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The Resilient Clinician: How do Counselling Psychologists manage their fitness to practise?

By

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In memory of Mum

Declaration

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Amanda Hall

SECTION A: INTRODUCTION

Overview

This doctoral portfolio presents several pieces of work with the central theme of psychological resilience.

The standard view of resilience is that it is the ability to bounce back from adversity and setbacks and become a stronger person in the process. Resilience, this view suggests, is the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors. This view would suggest that the resilient person responds adaptively to changing circumstances and thrives in the face of continual challenges. However, it also implies that resilience is instantaneous, something that enables one to 'snap back' after encountering adversity. This view over simplifies the process of resilience and can lead one to think that someone either has it or they do not. However, an arguably more realistic view of resilience is that it means *coming back* as opposed to bouncing back. As Flach, in his 1997 book on resilience suggests, *coming back* can often involve a lot of struggle and emotional turmoil before a way forward is found out of someone's current difficulties.

As is seen above, definitions of resilience are varied: but empirical research shows that resilience is not a fixed trait of an individual; this means that when circumstances change, resilience alters. In addition, as outlined in the 2004 edition of the *American Psychologist*, resilience can be learned and cultivated by anyone. Indeed, recent research has shown that resilience is more common than has often been believed and that there are multiple and sometimes unexpected pathways to it.

Up until now, resilience research has focused on how individuals cope with life's inevitable adversities, with the aim of identifying and explicitly extracting what can be cultivated and taught as 'interventions'. For the most part, these interventions will be administered by a qualified mental health professional such as a Counselling Psychologist. Regardless of theoretical orientation, Counselling Psychologists are expected to adhere to a code of ethics that reinforces fitness to practise and, in doing so, act as self-reflective practitioners. However, a review of the literature would appear to suggest that Counselling Psychologists do not always follow their own interventions and assist themselves, instead relying on self-generated behaviours that may or may not aid recovery. Indeed, despite the expectations that are placed on them, very little is known about *how* Counselling Psychologists manage their fitness to practise. Very little extant literature documents or explains how Counselling Psychologists manage their fitness to practise outside of personal therapy and supervision contexts.

Many studies in the field of Counselling Psychology have been concerned with the impact of difficulties in practice, with very few studies exploring the successful resolution of adversity

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from the perspective of a Counselling Psychologist. For example, what is the experience of the Counselling Psychologist who has helped reduce the risk of an actively suicidal client? How do Counselling Psychologists contain their personal difficulties when working if they are experiencing a period of personal stress? What mechanisms do they have in place? If mechanisms do exist, can these be identified with a view to teaching them to other Counselling Psychologists in order to help prevent burnout? Many Counselling Psychologists appear to demonstrate a degree of resilience to adverse working conditions, personal difficulties or both. What is it about these Counselling Psychologists that enables them to continue their practice without significant impairment? Is it the psychologists' skill or experience, or is it a function of their personal characteristics? Is it primarily located in the Counselling Psychologist, the client or external circumstances, Schroder and Davies propose in in their 2004 study? How do they manage the demands that are often placed upon them by their profession? How do they process these experiences and what meaning do they give to events they perceive as stressful? How do they maintain their fitness to practise given the clear demands placed upon them? These questions remained largely unanswered in literature review, and it is for those reasons that I have chosen to focus my research on Counselling Psychologists' personal resources of resilience. In particular, this portfolio explores how they manage and maintain their fitness to practise. I wanted to investigate whether Counselling Psychologists have particular ways of ensuring their fitness to practise, and, if so, whether these ways could be made explicit. I approached this via semi-structured interviews, with the aim of deepening an understanding of what it takes to maintain a fitness to practise, and also to potentially influence the training of future Counselling Psychologists. This knowledge will contribute to the movement of Counselling Psychology and provide original insight into how those of us in training and professional practice manage and maintain our fitness to practise.

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This doctoral portfolio also aims to broaden and deepen our understanding of how Counselling Psychologists do what they do without significant impairment. The research question, and others that were born out of it, will be answered by exploring the lived experience of the Counselling Psychologist. The aim here is to gain insight into their practices, to access their personal accounts of self-management, and hopefully to help us see how we can cultivate a resilient mind-set, both as trainee and Chartered practitioners. Furthermore, I wanted to explore whether differences in terms of resilience existed between those of us in training and those of us already Chartered. What could we learn from one another, and what could potentially be given back to the Counselling Psychologist community?

In the spirit of reflexive research practice and transparency in line with the qualitative paradigm, I will now explain how I developed my interest in psychological resilience. As a first year doctoral student in Counselling Psychology, I was keen to understand how my peers and I would manage the demands placed upon us throughout our training. Clearly, supervision and personal therapy would play an essential role in self-care, but I wondered whether there were other resources that trainees and, indeed, chartered Counselling Psychologists, would use as part of their practice to maintain their emotional robustness. Discussions with lecturers had left me unsatisfied, and a thorough review of the literature only revealed particular difficulties in practising within the discipline of Clinical Psychology. Further studies of the British Psychological Society (BPS) guidelines and the Health Professionals Council (HPC) highlighted the need to maintain fitness to practise but did not

offer an explanation of how this is to be achieved. In the HPC's Standards of Proficiency document, section 1a.8 states that practitioners need to 'understand the obligation to maintain fitness to practise and be able to manage the physical, psychological and emotional impact of their practice'. Indeed, whilst this expectation exists, pathways to achieving it remain unclear. It is as if the process of becoming a Counselling Psychologist is enough in and of itself to provide all that is needed to maintain fitness to practise – and perhaps it is – but the literature review I conducted revealed that a study into this issue had not been conducted to date. I felt driven to understand how to maintain my fitness to practise. I wanted to know what it was going to take to ensure that I maintained my professionalism in terms of service delivery. Prior to training as a Counselling Psychologist, I had experience of working under duress, training hard for something, and achieving my goals, so I was curious to see whether there would be similarities in terms of preparation, focus and commitment in maintaining a consistency that would aid fitness to practise. More specifically, as a trainee, I was looking for a template, a guide to help prevent burnout, a code of practice if you will, that would ensure that all Counselling Psychologists prioritised their self care, were mindful of their limitations, and took action when they felt impaired. I also wanted Counselling Psychologists to be able to refer to a template derived from this study, which would offer guidance on how to maintain their fitness to practise.

In addition to my own experiences and expectations regarding how to manage the demands of training as a Counselling Psychologist, I also noted those of my peers. During my first and second years of training, I observed a number of behaviours amongst my peers. Namely: tearfulness, self reported levels of high anxiety and low mood, and a general feeling of stress. These responses appeared to be outside of the norms in terms of typical course pressure, for

example report deadlines, balancing work, assessments, etc.. Through discussion with my peers, we uncovered that there was 'something' inherently stressful about training to be in this particular profession. That 'something' could often be described as an uncomfortable and candid view into the self and one's personal limitations. Whilst these conversations are not the basis for this scholarly research, the reactions did lead me to believe, along with the comprehensive literature review outlined above, that this topic, how Counselling Psychologists maintain their fitness to practise, was worthy of investigation. This led me to question whether a sharper focus on cultivating a resilient mind-set, to maintain one's fitness to practise, could benefit trainees who needed to demonstrate a degree of emotional robustness, both on the course and on placement.

Because of my observations and my desire to know more, I conducted an in-depth, systematic review, which was an extension of the preliminary review outlined above, to see whether my questions could be answered. Unfortunately, no relevant information was revealed that was specifically related to resilience and fitness to practise amongst Counselling Psychologists. Indeed, studies of stress and coping in other disciplines within Psychology, and Clinical Psychology in particular, focused almost entirely on identifying established coping styles, and therefore failed to report the individuals' experience regarding positive, resilient, subjective, adaptive coping mechanisms. Furthermore, the word 'resilience' was rarely noted in the literature and there was no mention of how to cultivate, manage and maintain a fitness to practise within Counselling Psychology. What was gleaned from the literature review is that working with distressed individuals can indeed be distressing, and exposing oneself to others' emotional turmoil can often remind us of our own. It is clear that those of us working in the helping professions have developed ways of reducing their potentially negative impact. It is

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less clear how these ways were developed and to what extent others may exist that are yet to be articulated and understood. My literature review raised even more questions for me concerning how Counselling Psychologists can effectively and efficiently manage their own distress. How we can cultivate and maintain our fitness to practise, benefitting our clients and ourselves respectively? Through further discussions with my peers, I began to realise how important such findings could potentially be in terms of the selection and training of future Counselling Psychologists. I was also aware that such findings could benefit me by developing my self-care protocol to include cultivating a resilient mind-set.

This portfolio comprises of four sections: section A is this introduction, which provides a broad overview of the portfolio itself and demonstrates how each component of the portfolio is linked by the theme of resilience and cultivating fitness to practise. In Section B, I present an empirical research study that focuses on Counselling Psychologists' experiences of maintaining fitness to practise. Section C is the professional practice piece, which presents aspects of resilience from a client's perspective, and finally section D, the critical literature review, evaluates the resilience literature with the aim of understanding how the discipline of Counselling Psychology could benefit from its findings. I will now present a detailed summary of sections B, C, and D..

Section B: Research thesis

The research section of this portfolio is comprised of one empirical study, which was prompted by a gap that I identified in the literature. Prior to conducting this research, there did not appear to be an understanding of *how* Counselling Psychologists maintain their fitness

to practise, despite the fact that they are often exposed to potentially traumatic material, which could impair their ability to function. The study set out to explore Counselling Psychologists' narratives with the explicit aim of uncovering their personal resources of resilience.

Section C: Professional practice

In this section, I present a case study that focuses on the work I did with a depressed female client. I chose to present this particular case as I found it to be a key learning experience from both a personal and professional perspective. Moreover, this case highlighted the importance of cultivating resilience from both practitioner and client perspectives and speaks to the inherent challenges in this process. The case study explores these challenges in detail.

Section D: Critical review of the literature

In the words of Dr Martin Seligman and Dr Chris Peterson (2003) 'the best therapists do not merely heal damage; they help people identify and build their strengths'(p. 306). Research conducted into psychological resilience over the last decade appears to suggest that resilience is an 'ordinary magic' (Masten, 2001). But how can Counselling Psychology use the growing empirical evidence base to inform practice, and help clients not only manage their emotional distress, but also flourish in the face of it? Furthermore, how can Counselling Psychologists use this research to inform and develop their own self-care protocol? This review attempts to answer these questions and provides an overview of how this integration may be possible.

Summary and conclusion

I have found the process of conducting this research, reviewing the literature and reflecting on my client work hugely beneficial in terms of my personal and professional development.

The process has provided me with insight and knowledge into this topic, which has profoundly altered my clinical practice and my self-care protocol. It has been such a rewarding experience that it has permanently altered the relationship I have with myself, my profession, and, ultimately, with my clients. It has compounded my resolve to raise the profile of cultivating resilience in Counselling Psychology practitioners, with a view to maintaining our fitness to practise. To this end, I have already begun to share the findings with colleagues through lectures, and I fully intend to expand on this via conferences and publications.

SECTION B: THE RESILIENT CLINICIAN – HOW DO COUNSELLING PSYCHOLOGISTS MAINTAIN THEIR FITNESS TO PRACTISE?

Abstract

Background: Working with distressed individuals can be distressing. Research suggests that professional burnout and fatigue are commonplace amongst the caring professions. Extant literature rarely attends to how Counselling Psychologists manage the demands that are placed upon their capacity for resilience simply through their being Counselling Psychologists. More specifically, there has been little exploration into how Counselling Psychologists maintain their fitness to practise.

Aims: To explore the narratives of both chartered and trainee Counselling Psychologists with a view to broadening and deepening our understanding of personal resources of resilience and its impact on maintaining fitness to practise. To ultimately understand *how* Counselling Psychologists do what they do, and whether their processes of resilience can be extracted and taught both to those entering the profession for the first time and to those already in the profession.

Method: Data was gathered from six female Counselling Psychologists, three Chartered and three trainees. An Interpretative Phenomenological Analysis (IPA) approach was employed. Semi structured interviews were conducted and the data was analysed using IPA.

Findings: Five superordinate themes were *identified* from the preliminary themes, and these provided the primary conclusions for the study. The findings aligned with the review of the literature *and* with the qualitative data obtained through interviews with participants. The results also provided answers to the research questions guiding the study. The superordinate themes suggested several elements that contribute to resilience, related to becoming and being a Counselling Psychologist, as well as how fitness to practise is maintained. These included coping mechanisms, *a* sense of humour, the meaning given to 'stressful' events, and humility.

Conclusions: The study showed that there are a number of elements that assist in the development of a resilient mind-set *that* promotes fitness to practise, and that these elements,

now identified, could be taught to the profession as a way of cultivating and establishing emotional robustness. Limitations of the study are discussed and suggestions for future research *are* included.

Chapter 1: Introduction

The starting point – why this research and why now

The primary aim of this thesis is to contribute to a psychological understanding of *how* Counselling Psychologists manage the demands that are placed upon them simply through being Counselling Psychologists whilst maintaining their fitness to practise. This thesis charts an epistemological and methodological journey via the study of Counselling Psychologists, both chartered and still in training. Like many doctoral theses, its origin lies in the disjuncture between personal experience and academic knowledge. As a Counselling Psychologist in training, I was keen to understand how we master the art of managing ourselves in the context of our work. I viewed this 'management' as separate from personal development, as a review of the personal development literature revealed that there is no one agreed definition of what personal development is. This lack of a definition was problematic, in that I was unable to articulate the process of developing resilience as a practitioner. What was evident, however, was the tension in the literature between the views, on the one hand, that it is essential to define personal development concretely and specifically, and on the other hand that complete definitions of personal development must be created and constantly modified by individual trainees themselves. Understandably, this tension led to more questions than answers, and helped me realise that I wanted to understand not how we develop ourselves personally, although clearly that would play a part, but *how* we practise effectively whilst maintaining our fitness to practise. This interest was further heightened when it became apparent that a only very small part of the training of Counselling Psychologists in the UK focuses on 'self care', and that the professional outlets of Supervision and personal therapy are often deemed insufficient in developing a

comprehensive set of self management skills. In his illuminating study, Donati (2004) looked specifically at personal development in Counselling Psychology and Training. This study discovered that a large majority of Counselling Psychologist trainees were dissatisfied with their course provisions, thinking that personal development was not adequately defined or integrated in training that courses were too academic and not sufficiently experiential, and believing that improvements should be made to the way in which personal development is assessed during training and at selection.

This discovery convinced me of the potential value of this research for Counselling Psychologists. If, through my research, I was able to provide insight into the workings of trainee and Chartered Counselling Psychologists' practises, then perhaps this could provide a template for guiding self-care and cultivating resilience in order to promote effective practice.

Given the lack of research in this area, and the potential positive implications of knowledge that might result from it, including in selection of new Counselling Psychologists, changes in training, prioritising self care, and cultivating a resilient mind-set in Counselling Psychologists, I believed that developing an understanding of *how* Counselling Psychologists do what they do, avoiding significant impairment, was worthy of study. More importantly, the literature review, which will be discussed later in this chapter, revealed that there was indeed a gap in knowledge: it did not reveal the answers to my questions. To my knowledge, this type of research has not been conducted, or these questions fully answered, to date. It is my view that, because of this gap in knowledge, my research contributes something original to the field of Counselling Psychology, aiding our understanding of what it takes to be a resilient practitioner and offering guidance on how one can go about cultivating this as part of a self care protocol. My research questions are driven both by the lack of existing literature on how

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to cultivate and maintain one's resilience and fitness to practise, but also by a personal quest to find how I can attempt to protect myself from being damaged by the emotionally charged encounters we frequently experience in our profession.

In addition, my interest in the movement of Positive Psychology has fuelled my desire to use the empirical research that was being documented with a view to ultimately influencing the discipline of Counselling Psychology. The positive psychology movement has continued to contribute to our knowledge of what it means to lead well-led lives, to flourish as opposed to languishing, to be engaged and purposeful, to be rather than to do. I was curious to uncover whether lessons could be learnt from this discipline, and with skilful application, whether we could deliberately cultivate a resilient mind-set, which would potentially, have a positive influence on our professional practice, whilst enhancing our fitness to practise.

