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# *“Ever tried, ever failed, no matter. Try again. Fail better.” (Samuel Beckett) – helping trainees put self-consciousness in its place*

Kate Daniels

A few years ago, a colleague and I were discussing some of the exercises and games we had developed in our teaching and supervision. Wouldn't it be a good idea, we thought, to put these all together into a kind of cookbook of exercises for trainers. In the last training issue of *Context*, there were a number of articles that started the ball rolling. Here below are ideas for using role-play in different ways to help create a context that enables trainees to explore their relationship to competence.

*On a very hot summers day in 1961, my mother drove me to a local town to sit a piano exam. We arrived to realise we should have been somewhere else, half an hour's drive away. We had 15 minutes to get there. We were going to be late. Looking back, this seems like an entirely inconsequential matter. You telephone. You arrive late, make your apologies and are hopefully accommodated to sit your exam. For a nine-year-old child who had spent the better part of the year coming to understand that the examining body, The Royal Academy of Music, was close to God in its state of higher authority, this was a catastrophe. My panic would have been huge but I couldn't register it. To speak it would have been to compound my mother's anxiety, and I must have realised my mother had her own fragilities. Responsible as she was for my safety and continued survival in an unsafe world, she had to be protected. So I sat in silence as we drove in the heat through country lanes. I smiled politely as I was passed to the examiner when we arrived at the exam centre, and I sat obediently at the piano full of apparent composure and started to play the required scales, arpeggios, Czerny exercises. Then, in the middle of a Handel piece – curious how I remember exactly that it was Handel – I froze. For what seemed like five full and awful minutes I sat without moving, my hands resting on the keys, staring at the music. None of it made sense to me. It was a language I failed utterly to recognise. I wasn't able to speak or to consider what was happening to me. The panic had risen to my throat and established a kind of catatonia in my mind and my whole body*

*At some point, the examiner must have said something: “Take your time”? And eventually I recovered myself and continued.*

*The event faded into family history. I passed the exam. The certificate sits in a trunk somewhere along with old school books and diaries. Nothing more needed to be said. The silent panic of a child sitting an exam in the Home Counties is as ephemeral as the haze that rose up from the road on that hot afternoon.*

*But, of course, it remained with me. It became one of those kernels of my life experience that my memory, like a squirrel, produces from time to time for examination under a new or different light. Inevitably it informed my work as a systemic clinician and trainer.*

How we hear and attend to the callings of our memory is the subject of much discussion around how personal professional development is facilitated for trainees. Curiously, little is talked

about in terms of personal professional development for experienced clinicians or those of us involved in training. Yet, the more I teach and organise trainings, the more the stories of my own learning leap up in front of me. It is connecting to these stories and making some sense of them that has encouraged me to think about ways of helping trainees with their own struggles to train as systemic clinicians.

