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Promise and challenge in social work education

Kam-shing Yip

Reflectivity is crucial in social work practice, especially in working with clients with mental-health problems. Reflectivity enables social workers to actualize social work values within medicalized and institutionalized mental-health services. Reflectivity also enhances social workers’ sensitivity in catering for the needs of clients with mental-health problems. Without it, social workers may become bureaucratic and institutionalized in these particular services (Yip, 1995). The following quotation from a part-time social work student can show the importance of reflectivity.

I had been a front-line social worker for more than five years. Heavy workload welfare system made me feel exhausted. I needed to stop and reflect what I have done as well as what should I do. But in many occasions, case discussion in my office only stressed social control and accountability. I felt empty inside. However, teaching and learning strategies in this subject enabled me to regain my sense of professionalism. I have a feeling of re-constructing my ‘professional self’. I remember in the group seminar two, I had to pretend to be a mental patient in the community. This experience totally refreshed my sense of professionalism. I began to perceive, think and act with the standpoint of my client. This kind of refreshing encounter rekindles my vigor of being an empathetic professional.

In this article, the author describes his nine years’ experience in developing social work students’ reflectivity in social work practice with clients with mental illness.

Key words • clients with mental illness • mental-health practice • psychiatric social work • reflective social work • social work education
A review of concepts and theories of reflectivity


Practical reflectivity in social work practice

In this article, the author focuses on practical reflection. Schon (1983, 1987, 1993) described three levels of reflectivity: knowing in action, reflection in action and reflection on reflection in action. Reflection can be deeper and deeper, starting from being aware of one’s performance and continuing to critically assessing one’s ideology and beliefs behind one’s thinking and feeling in the action. Based on Habermas’s (1973) concept of knowledge, Mezirow (1981) describes the complexity of practical reflectivity. A professional
develops the consciousness of reflectivity from his or her own thinking, perceiving and acting. That is the professional’s self-awareness in the process of practice. S/he can be aware of his or her feeling (affective reflectivity), thinking (discriminative reflectivity) and performance (judgemental reflectivity) in the practice. Finally, the professional reaches a stage of critical reflectivity in his or her practice. S/he is critical about his or her own feeling and attitudes (psychic reflectivity), conceptual underpinning (conceptual reflectivity) and the systematic frame of his or her intervention (theoretical reflectivity) (Mezirow, 1981). Based on Mezirow’s (1981) and Schon’s (1987, 1993) theories, the author further conceptualized practical reflectivity in social work. It consists of four levels and three components in the process of practice:

Level 0: absence of reflectivity;
Level 1: basic practical reflectivity in which the worker begins to be aware of the needs of clients;
Level 2: reflectivity in action in which the worker begins to be conscious of his or her performance;
Level 3: critical practical reflectivity which is highly multidimensional, critical and interactive among workers’ own beliefs and backgrounds and clients’ own needs and backgrounds.

In each level, there are three components:

1. The feeling component: that is, the feeling, emotion and attitudes of the social worker and client in the intervention.
2. The thinking component: that is the cognition, the memory and rationality of the social worker and client in the intervention.
3. The doing component: that is the action, behaviors and performance of the social worker and client in the intervention.

**Developing students’ practical reflectivity**

*The subject: mental health and social work*

The subject was one of the elective subjects in the Bachelor of Social Work course in the Department of Applied Social Sciences in the Hong Kong Polytechnic University. The aims of this subject were to train social workers’ competence in handling clients with mental-health problems. It advocates social work practice within multi-disciplinary mental-health services settings.
Teaching and learning strategies
Students were encouraged to reflect, evaluate and integrate concepts and theories in social work practice with clients with mental problems. The author used strategies such as lectures and group seminars, action learning projects and case analysis to facilitate students’ learning. In lectures, the author presented related concepts and dilemmas in social work practice in mental-health services. In case analysis, students had to use related theories from other subjects in the social work course to analyze a recent suicidal case reported in the newspaper. In the action learning projects, students had to perform role-play in working with clients with mental problems. The role-plays were taped and were commented on by the tutor. In the group seminars, three or four students had to form a small group and perform a small-scale interview or exercise within actual community mental-health services. Students were required to present, share and discuss their findings with other students in the same seminar group, which consisted of 20 students.

Absence of reflectivity in mental-health practice
In the first lecture, students were encouraged to share their aims and objectives in taking this subject. Many of them disclosed that they wanted to learn something about the symptoms and treatment of mental illness. They thought that medical knowledge of classification, diagnosis and symptoms might help them to work with clients with mental illnesses. A few of them were aware of the importance of social work values and practice in psychiatric rehabilitation and the community integration of clients with mental illness. But their awareness was limited. Many of them still thought that mental illness was a bit mystical and could be only understood and treated with medical theories.