Counselling Psychology today

In addressing Counselling Psychology practice it is important to look at its origins. Below, I have provided a brief division, with a view to offering history and context. This is important in understanding the expectations of the profession on its members.

Counselling Psychology in the United Kingdom is of relatively recent origin. In 1982, the British Psychological Society (BPS) established a Counselling Psychology section, which became a special group in 1989 (Strawbridge and Woolfe, 2003). Since then, Counselling Psychology has continued to expand as a discipline and employment opportunities increase at a steady rate. A Counselling Psychologist can qualify by either completing a course accredited by the Training Committee in Counselling Psychology, or by being awarded a

diploma in Counselling Psychology by the Board of Examiners in Counselling Psychology. This is often known as the independent route because trainees construct their own portfolios. Either award permits the trainee to apply for Chartered Counselling Psychologist status within the BPS (Hammersley, 2003).

Counselling Psychology has been described as a branch of applied psychology concerned with the interplay between psychological principles and the counselling process (BPS, 2002). A distinguishing feature of Counselling Psychology is that it seeks to blend both the art and science of Counselling. It is therefore required that Counselling Psychologists align themselves with a 'scientist-practitioner' model, which stresses the importance of an empirical basis for theory and practice (Woolfe & Dryden, 1996). Whilst its origins are grounded in traditional views of science, it is also critical of them. Indeed, the discipline of Counselling Psychology rejects the idea that there is one objective 'truth' and as a result, embraces all of the traditional approaches to counselling: psychodynamic, cognitive-behavioural, and humanistic. The discipline views each of the traditional approaches as making a distinct and valuable contribution, and because of this, it has been described as representing a 'postmodern' view of counselling. However, although Counselling Psychology promotes a theoretically integrative approach, it also claims to be essentially rooted in the values of the humanistic tradition, and as such it views the client's individuality and subjectivity, the client-counsellor relationship, and the person of the counsellor as central to the therapeutic process (BPS, 2002).

Despite the rapid growth of the discipline of Counselling Psychology in the UK, specialist literature dedicated to this area has not yet become widespread, particularly in relation to its

distinctive approach to counselling practice and training. It is the aim of this thesis to make an original contribution to the specialist literature in the discipline of Counselling Psychology.

The BPS offers the following definition of Counselling Psychology:

Counselling Psychology: a definition

Counselling Psychology has developed as a branch of professional psychological practice strongly influenced by human science research as well as the principal psychotherapeutic traditions. Counselling Psychology draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology. It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship. These models seek:

1. To engage with subjectivity and intersubjectivity, values and beliefs;

2. To know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing;

3. To be practice led, with a research base grounded in professional practice values as well as professional artistry;

4. To recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of

society today.

Included in the professional practice guidelines is the practitioner's responsibility to self and clients, which is outlined in its entirety below:

Fitness to practise

Practitioners will:

- continually monitor and maintain an effective level of personal functioning;

i.e. should a practitioner feel unable to work effectively, he or she will seek advice from the supervisor or professional consultant. If necessary, the practitioner will withdraw for a time period considered appropriate;

- respond to concerns about the fitness of a colleague to practise safely. In order to safeguard both the client and the profession, they have a duty to discuss their concerns with their colleague or to share their concern with a senior colleague so that safe practice is maintained. The safety of the client is paramount;

- ensure that they hold adequate, professional indemnity insurance and maintain their personal safety;

- always seek to support clients' control over their lives and their ability to make appropriate decisions;

- be mindful of the power dynamics of the professional/client relationship;

- respect the diversity of beliefs and values held within society and will continually review their practice with due regard to changing societal norms;

- respect clients' autonomy. In view of the personal and often intense nature of the therapeutic relationship practitioners must actively avoid any exploitation of their clients financially, sexually, emotionally or in any other way.

The emphasis of this guidance, as can be seen, is mostly client focused which is understandable given our responsibilities to the profession, however, there is very little in terms of guidance on how to maintain our fitness to practise. In fact, the fitness to practise guidance only states that should the practitioner feel unable to perform their duties then they need to take appropriate action; time off, supervision, personal therapy, etc.. There is no guidance on *how* to develop the skills of self-care other than when training. Even then, there is little emphasis in training on how to develop an effective self-care protocol. In my own training for example, self-care was only discussed in our final year of study and even then it seemed to be more of an afterthought. It would appear that this attitude towards self-care is common in the helping professions, with very little focus on how to develop such skills. Indeed, given that our roles as professionals include helping clients become self-sufficient and 'therapist like' when tending to their own distress, it is ironic that we are not able to articulate such a plan of action in our own profession.

Of course, opportunities exist almost daily for trainees and chartered Counselling Psychologists to develop such practices. Our day-to-day work can allow us to develop some of these skills, including mindful practice, being fully present with the client, and bracketing our own material. Talking through our work with a supervisor can also provide relief, context

and perspective. Receiving personal therapy, too, can support us in our endeavours to be as client-focused as possible when providing therapy.

From my own perspective, I knew that work placements would certainly hold this opportunity for me, but I wondered whether there was anything I could be *doing* in the meantime in order to strengthen my emotional robustness. I was looking for a guide, a template that would enable me to follow the best practice of others, or, at least, carve out my own template based on my preferences and the knowledge of what works best for me. I knew that, in order to answer this question, I needed to explore the academic literature to find out more about this field. It may be that my question had already been asked and answered. However, I could not be sure until I had conducted a thorough review of the existing research.

In my quest for literature to address some of my preliminary research questions; how do Counselling Psychologists do what they do without impairment? Do Counselling Psychologists have unique or special ways of coping with their distress? What do Counselling Psychologists do to keep their wellbeing? I found very little that directly addressed the world of the Counselling Psychologist. I used many search terms, some of which can be seen below, although this list is not exhaustive; resilience, psychology, therapy, counselling, fitness to practise, coping, enhancing skills, stress management, therapist difficulties, overcoming therapeutic impasses. In addition, I looked at the following academic sites to see if literature existed; psychINFO, EBSCO, SSRN, Springerlink, to name but a few. I found little to answer my question, which led me to believe that if my research could answer

this question, the findings would make an original contribution to the discipline of Counselling Psychology, exposing how some practitioners maintain their fitness to practise. This is turn would shed light on an otherwise unarticulated subject area, and bring it to the fore when discussing aspects of our discipline. The findings of this research could potentially encourage our discipline to focus its energy on actively cultivating and generating a resilient mind-set to help practitioners withstand the pressures of our role.

I did not find research that directly answered my preliminary research questions which led me to believe that there was indeed a gap in the literature and that this question, if answered, could provide insight into the workings of Counselling Psychologists and contribute to the field of Counselling Psychology practice aiding resilience and robustness required for the profession.

Because my initial research questions were largely prompted by my own curiosity, I was keen to ensure that what I was looking for had not been asked in a different way by other research. To this end I explored the world of resilience. I discovered research that focused on temperament, and how this can determine one's reaction to stimuli. The research indicated that temperament seems to influence whether one becomes a risk-taker or is more cautious and reflective, suggesting that the promotion of resilience is influenced by each person's temperament. I paused to consider whether studying the temperament of my participants would help me to answer my question. After discussion with peers and my research director, it would not directly address the research question, only provide some view as to why they responded to stimuli one way and not another. Although this research was engaging, it did not

bring me any closer to answering my central question: how do Counselling Psychologists maintain their fitness to practise?

In addition to not asking or answering the research question, the existing research on temperament does not account for how these resilient traits are acquired. If an individual is resilient, how did they become this way? How often are they resilient and in what circumstances? Does it vary over time? Can it be taught? If the proposed research could provide an answer to those questions then it would make an original contribution to the field of Counselling Psychology by extending our knowledge and altering practise to ensure we prioritise our own care and highly as we do our clients.

Upon further exploration, I discovered the exemplary work of Grotberg (2001). Grotberg dedicated her career to learning about how people deal with the adversities of life, in particular how they *acquire* the ability to demonstrate resilience. I found this research particularly engaging as it cast light on how to cultivate resilience. Her research had several key findings, which are described below:

- Every resilient person was helped to become resilient; the majority of this help came from those around them. Over time, the ability to draw on inner strengths and social and problem-solving skills grew, which suggested that no one is born with these skills or inner strengths but that they are learnt and cultivated.

- The promotion of resilience is influenced by each person's temperament. For example, does a person need to manage impulsive behaviour when confronted with an

adversity? Different strategies and dynamics in the use of resilience factors are needed for different temperaments.

- Socioeconomic environment does *not* determine resilience.

- Many studies on resilience suggest that average or above average intelligence is necessary in order to be resilient. Edith Grotberg's study did *not* support this finding, stating that no single factor indicates resilience; rather, the dynamic interaction of several factors leads to resilience.

- There are gender differences in the development of resilience, with females drawing more on seeking help, sharing feelings and being sensitive to others as they face an adversity, with males being more pragmatic, focusing on the problem and the possible outcomes of various actions.

Grotberg's research certainly illuminated the conditions for developing resilience in individuals. It is a hopeful view, which encompasses the idea that resilience is indeed a learnt skill, one that can be mastered over time and in different contexts. However, that view may not necessarily be applicable to the helping professions. Firstly, we, as professionals, are charged with the responsibility of helping another person through their difficulties. Through our training, we have learnt to bracket off our own problems in order to be fully present with the client. But what if our problems are too great for us to work? What if we are continuously distracted in sessions by our own internal chatter? Is it resilience that we need in order to overcome these barriers? Supervision and personal therapy would certainly be the first steps for many practitioners should this occur, but what next? What resources do we use in order to help manage ourselves when we are not in the safety of supervision or therapy? Ultimately, it is our responsibility to maintain our fitness to practise, and we need to evolve a way of

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working to ensure that we can continue to be of service to our clients. In order for us to do that, we need to be capable of guiding and directing our clients on how best to maintain themselves when distressed. However, my initial research questions did little to uncover an answer. At what point does the researcher stop asking questions and begin to formulate the precise research question? I was aware that I was asking more questions, but I was also mindful of the fact that I needed to keep to the initial brief I set myself. With all the new ideas I was coming into contact with, it would have been easy for me to reformulate my question. However, I believed that each time I checked my origins, discovered the lack of research in this area and my desire to uncover more about fitness to practise in our profession, the more convinced I became that this was an important question, for if it could be answered, then it would provide insight into the workings of particular Counselling Psychologists that may be invaluable both to those entering the profession and those of us who are already part of the profession.

Whilst the development of resilient traits research was interesting and influential, I was still unable to find the answer to my question. To this end, I explored the research into the helping professions in general, which included psychotherapists, counsellors and therapists. I was unable to locate research specific to Counselling Psychology, but the findings were interesting nonetheless. The findings helped me to articulate further the need to answer my question, as well as strengthening the importance of the potential findings, the contribution they would potentially make to the discipline, and raising the profile of having an articulated self-care protocol.

Therapist difficulties: what the research says

After conducting a review of the literature to see whether my research question(s) had already been asked or answered, I turned my attention to literature on therapist difficulties. I believed that if I could examine what difficulties were experienced, I may also be able to see how these were resolved, which may shed light on how resolution was achieved.

Many of the accredited training courses available for becoming a Counselling Psychologist acknowledge the element of fitness to practise/emotional robustness and note that it is an intrinsic competency of this profession. It is assumed that emotional robustness will develop over the course of the professional training as no direct address is made to "teach" these skills. It is thought that, within supervision and personal therapy contexts, this development will organically mature over time. Emotional robustness is not a trait that is directly addressed, cultivated or actively monitored during training. Indeed, the responsibility lies to report any disruption in the ability to perform one's role firmly with a trainee Counselling Psychologist. It could be argued that this responsibility prepares trainees for the realities of the profession, but an active, directive approach to cultivating emotional robustness may result in a decrease in profession related stresses.

The BPS emphasises that it is the psychologist's duty, to 'maintain and develop their professional competence, to recognise and work within its limits and to identify and ameliorate factors which restrict it' (BPS, 2000, p. 1). Ethical practice requires the recognition of personal states and honesty in acknowledging impairment, albeit temporary (Shillito-Clark, 2003). It has been argued that there are inherent difficulties with working in the helping professions. For example, working with disturbed clients can be distressing, and

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the mental anguish of others can frequently remind us of our own issues. Counselling

Psychologists often attempt to overcome difficult emotions by attempting to understand them,

although very little research has been conducted into understanding the experience of these

difficulties (Schroder, 2004). Indeed, only a small number of studies have directly addressed

therapeutic difficulty. Using the critical incident technique, the cogent study of Plutchik,

Conte, and Karasu (1994) investigated those events, which created difficulties for therapists.

The limitation of the study was that it focused almost exclusively on behavioural descriptions

of those difficulties (e.g. physical discomfort), rather than the meanings that these events had

for the participants and their conclusion; were they resolved and if so, how? In a similarly

illuminating study, Torres (1983) looked at therapists' reactions to clients' anger as an

example of 'conscious counter transference'. This study was limited to doctoral students in

Psychology and had a focus on behavioural responses rather than uncovering the cognitive

processes inherent in responding. Supporting this theme of behavioural observation in

managing therapist difficult, Freedman, Lavender and Hoffenberg (1992) linked observable

body language with a verbal report of a 'difficult moment' in session, lending weight to the

notion that therapist difficulties play an important role in the psychotherapy process.

However, the focus of the study was on a particular interpersonal mechanism rather than the

meaning given to the difficulties experienced which would have significantly contributed to

our understanding of what is perceived as difficult in therapy and how one can resolve

difficulties inevitably encountered.

None of the above studies directly addresses how practitioner difficulties are resolved or what

practices psychologists use to help maintain their fitness to practise. Indeed, if the present

study could uncover how difficulties are resolved and offer insight into how this was done, by

uncovering these processes, the meanings attributed to these experiences and the personal accounts of what therapists do, then this would provide an original contribution to our understanding and offer a way of working which enhances fitness to practise.

One study which did attempt to uncover the experience of the practioner was the pioneering research conducted by Davis (1987). This study resulted in the development of a taxonomy of therapist difficulties was developed, based on phenomenological descriptions of therapist experience. This was constructed of ten categories labelled as 'Therapist feels…(a) incompetent, (b) damaging, (c) puzzled, (d) threatened, (e) out of rapport, (f) (hampered by) personal issues, (g) (distressed by) painful reality, (h) stuck, (i) thwarted, (j) moral/ethical dilemma'. This taxonomy was the first of its kind and was subsequently used in a survey with British psychotherapists. It was an important contribution to understanding what goes on behind the closed therapeutic door. However, no reliable predictors of difficulties were found, making it difficult for the research to be used in managing therapeutic challenges. However, these taxonomy categories formed the basis for a 20-item 'Difficulties in Practice' self-report scale, which has been used to support the notion that therapist difficulties might be located on a continuum, ranging from brief and passing problems, which are based on therapists' gaps in knowledge and experience, to enduring problems, based on an individual therapist's personal characteristics. Attempts to validate this notion have been unsuccessful. This has led to an alternative strategy of developing descriptive definitions of difficulty types and using these to classify of difficulty narratives. In a supplementary study, Schroder et al (2004), identified two discrete definitions: one for permanent difficulties, identified by competency deficits and labelled *transient*, and another one for enduring difficulties, thought to be idiosyncratic for therapists and labelled *paradigmatic*. Transient difficulties were defined as a lack of skills, more broadly as an insufficiency of theoretical knowledge or clinical comprehension, or more

inclusively as a shortage of accumulated therapeutic experience (Schroder and Davis, 2004). Paradigmatic difficulties were defined by their link to stable, distinctive personal attributes of the therapists describing them. This includes interpersonal qualities, such as therapists' personality traits or significant intrapsychic conflicts, and interpersonal features, such as fixed social response patterns or preferred interactional positions (Schroder and Davis, 2004).

Undoubtedly, the unique findings of Schroder and Davis (2004) provided insight into the way in which therapists experience difficulties arising in their practice. This study contributed to our knowledge on how such situations are experienced. However, whilst this is arguably valuable knowledge, I would strongly uphold that the next step is to understand what Counselling Psychologists *do* when faced with adversity, and what meaning they attribute to their ability to cope with such demands. I believed that the next step in increasing our knowledge is to explore and uncover how we manage our fitness to practise.