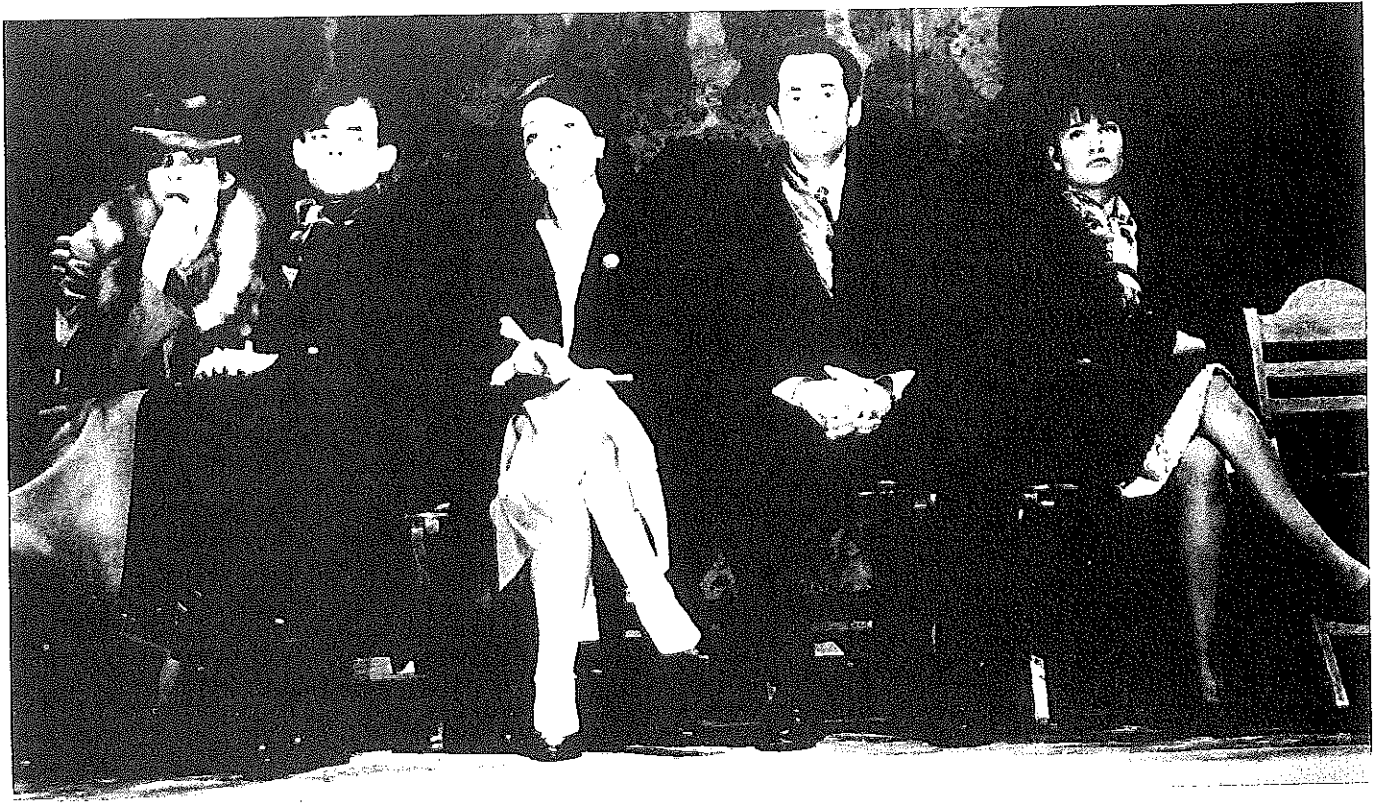
The story of my piano exam can be considered in a number of ways depending on where you focus the light, and the obvious – anxiety about performance under pressure – has been theorised widely. (Barrell, *et al.*, 1985; Nagel, 1990; Merritt *et al.*, 2001).

I am interested here in an aspect of the experience which is to do with self-consciousness, and the way ideas and injunctions about competence can create an atmosphere in which self-consciousness flourishes and gets in the way of trainees' ability to experience themselves as competent.

Systemic trainers aim to develop in trainees a construction of themselves as both observer and participant (Campbell, *et al.*, 1991). The consciousness of our selves and the attention to the dialogical possibilities this offers (Bakhtin, 1981) are, if you like, the root notes of ideas such as externalising (White, 1984) and reframing (Watzlawick, *et al.*, 1974). After all, trainers like therapists are a version of Marley's ghost. We walk trainees around their experiences, emotions, relationships, ideas and beliefs, and we invite them to notice and explore these from different angles and perspectives, taking into account multiple contexts, new information, developing new meanings and so gaining recourse to new insights and behaviours.

So, how do we hone this capacity to be in the moment whilst noticing, with new and curious eyes, all the detail of the moment without inviting the critical voices that turn consciousness of self into a paralysing self-consciousness? It is perhaps not surprising that I have drawn on the world of theatre and performance for some ideas to help me as a trainer. An actor has to tell a story whilst inhabiting these two positions. Actors need to engage authentically in the relationships, the interactions on stage, whilst being mindful of lines, moves, cues and, of course, the audience. And they do this in a context that exposes them hugely to criticism and to the potential public shame of being seen as incompetent. From the moment of the piano exam, my own life as a performer – a singer and actor – has been littered with excruciatingly embarrassing moments.

“Ever tried, ever failed, no matter. Try again. Fail better.” (Samuel Beckett) – helping trainees put self-consciousness in its place



Adopting the theatre metaphor significantly changed the reflecting team's way of working.  
(Kate Daniels – centre, with members of the cast in a national tour of Anthony Minghella play *A Little Like Drowning*)

In such businesses, where one is so exposed, it is inevitable and one learns how to survive. In this respect, the world of performing arts has ways of thinking about and working with self-consciousness that help performers, and at their heart is the attention paid to the quality of rehearsal. In our therapist/trainer version of rehearsal, we are inclined to lay great store by reflection. Trainees tend to treat 'reflection' as the *sine qua non* of good systemic practice: a totem that will ensure their success on a course. Actors are more inclined to action as a first strategy for working with or overcoming a difficulty or a block and then to review afterwards. The idea of rehearsal lends itself to action rather than deliberation, and it is this idea of what do you do that I want to pursue.

