



Introspection, reflection, qualia, & consciousness: Making-sense of an 80-hour psychotherapy internship

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Abstract:

The following is an introspective report that elaborates on lessons I learned as a trainee psychotherapist during an 80-hour internship at one of Sri Lanka's state-run hospitals. I have carefully analyzed thoughts, feelings, and emotions associated with three patient cases, and interpreted key learnings via Gibbs reflective cycle. The lessons learned portray a self-realization of a variety of my strengths and weaknesses akin to the practice of psychotherapy. Based on the nature of the content learned, I have identified some of the key areas of professional development that undergird career success. Similarly, making sense of my internal state during these 80 hours through reflective practice displays the mastery of a critical skill for improved training outcomes. This report further highlights the need for more subjective introspective reports from contemporary professionals to establish discourse on consciousness to promote the consideration of subjective accounts of professionals as foundational evidence for more intuitive, logical, and rigorous endeavors of scientific inquiry.

Keywords: Gibbs reflective cycle, psychotherapy, professional development, introspection, consciousness, qualia

1. Introduction

Back in the day, as a student, I used to be an avid follower of Bhagwan Rajneesh (aka Osho). Upon completing my school education, with my newfound interest in religion, society, and spirituality, I decided to do my undergraduate studies in psychology with a minor in sociology. If my memory serves me right, by 21 I was in my first master's degree program in applied psychology. Although I was the studious type, modules such as counseling psychology were academically demanding and limited my chances of scoring as desired. One particular module that troubled me a lot was 'Issues in Professional Practice' in which I had to complete 80 hours of supervised clinical work. I was mostly instructed to observe and receive mentorship. I was also requested to maintain a supervision log and a reflective diary. I spent about two months inside a psychiatry ward under the supervision of a psychiatrist in the General Hospital, Kandy, Sri Lanka. Although the internship was an invaluable experience, I felt burdened and emotionally beaten down after my two months. As a young learner who mostly has deciphered puzzles of life with the assistance of parents and teachers, witnessing the ground reality of the real world shook me to my core.

This internship took place more than 8 years ago. However, today, as a doctoral student with more exposure to society and human interactions, I decided to reflect upon my experiences back then as a young post-graduate student. For this purpose, I compare 3 case studies from the internship I did in 2015. Each case is unique and I dissect my thoughts, feelings, and emotions to help display how I was able to improve my training outcomes. The introspective learnings of each scenario also demonstrate valuable lessons for professional development. I hope these elaborations will serve a similar purpose for any other professional who may go through this report. Similarly, through this narration, I try to take an impartial stance to depict the usefulness of introspective reports as preliminary insights conducive to initiating much larger and methodologically rigorous scientific inquiries.

2. The internship

This internship included observing patients in the morning psychiatry clinic, afternoon pediatric clinic, and counseling sessions at the inpatient ward. The clinics were under the supervision of the consultant psychiatrist and he was assisted by registrars, other medical doctors, nurses, occupational therapists, and social workers. In-ward counseling sessions were conducted by an expert counselor attached to an external organization. The regular clinic assessed more than 50 patients per day. The clinic provided me with an excellent opportunity to learn by observation. Since I noticed depression as one of the primary reasons for a substantial amount of patient influx, I was able to receive knowledge about mood disorders that is traditionally not offered in university curricula. For instance, there were some patients diagnosed with major depressive disorder (MDD) with a long history of finding a cure for somatic complaints that cannot be traced to a specific origin. This behavior of seeking treatment for an illness with an unknown cause is included as an assessment item in one of the contemporary diagnostic tools in Sri Lanka, the Peradeniya Depression Scale (Abeyasinghe, Tennakoon, & Rajapakse, 2012). Another unique observation about MDD was patients claiming about a burning sensation that seems to run throughout their bodies. Once again, this was a fascinating somatic complaint as I never come across such a symptom while learning mood disorders for clinical and counseling psychology. As per Wagemaker (1997), this sensation is associated with a form of dysthymia named masked depression. Such sensations can be culture-specific and research is suggestive that a substantial number of depressed patients in Sri Lanka report similar somatic symptoms (Marecek, 2006). Masked depression, however, is no longer recognized in the 5th edition of the Diagnostic and Statistical Manual (DSM-5) of mental health disorders (Shetty et al., 2018). Although masked depression is no longer considered a disorder, I still consider my exposure to culture-specific elements of psychological problems as a rewarding experience of this internship.