In order to develop our understanding of the meaning of challenging experiences, and what we do to manage the demands upon our capacity for resilience whilst maintaining our fitness to practise, we need to explore narratives of Counselling Psychologists. To my knowledge, this specific topic has not been dealt with before which is reflected in the lack of research outlined above. Thus, this research, if it meets its aims, will make an original contribution to the Counselling Psychology movement. In filling this gap, it will also make a difference to professional practice within this field by highlighting the importance of actively and purposefully cultivating a resilient mind-set, with a view to protecting and enhancing our fitness to practise.

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A view from positive psychology

Whilst many of the studies mentioned above have been concerned with the impact of difficulties in practice, very few studies have explored the successful resolution of adversity from a Counselling Psychologist's perspective. Perhaps this is because it is assumed that this resolution is the natural goal of our profession.

However, as is explored by the questions presented in Section A, many more themes need to be explored here. In addition, most of the research done in this area to date has focused on what happens when things go wrong in practice, and the experience of difficulty. In contrast, the movement of Positive Psychology has been concerned with 'what goes right' and how well individuals lead lives in the face of adversity. One aspect of the positive psychology movement is the study of psychological resilience. This concept is based on the premise that we all have the capacity to come back from adversity, and that there are specific interventions and skills that can be taught to increase our resilience.

Resilience literature

As can be seen above, very little research on managing ones fitness to practise as a Counselling Psychologist exists. Instead, the focus is predominately fixed on the area of practitioner difficulties. In order for me to further explore my research topic, I needed to look at literature that existed which discussed the resolution of difficulties. Here, I discovered the term 'psychological resilience'. Research has revealed that the roadblock to resilience is not genetics, or childhood experiences, or a lack of opportunity or wealth. However, Reivich and

Shatté (2002) have presented the evidence based argument that 'the principal obstacle to tapping into our inner strength lies with our cognitive [thinking] style … ways of looking at the world and interpreting events that every one of us develops from childhood' (Reivich & Shatté, 2002, p. 11). The research conducted in this study aims to uncover whether attitude is a contributory factor in managing ones fitness to practise. Similarly, research confirms an ancient truth, stated by the Stoic philosopher and patron saint of resilience, Epictetus: 'Remember this general truth, that it is we who squeeze ourselves, who put ourselves in difficulties. And, actually, it is our opinions that squeeze us and limit us' (quoted in Morris, 2004, p. 76). This statement, according to Long (2002), underscored a key Epictetan concept, that our views or opinions of events disturb us, not the events themselves, no matter what they are. Although events could make a considerable contribution to people's reactions, it is not a causal one, since people respond differently to the same event. Therefore, since events do not determine people's reactions, people are considered the ultimate arbiter of reactions (Long, 2002).

As such, as uncontrollable things happen in life, opinions and attitudes are within the person's control and can be changed if chosen. Grayling (2005) echoed the central importance of a person's attitudes and explicated that an attitude is very consequential, determining everything one does, from falling in love to voting for one candidate rather than another. Thus, if a person wanted to learn how to cope with current difficulties, he/she must focus on his/her attitudes to these difficulties (Grayling, 2005). If the research aims of this study are met the participants' attitude towards adversity will be present in their narratives.

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Essentially, what is under discussion is one's ability to respond to the inevitable adversities of life, a response frequently defined as resilience. In their seminal work Block and Block (1980), suggested resilience is characterised by flexibility in response to changing situational demands and an ability to bounce back from negative emotional experiences. However, disputing this idea, Flach (1997) suggested that a realistic resilience response may involve considerable emotional struggle and turmoil before a way forward is found. Notably, trait-resilient individuals experience positive emotions even in the midst of stressful events, which may explain their ability to rebound successfully despite adversity as outlined in the enlightening study by Tugade, Fredrickson, Feldman Barrett (2004). An additional explanatory study by Masten and Powell, (2003) argued that resilience is not a fixed trait of an individual and complementing this idea further, Rutter (1987) passionately argued that when circumstances change, resilience alters: by implication, anyone can learn and develop resilience (American Psychological Association, 2004).

Consequently, in the groundbreaking research of Connor and Zhang (2006), determinants of resilience were presented, including measurement and treatment responsiveness. They defined resilience as an 'ability to cope with stress', which varies with context, time, age, gender, and cultural origin (Connor and Zhang, 2006). They argued that resilience manages to shift the perspective from decreasing the negative to increasing the positive and encompasses many salient characteristics, including commitment, dynamism, humour in the face of adversity, patience, optimism, faith and altruism (Connor and Zhang). Their research focused on the potential implications for the treatment for disorders such as anxiety, depression and stress reactions, but cautioned that existing measures need to be validated transculturally. However, critically the paper failed to provide clarity on what resilience treatment would

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look like, and failed to offer guidance on the importance of neurobiological, genetic or temperamental determinants.

Given the apparent potential that resilience has to offer as a buffer to adverse life events, it is not surprising that recent research has focused on the relationship of resilience to personality, coping and psychiatric symptoms. In their primary study Campbell-sills, Cohan & Stein, (2006) looked at the relationship of resilience to personality traits, coping styles and psychiatric symptoms. Several measures were utilised, including the Connor-Davidson resilience scale, the NEO Five Factor inventory, the Coping Inventory for Stressful Situations and the Brief Symptom Inventory. The results of the study suggested that resilience can impact and influence coping styles and is associated with certain personality dimensions. Resilience was found to have a negative correlation with neuroticism, and a positive correlation with extraversion and conscientiousness (Campbell-Sills et al., 2006). Coping styles also predicted variance in resilience above and beyond the contributions of the above personality traits. Task-oriented coping was also positively related to resilience and thus mediated the relationship between conscientiousness and resilience. This finding would appear to compliment the concept of hardiness; constructed by Maddi (2006) in his insightful work which suggests that hardy individuals adopt an action-oriented coping style in the face of adversity. Interestingly, emotion-oriented coping was associated with low resilience, which would appear to support Seligman's view of our sometimes ineffective, natural tendency as human beings to focus on the negative as a way of attempting to reduce its intensity.

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In his review of resilience research to date, Rutter (2006) spoke of the implications of resilience concepts for scientific understanding. He argued that resilience is an 'interactive concept' referring to a relative resistance to environmental risk experiences, or overcoming stress or adversity. He states that resilience is different from the more traditional concepts of risk and protection because it focuses on the individuals' variations in response to comparable experiences (Rutter, 2006). Therefore, the research conducted in this area needs to focus on the individuals' *differences* to the comparable experiences, as well as the *causal processes* that they reflect, rather than on resilience as a general quality (Rutter, 2006). To overcome this challenge, and to accommodate the notion that resilience in relation to childhood adversities may stem from positive adult experiences, Rutter (2006) suggested that both a life-span trajectory approach and a combination of research strategies spanning psychosocial and biological methods are needed.

He surmised that there are five main implications of resilience research to date: (1) resistance to hazards may derive from controlled exposure to risk (rather than its avoidance); (2) resistance may derive from traits or circumstances that are without major effects in the absence of the relevant environmental hazards; (3) resistance may derive from physiological or psychological coping processes rather than external risk or protective factors; (4) delayed recovery may derive from 'turning point' experiences in adult life; and (5) resilience may be constrained by biological programming or the damaging effects of stress/adversity on neural structures (Rutter, 2006).

Similarly, the informative study of Lightsey (2006) attempted to resolve the confusion that currently permeates the resilience literature, by offering *psychological resilience* as a potential term. He argued that psychological resilience could be operationally defined as strength awareness – the belief that one can persevere or accomplish goal-relevant tasks across varied challenges and adverse situations (Lightsey, 2006). In this definition, Lightsey argued, psychological resilience would fit within social cognitive theory (Bandura, 1997) and be consistent with Beck's (1967) theory that, as negative schemata may exacerbate stressors, positive schemata or beliefs may buffer the effects of stressors. This conceptualisation would also, Lightsey argued, be a measurable and modifiable psychological mechanism that enables successful coping with adversity (Lightsey, 2006).

Psychological resilience could also be described as a broad or general sense of self-efficacy, which could fit with the hundreds of studies conducted that looked at self-efficacy, positive outcomes, and coping success by Bandura (1997). There is other evidence that suggests that a generalised belief in one's self-efficacy may be central to psychological resilience. In two wave-panel analyses, generalised self-efficacy predicted future self-esteem after controlling for earlier self-esteem. Self-esteem, however, did not predict future generalised self-efficacy after controlling for prior generalised self-efficacy (Lightsey, Burke, Ervin, Henderson and Yee, 2007).

It would appear that this definition of psychological resilience, as generalised self-efficacy, is consistent with the current literature on resilience and lends itself to increasing measurement precision, grounding resilience in a focal and empirically supported theory (Lightsey, 2006).

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Conclusion

Can we apply the same definition of resilience to Counselling Psychologists, in terms of how they manage the demands placed upon their professional and personal capacity? What enables Counselling Psychologists to maintain their fitness to practise? An extensive search of the literature suggests that this has not been investigated to date. The reason for examining this particular phenomenon, and the potential implications of such research, are now investigated.

Counselling Psychologists are expected to help themselves and self-support, but very little literature informs them of how to do that outside of personal therapy and supervision contexts, with the exception of one text, Norcross and Guy's 'Leaving it at the Office; A guide to psychotherapist self-care' (2007). In this text, the authors blend research literature, clinical wisdom and therapist experience to remind practitioners of the personal and professional need to tend to their own psychological health and to provide evidence-based interventions for practitioners to help themselves and to generate a positive message of growth and self-renewal.

However, the book does not examine the phenomenon of what the experience of managing the demands placed upon the Counselling Psychologists' capacity is like, or how best to address the issue of maintaining fitness to practise. The interventions proposed have been generated from questionnaires and surveys, and from observations of what went wrong, rather than from how Counselling Psychologists managed their experience and what went well.

This study seeks explore the narratives of Counselling Psychologists who manage the demands placed upon their capacity for resilience in both professional and personal contexts. Hazards of the caring profession are well documented, including professional burnout (see Aragones, 2001; Fortener, 1999; Hann, 1999; Kaden, 1999; Leiter, 2001; Maslach, 1982; and Wertz, 2001); the cost of caring (see Maslach, 1982 and Tehrani, 2007) and understanding vicarious traumatisation (Torres, 1993). To ensure that the work proposed here is not a replication, a detailed search strategy was conducted using some of the following resources; Psychinfo, Counselling Psychology Review, Therapy Today, Counselling Psychology Quarterly and Psycarticles Direct. The search criteria included some of the following words; Counselling Psychologist, psychology, resilience, flourishing, stress management, experience of stress, burnout, suicide, retirement, and change of career, vicarious traumatisation, languishing, fatigue, and depression. The exclusion criteria involved omitting any other profession outside Counselling Psychology. A review of the results was conducted, providing the overview of literature, which can be seen above.

As has been noted, the literature review revealed that few studies have been conducted looking specifically at *how* Counselling Psychologists do what they do without significant impairment and to my knowledge, no study exists that looks directly at *how* Counselling Psychologists manage their fitness to practise? This research question has been derived from critical engagement with the literature demonstrating a clear gap in research. Should the proposed study fulfil its aims, its results have the potential to change the landscape of Counselling Psychology as it stands today and for the next generation of Counselling

Psychologists. It could deepen knowledge of what it is to be a resilient therapist and how to maintain, cultivate and articulate a fitness to practise. It will pave the path for Counselling Psychologists to actively cultivate and tend to their own self protocol, ensuring their fitness to practise.

In conclusion, the exploration of how Counselling Psychologists do what they do without significant impairment was not addressed in the literature review. Furthermore, my exposure to additional literature addressing therapist difficulties and positive psychology, in particular, psychological resilience, led me to refine and define my research question to: "**How do Counselling Psychologist manage their fitness to practise?"** This question will be posed and answered at a later point in the thesis. I believe this question is in line with the principles of the IPA approach as outlined in Smith, Flowers and Larkin (2009), *Interpretative Phenomenological Analysis: Theory, Method and Research.* The research question focuses on people's experiences of particular phenomena; in this case Counselling Psychologists and their experience of *how* they manage their fitness to practice. This question also covers other focal points for IPA researchers; the perceptions and views of the participants. These trends reflect both the phenomenological and interpretative aspects of IPA.

To my knowledge, research of this nature has not been conducted to date that looks specifically at Counselling Psychologists and how they manage their fitness to practise. Understanding this phenomenon is important to the continued growth of our discipline. To ensure that we provide our best therapeutic selves and that we use the findings of this study to enhance our professional practise in Counselling Psychology. In turn this will aid those of us in training and already chartered to articulate and cultivate a professional robustness that serves our clients as well as our discipline.

Chapter 2: Methodology

Epistemology and rationale for methodology

At the outset of this research, I was clear about my methodological position: I was committed to addressing the questions I wanted to ask from a qualitative perspective. However, I was less clear about my epistemological position. My initial investigations led me to look at Grounded Theory as a possible method for answering my research questions. However, Grounded Theory left me feeling unsatisfied. With further development of my questions, I realised that my real focus was the lived experience of the individual and of *how* Counselling Psychologists manage their fitness to practice. The development of my research question was not without difficulty which is why I struggled initially to identify the most appropriate method of data collection. I had to frequently remind myself of what makes a "good" qualitative research question. To this end I referred to Willig (2001) who states that good qualitative research questions tend to be process oriented and typically ask *how* something happens rather than *what* happens. Furthermore my understanding of the qualitative research process helped me to be open to the possibility that my research question may have to change in order to ensure the validity of my findings. I had to remain mindful throughout this particular process and to remind myself of the words of Willig (2001 pg.21)

"strictly speaking there are no "right" or "wrong" methods. Rather, methods of data collection and analysis can be more or less appropriate to our research question"

Given this context I believe that the data collection technique, in this case semi-structured interviews, is appropriate to the research question in that it is looking specifically at a phenomenon without predicting what may be found whilst acknowledging the role of the researcher in the process.

Interpretative phenomenological analysis (IPA) (Smith, 1996) with its dual epistemological underpinnings of phenomenology and hermeneutic inquiry, held a certain resonance for me. Throughout this research process, I have been continually challenged to think about what IPA means by 'interpretative' and 'phenomenological'. This is an ongoing and developmental process, and I have grappled, and continue to grapple with, some difficult and complex ideas and concepts. Over the following pages, I will attempt to outline my current but dynamic epistemological standpoint, before expanding on the research design of this thesis.

Introduction to interpretative phenomenological analysis

IPA is a qualitative approach, which firmly places itself within the discipline of Psychology. It straddles both mainstream social cognition tradition and discursive psychology, whilst acknowledging the strengths and limitations of both approaches. IPA builds on strengths, emphasizing the meaning-making, interpretative, and constructive aspects of the person. It does this through a synthesis of ideas and concepts drawn from the phenomenological and hermeneutic traditions. This synthesis has led to the development of a distinctive qualitative psychological methodology and an analytic method that is idiographic, inductive and interrogative (Smith, 2004).

Introduction to phenomenology

Phenomenology is concerned with the way things appear to us in our subjective experience. The reality in which we live is experiential, and it is experienced through practical engagement with things and others in the world. It is inherently meaningful. The German philosopher Edmund Husserl's rallying call 'To the things themselves' *(Zu den Sachen)* expresses the phenomenological intention to describe how the world is formed and experienced through conscious acts.

For IPA, the 'things themselves' are lived experiences and our perceptions of our lived experiences. Just as important as the notion of the 'things themselves' is the German Philosopher Martin Heidegger's proposal that a human being is a *Dasein,* which literally means 'being there', however, it is most often referred to as 'Being-in-the-world' (Spinelli, 1989, p. 108). This Being-in-the-world dissolves the Cartesian dualism of subject/object or mind/body, because individuals are Being-in-the-world with things and with others. *Dasein* should not be thought of as a vast web of interconnected and interrelated discrete entities, connections and functions. Rather, it is much more accurately likened to a fabric. Being-in-the-world is a with-world *(Miitwelt)*: they are aspects of the same underlying whole or Being. It seems to me that Being-in-the-world is a concept that is worth grasping for any qualitative researcher concerned with describing and understanding the individual life that is 'world-involved' (Moran, 2000, p. 233).