Developing basic reflectivity in mental-health practice
With basic reflectivity, the social worker in mental-health services is empathetic with and sensitive to clients’ needs and feelings. S/he tries to think and act according to clients’ needs and preference. In mental-health services, the social worker seeks to understand the needs and feelings of clients behind their symptoms and mental illness. S/he is also aware of the harmful effects of stigmatization and the social exclusion of mental patients in society. S/he learns how to maintain the humanistic orientation of social work practice when faced with the social-control oriented and institutionalized mental-health setting.
To develop students’ basic reflectivity in social work practice with clients with mental-health problems, the author used several teaching strategies. First, instead of teaching the subject content in a straightforward manner, the lectures enhanced students’ reflection with various dilemmas in actual practice. These dilemmas included:

1. social control as opposed to humanistic orientation in treatment and rehabilitation;
2. medical treatment as opposed to psychosocial intervention for clients with mental illness;
3. the role dilemmas of social workers in multidisciplinary settings.

Through teaching all these dilemmas and controversies, the social work orientation was anchored. Students began to learn how to maintain the social work values of humanistic, holistic and anti-oppressive social work orientation in working with clients with mental illness. Furthermore, in teaching the symptoms and etiologies of mental disorders, the lecturer tried to focus on the similarities of these symptoms to the thinking patterns of a normal person. For example, in the lecture, the author tried to describe hallucination and delusion in comparison with the experience in one’s dreams and fantasies. Gradually, students began to understand clients’ feelings and needs behind the symptoms of mental illness.

Developing reflectivity in action in mental-health practice

With reflectivity in action, the social worker in mental-health services is aware of his or her own attitudes, as well as the values of interventions in social work practice with clients with mental-health problems. S/he begins to be alert to his or her own limitations and strengths in understanding and intervention with clients with mental illness. S/he knows that his or her own attitudes, feelings and mood can affect his or her intervention with clients with mental illness. S/he is aware that his or her values and beliefs about mental health and mental illness can influence his or her perception of clients. S/he is aware that his or her decision and judgements in dealing with mental-health problems can affect the process of intervention with clients with mental illness.

To develop students’ reflectivity in action, in teaching this subject the author encouraged students to share their own perceptions, experiences and beliefs about mental health and mental illness. In the first lecture, the students were divided into several groups. Each group consisted of five or six people. They were required to
share their motivation in taking this subject as elective. They needed to share their own bias and perception of mental health and mental illness as well their own experience in dealing with clients with mental-health problems. After this initial sharing, in later lectures the author encouraged them to disclose their own experiences in stress and coping, mental health, mental illness, interventions and services in dealing with mental patients. For example, in teaching the symptoms of schizophrenia, the author encouraged students to understand hallucination and delusion by relating their dreams. In teaching the etiology of depression, the students were encouraged to share their expressions of anger and sadness in life and how they were accustomed to restrain their feelings or transcend hardships and sufferings. Gradually, the students began to be aware of how their own feelings, attitudes and experiences affected their own perception of mental illness in the process of intervention with clients with mental illness.

Developing critical practical reflectivity in mental health practice

In basic reflectivity, the social worker only reflects the clients’ needs, feelings and social contexts. In reflectivity in action, the worker reflects his or her own values, beliefs and background and its impact on intervention and practice. In critical practical reflectivity, the social worker in mental-health services tries to have a critical and dynamic reflection between himself or herself, the clients and the process of intervention, all together. S/he knows in what ways clients’ needs and feelings affect the choice and effect of intervention. S/he always knows how his or her values and belief affect his or her perceptions towards clients’ mental-health problems as well as the implementation of intervention. Finally, s/he is aware of how clients react to his or her intervention and perception.

The writer tried to develop students’ critical practical abilities in group seminars and in action learning projects.

Group seminars  Students were divided into four sub-groups, and members in each sub-group were required to prepare for the following seminars.

1. Students had to interview several Chinese adolescents, adults and elderly people in Hong Kong. Their stress and coping mechanisms were explored. Students had to analyze how these interviewees’ mental health and stress and coping mechanisms were influenced by Chinese culture.
2. Students wore patients’ uniforms and had to pretend that they were mental patients. They had to go shopping, have lunch in a restaurant, travel on public transport and wander in a park for a whole day. Their experiences were videotaped by another group of students. Then this tape was shared with other classmates in a seminar.

3. Students had to interview several chronic mental patients who had been mentally ill for 10 years. Their family background, medical history and ups and downs in the process of treatment and rehabilitation were explored. Students had to analyze in what ways these chronic mental patients were affected by the institutionalized mental-health services in Hong Kong.

4. Students had to interview several chronic mental patients and their family members. The plights of the family members in caring for the mental patients were examined. The aversive effects of family dynamics and problematic parent–child communication concerning the cause, onset and treatment of the mental illness were also explored.

Their findings were presented and discussed with other students in the group seminars. In the preparation, presentation and discussion of these seminars, the author tried to encourage students to understand the clients’ needs and burdens in family care-giving, institutionalization, stigmatization and the stress of coping of clients with mental-health problems. They were also encouraged to reflect their own perceptions on family care-giving, mental illness, stress and coping with clients with mental health problems. For example, in discussing family care-giving, the students usually discovered that similar to their clients, their family orientation was also influenced by the Chinese culture of faithfully taking care of relatives with mental-health problems. Then they had to discuss in what ways social work intervention could lighten the burden of family caregiving by working through the influence of this faithfulness on clients with mental illness and their family care-givers.