### Scene 1: A viewing room in the Tavistock Centre, about ten years ago

I am supervising some students doing a role-play to practise their interviewing skills. We are using an interviewing suite. In the darkened room a small group sits with me, observing their colleague through the screen working with a role-play family. They will each take it in turns to play the therapist. The mood of apprehension and anticipation is almost palpable. I recognise it. It reminds me of standing in the wings of the theatre waiting to go on stage. Threads of disembodied voices past and present can be heard whispering:

"What is the worst thing that could happen?"

"I could forget my lines and be covered in shame."

"I could freeze up and not be able to think of another question."

I recognise the incipient panic. The anxiety that won't be soothed by anything anyone can say. Maybe I should tell them to have their panic now, in the viewing room, before they go in to be the therapist?

"It's a dance of lead and follow; follow and lead."

"What if I lead them somewhere dangerous, or somewhere that causes more problems or damage?"

The parents are starting to talk with one child and another child is sitting silent and remote. Voices are becoming raised. The therapist is wondering how to hold onto the session and, in his efforts to engage with different family members and to muster some good systemic questions, he is acutely aware of us watching him from the other side of the screen. In his imagination, we have changed from supportive friends and colleagues to mocking, critical monsters.

Self-consciousness is an interesting term in the way it tends to assume critical observation, rather than appreciative observation. What I notice, as I watch the interview, is the way self-consciousness takes over the therapist's body, his voice and his posture, as he tries to appear composed and declare competence. He is rigid in his efforts to do things RIGHT and it reminds me of my nine-year-old self sitting at the piano trying to show people I knew what I was doing; Trying not to let anyone down by making a hopeless mess of things.

#### 1) Emphasise the 'play' in role-play

In the above scene, my trainees and I are in a rehearsal. It occurs to me that my first mistake is that I have set up this role-play as a serious practice of a serious thing without adequate preparation. The trainees doing the interviewing are performing caricatures of calm competence and freezing up because a whole important part of the rehearsal process has been denied them. They have had little chance to explore the space, the one-way screen and audience. They have had no opportunity to investigate these, to play with them imaginatively as a group until they feel familiar with them. I have offered them no affirming context in which to experience themselves like children as playful, foolish and creative so that they feel comfortable with these aspects of themselves and are happy to improvise. Play accommodates failure and affords an uncritical context in which to test out new ideas. Serious, weighty, rule-bound work is more confining. (Daniels, 2002; Williams, 1989)



Trainees boldly unwrapping themselves from their nerves

For actors, part of the rehearsal of any play involves actually playing. An important consideration is becoming familiar with the space one is occupying by playing in it, perhaps in a way that evokes the theme of the play. When I was playing Beatrice in Shakespeare's *Much Ado About Nothing*, a story in part about a couple who struggle to connect and instead tease and provoke each other. One of the first things Benedick and I had to do, once we were rehearsing on stage, was to play tag in costume around the complicated set. It made us laugh whilst we engaged with the theme in our relationship, and became acquainted with the space within which we were going to work. I have learned to play games with the trainees between the viewing and interviewing rooms: to get them to play imaginatively with the mirror and to use it boldly: to 'unwrap' themselves from their nerves in front of the mirror, or introduce the role-play family one at a time to the team in the other room, describing something interesting or nice or funny about each person they introduce before they start. I get the 'therapist' to phone through to the team to ask how they think he or she is doing so the one-way system becomes two-way and the process of formal and informal assessment becomes more of a transparent transaction in the moment.

### Scene 2: Same viewing room

To give everyone a chance to play the therapist, I call through to the trainee doing the interview and ask him to come out and another trainee prepares to take his place. We have all discussed the themes she is going to pick up with the family. She has probably written some helpful circular questions on her shirt cuff. She straightens her jumper, tucks her hair behind her ear and takes a deep breath. We all fix encouraging expressions to our faces and off she goes looking like she is going to her own execution.

*"Just be yourself."*

*"Which self? My professional systemic self is barely formed."*

**Context** December 2009

At one time, family therapy was more technique-driven, we had a formula, scripts to follow. Now it is not so straightforward.