The intrinsic mutuality and circularity evident in concepts such as *Dasein* and *Mittwelt,* and the outright rejection of Cartesian thinking, is pushed even further by the work of Maurice

Merleau-Ponty and his ideas on embodied existence. He believed that the body and the world are inseparable, and that they exist in a sort of interwoven tapestry: 'Our own body *(Le corps propre)* is in the world as the heart is in the organism; it keeps the visible spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system' (Merleau-Ponty, 1945/2004, p. 203).

This 'interweaving' (what Husserl calls *Verfiechiung)* is a difficult and ambiguous notion to comprehend. However, it is clear that, in Being-in-the-world, the body remains central.

IPA, with its starting point in the unique subjective experiences of the individual, inevitably attends to the body as it is lived and experienced in its world. However, alongside this is the acknowledgement of the historical situation: the fact that the individual life is bounded in a context. Context and lived experienced cannot be separated. Both phenomenology and IPA advocate something *beyond* a both-and position, arguing that there is no other way of understanding and interpreting the meaningful and significant world of *Dasein* than to hold lived experience and context together.

Despite this insight, the question remains: how does the researcher go about studying a *Dasein,* a human existence? It is clear that it cannot be approached directly and that attempts to reflect on what 'is' inevitably distort the phenomenon (Moran, 2000, p. 223). To study the individual life is to do so *through* a lens of cultural and socio-historical meanings. All we can do is examine what Heidegger calls the 'factical' existence, which means the experiences that appear to the individual in her/his own way:

''factical' *(faktisch)* and 'facticity' *(die Faktizitat).* . . express the particular, concrete, inescapably contingent, yet worldly, involved aspect of human existence in contrast to the 'factual' nature of inanimate existence' (Moran, 2000, p. 223).

In the above excerpt, Heidegger proposes a hermeneutics of factical life. This idea resonates with contemporary qualitative researchers who are keen to establish a mode of psychological inquiry that purports that reality for people is an experiential one. To this end, IPA explicitly attends to a 'hermeneutics of factical life' through a method which asserts that events and objects that we are directed towards intentionality are to be understood by investigating how they are experienced and given meaning by the individual.

IPA is one of several closely-related approaches described as phenomenological psychology (Smith, 2004). This can be seen in the work of Amadeo Giorgi (1985, 1995). Giorgi has argued for a psychology rooted in phenomenological philosophy, as opposed to a philosophy of science. As a direct result of this view, he has developed a phenomenological method called phenomenological analysis. This method attempts to expose the psychological essence of the phenomenon. Phenomenology seeks the psychological meanings that constitute the phenomenon through investigating and analysing lived examples of the phenomenon within the context of the participants' lives. (Giorgi & Giorgi, 2003, p. 27).

Given the exploration of the concept of phenomenology above, it would appear; at first glance at least, that IPA does not seem to share phenomenology's interest with the notion of essence. If we look directly at the Husserlian sense of universal essences or structures,

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focusing more on the diversity and variability of human experience, these differences become even more apparent. However, if essence is understood as the way in which a phenomenon reveals itself to the individual, in terms of its meanings and qualities (rather than some notion of fixed properties), then there is no reason why the study of essence cannot become part of IPA's endeavour.

From this standpoint, my understanding of psychological essence is that it should try to capture those aspects of the phenomenon without which it would not be what it is for the person experiencing it in the context of their life. This endeavour is a large and complex undertaking, but one that, if it is successful, can reveal 'the very detail of the individual… [bringing us] closer to significant aspects of a shared humanity.' (Smith, 2004, p. 43). The individual life is indeed personal and unique, and the quest to understand it can often help us to understand the lives of others, whilst at the same time illuminating the similarities and differences to our own lives.

Introduction to hermeneutics

Hermeneutics is the established name used to describe the skills of interpretation. This practice began with the interpretation of biblical texts and, during the Enlightenment, thinkers of the time set about systematizing this practice into a general method of understanding (Moran, 2000). Wilhelm Dilthey argued that hermeneutics should become the method for the human sciences. The goal of the method was understanding: the lived experience was to be the focus of investigation; the account or text was the objectification of lived experience; and understanding was the moment when 'life understands itself' (1976). Dilthey wanted to get as

close as possible to the other's experience without reducing it to one's own. These ideas influenced Heidegger's thinking around hermeneutics: hermeneutics is not simply a method, but the very nature of Being-in-the-world is hermeneutic (Moran, 2000).

Our understanding of an event or object is always mediated by an already-existing body of knowledge accrued from experience. Although this understanding is constrained by cultural context and historical specificity, because the human being is self-interpreting and self-understanding, the hermeneutic circle opens up rather than closing down the possibilities for new understandings.

IPA emphasises that grasping and illuminating the lived and experienced life are interpretative activities, which are familiar and human and need to be carried out empirically and systematically by the researcher. These activities are often described as a double hermeneutic, a dual process in which 'the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world' (Smith & Osborn, 2003, p. 51). 'Reality' as it appears to and is made meaningful for the individual, is what is of interest to the IPA researcher, and she/he recognizes her/his dynamic role in making sense of that reality. From this perspective, IPA can be seen as a method of hermeneutic phenomenology. It is descriptive, because it is concerned with how things appear and letting things speak for themselves, and interpretative, because it recognises that there is no such thing as the uninterpreted phenomenon. In the context of IPA, this is not a contradiction, because phenomena and lived experience are always and already meaningfully experienced by the individual.

A method for hermeneutic phenomenology: IPA

IPA has been described as contextual constructionist research, which is research 'based upon the assumption that all knowledge is necessarily contextual and standpoint dependent' (Willig, 2001, p. 145). Similar to other qualitative approaches, in particular discursive psychology and discourse analysis, IPA is critical of the way in which knowledge of human beings is acquired in mainstream psychology. However, unlike the discursive paradigm, IPA positions itself firmly within the discipline of psychology. IPA sees opportunities for a useful dialogue between the various traditions, which can contribute to and expand the debate on what constitutes a viable mode of inquiry for psychology.

Whilst IPA is critical of many of the dominant methodological and epistemological assumptions of the discipline of psychology, it challenges these from within by taking an interrogative stance to both its own findings and the findings published in psychological literature. One example of this is IPA's view on the cognitive revolution. IPA's standpoint is one of regret, in that the cognitive revolution led to a cognitive psychology of processing information, rather than a psychology whose core concern was meaning and making, as envisaged by Bruner (1990). Nevertheless, it prefers to question and dispute how cognition has been conceptualized than to dismiss it altogether. For example, Smith (1994) pointed to how social cognition and IPA share a concern with unravelling the relationship between what people think (cognition), say (account), and do (behaviour). This concern manifests itself differently both epistemologically and methodologically. Even so, this engagement has led to a body of empirical qualitative studies with wider ramifications for social policy (e.g.,

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Flowers, Duncan & Knusson, 2003; Flowers, Smith, Sheeran & Beail, 1997). More generally, IPA's alliance with phenomenological psychology and the traditions of phenomenological and hermeneutic philosophy make it a potentially useful contributor to recent trends in cognitive neuroscience and the study of consciousness (Chalmers, 1995; Gallagher, 1997, 2004).

In contrast to the nomothetic principles underlying most empirical psychological work, IPA is resolutely idiographic. IPA focuses on the particular rather than the universal, and this implies a shift from the centrality of establishing causal laws to a concern with understanding meaning in the individual life. For IPA, these two ways of acquiring knowledge do not require an either/or stance. Rather, it argues for (a) the intensive examination of the individual in her/his own right as an intrinsic part of psychology's remit, and (b) that the logical route to universal laws and structures is an idiographic-nomothetic one, as indicated by Harré:

'I would want to argue for a social science . . . which bases itself upon an essentially intensive design, and which works from an idiographic basis. Nevertheless such a science is aimed always at a cautious climb up the ladder of generality, seeking for universal structures but reaching them only by a painful, step by step approach. (Harré, 1979, p. 137).

From a practical perspective, IPA studies express their commitment to idiographic designs by the use of single person case studies (e.g. Smith, 1991; Weille, 2002). In addition, these studies attempt to do full justice to each individual in a study before attempting cross-case analysis at within and between levels. Not only does IPA study people idiographically, but it

also emphasises the strength of an open inductive approach to data collection and analysis, which has often been referred to as 'big Q' research (Kidder & Fine, 1987).

Qualitative research, including IPA, rejects hypotheses in favour of open-ended questions. The purpose of these questions is to generate, as a minimum, rich and detailed descriptions of the phenomenon under investigation. With IPA, it is possible to move beyond description and offer levels of interpretations based on analysis, as well as seeking explanations for the phenomenon. The categories of description, interpretation, and explanation can be vague and often merge into one another within the analytic process. However, to avoid this, a rule exists within IPA – arguably its only rule – and that is to remain grounded in the data. If this rule is adhered to, it should be possible to navigate back and forth through the raw data, moving from descriptive categories to cautious interpretation to more speculative and tentative readings. All of this can be embedded within psychological theories and concepts.

 In addition, the inductive nature of open questions and participant-led interviews, which characterises IPA studies, can often lead the receptive researcher into surprising and unanticipated arenas, bringing the unexpected to light.

Possible limitations of the IPA approach

In her 2001 book 'Introducing Qualitative Methods in Research', Carla Willig raises four issues with IPA's epistemological position: its reliance on the 'representational validity of language' (p. 63), the applicability of its method, its limited explanatory power, and whether

or not it is 'genuinely phenomenological' (p. 65). These criticisms are explored and briefly rebutted below.

IPA recognises that language shapes, rather than simply represents, lived experience, and acknowledges that an interview, for example, is a localised interaction that tells us about how a person talks about a particular experience. However, IPA's view is that this is only a snapshot of what is happening, arguing that an ongoing significance and degree of stability between accounts, thoughts and actions, as well as across interactions, also exist. Just because the same person can talk about an object or event in different ways at different times, it does not logically follow that this happens all of the time.

Second, Willig questions whether interviews are suitable for phenomenological analysis, suggesting that the method requires participants who are eloquent at self-expression, for example, individuals from the middle classes. In response, Smith (2004) suggests that 'the richness of the account is more likely to be associated with the importance of the experience discussed by the participant and the engagement they feel in the project' (p. 49).

Third, Willig suggests that IPA pays insufficient attention to explaining the origin of particular lived experiences, privileging description of them over examining the conditions that give rise to them. I would argue that the phenomenological aspect of IPA demands that it explains why one thing is experienced and not another. Moreover, it is debatable whether pure description is possible. Spinelli (1989) suggests that explanations run on a continuum from 'concrete descriptive' to 'abstract theoretical' (p. 18).

[54]

Finally, IPA is not incompatible with phenomenology for the following reasons: broadly speaking, phenomenological thinkers have long seen cognition as a central aspect of human existence. For example, Husserl was concerned with 'the experiences in which something comes to be grasped as known' (Moran, 2000, p. 108). In addition, from the perspective of IPA, cognitions are not isolated separate functions, but an aspect of Being-in-the-World. Like cognitive psychology, IPA gives cognition a central role, with the only difference being the way in which it is construed: it is more akin to how artificial intelligence theorists drawing on phenomenology talk of structural couplings in which 'Thinking is not detached reflection but part of our basic attitude to the world' (Mingers, 2001, p. 110).

In summary, IPA is both a methodological approach within qualitative psychology and a method for analysing qualitative data (Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003). It utilises insights from phenomenology and hermeneutic philosophy in a way that, if not wholly attractive to mainstream psychology, opens up a space for engaged debate and possible collaboration. IPA explicitly locates itself within psychology and its central aim is to contribute to psychological knowledge (Smith, 2004; Smith, Flowers & Osborn, 1996).

Research questions, design and pilot study

The empirical study in this thesis was guided by a set of research questions, whose explicit purpose was to open up the largely unexplored domain of Counselling Psychologists' personal resources of resilience, with a view to understanding *how* they manage their fitness to practise. These questions were generated by a small scale pilot study conducted using two

chartered Counselling Psychologists and two trainee Counselling Psychologists. The questions were:

1. What is the Counselling Psychologists' understanding of resilience?

2. What is the Counselling Psychologists' perception of the expectations of being a Counselling Psychologist?

3. What do Counselling Psychologists find stressful?

4. How has being a Counselling Psychologist impacted personal relationships with friends?

5. How has being a Counselling Psychologists impacted personal relationships with family members?

6. What are the characteristics of the relationship between Counselling Psychologist and their personal therapist?

7. What are the characteristics of the relationship between Counselling Psychologist and their Supervisor(s)?

8. How does the Counselling Psychologist respond to professional demands?

9. How does the Counselling Psychologist respond to private/personal demands?

10. What are the characteristics of a resilient Counselling Psychologist?

11. What factors affect an individual's decision to become a Counselling Psychologist?

From the outset, these questions were provisional and process oriented, designed to capture the lived experiences of the Counselling Psychologist and *how* they manage the demands placed upon their capacity for resilience. They were developed during the pilot stage in which I conducted four semi-structured interviews with two chartered and two non-chartered

Counselling Psychologists. Those questions remained the backdrop during the data collection process and I referred to them often to ensure that they were 'working' throughout the research process. The final set of research questions, which emerged from the pilot, can be seen in appendix F. The changes in the questions highlight the process of change during the research project itself. Flexibility, and trusting in the process to generate rich material, were essential characteristics.

My research training thus far had been largely quantitative and although my commitment was always to an explicitly qualitative thesis, I felt the need to carry this out within a design that was at least recognisable to quantitative researchers. Therefore, the research design also includes a comparison group, that of trainee Counselling Psychologists. The conviction that it was appropriate to be guided by the data was echoed by the developing strength and clarity of my epistemological and methodological positions, as outlined above. Thus, the design for the empirical work shifted to a small-scale in-depth study, which started with the analysis of each case before moving onto a cross-case analysis. Data collections for both studies were semi-structured interviews.

Recruitment and participants

The recruitment of the participants was driven by the initial comparative design. I drew up a set of clear criteria for comparative purposes: the Chartered Counselling Psychologists were to have English as a first language and to be at least three years post-chartership. There is very little literature that exists to determine how long out of training a chartered Counselling Psychologist needs to be to garner information on their self care practice. So I eventually

determined the three-year mark through discussion with peers, supervisors and colleagues. The trainee Counselling Psychologists were to be in their third or fourth year of training, as a consensus with my peers determined that this would be a suitable time for them to reflect on their experiences thus far.

I identified every chartered Counselling Psychologist on the BPS website and constructed a mailshot (see appendix a, b and c for explicit details) that went out to all of them. In addition, I identified the course administrator for the BPS accredited doctoral training programs in the UK for Counselling Psychologists, and requested their permission to circulate my research invitation. Further marketing activities included posters at each accredited site and the BPS forum for research. Although the student population is generally over-researched, I did receive a good response rate, with the final sample consisting of three female chartered Counselling Psychologists and three female trainee Counselling Psychologists, all in their final year of training.

Data collection

Kvale (1996) rightly says that methods are 'the way to the goal' (p. 278), the goal being the research question(s). This indicates that the choice of research methods is dictated by the questions being asked. My research questions explicitly addressed the meanings associated with managing the demands of this profession, and how their responses to the demands were implicated in their lived experiences. I wanted to know how the Counselling Psychologists experienced the demands, and what it felt like from where they were standing, under what conditions they experienced demand and how they responded – as far possible I wanted to

assume an 'insider's perspective' (Conrad, 1987). I therefore needed a flexible method, which gave experience a central place whilst recognising the multiple influences on any experience. Semi-structured interviewing and IPA seemed ideally suited to addressing these questions and concerns.

Interviewing is one of the most powerful and widely used tools of the qualitative researcher. It can be structured, semi-structured or unstructured in form. Structured interviews are standardised, inflexible and predetermined in nature (Fontana & Frey, 2000). The questions asked in a structured interview are designed to minimize variation so that responses can be easily categorized within a pre-established coding scheme. The interviewer asks each participant the same set of questions in the same order, aiming to leave nothing to chance. As such, with its emphasis on control, reliability and speed, this form of interviewing emulates the psychological experiment (Smith, 1995). Unstructured interviewing is at the other end of the spectrum. This is open-ended, in depth, and makes no attempt to limit the field of inquiry. Examples of unstructured interviews include ethnographic fieldwork and oral histories.