**Action learning projects** To facilitate students’ critical practical reflectivity, three action learning projects were designed, in which students had to perform a role-play of social work intervention in the following situations.

- Communicating with a patient with acute mental confusion in her own home.
Handling psychiatric emergencies of a mother with a major depression episode who was prepared to commit suicide with her children.

Running a group with residents in a psychiatric halfway house. In this group, the worker had to handle group members with manifestations of symptoms of various types of mental illnesses.

In these projects students were divided into three groups. One group was required to perform the role-play of social work intervention. The second group was required to tape this live demonstration and analyze their performance according to what they had learnt in the lectures. The third group was required to criticize the underlying assumptions of the comments from the second group. These action learning projects greatly enhanced students’ reflectivity in bridging the gaps between clients’ perceptions and workers’ orientations in the process of intervention. In this mutual criticism, the dynamics among professional perceptions, clients’ needs, contextual constraints and clients’ reactions to workers’ interventions in mental relapse, psychiatric emergencies and group activities were fully discussed.

Promise in social work education

The author had taught this subject for nine years, and feedback from students showed that the teaching strategies had encouraging results in developing their practical reflectivity in social work practice with clients with mental illness. In the last lecture, students had to complete a questionnaire with a set of questions, in order to collect their feedback about the teaching and learning. The results of questionnaires completed by students in the years 1999–2000 and 2000–1 were very encouraging. In these two academic years there were altogether about 95 Bachelor’s degree social work students taking this subject. Nearly all the students said that the teaching and learning strategies enhanced their reflectivity at various levels. For level 1, basic reflectivity, most students agreed or strongly agreed that this subject could improve their sensitivity (99%), their ability to analyze (98%) and their ability to intervene (99%) with the feelings and needs of clients with mental illness. For level 2, reflectivity in action, most students agreed or strongly agreed that this subject could improve their competence to evaluate their attitudes (96%), their values and beliefs (95%) and their intervention (94%) with clients with mental illness. For level 3, critical practical reflectivity, most students agreed or strongly agreed that this subject could
help them to have self-reflection about the influence of their personality, background and experience on their self-attitude (95%), their values and beliefs (94%) and their intervention (95%) with clients with mental illness. It seems that the teaching strategies had good potential to develop the practical reflectivity of students in social work practice with clients with mental illness.

**Challenges in social work education**

The author’s experience shows that the development of this practical reflectivity posed challenges to social work practice and education. First, practical reflectivity was an ongoing process. To facilitate its development, workers or students needed to have intellectual space to think and reflect on what they had done and learnt. Second, instead of focusing on how much a teacher had taught, it was better to focus on how much the students could learn, think and reflect. Third, practical reflectivity could not be achieved in an isolated manner: it was a mutually stimulating process among workers and students in forms of mutual self-disclosure, discussion and sharing. Fourth, practical reflectivity was not a come-and-go exercise; it needed intellectual warming up through certain critical points such as controversial situations or dilemmas. Finally, reflectivity was flexibility and multiplicity in thinking. Students and workers had to be, on the one hand, involved in intervention and action, and on the other, be aware of their personal feelings and thinking in action. The dual in-and-out process required them to be flexible and able to contain various perspectives in evaluating what they had done. They had to be both subjective and objective in practice and learning. Flexibility and multiplicity in thinking is by no means an easy path. In social work education, the lecturer had to be very cautious, sensitive and encouraging in loosening up the personal defense mechanisms of the students.

*Different tracks of reflectivity development*

It is interesting to note that students were quite various in developing their practical reflectivity. Generally speaking there were three different tracks in reflectivity development. These were the affective track, the cognitive track and the action track. Some students were more sensitive to clients and their own feelings. They tended to develop their practical reflectivity through affective tracks such as understanding clients’ feelings, emotions and affections in suffering,
plights and painful experiences. They tended to be empathetic with clients’ problems and situations by thinking how they themselves would feel under similar situations. They were more in tune with the change of feelings in the process of intervention. Some students were more rational. They tended to undergo reflection through cognitive tracks, such as rational discussion and vigorous critiques of various organizational, societal and interpersonal oppression towards clients with mental illness. They advocated for fairness, equality and rights for clients with mental illness in institutionalized and oppressed social systems. There were also students who were ‘doers’, reflecting through action tracks, such as actual role-plays of being a mental patient or a social worker in an action learning project. They were more interested in reflection through intervention practice within a context.

Conclusion

In this article the author has described his experiences in developing social work students’ reflectivity in social work practice with clients with mental illness. The effects of these teaching strategies were various. Some students could reach the level of basic reflectivity. They might be a bit reluctant to open up about their own perceptions, orientations and experiences of mental illness, especially their family background and past experiences. Some students might be faster than others in developing their practical reflectivity, especially those with actual working experience with clients with mental illness. Further research is needed to explore the processes and effects of teaching strategies in developing workers’ reflectivity in social work practice with clients with mental illness.

References


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