*"She is only going to have a conversation with a family. Surely we all know how to talk to a group of people."*

*"But it isn't just a conversation. There are expectations of her. The family expect her to be helpful. You expect her to demonstrate her learning."*

*"But we have given her ideas to take into the room and we are here to help."*

*"She has no script, just a lot of ideas and injunctions that are only half-formed in her mind."*

The therapist sits down in the room and embarks on her interview. She starts off well and then begins to stumble. The family are taking her into areas for which she wasn't prepared. They are talking among themselves a lot and sound as though they are going to start arguing. She is worried about how to listen to them and how to intervene. She starts making long laboured statements. The family gawp.

### 2) Encourage the rehearsal of incompetence

One of the ideas developed by Watzlawick, *et al.* (1974) – "more of the same", whereby the attempted solution becomes the problem – is helpful to invoke when thinking about how we 'do' competence or manage our sense of incompetence. For me, aged nine, the highest organising principle was to convince those around me that I knew what I was doing so that no-one would be disappointed, ashamed or disturbed. The more I tried to look calm and competent, the more at risk I was of paralysis.

My trainee in the last scene started giving long insights and explanations to the family as a way of trying to reinforce her sense of competence and authority. It left her feeling disabled and the family confused.

In *Bad Therapy: A Training Technique* (Lang, 1980), Moshe Lang describes an experiment of getting trainees in a role-play to do bad therapy "make the family worse" because, he says: "[they

were] trying too hard to do good therapy”. “The license to be bad, provocative or devious”, he says “may release some unexpected creative process. Further, such license has great potential for stimulating new ideas and challenging some of the customary assumptions and habitual ways of thinking and working” (p. 102).

My version of Lang’s idea is to get trainees to do role-play interviews that purposefully incorporate the aspects of their interviewing style about which they feel most unhappy and to then get the role-play family to try to identify these apparent weaknesses. One might baldly call it: “Guess what I’m doing wrong”. Such is the drive towards developing or improving their clinical skills, the trainees sometimes look at me askance when I suggest this exercise. Then they do it and a few things can occur: Thinking about their ‘Achilles heels’ and doing the exercise can of course make them laugh.

Occasionally, the role-play family don’t recognise anything that jars in the interview, and the interviewer is pleasantly surprised to find what they thought was so evident and clumsy hasn’t been picked up. Sometimes, what the therapist thinks of as incompetence is noticed by the family or a family member as helpful. Sometimes, this feedback from the family generates new ideas for the therapist but, above all, in playing with incompetence in this way, they release it from its hothouse position in their head and so reduce its power (Carl Whittaker – personal communication).

It is always interesting to see what trainees consider a problem for them. Regularly, trainees will feel they either talk too much or too little, and some find when they try to ask circular questions they get tied up in knots with their convoluted syntax. Often, it is the personal communication style of the trainee therapist that makes them feel most self-conscious. One trainee felt embarrassed by the way he acknowledged what family members said by leaning forward and saying “OK” “Yes” “Ah ha” to everything he was being told. He felt he was being too affirming and leaving no space for other family members to chip in. The report back from ‘family members’ was that it felt engaging and encouraging of them to talk. Some trainees assume a protective physical posture and never move, regardless of what they are hearing. The Russian actor, teacher and theatre director, Constantin Stanislavski (1948), maintained that, for an actor to create a truthful expression of his or her character, any psychological action should be supported by physical action. The two work together. This is an important consideration for a therapist in terms of the way one chooses how to listen – how and whether to respond non-verbally to what one is hearing. An actor’s expression of anger might cause him or her to clutch at a chair. A therapist’s expression of sympathy might cause him or her to move forward in the chair. As I noticed with my first trainee, the over-riding rule of demonstrating competence by appearing composed can create a rigidity that undermines connection with the material one is hearing and absorbing.

### Scene 3: Same viewing room. Same role-play exercise

I want to interrupt the trainee to give her some help.

She needs to give herself permission to stop talking, to slow down and to acknowledge how she is feeling. If she could do this, it might free her up to think where she wants to go and what she wants to say.

I phone through:

“Start thinking out loud to yourself. Don’t worry about your colleagues playing the family. Say what you are feeling and what you think needs to be done or said and then work out, out loud, how you want to do it.”

She starts to do this, trying to direct her deliberations somewhere – to the screen, to the ceiling. She is not used to talking with herself in a room full of people. She is like a radio trying to tune into a channel. Gradually, she gets the hang of it. I see her beginning to relax. Now she is concentrating more on her deliberations and less on her audience and on the imperative that she should perform adequately for the family, for me and for the team. The dual characters of her self in the experience and herself as observer are in discussion. With these discussions outside her head, she can examine them – her feelings, her thoughts and her ideas – slowly. She can go through the process of deciding which of various options she chooses to follow and she can determine why she is making that choice. This process becomes more important than the delivery or the message (Rober, 1999).