The semi-structured interview sits somewhere between structured and unstructured, and is the typical method for IPA (Smith, 2004). The semi-structured interview aims to provide an empirical description of the phenomenon under investigation. The researcher develops a set of questions that address the topic of interest and these are used to guide rather than dictate the course of the interview. If the participant opens up a new and interesting area of inquiry during the course of the interview, then this should be pursued. Unlike the structured interview, which treats participants as nameless respondents, the researcher using a semi-

structured format treats people as experiential experts of the topic under investigation (Smith & Osborn, 2003). The aim is to facilitate the creation of an account in a sensitive and empathic manner, recognising that the interview constitutes a human-to-human relationship (Fontana & Frey, 2000).

I wanted to obtain rich and detailed experiential accounts from the participants. In addition, I was interested in how they made sense of these events, and their biographical and contextual backdrop; semi-structured interviews seemed to encompass these aims. I developed a semi-structured interview schedule for the empirical studies in this thesis, which translated the broad research concerns into more specific issues (see appendix F). I aimed to be an active listener who brought multiple aspects of myself into the interview context in order 'to have an ongoing conversation about experience while simultaneously living in the moment.' (Hertz, 1997, p. viii).

As Smith, Flowers and Larkin (2009) note, interviewing is about 'learning in practice' (p. 63). During my interviews, I discovered that I was able to hone the skill of leaving my research world and entering my participants' world, thus coming round the hermeneutic circle. I worked to build a rapport with my participants before the interview began. I spoke with each of them at least once over the phone or face to face prior to the interview taking place. This interaction gave me an opportunity to use my interpersonal skills to put them at ease, answer any questions they might have, and to increase the likelihood of them trusting me throughout our time together. In many ways, my role as practitioner and interviewer were similar: whilst I was not delivering therapeutic interventions, I was signposting my

participants by asking a series of questions about their experience, similar to that of a

therapeutic assessment. I used my therapeutic skills of listening, compassion, active and

constructive responding to help build the rapport and to encourage a fluid and honest

dialogue, increasing my chances of capturing rich data to help me answer my research

question. In addition to this I was also mindful of the power dynamic present in the

interviews. My status as a trainee Counselling Psychologist was not lost on my participants

and often, conversations prior to the interview taking place, included brief discussion around

my studies and experiences. I was consciously aware that I was not an equal to the

participants but rather a conduit for the experiences they were willing to share with me. This

perspective reduced my anxiety considerably about interviewing and allowed me to be fully

present. However, this was not without its pitfalls as with a reduction in anxiety and an

increase in confidence in interviewing, when I reread the transcripts I noted instances of me

having reactions, observing and asking questions that seemed more in line with my

assumptions and expectations around what I might find. Whilst I am confident that I have

accurately captured the lived experiences of my participants and have demonstrated

prioritising the participants' subjective experience, I am also declaring how my execution of

the method shaped and framed what was ultimately found. All of my participants, without

exception, were open and non defensive, a reflection of my ability to use my skills to put

them at ease, the location of the interview (participants home) and the participants

willingness to give of themselves completely to the process, perhaps mirroring their

professional character.

Analysis: validity and credibility

The interviews were analysed using IPA because it is particularly well suited to fine grained and detailed analyses of emotional phenomena and the meaning-making activities surrounding human behaviour. IPA is not a prescriptive approach; rather it provides a set of flexible guidelines that can be adapted by individual researchers in light of their research aims. In brief, the analytic stages included (a) several close and detailed readings of the data to obtain a holistic perspective so that future interpretations stayed grounded within the participants' accounts; (b) initial themes were identified and organised into clusters and checked against the data; (c) themes were then condensed, and examined for connections between them; (d) a narrative account of the interplay between the interpretative activity of the researcher and the participants' account of their experience in their own words was produced (Smith, Flowers & Larkin, 2009).

The stages I used throughout the analysis are as follows, and were applied to the transcript for each participant: first, during transcription I kept a record of initial thoughts and comments, as I felt they might be useful to return to and check against later interpretations when I may be more immersed in the data; second, each transcription was read several times using line-by-line analysis of the experiential claims, concerns and understandings of each participant, and I used the left hand margin to make notes on anything that appeared significant and of interest. I anticipated that with each reading I would feel more 'wrapped up' in the data and, as predicted, I became more responsive to what was being said by the participants.

The third stage involved returning to the transcript afresh and using the right hand margin to transform initial notes and ideas into more specific themes or phrases, which called upon psychological concepts and abstractions. An example of this initial process can be seen in Box 1 below. This is taken from an early stage during the analysis process.

The above processes helped to guide me in conducting IPA. Perhaps one of the most daunting aspects of carrying out this type of research is the fact that there is no clear right or wrong method. As Smith, Flowers and Larkin (2005) point out, there are general guidelines that can be adhered to, but there is also flexibility with which the researcher can be creative when interpreting the data. As a first time qualitative researcher, I adhered almost exclusively to the guidance outlined above. This gave me comfort and reassurance but also flexibility to manoeuvre through the transcripts, building my trust in the process of interpretation that remains grounded in the data.

In Box 1 below, I have presented part of the original transcript and my initial exploratory comments.

Box 1. An example of transcript notation

Key: R=researcher P=participant

R: Okay, so do you think Counselling Psychology is a stressful career? P: I don't think that it is per se. I think training is stressful, but I think training for anything is stressful, and I think having to balance professional,	*I wanted to find out exactly what the participant felt about her role.* *Participant attributed most stress to the training itself, something that needed to be dealt with*

academic, research and personal life while you're training is the most stressful thing. However, I think Counselling Psychology as a career is not so stressful as long as you are good at containing your own anxieties about your personal and professional life...

R: Okay, so you don't believe that becoming a Counselling Psychologist is stressful in itself, it's much more about the training and the balancing of what's required whilst you're training?

P: Yeah. Obviously that's true for me. I think I have spent the last ten years or more working in this way, I've grown up working with people and their emotions so I guess I've grown my own coping skills to deal with that, so if I was then asked to go and work on the stock exchange that would be stressful!

R: Yes… so considering you've been in the field for ten years or so, would you say that being a Counselling Psychologist has affected your life?

P: Yes, definitely. Being a psychologist is very much who I am: it is an identity for me. If you're a psychologist it is something you cannot ignore. It changes the way people interact with you, friends, family, strangers. It has its costs and benefits but for

rather than something that could be changed. Instead she saw this as an opportunity to develop her own skills 'containing anxieties' Something perhaps she had experienced throughout her training. This idea that these stressful things were somehow within her control, she could adapt and respond positively to the stressful stimulus.

There is something about duration and the experience one gets from being in an environment for a period of time. Personal characteristics and skill? The element of endurance? The learning cycle in effect – working with those stressful things rather than against them. I wanted to know to what extent being a CP has affected her. Understandably, affect is inevitable. Interestingly, being a CP is something intrinsic almost, that it is her identity, one that she

me, it certainly has more benefits.	*cannot ignore or deny. An acceptance of who she is, her role and the way in which it alters her experience with others.*

After the exploratory comments, further steps were made. I examined linguistic comments, concerning myself with the language that participants used to describe particular experiences. Moving on from there, I began to look at conceptual comments, which are more interpretative, and involved me looking at the participants' overall understanding of the matters they were discussing. This was the most challenging aspect of the analysis for me. It took a huge amount of time, which included reflection and refinement of my ideas. I was also aware of my personal reflection that took place during the conceptual coding. When looking at the experiences of my participants, I could not discount my own experiences. Indeed, at times, sounding out my own perceptions and understanding helped to formulate the meaning of key events and processes for my participants.

In the fourth stage, I conducted a further reduction of the data by establishing connections between the preliminary themes and clustering them appropriately. These clusters were given a descriptive label (superordinate theme title), which would convey the conceptual nature of the themes therein. Smith (2004) suggests that researchers 'Imagine a magnet with some of the themes pulling others in and helping to make sense of them.' (p. 71). At this point, some of the themes were dropped because they do not fit well with the emerging structure and because they had a weak evidential base. Abstraction helped to identify the patterns between emergent themes and develop the 'super ordinate' theme. In addition, polarisation – examining transcripts for the oppositional relationships between emergent themes by focusing on differences instead of similarity – also aided this process. I also ensured that the themes were patterns that could be seen across cases. The master table of themes in the next chapter is representative of the themes for all six participants.

In the final stage, I produced a table that showed each superordinate theme and the themes that comprised it. In addition to my notes, I also made a brief illustrative data extract, which I positioned alongside each theme with identifying information such as interview and page number. I found this particularly helpful, as I was able to move back and forth between the various analytic stages, thus ensuring that the integrity of what the participant said was preserved as far as possible. Once I felt that some measure of gestalt (Smith, 2004) was reached for each participant, I conducted a cross-case analysis in order to produce a final table of superordinate themes that would represent the data set in its entirety. Analysis was continued into the formal process of writing up a narrative account of the interplay between the interpretative activity of the researcher and the participant's account of her experience in her own words. The aim was to provide a close textual *reading* of the participants' accounts, moving between description and different levels of interpretation, at all times clearly differentiating between them, and presenting enough data to enable the usefulness of the interpretations to be assessed.

Ethics

The empirical work in this thesis used the following ethical guidelines: informed consent, right to privacy and anonymity, protection from harm, and sensitivity and duty of care. Participants were given full and complete information about the research, and it was made clear that they had the right to withdraw at any time and request that their interviews be destroyed. All names and other identifying information were changed to protect the participants' identities. Throughout the interviews, I reminded the participants that they did

not have to answer all questions, and that if they were becoming distressed then the interview could be stopped or the tape recorder turned off. In the unlikely event of this happening, or a participant asking for advice, lists of independent support agencies were provided in the participation information pack (see appendix A). Throughout the data collection process, I was guided by Stake's statement that 'Qualitative researchers are guests in the private spaces of the world; their manners should be good and their code of ethics strict' (Stake, 2000, p. 447). Throughout the interviews I aimed to be respectful and responsive, using my interpersonal and therapeutic skills to help build rapport and encourage fluidity and honesty in our dialogue.

Chapter 3: Results

The purpose of this qualitative, interpretive phenomenological research was to explore the experiences and perceptions of Counselling Psychologists, and to contribute to a psychological understanding of how Counselling Psychologists manage the demands placed upon them, with a view to understanding how they maintain their fitness to practise. The research question was "How do Counselling Psychologists maintain their fitness to practise?" In this chapter I present the answer to that question, grounded in the data derived from six interviews with Counselling Psychologists about their perceptions, experiences, and challenges within their field.

The objective was to obtain data from the participants that would allow for conclusions regarding the perceptions of Counselling Psychologists about specific stressors and their ways of managing job-related stress. This chapter documents the methodical implementation of the data collection procedures and data analysis process using the interpretive phenomenological analysis method (Smith, 1996).

This begins with the data collection process. The chapter includes a review of the data coding and analysis procedure, and a presentation of the initial themes and clusters relevant to the research topic. Superordinate themes revealed through the analysis are then presented and discussed and address the perceptions of participants. The chapter concludes with a summary.

Data collection process

Six Counselling Psychologists who fulfilled the eligibility requirements were contacted and recruited for participation in this study. Eligibility requirements included that the Chartered Counselling Psychologists were to have English as a first language and to be three years post-chartership, and the trainee Counselling Psychologists were to be in their third or fourth year of training. Chartered Counselling Psychologists were identified via the BPS website and a mailshot (see appendix A, B and C) was sent to all Chartered Counselling Psychologists. In addition, with permission granted from the course administrator for the BPS accredited doctoral training programs in the UK for Counselling Psychologists, the research invitation was also circulated to doctoral students. Further marketing activities included posters at each accredited site and the BPS forum for research. A good response rate was achieved, providing for a sample of three female chartered Counselling Psychologists and three female trainee Counselling Psychologists, all in their final year of training.

Semi-structured interviews and IPA were used to address the research question. A semi-structured interview schedule was developed, which translated the broad research concerns into more specific issues (appendix F). The researcher scheduled a time to meet in a safe location with those that qualified for the study. Prior to the interview, the researcher provided each participant in the study with an informed consent form that indicated the purpose of the study, as well as the length of time for participation commitment. The interviewer also informed each participant that the interview would be audio taped.

Each interview took no more than one and a half hours, depending on the participant's willingness to share details. The researcher distinguished participants and their results from other participants by assigning an individual identification number to each participant, and related them to the digital voice recordings as necessary. The responses obtained during the interview process were transcribed upon completion of all the interviews, and the transcribed interviews were reviewed and compared to the recorded interview to ensure accuracy. Each participant received a copy of the interview transcript to ensure that the transcription was an accurate account of the participant, in terms of her thoughts and perceptions. Member-checking increased the validity of the study as suggested by Creswell (2005), allowing participants the opportunity to confirm that the information was accurate and complete. The data collected from each participant was placed in a secured and locked filing cabinet, and the researcher will retain the data for five years after the end of the study in accordance with good research practice guidelines. After this, the researcher will destroy the data.

Data coding and analysis

The interpretive phenomenological analysis process, as described by Smith (1996), includes four analytic stages. These stages include: (a) several close and detailed readings of the data to obtain a holistic perspective, (b) identification of initial themes, which are then organised into clusters and checked against the data, (c) condensing and examining of themes for connections between themes, with clusters, given a descriptive label (superordinate themes), and (d) a narrative account for each theme of the interplay between the interpretive activity of the researcher and the participants' account of their experience in their own words, which are used to convey the conceptual nature of the themes and represent the group as a whole.

As noted in Chapter Two, the preliminary analysis process generated preliminary themes, which were further clustered into superordinate themes, serving to represent the experiences and perceptions of the participants with regard to the experiences and challenges they face in terms of monitoring and managing their fitness to practise.

These themes are taken as a response to the following research questions:

Do you think Counselling Psychology is a stressful career? How has being a Counselling Psychologist affected your life in general? Does being a Counselling Psychologist affect your personal relationships? In what way? Have you ever experienced distress through your work? Do you think you are more, less or the same vulnerability to the effects of stress as your colleagues, why? Can you think of one or two incidents in which you became distressed, whilst working as a Counselling Psychologist – what happened? How did you react? Was there anything you consciously did to cope? If you do experience distress, what do you do to reduce or manage that? How do you know when you are stressed? What do you notice about yourself? What does the term 'resilience' mean to you? Do you think you have become more resilient in your psychology practice over time? If yes, in what way? If this was the perfect interview on uncovering personal resources of resilience, what question would I ask you? Imagine yourself as a trainee sitting in a chair opposite you now, what would you like to say to yourself? What did you think of that exercise? Is there anything more you would like to add that we haven't covered?

The initial stages of analysis resulted in the identification of a large number of preliminary themes. These were clustered into the following eight groups: : Personal characteristics,

Psychologically stressful career, Specific stressors of the job, Coping mechanisms, Elements of time and maturity, Effect on personal life, Description of resilience, and Looking back – what you would say to yourself as a trainee.

Interpretation of the data

This section presents how participants responded to the associated interview questions. In responding to the interview questions, the participants revealed their perceptions and experiences. This information allowed for the interpretation of the data as it relates to answering the research question(s).

When I analysed and interpreted my findings, I did so with the values and guidance of IPA in mind.

I now go on to examine each of the eight thematic clusters in more detail.

1. Personal characteristics

The first thematic cluster, personal characteristics, was determined by three primary themes that were common amongst my participants, (a) being an optimist, (b) having a tendency to be emotionally responsive, and (c) having a sense of humour. Additional elements of personal characteristics that were mentioned by my participants included the following: being someone who copes, being someone who looks for solutions, being a doer, having concerns with being 'good enough', believing that part of life is the down side, believing that certain people just have the right approach, being comfortable, noticing the difference between pre and post training self, not holding onto things, letting go, getting bored easily, being resilient prior to becoming or training to become a Counselling Psychologist, seeing themselves as

rational, knowing the impact of fatigue on their work (anxiety and an inability to switch off). All of these were generated from the thorough reading of the transcripts. In addition, as a practitioner myself, I was able to relate to the findings, whilst maintaining the balance of representing my participants and owning my own presuppositions.