Similar to my not-so-traditional learnings, the observational hours further opened me to the nature of human suffering. Although 80 hours alone is not adequate to comprehend the vastness of suffering and pain, I managed to learn how to mitigate its effects in our daily lives through the utilization of effective therapeutic modalities. I managed to obtain first-hand experience in cognitive-behavioral therapy (CBT) and rational emotive behavior therapy (REBT) both of which I studied in-depth in my later years as an academic as well. Both CBT and REBT are second-wave behavioral therapies and are effective in treating a variety of psychological concerns including mood disorders (Young & Turner, 2023). CBTs help patients restructure their maladaptive thoughts by introducing them to logical, evidence-based, healthy cognitions (Nevid, 2013). CBT is a directive, yet collaborative therapeutic approach, which means that the therapist directs the clients to comprehend the cognitive behavioral dynamics of a specific disorder while preserving the autonomy of the client (Dryden, 2013, p. 191). While a higher degree of collaboration is generally preferred in most therapeutic approaches, I noticed that counselors in Sri Lanka tend to go way beyond what is traditionally considered as directing the client. I have noticed instances where some counselors provide readymade solutions on behalf of their clients. Based on my understanding of psychotherapy, removing a client from their capacity to exercise agency is not the most practical way of ensuring autonomy. A deficient understanding of the principles of CBT or the authoritarian lifestyle adopted by most health professionals in South Asian cultures might have influenced this unusual provision of readymade resolutions for psychological problems. At the same time, instead of collaboration, many patients also tend to be passive receivers of therapy and maintain a submissive attitude throughout treatment sessions. I always sensed some form of a power imbalance between the therapist and the client in most therapy sessions. For instance, the successful medical doctor and gullible patient who visits the free healthcare facility represent two distinct strata of socio-economy. This discrepancy often makes the patient a passive receiver of the treatment as opposed to a collaborator in therapy. Sri Lanka is a country known for dual-practicing medical doctors which possibly have resulted in the mentioned power imbalance (Hipgrave & Hort, 2013). In my later years as an independent practitioner, I saw more collaborative clients in affluent urban societies of Sri Lanka. However, that was not the case during this internship. Most of the patients struggled financially and displayed minimal academic achievement which also may have contributed to the identified power imbalance in the therapist-client relationship. Now, you might wonder how I formed this conclusion, but that is an elaboration for a separate report. Nevertheless, what is required to form an effective therapeutic alliance is the collaboration of the therapist and the client (Sperry, 2010, p. 73). Considering my observation-led learnings, I was able to form a realistic and accurate comprehension of client-therapist relationships. With this newfound

understanding, I was able to analyze my thoughts associated with client cases in-depth. In some sense, these cases challenged some of my core beliefs and helped me locate my skill gaps. Accordingly, in this introspective report, I analyze three unique scenarios using the Gibbs reflective cycle (Gibbs, 1988).

3. Methodology

Any study attempts at sense-making of the content of subjective experiences naturally comes under explorations of consciousness. If there is something simple to experience, yet quite difficult to explain, that is consciousness. It is mind-boggling for any individual to understand consciousness for what it is. In transcendental phenomenology, Edmund Husserl explained that consciousness can only be realized when you project it on something other than consciousness itself. While projecting my focus on something may imply me experiencing consciousness, the experience might not necessarily teach me anything about what constitutes this conscious experience. In that sense to explore what entails a conscious experience, the observer must utilize a method that could bring more specificity and representation to its constituents such as thoughts, emotions, feelings, sensations, perceptions, etc. associated with conscious experiences. As per Franz Brentano, this representation of conscious experiences via multiple elements forms a concept named 'intentionality' (Antonelli, 2021). To have a mental experience, one has to have directedness toward some phenomena or object.

In the present report, to make sense of the mental experiences associated with clinical cases, the author dives into his thoughts, feelings, and emotions. To facilitate this dive, the author uses introspection, which is a method commonly considered in studies on consciousness (Piccinini, 2003). I am dubious of using introspection as the sole method of understanding the whole of a mental phenomenon. However, one could still form preliminary or rudimentary understandings of consciousness via introspection. Essentially, introspection is a method utilized by philosophers and psychologists to subjectively investigate mental phenomena. As a result, introspection is recognized as a metatheoretic and metacognitive approach to consciousness. Introspective reports may form the basis for certain intuitions a scholar may use to understand latent constructs which later can be used to deduce quantitatively measurable relationships between variables. However, one should not rely heavily on introspection as it fails to comply with key principles of the scientific method. For instance, introspection takes place within the researcher, a single entity, making analyzing one's thoughts an idiographic mechanism as opposed to accepted nomothetic study designs of science. Moreover, introspection may have limitations in demonstrability. For instance, one could argue the degree to which a person could narrate or elaborate the whole of a subjective experience to another person. In most cases, we provide a summarized interpretation that could carry alterations and distortions compared to the original experience. In that sense, to reap the benefits of introspection, a researcher needs to ground the study in solid theory and use appropriate theoretical propositions. Although the truthfulness of introspective reports is debated, with sufficient theoretical basis and procedural rigor, one could use introspection for systematic inquiry (Piccinini, 2003). Good social scientists could later test the veracity of introspection through qualitative means and if there is adequate substance, then they can proceed towards quantitative measures.