### 3) Encourage trainees to talk aloud to themselves/the team as a way of tracking their process in the room

Tracking a process is often one of the most difficult things for a trainee to manage, given the information over-load of content, relationships, emotional levels in the room and scrutiny of team (Barratt, 2009). For trainees to learn to keep track of their own process in the midst of all this can be a helpful thing to rehearse in role-play. Here, I again borrow from the work of Stanislavski to offer a way of signposting a process of deliberation for trainees. Stanislavski studied the way distinguished performers prepared themselves for their roles, established their character, and calmed and focused themselves. He incorporated his findings into a system he created to help actors build their character. In his book *An Actor Prepares* (1948), he outlined this system. Today, actors and directors use it variously. My experience of it was with directors at the read-through stage of rehearsal when we were going through the text of the play. Using Stanislavski’s ideas, we were invited to examine our characters and collect as much information about them as we could, then to talk from their point of view in terms of three things: the way the script identified their ‘wants’ or various objectives (primary, secondary etc.), the obstacles to these objectives and, thirdly, the different ways they had of reaching the objectives. With regard to this, we had to identify in the text, the tools or methods that would help the character. ‘Actioning’ was what our character did to try to reach their objectives. At any point in a rehearsal when the interactions felt laboured, the acting became too demonstrably ‘acting’ or, when we just wanted to look at what we were doing, we would stop and refer back to these constructs in terms of the relationships between our characters and their ‘wants’.

A play, created as it is with a beginning, middle and end, holds no surprises for the actor. By the time they have worked their way through the play text, the actor knows the journey their character has to navigate. Not so the therapist with his or her clients. Part of a therapist’s task is to appreciate and work with serendipity – the messy happenstance of life, but



On the residential, Kate demonstrates to students the systemic art of levitation.

creating signposts for trainees affords them an opportunity to incorporate serendipity into their repertoire in the safe rehearsal space.

Below is an example of how 'actioning' might have looked in the scenario above:

- a) Primary objective: **I want** to engage well with the family.  
and  
Secondary objective: **I want** to get the family to stop all talking at once and to listen to each other.  
But
- b) Obstacle: **I am afraid** they will think me discourteous. Father already makes me feel nervous.
- c) Possible tools:
  - Insight into personal connection – *the way father sits with his arms folded across his chest reminds me of my father when he was angry. It used to make me feel scared and protective of my mother. When I was scared I used to talk a lot to distract him.*
  - Move conversation to another level – *talk about talking.*
  - Comment on my process to interrupt myself: *I have been talking a lot. Let me stop and ask you instead...*
  - Comment on their process: *You all sounded very engaged in discussing this. Is this how conversations go at home?*
  - Question to one person: *How does your (father, mother, brother, etc.) decide who to listen to when the conversation gets like this?*
  - Questions about talking: *How do you all decide in your family who talks (or when to talk) and who listens (or when to listen)?*
- d) Then decide on action – *Which course do I feel most able to take at*

*this stage and why?*

What I found in this exercise was that, instead of trying to gauge what I might be expecting of the trainees, by discussing their ideas out loud, they were able to examine and decide their own route, and so learned to make and trust their own judgements.

The exercise also worked as a resource insofar as the 'therapist' could, in speaking out loud, communicate their learning-edges or aspects of their own experience that might be relevant, but difficult to say directly to colleagues or supervisor in other situations. Of course, at the end of the deliberating process, trainees have, at times, leapt out of their seats and said, "I am just going to go and have a word with my colleagues". But, in itself, that becomes an informed decision – seeking advice is a good thing to model and respectful of the burden the family may feel they are carrying.

When I first began using this exercise with a training group, another thing happened: having been given permission to talk to themselves, trainees also started to talk with the team on the other side of the screen – calling out to declare frustration, asking myself and the team what to do, telling me I wasn't clear in an instruction, asking for someone to come in and help them. The boundaries between the two rooms broke down and the screen became more permeable. I liked this. It felt as though, in the role-play, my students had taken occupation of the theatre space – the darkened room and the stage – in a new way. The reverence for the families and the need to demonstrate competence had become almost incidental. In this state of playful anarchy – the world turned upside down – the trainees appeared to enter into

"Ever tried, ever failed, no matter. Try again. Fail better." (Samuel Beckett) – helping trainees put self-consciousness in its place

a new relationship with their learning, with their colleagues and with myself (Bakhtin, 1984).