For IPA, Husserl's the 'things themselves' are lived experiences and our perceptions of our lived experiences. Just as important as the 'things themselves' is the German Philosopher Martin Heidegger's proposal that a human being is a *Dasein*, which literally means 'being there', however, it is most often referred to as 'Being-in-the-world' (Spinelli, 1989, p. 108).

At this stage of the project, I brought to mind again Husserl's 'things themselves' and Heidegger's *Dasein*: our perceptions, our experiences, and our being in the world. These messages were always in my line of vision whilst I was conducting the research. I had several post-it notes with the sayings written on them, to help guide me through the process. It helped me to remain grounded in the data, to find my way back when I felt overwhelmed with information, to keep me focused on the goal, to find the answers to my research question: how do Counselling Psychologists manage their fitness to practise?

Half of the participants in the study noted that the important personal characteristics of optimism combined with a tendency to be emotionally responsive to others. One participant explained how she believes her optimism contributes to her ability to do the job:

> *I am an extraordinarily optimistic person. It does not mean I am not the most cynical*
>
> *person in the world, but I am very optimistic in general... I have a belief, a strong,*

automatic belief that people have good in them and that they will talk it out and that

they will get better...

I noticed the use of therapeutic language, in particular Cognitive Behavioural Therapy, when describing how they think about themselves. This discovery supports the idea revealed later in this chapter that participants see their roles as being part of their identity. Similarly, another participant noted how emotional responsiveness is elemental to performing the job at hand:

...because I find I'm quite a sponge for people's emotions and I don't know how to turn that off. However, at the same time, I'm not sure I want to turn it off because I don't think you could do this job if you weren't receptive to their feelings to some extent, you know? I think there's balance in all these levels. But yeah, I find that I quite strongly absorb other people's emotions.

This resonated with me as a practitioner, as I recognised those characteristics within myself. I noted these similarities in my research journal and realised that they gave me a sense of belonging and comfort, that I was experiencing the same as my participants. I was careful to note that the preliminary themes I was identifying were indeed coming from my participants' words and not my own personal biases and interpretations. My reflexive journal helped me to maintain that fine balance between representing my participants' experiences and interpreting them through the lens of a researcher whilst acknowledging my own presuppositions.

In the essence of IPA I reminded myself frequently of the goal of the analysis; to capture those aspects of the phenomenon without which it would not be what it is for the person experiencing it in the context of their life. As discussed in Chapter 2 this endeavour is a large and complex undertaking, but one that, if it is successful, can reveal 'the very detail of the

individual… [bringing us] closer to significant aspects of a shared humanity.' (Smith, 2004, p. 43). The individual life is indeed personal and unique, and the quest to understand it can often help us to understand the lives of others, whilst at the same time illuminating the similarities and differences to our own lives.

Two participants also noted that strong sense of humour contributed to their ability to continue to work in the field. One participant described the sense of humour as a way of coping with demands put on oneself. The participant noted that humour becomes '*vital for me*', particularly in coping with the expectations set forth in the process. Again, the use of humour resonated with me as a practitioner as I often used this as a tool to help protect an accurate perspective when experiencing a challenging situation.

2. Psychologically stressful career

The second thematic cluster, psychologically stressful career, consisted of two different views. These were: (a) a belief that yes, the career is stressful, and (b) a belief that no, the career is not really very stressful, or not any more stressful than other careers. Additional themes were highlighted, as follows: the potential for stress because the job takes you out of your comfort zone; being under pressure; the difference between the types of stress, e.g.. research stress is more physical whereas client work is more emotionally stressful; the type of client; and the acknowledgement that sometimes the work helps you to detach from your own problems but still drains your resources.

I recognised each of these themes as experiences I had had during my training. It was comforting to note the similarities between myself and my participants, and also the honesty with which they were sharing their experiences. Each of the participants was open and non-

defensive; they were honest about what they found difficult in their practice, and also in how they managed any distress they encountered. I believe that my ability to set them at ease, to be recognised as 'one of them', and my interpersonal skills, all helped to ensure this transparency in the interviews.

Interestingly, those expressing a belief in the stressful nature of the psychological work were matched in number by those expressing a belief that it is not really very stressful, or that it was only somewhat stressful, with only certain elements contributing to the stress. One participant immediately answered the question with *'most certainly, of course,'* whilst another agreed, but qualified it with a relation to the quantity of work needing to be done:

> *'Yes I think it depends on how much of it you do. It should not, I think, but I think there is an element of quantity to it, I mean with stresses... You know I think you could make it more or less stressful for yourself...'*

This statement spoke of the autonomy the participant felt she had. This would appear to be an example of an internal locus of control – she perceived herself as being able to change how much stress she experienced and when, by simply altering how much of the therapeutic work was done. This understanding helped me to see that we have far greater control over our experiences than we possibly know. We can actively choose to change our circumstances should we find them to be toxic, difficult, stressful, etc. This was an empowering rediscovery for me, one that also helped in the management of my research project.

Another participant noted that stress is not constant. This participant indicated, *'It comes in waves as well',* to refer to stresses brought by a particular case that requires greater demand compared to other cases.

Other participants argued that Counselling Psychology is not actually that stressful, and qualified that stress comes from getting a balance of your professional and personal lives. I wondered whether my status as an interviewer influenced some of the participants' responses. The participants knew that I too was a trainee Counselling Psychologist and perhaps did not want to appear to be vulnerable or unable to cope with the demands of the role when being asked by another professional. However, given how open they had been, I have little evidence to support this idea. In addition, there is no way of calculating how much my status influenced participants responses, but declaring it has made it a known factor that could be altering participant responses.

One participant stated:

> *I think having to balance professional, academic, research, personal life while you're doing the training is the most stressful thing, but I think Counselling Psychology as a career isn't stressful as long as you are good at kind of containing, I suppose, your own anxieties perhaps about professional life or personal life, but I don't think that would be any different in any other job particularly.*

Almost all of the participants, even if they stated that it was not particularly stressful, noted certain stressful circumstances. Indeed, almost all of them highlighted the important skill of bracketing off their own issues in order to focus exclusively on the client in therapy. Another example of specific role stressors can be seen below:

If anything stresses me, it perhaps is not being able to see patients sometimes as quickly as I would like to and what might be stressful as well is when I'm dealing with - I suppose emotionally stressful when I'm dealing with patients coming to the end of their lives but I don't think that per se my counselling part of my work is stressful.

The ability to articulate the problem and respond to it is a key skill that all of the participants noted. All of the participants were able to state clearly what they found stressful and felt able to deal with the problem, or at least able to identify someone who could help them to deal with the problem. This level of awareness may be aided by the very fact that my participants were Counselling Psychologists and that part of our role is to have an increased awareness of ourselves and others when encountering difficulties. This was certainly true of me when dealing with my own difficulties. I note my tendency to actively seek out those individuals who might be able to help me if I am unable to solve a problem myself.

3. Specific stressors

The third thematic cluster, specific stressors related to Counselling Psychology, was composed of six preliminary themes. This category dealt with the participants' perceptions of specific elements that induced greater stress in their work experiences. There were several key stressors in this cluster, including (a) the stressor of being responsible for someone's emotional wellbeing, (b) the combination of many tasks or roles (seeing clients, doing research, administrative tasks, etc.), (c) being personally touched by someone's distress/the emotional nature of the job, (d) element of quantity (depends on the amount to do), (e) when someone (client) dies or suicide attempts, and (f) working with sick or dying people. The following elements were also mentioned, but did not form part of the overall theme. These

included; dealing with the unexpected when it arose, the stress of training, and the urge to find answers to sometimes unanswerable questions.

Half the participants mentioned that having responsibility for someone's emotional well-being served as a stressor for them. For example, one participant noted, '...*it is the emotional content that I find quite stressful. It is in some way taking responsibility for somebody else's emotional wellbeing.*'

In addition, participants noted stress in the different roles they needed to perform. One participant noted the stress of these different roles in addition to the inherent stress of dealing with the clients' distress;

> *So it's the kind of combination of doing research, seeing clients, you know, everything else that's to do with it as well, all the admin, all of that, actually doing both those things. I find that the most draining thing is actually trying to put the different hats on for each of those things.*

Participants noted the stress of being personally touched by the distress of clients. Several participants shared specific and detailed examples of stressful experiences with clients. Two participants noted that it can be stressful when client circumstances closely resemble their own. In this way, one participant stated:

> *Well, I suppose...I suppose it's when you've got clients where there is a lot of similarity to you ... And you find yourself being drawn into a thought process, which is more about trying to keep your own emotions under control rather than thinking how am I helping this person?*

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Another participant provided a detailed example of a stressful situation with a client.

I was managing and nobody else within mental health services had any time for this client or was able to manage this client... I had one particular event whereby he had come in to see me... so I asked him to take a seat in the waiting room... He had become a small child that had been abused and that was very much kind of what was going on so I was thinking, you know, I needed to spend time to reengage with him and clear the area or make sure nobody else came in because it was just after lunch and somebody pushed the panic button, and so being a secondary mental health service, all the men came flying and just threw the situation in the air... that caused me stress and distress I guess because I was getting somewhere, I was grounding him, I was reconnecting with him, I was bringing him back, and then somebody, one of the guys antagonised him and he ended up lashing out and kicking this person and so consequently he was then on the floor in a locked position, restrained position and the police were called and I was in distress because he then thought it was me that had done it. So I would say probably that is the most extreme example in recent, fairly recent times.

4. Coping mechanisms

The fourth thematic cluster, coping mechanisms, was composed of four preliminary themes: (a) personal self care; (b) conscious separation/maintaining a separate core self, (c) use of social networks/talking with friends, family, or colleagues, and (d) face it and embrace it/don't keep things out, let it in. Other elements that made up the theme were as follows: allowing self to emotionally respond to things outside the therapy room: i.e. crying at movies,

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being aware that things may be difficult, reflecting on the processes involved in therapy, balancing responsibility, the therapists and the clients, replenishing oneself (tea, food, etc.), use of humour, leaving work at work, be at home when at home, actively seeking light-hearted entertainment, comedies, musicals, recognising and acknowledging one's own limitations, speaking to colleagues, spending time with family, staying with difficult issues, turning focus away from emotions to more intellectual concepts, trying to see the warning signs and nip them in the bud by taking a break and refocusing, surrounding yourself with support/supportive team.

Of the multitude of responses in terms of coping mechanisms provided by participants, the analysis revealed that two key themes were self-care and separation or containment of the client distress. All six of the participants described using some method of self-care as a means of coping with the job related stresses. For example, one participant suggested, '*I think personal care is a prerequisite.*' Similarly, another participant noted,

> '*I need to give myself a timeout really, take some time to kind of focus on me, think about it, read about it. If something makes sense in words, then I can normally do great.*'

The majority of participants also noted the practice of consciously compartmentalising client stress and isolating it from the core self. For example, one participant described,

> *I think I can contain what people give me to hold but it is still separate from me somehow. I have come to think over the years that Counselling Psychology is not something I do but it is something I am in a way, in my therapy... I think that is where a sense of personal robustness comes in really where I can, you know, I*

cannot articulate it properly. Just think of it as a sort of a vessel, a sort of a bucket

somewhere within me where I can put it. It is separate from me, but it is in a place

where it is theirs.

In the above excerpt, the participant articulates how much Counselling Psychology is a way of being for her. Most of the participants spoke about how the role was very much them now, that there was no separation, the role itself was vocational and that they spoke of experiences in their lives prior to becoming a Counselling Psychologist that meant they already inhabited the role of a listener and therapist in their social circles. Again, I noted the similarities between the participants' experience and my own. I too believe that my role as a Counselling Psychologist was *within* me prior to my training for the profession. However, I was conscious not to actively seek similarities between myself and the participants but to the let the themes emerge from the data whilst acknowledging my position as researcher. This became increasingly challenging but the use of my reflexive journal (addressed later in this chapter) worked towards helping me keep as objective as possible during the process.

Another participant described this compartmentalisation as

'*Something about maintaining a core of yourself which remains uncontaminated*

somehow by the natural distress which is thrown at you.'

In this way, participants described being able to emotionally connect with clients, rather than trying to avoid that emotional connection. This was described by one participant as a 'face it and embrace it' mentality;

[83]

Embrace it if you like and sort of kind of try to observe if you like it and feel it... not

be frightened of that, I suppose that's the thing. Face it! Don't be frightened of it

because if you are frightened of it, it will get even more frightening!

Finally, some participants noted the importance of the utilisation of social networks in terms of talking it out with friends, family, and/or colleagues. Using this strategy, the participants expressed the ability to stick with a situation. For example, one participant explained:

'I stayed in the situation. I stayed talking. I stayed trying to ground him...I felt that the

best thing I could do for this guy was to stay there... Yeah, and I think it was very

much about talking about my anger at what happened and how the situation had been

handled, that I wasn't going to desert him just because he had a bad day.'

This theme includes the perceived advantages of a supportive team, as one participant suggested,

'I think the most important thing is actually the team I'm working with and the people

around me whether they're supportive or not.'

5. Elements of time and maturity

The fifth thematic cluster, elements of time and maturity, consisted of three themes that were revealed in the analysis. These themes included: (a) learned and built resilience over time with increased life and career experiences, (b) being more resilient over time because of a difference in understanding people's perspectives, and (c) pursuit of perfection among trainees and the fear that will have a bad effect. The overwhelming theme in this cluster is that resilience is built up over time, whether from general or work-related experiences or the development of greater understanding.

To illustrate the concept of learned resilience over time, one participant suggested that their resilience:

> '...*was born out over time that this was through experience and... an extension of your own knowledge of yourself, and the experiences that you have had with clients and also life experience.*'

This was expressed similarly by another participant, who noted the difference from early in her career until the present time:

> *So I was brittle, you know, I was anxious and slightly buttoned up, probably technically, a better psychologist than I am now in terms of having the knowledge at my fingertips... I feel much more pliable, much more flexible, much more resilient and robust in terms of creativity in my own work. Creativity in a way I think about managing distresses, much more laid back in terms of competence I think.*

Finally, one participant stated,

> '*I think I have developed that tolerance. That has developed over the years and I think that I am probably much more forgiving of myself and I bounce back much quicker.*'

6. The job's effect on personal life

The job's effect of personal life served as the sixth thematic cluster, which was comprised of seven preliminary themes. These themes included (a) living the practice/what I am/practising what preach, (b) how relationships with friends/personal identity changed within social groups, (c) how it affects relationship with family (spouse and children), (c) being less

judgmental and understanding people's perspectives, (d) being affected mainly in a positive way, (e) significantly/ very much affected, (f) sometimes negatively affected, in terms of analysing others & speaking too freely, and (g) effects on one's philosophies of life; helps to clarify priorities. The critical themes in this cluster are firstly living the practice and secondly the effects on personal relationships.

Examples from the text of the participants demonstrate the idea of 'living the practice'. One participant described this as:

> *'I personally feel that it's more than a job. Once you have been trained and once you thought about these issues and you are going through those thought processes and academic debates and so on, it's almost like reading, you know. When you can read you can't not read! And if you've been trained to try and not be judgmental, to try and understand people's perspective, to try and look at alternative, you can't put that aside just because you're not at work.'*

Along similar lines, another participant described being a Counselling Psychologist as part of who she is, rather than just a job,

> *'So, what I mean about a Counselling Psychologist is something I am. It is not something I walk away from and leave at the office so to speak.'*

The majority of participants also noted that being a Counselling Psychologist affects personal relationships with family and friends. One of the participants indicated that the Counselling Psychology is hardly practised during personal circumstances. However, one participant noted that counselling practice provides learning that aids the growth of personal relationships.

7. Descriptions of resilience

The seventh thematic cluster, descriptions of resilience, consisted of a single key theme that was revealed through the analysis. The theme demonstrated a perception of resilience as being able to continue, to connect emotionally, to bounce back without breaking and to remain focused. In essence, the majority of the participants perceived resilience as a flexibility to cope with the stresses of the work and to continue despite these stresses.

