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On being a therapist, a tutor, a researcher and just another community member

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Abstract

Writings from 2007

In 2007, I had “one of those years”. Many dreadful things happened. I hear myself think, “It could have been worse”. Nevertheless, it was a challenging year for me. And doing work which is all about supporting others with their struggles, their work, their learning was sometimes tough, frequently moving. I was aware of how I was drawing on the experiences of clients and trainees and other people I had met who had faced serious illness or death. Despite my commitment to limit imbalance of power in therapy, the experience of loss and illness created a sense of levelling that I had not anticipated. I chose to “come out” from behind that generic version of me as therapist, trainer, researcher and reveal more to people than I was used to. I’m not entirely sure how much I made a choice to do that but I did try to manage things in a professional manner. Whatever that means.

Four particular conversational clusters stood out for me that took place during that year. I wrote them at the time but I see that I have written them in the past tense. I think I needed to. Put them in the past. I was, in some ways, still in shock so writing in the past tense helped me create a timeline to locate me in another time zone known as The Present. It was a better place to be and one from which I could create another perspective.

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First story

A trainee, Karen , had a diagnosis of breast cancer around the same time I did. I was quite transparent with the group of trainees. It was the easiest option for me - and for them, I think. And it was very levelling. Well, the whole experience of being a patient in a waiting room with others de-saturates many usual distinctions. The trainee asked me details about my cancer diagnosis in an email. She shared with me her mixed reaction hearing about my less advanced breast cancer compared to hers.

Her cancer was to take her through a more demanding treatment process. She was amazing, participating much of the time through Skype from home being too unwell from the chemo to come into Manchester [1]. I was quite amazing too and so was the group. I was struck by how this training group of ten became a community. Must have been hard for the group having a fellow trainee *and* their tutor both being treated for breast cancer. Some of them were also quietly dealing with other people in their lives who also had cancer or a major health issue. The group did well to support each other that year and qualify.

A few months after the end of that year, I got an email from another member of the group, Jill. She ended it:

> *Hoping to see Karen and Tracy for coffee/brunch/lunch/pudding in a couple of weeks. Isn't Karen looking well?! Hope your recovery has continued well. It's difficult to think of you having been through the mill – you always seemed so full of life. Strength, determination or just good acting – whatever it was it seems to work for you!*

"you always seemed so full of life" - the past tense startled me. It felt like an obituary! I knew Jill would be mortified(!) to think it could be read in this way. And she'd laugh and reassure me that she wasn't writing me off. I'm sure Karen's and my survival and wellbeing is important to all those group members. She sent us all a text this last week announcing that she had now achieved enough practice hours and had officially passed the course. I could imagine everyone's delight, relief, anger and lump in their throat on remembering. Or maybe that's just me speaking. But nothing I included in my text congratulating her could convey the complexity in my response to this news.

[[1] In 2007, there was no online teaching yet and it took a lot of pressure by the students and staff to get the educational authorities to accept online participation to count as attendance.]

Second Story

Susan knew that I had breast cancer. We had been doing therapy together for some time and she seemed alarmed when I told her I would have to take some time off work for some medical treatment. She knows about medical treatment. It's a big part of her life. I could see many anxious questions in her face. I guessed that offering her more information about what was going on for me would be more helpful to her than leaving things vague. This has seemed to work. I could have dropped my annual results into the conversation last week but I didn't think about it. Or if I did, I might not have wanted to detract from what we were focusing on. And perhaps I'd have felt I was saying "I'm less likely to die as soon as you are". I was thinking about my trainee's response to my lesser diagnosis. My results are good and she does ask periodically how I am. I have learned a lot from Susan over the years. I suppose I didn't think the support I have given her to find ways of coping with medical treatment and anticipating a shorter than average life might serve me later down the line.

When Susan emailed me with an update about something that was happening at home, I used the opportunity to respond to her question about my health in an email I wrote to her a while later.

> *You asked about how I am. I can understand that you might want to know how I am and whether I am well. It is okay to ask. The first thing to say is that I am well. I had some tests recently and they all came back okay but for a while the docs were worried about one test*

> *and I spent a lot of time thinking about life and death. I thought about what exactly it is makes me anxious, how I would feel about having a much shortened life and what I would want control of etc. I thought about what you go through in your treatments and in your dealings with the medics and the system and the buildings. I sat in the waiting rooms and looked at the walls, ordinary walls, ill people don't get better painted walls, they get ordinary walls - perhaps because death is ordinary - and I thought "I'm just another body in a well populated world". Sometimes I felt flat, other times I felt part of a bigger 'club' of others who are dealing with similar stuff. Ultimately, I come back to the same conclusion (always before I know the results) I think, "It's okay to die. People live and people die. And a lot of the people who die are good people, funny people, caring etc and I will be in good company. It's okay to die." So then I get to but what about leaving others behind? How would they cope without me?" That's hard. The hardest bit for me. Because it's the one thing I have no control over. Then I thought about letters (like you did), writing letters, leaving them behind for people – to read, re-read as needed. That gave me a bit of comfort.*
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> *So that's what's been going on for me. For now I am well but I know I am not going to live forever because no-one does. And most people don't get that. They don't need to. That's okay. But I'm doing the things I want to do, getting distracted at times and having to come to terms that I won't have lived the perfect life by the time I die. But then I think "But it will have been perfect – it will have been my life – that's perfectly me". And then I'm off again, things distract me – the dog, hunger, football, a train to catch.*

I wanted to tell her that she has been useful to me. And as I wrote, I realised that some of my meandering thoughts and responses to being a patient, to illness might offer some conversational partnership to her as well as "out" some topics like mortality and the concerns about dying which so far in the therapy we have just skated over.