Accordingly, introspection could be used as a method to further report the unique intrinsic qualities of subjective conscious experiences known as qualia. This might not go hand in hand with the doctrine of physicalism. Even if the mind is a product of the physical brain, the experiences of the mind cannot be boiled down to the brain. Physicalism is a kind of monism in which the mind is considered to depend on the brain. In this report, I use the proposition that the mind may share a reciprocal non-causal relationship with the physical body but both the mind and the brain function as separate entities. As a result, introspection is utilized to dive into the nature of my subjective experiences while bracketing any influence from physical phenomena to such mental experiences. While such a bracketing process is a difficult endeavor in itself, I use my qualitative skills of reflexivity to focus more on the cognitions, beliefs, attitudes, etc. that light up my everyday conscious experiences. To further bring rigor to my introspective attempt to dissect the building blocks of my conscious experiences, I use Gibbs's reflective cycle. Through this reflective cycle, I try to demonstrate a method to comprehend implicit behaviors/thoughts of practitioners about the phenomena being studied (Bager-Charleson 2010, p. 149). The Gibbs reflective cycle consists of 6 stages namely, description, feelings, evaluation, analysis, conclusion, and action plan (Moon, 2013, p. 73). Following this 6-step process

enables practitioners to critically engage in a sense-making process of previous experiences. Similarly, this 6-step process offering a window to the past also makes it reflective. Moreover, the author conducts his analysis within a phenomenological framework. As a result, the sense-making process is presuppositionless and interpretative in which the author dissects constituents of the conscious experience in relation to contemporary psychological, social, cultural, religious, linguistic, and political doctrines.

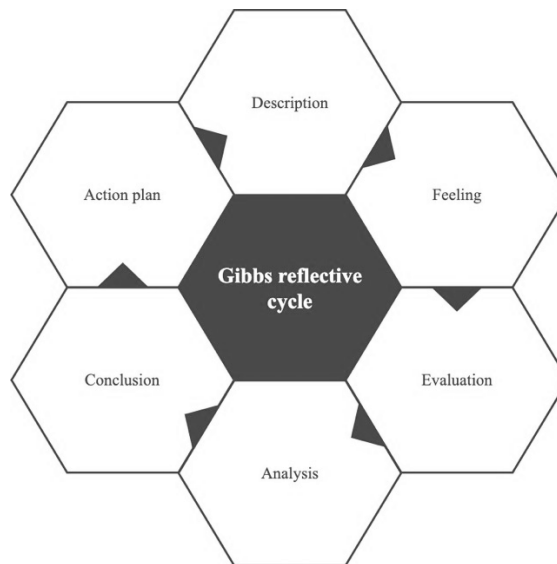


Figure 1: Gibbs reflective cycle (image created by the author)

4. Findings

4.1. An inebriated monkhood

During my first week in the internship, I came across a priest who had a long history of cannabis use. He had obtained psychiatric medication in the last few years for depression, psychosis, and attempted suicide. “*Certain personal issues had motivated the priest to end his life*”, another slightly older priest explained as we continued to listen to his narration attentively. In a situation like this, I should have empathized with the client. However, during this instance, I found it immensely difficult for me to validate the depressed monk’s feelings and emotions. In my mind, I was angry as he used cannabis. I was thinking extensively about his drug use while completely ignoring his medical condition. Upon finishing my day at the clinic, when I came home, I started to dissect my thought process to imagine what went wrong. In my mind, I was asking the question, “*Why could not I feel something for him?*” To make sense of my query, I thought to evaluate this priest encounter further. Evaluation is one of the key steps in the Gibbs cycle which helps the author explore the positive and negative elements attached to the situation (Brotherton et al. 2013, p. 56). Truth be told, I found no credible reason to regret witnessing this experience. Firstly, it made me realize the potential vulnerability of priests to become mentally distressed despite the wisdom they may have accumulated in the previous years. Secondly, it widened my perception of reality by challenging a core belief of mine which states that priests may help us but, vice versa is impossible due to our limitations. I think my belief has resulted due to the strong Buddhist upbringing I experienced during my early years of life. In my mind, a priest is someone who can help us without anything expected in return. So, I used to look at them for solutions for my problems and I never had the chance to imagine a life where the role of myself and the priest is reversed. In that sense, this event gave me a chance to learn something new; or, could I say, this event grounded me a little in reality.