In addition, participants described what they perceived resilience to be made of or stem from. The responses generated included the ability to think flexibly (outside the box), being assertive, being comfortable with oneself, being part of a community, having confidence, having courage, being educated, have hope, having a skill or natural talent that is partly innate and partly developed or learned, having perceived control, and being able to see a broad picture.

To illustrate the themes within this cluster, participants suggested that resilience means that one has means to bounce back after having encountered or experienced a stressor. One participant suggested several facets of resilience and what it encompasses. The participant indicated that the profession prepares Counselling Psychologists to connect with people and listen to various forms of stress. The participant noted that daily activities taught them to become resilient in many clients' stresses. The participant emphasised that resilience is:

> *'a kind of defence to just kind of cut off... it's just coping, especially if you've got the*
>
> *client load and so inevitably it's going to affect you when you see a client or I think it*
>
> *should to an extent.'*

The participant finally noted that mastery of '*responses within you,'* is an indication of being resilient to the stressors of the profession.

One participant, along these same lines, compared resilience to being like a 'weeble' in that:

> *...So it's having flexibility to wobble but being able to pick yourself back up and learn*
>
> *from that wobble and move forwards with it. And so you have a set of potent skills, a*
>
> *philosophy perhaps by which you conduct yourself personally, professionally which*
>
> *enables you to separate yourself from your current issues.*

Many participants saw their own personal resilience as either similar to or greater than that of their peers. One participant suggested difficulty in assessing others' resilience, noting that personal struggles confronted can lead them to become ineffective.

8. Personal reflections as a trainee

The eighth and final thematic cluster concerns the participants' reflections to themselves as trainee. The variety of responses regarding this issue reveals the divergent thoughts and experiences of the participants. This cluster represented the major perceived challenges to getting through the program and becoming a Counselling Psychologist, and what can be done to possibly make the process easier. The key themes revealed through the analysis for this thematic cluster included (a) don't forget you're human and fallible/never going to be perfect,

and (b) do not put yourself under too much pressure, but relax more: we'll get there. All of the other ideas noted received only a single mention and included: aspire (don't give up hope); be prepared, open, and not afraid to take risks; believe in self; don't be complacent; if feeling overwhelmed or stressed take time out; in order to stay resilient, you need help with it/input of others; it gets better and easier and more comfortable; know your own weaknesses and strengths; learn from everything; trust the process; and you will be good enough and strong enough.

Exemplifying the eighth thematic cluster, participants stated that it is important not to forget one's fallibility, and one's imperfect human nature. One participant suggested:

> '*You are never going to be perfect and even if you think you are, you are wrong because since you think you are, you are not.*'

Another participant cited these themes as well as others when suggesting what she would say to her early career/trainee self:

> *I think I'd like to say something around the lines of 'you're doing pretty well. I think you got passion for Psychology and helping people and sort of helping yourself. You're a fairly grounded, experienced, balanced person I suppose'. But I suppose I would add a word, an note of caution probably, and sort of say that actually don't forget you are human and you are fallible and you are, you know, you're not completely unbreakable and I think I'll try to know my own weaknesses, as well as my strengths.*

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The final key theme was not to put oneself under too much pressure and to relax more. Participants noted the driven nature of themselves when they were earlier in their careers. One participant expressed this particularly clearly, stating:

> *'I would say, 'You will be good enough. You will be strong enough. Lighten up on yourself a bit.' You know, once I realised that I had some patients with a rope around their neck and I was dragging them towards health and that really I should just be sitting and saying, 'Okay? Where do we go?' You know.'*

Finally, another example came from another participant, who described needing to be less rigid and offer herself some compassion.

> *'You've got to work but just to not be so rigid and not so harsh on myself and so just be more compassionate to myself and actually pat myself in the back when I'm doing well and also not to worry when I failed my first client study because that's fine, there'll be plenty more of that for everyone come their third year, so don't worry, and it's all part of the learning process and I think that's the thing, like any obstacle you come across is just a bit or part of the learning process so it's not the end or something terrible, it's just learning and development and that's fine.'*

Overview of super-ordinate themes

In Box 2 below, I have compiled a master table of the themes found in this research.

Box 2. Table of super-ordinate themes

Box 2 Table of super-ordinate themes from the fitness to practise project

Theme 1: Counselling Psychology is perceived by some participants as generally stressful, and by others as only stressful under certain circumstance.

Theme 2: Counselling Psychology had effects on the participant's personal life, including affecting personal relationships with friends and family by changing their personal identity within the social group.

Theme 3: Resilience is perceived to be learned and/or developed over time and with both life and career experience.

Theme 4: Personal Resilience in Counselling Psychology is perceived to stem from personal characteristics of optimism, emotional responsivity, and a sense of humour.

Theme 5: Advice given to self as a previous trainee: reminder of own humanity in terms of fallibility and imperfection, and reminders not to be so self-critical.

This section describes the superordinate themes generated from the data (Smith, 1996). These thematic descriptions represent how the participants perceived their experiences as Counselling Psychologists, particularly in terms of the stressors and coping techniques employed. The themes and corresponding experiences provide the overall conclusions of the data analysis.

Theme 1: Counselling Psychology is perceived by some participants as generally stressful, and by others as only stressful under certain circumstance. The common specific stressors include the responsibility of the emotional well-being of others, the different roles that must be performed, the generally emotional nature of the job (i.e., being emotionally and personally touched by someone's distress), the quantity of work, and stressors of client death and illness.

Participants had mixed perceptions regarding the levels of stress their job involved. However, the majority noted some aspect of stress involved, although these were not always felt to be constant. For this particular group of participants, the stress levels ebbed and flowed during their working life and appeared to be dependent upon several factors, including personal circumstances, personal health, and changes in the role and perceived support from others. For some, Counselling Psychology was seen as not really stressful at all. For example, one participant saw it as an opportunity to remove herself from her own problems and focus on those of the client;. However, even this participant noted that the process can be '*draining*.' The majority of participants noted specific stressors about having responsibility for someone's emotional well-being and the emotional nature of the job in terms of being emotionally touched by the client's distress. According to some of the participants, the quantity of the workload at any one time dramatically affects stress levels. Finally, a common stressor expressed by participants related to client illness and client death. Research into palliative care certainly supports an increase in stress for those that work with the terminally ill. In addition, the participants in this study that had worked with clients who had suicidal ideation and intent found their work particularly stressful. Interestingly, those participants

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who found they dealt with feelings of failure in the aftermath of a client death were most likely to utilise all of their resources in order to restore their own equilibrium.

Theme 2*: Counselling Psychology had effects on the participant's personal life, including affecting personal relationships with friends and family by changing their personal identity within the social group, which could be due to the perception of Counselling Psychology as 'what I am' and the participant's living out what they practiced.*

Participants perceived the career of Counselling Psychologist as affecting their personal relationships and personal lives. Specifically, the majority of participants noted the affects in terms of their personal relationships with their family and friends. The majority of participants also felt that Counselling Psychology is part of who they are and, in that sense, the participants felt that they 'lived the practice'. Many of the participants stated that the job itself was not something they could just walk away from or leave at the office. Half of the participants perceived these affects to be positive in nature, while others perceived negative or less than positive outcomes from these effects. These included strains within personal relationships, such as being told that 'they had changed', being accused of '*psychologising*' their friends, and being treated with '*mild suspicion*'.

Theme 3*: Resilience is perceived to be learned and/or developed over time and with both life and career experience. It is perceived as the ability to continue to work and connect emotionally with clients without breaking (i.e., 'bouncing back' or 'staying with it').*

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The participants described their personal perceptions of resilience. Most often, these descriptions contained elements of being able to continue to connect emotionally with clients without 'breaking'; the ability to 'bounce back' and 'stay with it'. The 'it' in question here is the presenting issue from the client and/or therapist responses to that material. This flexibility, or resilience, according to the participants, stems from a variety of personal aspects of Counselling Psychologists, as described in the related thematic cluster. All of the participants in the study noted that building and learning resilience took time. Participants described having more experiences, both in their personal lives and career, as contributing to the development of their personal quota of resilience.

Theme 4: Personal Resilience in Counselling Psychology is perceived to stem from personal characteristics of optimism, emotional responsivity, and a sense of humour, as well as the ability to utilise certain coping mechanisms, which primarily include self-care, conscious separation, including and containment of shared client content/distress, and the use of social networks.

The participants believed that their ability to demonstrate resilience stemmed directly from personal characteristics: of those most commonly cited, optimism, emotional responsivity, and a sense of humour were deemed vital in dealing with the inevitable adversities of life. The optimistic nature of the participants is manifested in terms of their fundamental beliefs that their clients will get better. Emotional responsivity enables the Counselling Psychologist to connect with the client to produce positive results. Finally, a sense of humour is used as a coping mechanism, enabling someone to continue to be resilient. The participants also

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recognised their ability to utilise specific coping mechanisms of self-care, conscious

separation and containment of client distresses, and the use of social networks. Self-care

included taking regular breaks, making time for oneself, engaging in positive self talk,

protecting personal time, and accepting stresses when they arose. Conscious separation was

described as containing what clients share as separate from the self and maintaining a core of

oneself that remains uncontaminated by the natural distress of others. The use of social

networks included talking with family, friends, and colleagues. One participant noted the

importance of working with a supportive team to provide the social network support.

Theme 5: *Advice given to self as a previous trainee: reminder of own humanity in terms of*
fallibility and imperfection, and reminders not to be so self-critical.

As an exercise, the participants were asked what they would say to themselves as they were

trainees, if they had the chance. The participants offered a variety of answers to this question,

but several of participants felt that, as trainees, they needed to remember to acknowledge

their personal humanity in terms of their fallibility and imperfection. Similarly, the

participants all stated, with hindsight, that they, as trainees, would have benefitted from

'lighten up' and not being so hard on themselves. All the participants stated that this exercise

was particularly useful in highlighting the 'double standards' that often exist within each of

us. In particular, a number of participants noted that they do not always heed their own advice

in terms of taking care of themselves. One participant found the exercise particularly

humbling, as she remembered how hard she was on herself during training.

Summary

Chapter Three presented the results from the interviews of a sample of six Counselling Psychologists. The research question "How do Counselling Psychologists maintain their fitness to practise?" was asked to and answered by the participants. The interviews explored the experiences and perceptions of these participants in terms of the potential stressors, as well as motivators and coping mechanisms that provide resilience for these participants to continue their efforts. After this, Chapter Four discussed the research questions and the data collection and analysis processes employed in the study. The transcribed interviews were analysed and used to generate themes and thematic clusters, serving to describe how the participants viewed their experiences. Through the data analysis, involving further reduction of the data through establishing connections, five superordinate themes were developed to represent the lived experiences and perceptions of the participants. The following chapter provides an analysis of the data presented in this chapter in an attempt to answer the research questions, as well as recommendations for future research.

Chapter 4: Discussion

The purpose of this qualitative, interpretive phenomenological research was to explore the lived experiences and perceptions of Counselling Psychologists and to generate an in depth understanding of how Counselling Psychologists perform their duties given the demands placed upon them. The data included six interviews with Counselling Psychologists about their perceptions, experiences, and challenges within their field. Within an interpretive phenomenological analysis approach (Smith, 1996), the interview data gathered served to provide the perceptions and experiences of participants with regard to stressors of the job and coping mechanisms used to handle that stress, allowing for a greater understanding of these experiences. This process revealed eight thematic clusters were revealed, which were further clustered into five superordinate themes. The thematic clusters included personal characteristics, psychology as a stressful career, specific stressors of the job, coping mechanisms, elements of time and maturity, effect on personal life, description of resilience, and advice to a trainee. From these thematic clusters and through further reduction of the data through establishing connections, five superordinate themes were generated and served as the primary conclusions of the data, representing the experiences and perceptions of the participants regarding the experiences and challenges they face in terms of dealing with the stressors associated with their work experiences.

This chapter provides a presentation and discussion of the results of the analysis, the superordinate themes, in relation to the literature review, providing the study with conclusions relating to the research questions. Chapter 4 also provides a discussion of the significance of the study. Recommendations for future research, and a brief summary, conclude this chapter.

Summary of results

The superordinate themes were developed to describe the preliminary themes and commonalities among participants related to the core phenomenon. From the data presented, the findings revealed five superordinate themes that serve as the primary conclusions of the study. The superordinate themes are presented and discussed with regard to the theoretical and conceptual framework of the study. The findings provide for conclusions and discussion relating to the research questions. The first two superordinate themes reveal the participants' specific perceptions relating to the work of Counselling Psychology, perceived stressors, and perceived effects of the job on personal relationships. The third and fourth themes reveal the participants' perceptions on resilience and as it relates to the job of Counselling Psychology. The final theme reveals the participants' thoughts on the mistakes made by trainees, an important elements to remember when practising Counselling Psychology. The themes and the subsequent discussion also provide a basis for the significance of the study.

Superordinate theme 1*: Counselling Psychology is perceived by some participants as generally stressful and for others as only stressful under certain circumstances, with common specific stressors of the responsibility of the emotional well-being of others, the different roles that must be performed, the general emotional nature of the job (i.e., being emotionally and personally touched by someone's distress), the quantity of work, and stressors of client death and illness.*

Results of the study indicated a mixed opinion with regard to the stress involved in the job of

Counselling Psychologist. Despite the mixed opinions, the majority of participants noted

some degree of stress involved in the job, although not necessarily a constant. For some,

Counselling Psychology was not necessarily seen as stressful, but rather referred to as

'draining.' In terms of specific elements perceived to cause stress in the job, having the

responsibility of someone's emotional well-being and the emotional nature of the job in terms

of being touched emotionally by the client's distress, were noted by participants. In addition,

participants cited the quantity of their workload as influential on their stress levels. Finally, a

common stressor expressed by participants related to client death or illness in terms of

working with sick or dying patients, or when a client dies or specifically commits or attempts

to commit suicide, the latter bringing up emotions of failure for the participant.

Though none of the previously cited literature specifically addressed stressors related to

Counselling Psychology, Flach (1997), in his illuminating work on resilience noted that a

resilient person could more effectively handle significant sources of stress, such as family and

relationship problems, serious health problems, or workplace and financial stressors in

clients. Flach also suggested that the resilient person responds to these stressors through

adaptation to changing circumstances, coming back through struggle and emotional turmoil

by finding a way forward despite their current difficulties. Lightsey (2006) argued that

psychological resilience fits within social cognitive theory (Bandura, 1997) and is consistent

with Beck's (1967) theory that negative schemata may exacerbate stressors, and positive

schemata or beliefs may act as a buffer to the effects of stress. This conceptualisation would

then be a measurable and modifiable psychological mechanism enabling successful coping

with adversity (Lightsey). Therefore, resilient Counselling Psychologists would then be able

to manage the effects of these cited stressors and thus more able to successfully cope with them and continue to practise.

Superordinate theme 2*: Expressed effects on personal life, including affecting personal relationships with friends and family by the Counselling Psychologist changing their personal identity within the social group, which could be due to the perception of Counselling Psychology as 'what I am', and the participants' living the practice.*

Participants perceived the career of Counselling Psychologist as affecting their personal relationships and personal life. Specifically, the majority of participants noted the affects in terms of their personal relationships with family and friends. The majority of participants also felt that Counselling Psychology is part of who they are and, in that sense, the participants felt they 'lived the practice', and that it was not something they could just walk away from or leave at the office. Half the participants perceived these affects as being positive in nature, while others perceived negative or less than positive outcomes from these effects.

Although no specific previous literature was found to deal specifically with the personal effects of Counselling Psychology, the idea of the job being 'what I am,' and the participants reporting to 'live the practice' demonstrates an element of self-efficacy in the identification to self. As such, because psychological resilience can be described as a broad or general sense of self-efficacy (Bandura, 1997), the results seem to align with the assertion that a generalised belief in one's self efficacy is predictive of self-esteem, and may be central to psychological resilience (Lightsey, Burke, Ervin, Henderson, & Yee, 2007). Lightsey (2006) suggested that

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psychological resilience could be operationally defined as strength awareness – the belief that one can persevere or accomplish goal relevant tasks across varied challenges and adverse situations. By demonstrating a personal identity attached to the job of Counselling Psychology, the participants seem to be internalising their job as part of themselves and, in doing so, promoting a sense of self-efficacy and self-esteem.