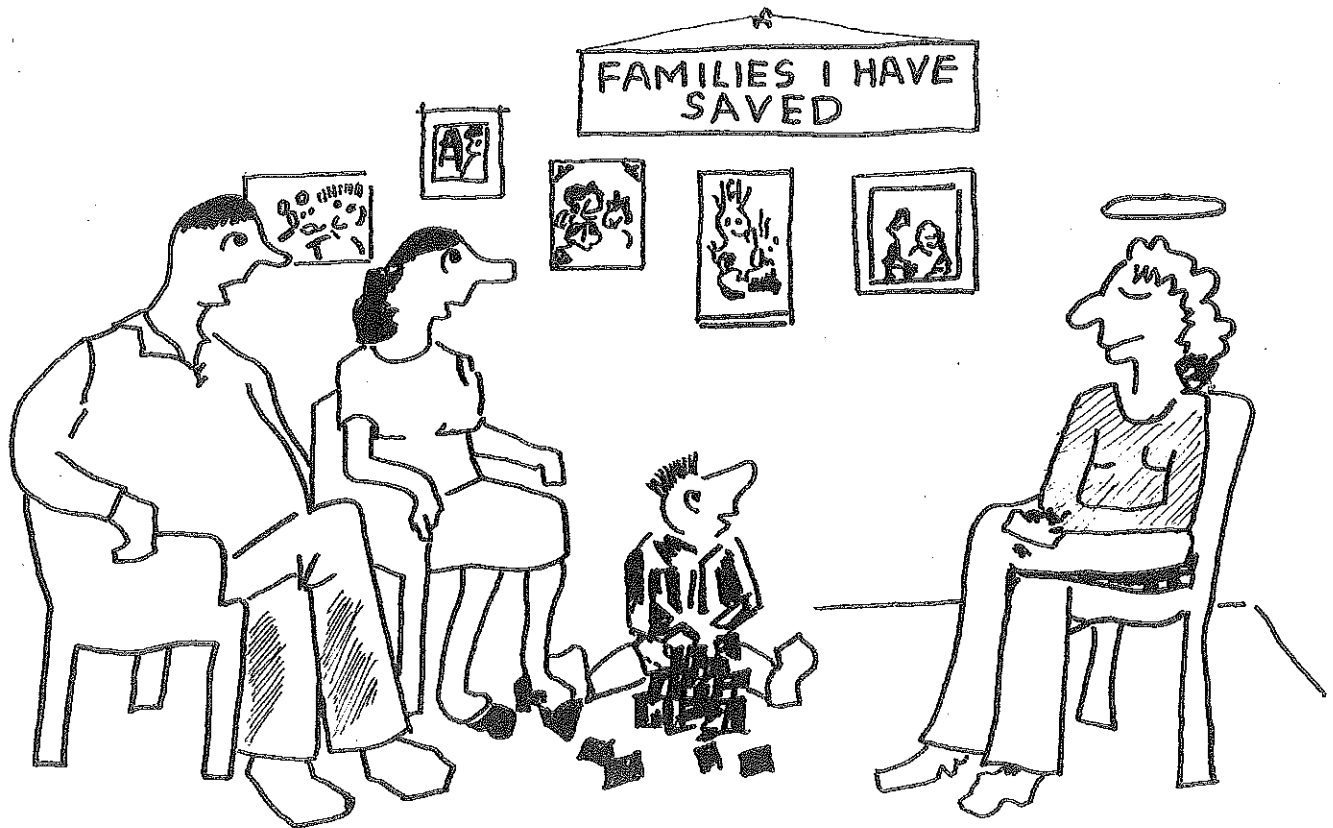
“The theatre is a place of possibility and enchantment... [it] can provide tools and a new vocabulary...the world of theatre encourages us to play and to be imaginative; with play and creativity come new perspectives” (Daniels, 2002).

You will realise by now that I believe, had my piano examiner all those years ago anticipated my nervousness and suggested that I play chopsticks with my knuckles before embarking on anything more serious, he might have forestalled my seizure of panic. In certain situations, critical self-consciousness still trips me up, and it is no doubt a reason that I am interested in thinking about family therapy training as an ongoing process that helps us, trainers as well as trainees, to understand ourselves and our relationship to competence, in a new and more enabling light.

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Trainees should resist the urge to become messianic

Kate Daniels