Third Story

I didn't tell any clients that my mother had died. I needed the space to deal with this without feeling I had to take into account the reactions of others. I also felt that it might be too much for some people who knew that I had already had time off for medical treatment. It was a good decision from my point of view.

A week before she died, I was at KCC where a colleague held a research conversation with someone I used to work with. I had recently seen Kim for a one-off consultation and she had mentioned how helpful the therapy sessions with me from ten years or so ago had been in helping her talk with her dying mother and reconnecting with her father. She said she had used this experience over the years to help many friends talk to their parents and supported them with advice and by helping them anticipate experiences of grieving a parent. I was struck by how she had used her experience and so had invited her to contribute to some research I was doing on people putting their own learning to use in helping others. Kim was enthusiastic.

She rang me a couple of weeks after the research conversation at KCC to ask me if the talk with her had been helpful to my research. In my upset of the following two weeks, I hadn't followed through on my intention to send her a *Thank You* card. I found myself telling Kim that her accounts of her experiences had had another unexpected use in that *my* mother had died in the last couple of weeks and that I had been thinking about what she had said about what happens for people when their mother dies. A colleague later asked me, "Was that wise?" I said I couldn't say. It just felt like a cruel coincidence. Maybe kind. And I think it was another way of saying thank you to Kim for sharing her experiences with me and my colleagues.

The timing of this was more than just ironic. It was a reminder that as a therapist, I am also a member of a community who benefits from the resourcefulness of its members.

A couple of weeks later, Kim rang to see how I was. I didn't take the call and she didn't ring back. I didn't want her to feel a responsibility for my recovery.

Fourth Story

Soon after the end of my own treatment for cancer, I was asked to see someone who had been diagnosed with terminal cancer - which they didn't see as terminal. They asked for me specifically and said they wouldn't see anyone else. Both their family and I could see that was probably the case. I felt an obligation to help. I had received, for now, a different card from the pack to the one they had been dealt. And I didn't know what to expect from "doing therapy" with someone who did not want medical treatment and was earnest they could recover with alternative help. I felt what I think a lot of therapists would feel: a respect for their belief in alternative approaches to healing, and recognition of the limits as well as opportunities that both modern medicine and alternative medicine can offer. The theory of both-and is just that – a theory – in some situations.

I threw myself into offering the type of visualisations they felt were right for them. Before sessions, I spoke to my supervisor and checked how I was feeling, prepared my body-mind to be as open and as positive as I could be to support them. I tried to do nice things for myself afterwards and felt unsettled. They got increasingly ill and died within a few months. I really don't know if western medicine would have helped in any case. But I was left wondering what other therapists would have done and if the outcome could or should have been different.

Writing from 2022

The stories in this paper are simple stories from the year 2007. I wrote them to make sense of events and learn. I offer these accounts of moments and exchanges within my own personal-professional life to readers in the event you find some companion voices useful in making sense of your own experiences or if you find yourself reflecting on what you would do or have done in similar situations.

It's hard reading my writings from that time. Sometimes it is good to just put stuff behind you. Though your body remembers. Like when a routine mammogram recently resulted in a biopsy. And when my young niece rang me to ask what she should do about a lump in her breast. Her biopsy was the same week as mine. Something returns, something is remembered. My mind-body started to physically re-arrange itself to relax as if to receive whatever was coming. My posture became more upright as if trying to see over a hedge, to prepare for whatever would be on the other side of it. My breathing needed to steady, my thinking to clear. I started tidying the house and took more stuff to the charity shops.

I remember learning how useful it was to block stuff out and not talk about some things. It offered respite, badly needed respite. I wanted to feel alive and do things. I didn't want to discuss uncertainties. I remember feeling surprised by that. It was a new experience. But I was also very realistic and honest with myself. And with others. I made a playlist for walks to help me get used to the idea I was probably going to die sooner rather than later.

But there was another layer of life running in the background, opposite to blocking things out, something I used to face things and document them.

I started a systemic practice research doctorate at KCC in 2006. My subject was Writing (as) Systemic Practice. I wrote about most things that happened in my life during these doctoral years. The writing offered an opportunity to show what could not be observed if only studying outward behaviours. Sharing inner dialogue as well as outer dialogue – and the movement between the two – allowed me as a writer and other readers to see how we move through dilemmas in ethical decision-making, how we create or sustain working relationships (Penn, 2009; Simon, 2012).

It was controversial research in the systemic practice field at that time as using writing as a method of inquiry to study dialogical relationships was a million miles from evidence-based outcome research. I had to travel far and wide, geographically and textually, to find researchers who could help me visualise how I might study my practice. I found that autoethnography (for example, Ellis, 2004, 2009) opened new possibilities for speaking from within lived experience, and for mapping difficult or hidden subjects in accessible forms. One of the ways I described systemic research writing was as *relational ethnography* (Simon, 2012), telling stories about a range of relational episodes from across my personal and professional life. Showing mess and uncertainty goes against some schools of thought which prefer a perfected, uncontaminated method of psychotherapy or research, with most forms of research even excluding the person of the researcher. But in systemic practice, we work with the self of the therapist as participant-observer-disruptor. Showing our workings out and prejudice at work is key in our ethical commitment to reflexivity, to transparency. When you try to write with uncensored honesty, more emerges than can first be seen or known. Perhaps honesty is the place where systemic therapy and autoethnography merge.

Lunaria annua – Honesty

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