To further generate a coherent meaning of the incident, I amalgamated my understanding of the situation with the existing psychotherapeutic theories. This meaning creation is a subsequent step in the Gibbs cycle named ‘analysis’ (Gibbs, 1988). As per my understanding, I judged him negatively considering his drug use while omitting extraneous variables that may have influenced or misled him. I assume I committed a mistake

because judging people by behavior and forming quick conclusions is not worthwhile for psychology students (Nelson-Jones, 2012). Judging and jumping to conclusions led me to have illogical thoughts (i.e., “*drug abuse by a priest is a moral misconduct*”), and such thoughts can influence a person to react differently (Corcoran, 2014, p. 56). Instead of grappling with his drug use, I should have tried to understand the propensity of genetic, neurobiological, and personality factors to cause drug abuse in a person since they are most of the time beyond our control (Shoptaw, 2011, p. 79). Understanding him in this manner would have motivated me to see him in a much more empathic light. Now that I understand my mistake, I should identify the consequences of my behavior and look for alternatives I could accommodate in the future (Brotherton et al. 2013, p. 56). This forms the ‘conclusion’ and ‘action plan’ sections of the Gibbs cycle. Based on the sequence of events that took place on that day, I believe that I could have listened to him properly without forming any judgments. As we learn to become psychologists, we must learn to keep our prejudices aside and we must not form judgments based on appearance or lifestyles. Following this rule of thumb would have enabled me to empathize more. Through empathy psychological threats could be reduced while augmenting trust and communication, which ultimately increases the quality of the therapeutic relationship (Clark, 2007, p. 27). I think I learned my lesson from this situation because it taught me the importance of understanding my thoughts, feelings, and emotions. As an amateur psychologist, I must always try to be mindful of my internal state and I should reveal them conscientiously as that may help me the therapist to exchange emotions intelligently with clients (Stern, Hyman, & Martin, 2006, p. 53).

4.2. A mother’s loss

Similar to my encounter with the priest, two other incidents influenced me to identify a few of my mistakes. One of those incidents was with a mother who was psychologically tormented by the demise of her elder child who was 22 years old. As a result, she experienced some sort of dissociation. Because of this, each time the counselor asked her about the traumatic experience of witnessing her child dead, she continued to faint. Throughout the counseling session, she fainted 4 times. This was a novel situation for me. I was slightly frightened by her behavior; but more than that my mind was trying to discover a solution to assist her. Surprisingly, I could not find a solution since I had to battle with the ambiguousness that prevailed in my mind. According to my evaluation, one of the pros of witnessing this scenario was exposing myself to a novel situation and learning something new from it. Also, it made me aware and prepared to methodically manage such an event that lacks clarity. However, throughout the therapy session, I was lost in a bowl of thoughts trying to discover a solution for her; and I presume it to be the con of this event.

After a thorough analysis of the event, I discovered factors that have helped and hindered the counseling session. A factor that helped this incident was active listening. Active listening is important to motivate a client to articulate and explore their concerns (Biggs & Porter, 2000, p. 27). I actively listened to her, and that enabled the client to reveal her major concerns. The factor that curbed the success of this event was my constant struggle to find a solution. Theoretically, ambiguity is inevitable when a therapist encounters a complex or unfamiliar case (Ladany, Walker, Pate-Carolan, & Evans, 2008, p. 51). This can be avoided by obtaining necessary training because possessing the necessary training to tolerate ambiguity helps the therapists perceive complex cases more desirably and interestingly (Ladany, Walker, Pate-Carolan, & Evans, 2008, p. 51). In occasions where ambiguity is inevitable, it is encouraged to avoid searching for answers. Instead, therapists should try to help the clients while acknowledging abstractions and uncertainty inherent to human beings (Kottler & Shepard, 2014, p. 16). Further, I could have enhanced the effectiveness of the counseling session by avoiding my rush to reach solutions. Instead, I could have observed her feelings without analyzing them. Through that the patient could be guided to have an “*aha*” moment; and that could help her immensely to manage trauma (Seber, 2013, p. 16). I also believe that I could have helped her to comprehend the impermanence of everything around us, and the importance of allowing pain to vent rather than trying to repress it. Avoiding such repression can improve grieving, and the constant anxiety that results from grieving can be stopped through the cessation of our intentions to control feelings (Clarke, 2015). I believe that I could have done as explained above to increase the quality of the discussed counseling session. Further, I plan on obtaining the necessary training to face such a situation in the future with much more confidence and experience.

