have heard it, and go on “auto pilot” while we drive may have implications for our overall well-being. Thus, researchers and practitioners have begun to study and train people on how to become more mindful.

One example was described by Speca, Carlson, Goodey, and Angen (2000), who modeled their training program on the work of Kabat-Zinn (1990). They created a 7-week training program which focuses on teaching deep breathing, guided imagery/visualization, and light yoga stretches. They found that even brief training in

mindfulness meditation was related to reductions in stress, fatigue and mood disturbance. Thus, psychotherapists themselves might benefit from including a program of mindful meditation in their weekly schedules. In essence, we would be using the same relaxation techniques we often recommend to our clients to purposefully increase our own non-reactive states of self-awareness. It may very well be the case that by practicing mindfulness, therapists may *both* become more self-aware and more able to manage distracters, thus enhancing the positive “flow” (Csikszentmihalyi, 1990) of therapeutic work.

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