4.3. A couple at the tug of war

Similar to the above two experiences, I encountered another situation that helped me learn more about psychotherapy. This time, it was a couple that sought marriage counseling, where both the wife and husband provided stories that contradicted each other. Their stories confused the therapist and me, but I had more empathy towards the wife as she was also diagnosed with depression. Unconsciously, I knew I was supporting the wife although I should have stayed impartial. I knew what I was doing was not ethically sound, but I felt that she needed more support because of her medical condition. According to my evaluation, I learned basic principles and dynamics in marriage counseling through this incident. The situation ended normally, but it taught me a valuable lesson on the importance of being impartial in counseling sessions.

As per the analysis I conducted about this situation, my lack of comprehension of the problem was a factor that hindered the success of the event. I could not make sense of the stories both the wife and husband expressed as they were contradictory to one another. With my minimal understanding, I unconsciously thought to support the wife over the husband. According to multiple textbooks I read, there is a tendency in men to avoid counseling sessions if they sense that the therapist is siding with their wives (Chang, 1996, p. 101). Thus, instead of choosing sides, I could have guided the couple to resolve their moral conflicts by showing them they possess the strength and capacity required to do so (Corey, 2013, p. 28). I could have gotten them to realize their capacity to shape the future. Therefore, in any upcoming sessions, I will attempt to make clients understand that counseling is not about finding answers; instead, I will motivate them to discover answers themselves creatively to resolve conflicting perspectives on matters of interest (Prins-Bakker, 1995, p. 135).

5. Discussion and conclusion

Every passing day I have noticed that each case teaches me an important lesson; each case helps me reconcile a personal conflict. This conflict at times is intellectual, moral, ethical, or even psychological. I always think of myself as a learner who has a window to observe a glimpse of reality. Through my window, I notice human struggles, suffering, and pain. Although not abundant, some days I see the joy and contentment in the eyes of people. Some days their narrations help me notice the essence of human experience, which is something utterly difficult to chunk down to a few words or phrases. I consider such experiences to be felt rather than reasoned. These are the hard-to-describe qualities of conscious experiences, also known as qualia. But, one thing I know for certain is my capacity to learn through these interactions. I become an observer of myself. This report is a culmination of such a careful observation in which I understood the nature of my thought processes, emotions, and feelings. I was able to locate some of my skill gaps so that I could further work to improve myself.

Through this introspective reflective report, I learned a variety of lessons. For instance, the case ‘inebriated monkhood’ portrays the dialectical nature akin to living. The priest who leads an abstemious life engages in an internal conflict of controlling temptation. In some sense, this case illustrates the complexities of human nature. The case ‘a mother’s loss’ further elaborates on the existential problems humans face throughout the span of our lives. Her experience is synonymous with the Buddhist teachings of impermanence where nothing prevails forever. Similarly, the third case, ‘a couple at the tug of war’ taught me the importance of impartiality. These are all excellent lessons I did not realize during my 80 hours of observation. I came across these valuable teachings during my time of reflection which certainly is a humbling experience. I find that these lessons help me notice how human agency works. Just like the therapist helps clients recognize their capacity to shape the future, the therapist themselves revisits their thoughts to exercise their sense of agency. This revisit to a specific experience is a conscious mental experience in which the therapist attempts to dissect the constituents that construct the experience. This process in that sense has some directedness towards a specific phenomenon and the observer tries to explore the phenomenon without any presuppositions. In that sense, this entire report is delivered with a phenomenological attitude instead of the commonly used natural attitude.

These learnings are further interpreted to understand the specific training I would need to further enhance the efficacy of my practice. For example, learning more philosophy to understand myself, being more present

during my sessions, experiencing more clinical hours, etc. are some of the key ways in which I can improve myself. I hope every other therapist who would read this report adopts a similar strategy to reflect and devise an action plan to improve themselves. Finally, I also hope that reflective reports will gain more recognition in the future to help social scientists lay some of the bricks to form the foundation for more rigorous scientific research.

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