Superordinate theme 3*: Resilience is perceived to be learned and/or developed over time and with both life and career experience. It is perceived as the ability to continue to work and connect emotionally with clients without breaking (i.e., bouncing back or staying with it).*

The participant descriptions of resilience frequently included elements of being able to continue to connect emotionally with clients without 'breaking;' the ability to 'bounce back' and the ability to 'stay with it,' which demonstrates a similarity to Block and Block's description of resilience (1980). This suggests that resilience in this setting is characterised by flexibility in response to changing situational demands, and an ability to make sense of and come back from negative emotional experiences. This flexibility, or resilience, was perceived by the participants to stem from a variety of personal aspects of the Counselling Psychologist. The participants suggested that this development of resilience was affected by time, which increased resilience, and self reflection, which contributed to one's knowledge on what it is to be resilient. This was noted by all the participants in the study. This perception of resilience is flexible and related to various characteristics and experiences over time, rather than a fixed trait of the individual (Masten & Powell, 2003). Participants cited the increased experiences, both personal life experiences, as well as career experiences, as contributing to the

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development of resilience, aligning with previous findings by Rutter (1987) who asserted that resilience alters with changing circumstances, and well as the American Psychological Association (2004), which contended that resilience can be learned and developed. This finding further supports the assertions of Rutter (2006), in that resilience is different from the more traditional concepts of risk and protection because it focuses on the individuals' variations in response to comparable experiences. Resilience research should maintain a focus on the individual differences to the comparable experiences, as well as the causal processes that they reflect, rather than on resilience as a general quality (Rutter, 2006).

Superordinate theme 4: *Personal Resilience in Counselling Psychology is perceived to stem from personal characteristics of optimism, emotional responsivity, and a sense of humour, as well as the ability to utilise certain coping mechanisms, which primarily include self-care, conscious separation and containment of shared client content/distress, and the use of social networks.*

Previous literature has found the notion of resilience to encompass biological and psychological characteristics, intrinsic to the individual, that might be modifiable and that appear to offer protection in the face of adversity (Hoge et al., 2007).

Other characteristics contributing to a resilient mind-set include; optimism, subjective well-being, wisdom, creativity, authenticity, humility, altruism, gratitude, humour, compassion, and spirituality as noted by Snyder and Lopez in their exemplary study (2001). It has been noted that resilience shifts the perspective from decreasing the negative to increasing the positive, encompassing characteristics of commitment, dynamism, humour in the face of

adversity, patience, optimism, faith and altruism (Connor & Zhang, 2006). These characteristics emphasise positive features of performance and health as opposed to limitations and failures. In this study, the participants appeared to be exhibiting some of the characteristics outlined above, lending weight to the notion that they were resilient practitioners in the examples they were choosing to present.

The participants in this study also recognised their ability to utilise specific coping mechanisms, including self-care, conscious separation and containment of client distresses, and the use of social networks. Self-care included activities such as taking regular breaks, making time for oneself, making time to talk it through, either through supervision or with friends or family or allowing time to have the space required to get back your personal perspective. This element was consistent with views presented in the meaningful work of Maddi (2006) who noted resilient individuals made a conscious effort to look after their bodies by engaging in exercise and relaxation, as well as maintaining a balanced diet. By taking care of oneself, and reducing personal or internal stress, the individual may be more capable of taking on the specific stressors involved in Counselling Psychology.

Conscious separation was a phenomena reported by the participants that was described as containing what clients share and keeping it separate from the self whilst maintaining a core of oneself that remains uncontaminated by the natural distress of others. This appeared to be an active process, often including self-talk, to enable the identification of what is and is not the client's material. This process could not necessarily be verbalised, but participants knew they were 'doing something' to keep their own material separate from that of their clients.

The use of social networks, included talking with family, friends, and co-workers/colleagues, was also a useful strategy in maintaining one's resilient mind-set. One participant noted the importance of working with a supportive team to provide an outlet for events that would inevitably occur during client work. This often included an offloading of material as a way of discharging any negative experiences that the Counselling Psychologist may have encountered. The use of social networks to support resilience aligns with previous literature in which resilient individuals were seen to build patterns of interaction with significant others that demonstrated mutual support and encouragement (Maddi, 2006). The ability to talk with others about specific stressors related to the job, particularly colleagues who could offer appropriate and experience based support, could prove to be essential to the continuing career of the Counselling Psychologist. Indeed, the participants in this study were all able to identify a network of individuals that provided them with the support described above.

Resilient individuals demonstrate action patterns of coping with stressful situations by facing them (rather than denying they exist) and by struggling to turn them into opportunities for themselves, rather than avoiding them and blaming others (Kobasa, 1979; Maddi & Kobasa, 1984). Supporting this notion, one of the participants in the present study stated:

Embrace it if you like and sort of kind of try to observe if you like it and feel it...not be frightened of it, I suppose that's the thing. Face it! Don't be frightened of it because if you are frightened of it, it will get even more frightening!

It would seem that acknowledging the stressor leads to better coping with the stress rather than burying it, providing the ability to carry on and develop greater resilience.

Superordinate theme 5*: Advice given to self as a previous trainee: reminder of own humanity in terms of fallibility and imperfection and to not be so self-critical.*

In response to the exercise of self-reflection, the participants offered a variety of answers, including the need to remember to acknowledge their personal humanity in terms of their fallibility and imperfection, and the need to 'lighten up' and not be so hard on themselves. The ability to acknowledge one's imperfection and abilities/limitations is related to self-efficacy, as described earlier in this chapter. This element would seem, therefore, to not only be an essential ingredient to the development of resilience, but also to support the assertions of participants that resilience is built over time and often developed from experiences which are then reflected upon and learnt from. From this comes maturity, and a greater sense of confidence in one's own abilities. The evidence of self-efficacy in the development of resilience was documented in the work of Lightsey and his colleagues in 2007.

In the diagram below (Diagram 1), I have developed a visual representation of my participants responses highlighting what it takes to be maintains ones fitness to practise, encompasses the role of a resilient Counselling Psychologist. This map blends the Superordinate themes together to create an overview of the role.

Diagram 1. Maintaining fitness to practise: what it takes to be a resilient Counselling

Psychologist

It is clear to see that the research question was asked and answered by the data found in this IPA study. The participants made a significant contribution by offering their inner experiences of how they manage themselves as Counselling Psychologists in the context of the work and private lives. As researcher, I was in a privileged position to acknowledge and represent my peers whilst maintaining objectivity through the use of reflexive practice. This research has highlighted a need to articulate a self care protocol for every Counselling Psychologist, in training or in practice, so that they can extend the duty of care they offer to their clients, to themselves. The IPA methodology allowed me the flexibility to engage in a study which would uncover the lived experiences of my peers. The analysis of the data highlighted the similarities between all the practitioners I interviewed which engendered a sense of sameness. It is through this commonality that I have been able to see and to show that what exists is an unspoken way of being which allows us to continue our work even when we are under stress or pressure.

Scope, limitations, and delimitations

Based on the review of previous studies on Counselling Psychologists' ability to manage their work despite the adversity of their clients and personal experiences, the review indicated that there have been limited attempts to understand the resilience capacity of a Counselling Psychologist as a factor in determining their effectiveness in their chosen profession. Being a resilient Counselling Psychologist includes the ability to manage adversity in both a personal and professional context, without experiencing significant impairment. Arguably, resilience to adversities of a personal and professional nature is a helpful mechanism for effectively functioning as a Counselling Psychologist, thus maintaining ones fitness to practise. However, investigating 'resilience' and ones fitness to practise is a subjective notion that must be based on the individuals' experiences. Thus, the current study attempted to consolidate the experience of the individual with the aim of understanding how Counselling Psychologists maintain their fitness to practise.

On reflection, it is clear to see how my research question defined and limited what I found. Despite attempts in the initial stages of the project, my commitment to reflexivity throughout the research process and aim to keep the research question(s) as open and broad as possible I, nevertheless, constructed a question, after engaging with the literature that, by its very nature, limited the data found. The design of the study and the method of analysis largely determined the data and the findings, although, arguably IPA allows for the exhaustion of data from the text based on the skill of the researcher. Furthermore, I have declared my own assumptions and position in relation to the topic itself at various points in the thesis stating the limits of what can be known. As a Counselling Psychologist in training, I was acutely aware of my presuppositions and assumptions around what I wanted to find versus what I

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would find using IPA methodology. The use of a reflexive journal helped to minimise the contamination of the data by my own biases. Despite attempts to minimise the restrictions placed upon the data by the research question and methodology deployed, I acknowledge the limitations I inevitably encountered and note that the research question could have been investigated differently. For example, had I have used a focus group of Counselling Psychologists to explore how they do what they do without using the terms "resilience" or "fitness to practise, this approach may have generated a different focus which may in turn have posed a different research question. In addition, whilst the origins of this research were based on my curiosity around how we experience what we do, there was also a gap in the literature around Counselling Psychology practise and the management of fitness. I believe that this research, with its limitations, still provides an original contribution to the discipline of Counselling Psychology by providing an insight and expanding existing knowledge in relation to our fitness to practise.

Iteratively, the scope of the study explores the narrative experiences of Counselling Psychologists who manage the demands placed upon their capacity for resilience in both professional and personal contexts. The experiences outlined here, of course, only cover the study participants and therefore cannot be generalised to the other populations.

The use of interviews as a source of phenomenological data can be classified as a limitation since interview data require participants who can demonstrate appropriate self-expression (Willig, 2001). However, given the type of participants who took part in this study, it could be argued that, by their very nature, they are reflective and expressive when it comes to disclosing experiences. But it is, of course, impossible to prove that the thoughts of the participants truly reflect their experiences.

The interviews themselves posed a challenge to me as a practitioner as, although I was used to dealing with people in a professional context, I needed to create and inhabit a researcher persona that bracketed common interactional habits such as sharing my experiences and knowledge, exercising my clinical judgement or steering participants towards new and more positive appraisals of their experiences (Smith, Flowers & Larkin, 2009). One of the ways in which I attempted to address these issues was to prepare for each interview as thoroughly as possible by focusing on the task, being mindful of my role as researcher as oppose to practitioner and having an awareness of the power dynamic inevitably present in the role of interviewer, interviewee. My reflexive journal helped me manage this process and enabled me to see how difficult this task was. Declaring these challenges helps to ensure that the views I am representing is separate from that of my participants whilst acknowledging the inevitable impact on the research process itself.

Limitations also include the purposeful sampling strategy used to select participants. By being purposeful, I established a personal connection with the participants, thus became fallible to gain biased results. It can be argued that the participants' interest in classifying themselves as resilient could have given the study further bias towards seeming to portray a positive result. Therefore, despite assurances of anonymity, there is no assurance that the clients were completely honest about their own struggles and levels of resilience during the study.

A further limitation of the study is that the participants are all female, so responses might be generalisable to the female group. Several pieces of research have shown that gender is an operant variable in the context of management, and thus poses significant consideration in the

conduct of the present study. The impulse and reactive capacity of women and men may be significantly different, although they possess the same training within Counselling Psychology. Therefore, the current study may have discovered slightly different findings had the sample been made up of male Counselling Psychologists, or a combination of both female and male Counselling Psychologists.

Also, the study is limited by my ability to reduce my personal bias that exists due to my background and preconceptions. One of the validity issues in the conduct of the qualitative investigation is that the experience of the researcher may be significantly associated to the experiences of the study participants, thus affecting the reliability of the information. As a trainee Counselling Psychologist myself, I was aware of my own preconceptions. Although it is impossible to eradicate the personal influences of the researcher on the participants, particularly during interviews, attempts were made to develop an acute awareness of the similarities between myself and the participants, which was aided by the use of my journal. This particular measure went some way towards assuring that all information conveyed in the present study portrayed the actual experiences of the participants, rather than my biased interpretation of their experiences. I reminded myself of my role as facilitator, to help the participants to explore their experiences, in order to generate a meaningful account that will contribute to the literature on resilience amongst Counselling Psychologists. Furthermore, the process of writing up the findings was not without its difficulties. I looked to Smith, Flowers & Larkin (2009) to guide me through this process. Their guidance provided me with a template from which I could work. I felt comfortable in structuring how I was going to write up the findings and in what way. My initial thoughts on writing the analysis and results sections first were confirmed in the above text. I had spent a large amount of time analysing

the data that it seemed natural to begin to write that section up first. In addition, given my novice status as an IPA researcher, I thought about who I was writing this for, yes it was for the requirements of the doctoral degree but specifically for the Counselling Psychologist and with that in mind, I attempted to write directly to my peers whilst maintaining an academic style.

Researchers often use delimitations to focus the scope of the research, and denote what is not included in the research (Creswell, 2007). In qualitative research, transferability is a weakness in the study design (Marshall & Rossman, 2006). The results of this study may not have a high level of transferability because it would be difficult to ensure that an identical study could be replicated with the same participants (Marshall & Rossman). This study therefore is limited to experiences of the participants included, and may not be transferable to other situations.

Furthermore, the IPA as a methodological approach covers the subjective experiences of the participants, and such experiences may be unique to other Counselling Psychologists. The study limits itself to the individual lives of the participants by exploring how their individual cultural and socio-historical experiences affect their capacity to be resilient as they practise their profession despite personal and professional adversities.

Given the cited scope and limitations and the established delimitations to ensure that the results of the current study are viewed realistically, it is conclusively argued that the research design, including the techniques in gathering and analysing the data, are appropriate for the research goal and objectives. The research process intrinsically demonstrates factors that

influence the development of resilience among Counselling Psychologists. These identified factors are grounded based on the experiences of the participants, and as experienced by the researcher.

Applications to Counselling Psychology

The present qualitative, phenomenological study is significant, in that the study added to the body of knowledge concerning the experiences and resilience of Counselling Psychologists. The study provides evidence of the perceived factors that influence the development of resilience amongst this particular group of professionals. This knowledge and understanding can be used in future efforts to train Counselling Psychologists, providing the potential for increased resilience among trainees. Training could incorporate coping mechanisms, self-care techniques, and the use of social networks to promote greater self-efficacy and resilience in more inexperienced Counsellors. The importance of early training was highlighted by the results suggesting that personal resilience is developed over time and with maturity, as well as being related to self-efficacy.

As described in the summary of results, this study of the experiences and perceptions of Counselling Psychologists, in regard to resilience within the field, has potential implications for best practices for providing training programs aimed at increasing resilience. For example, programs can incorporate techniques to develop the ability to separate and compartmentalise the shared client content or distress, which was described by the participants in this study as a critical coping mechanism. Individual characteristics that may lead to a greater resilience, such as a sense of humour, optimism, and emotional responsivity, can be tested and examined amongst new trainees. This qualitative study provided an exploration of the individual experiences of Counselling Psychologists and their personal development of resilience. This information can be used to identify areas were less

experienced counsellors and trainees can be assisted in improving their self-efficacy and resilience.

An understanding of resilience through the perspective of Counselling Psychologists themselves can provide enhanced knowledge and more effective training within the field. Deliberately using the word resilience in training may have some impact in sharpening our focus on developing a resilient mind-set. Gaining an understanding of the lived experiences of the individual practitioners can help educators, mentors, and program facilitators work toward the best practices for the development and support of resilience and self-efficacy in Counselling Psychologists, enabling more practitioners to continue to work in the field without significant impairment.

This study also provides evidence of successful coping mechanisms that have been employed by the participants to deal with the perceived stressors related to the field. If applied, these could enable more skilled, more emotionally responsive Counselling Psychologists, and may provide improved client outcomes.

Recommendations for future research

Based on the results revealed from the present study, several recommendations for future research can be suggested. These recommendations originate from the methodological and contextual standpoints, to ensure reliable information should researchers need to conduct similar investigations. Although the study itself generated rich information, particularly in analysing the subjective experiences of the Counselling Psychologists in managing the demands of their profession, there are methods of revalidating and adding to the information conveyed in the present study.

First, an additional qualitative study involving a larger population could significantly increase the themes and detail of resilience patterns that emerged from the present study. Although Counselling Psychologists have similar educational training, the context of their practice depends largely on the Counselling Psychologist and clients' demographics. As such, an increase in the population may exhaust the possibility of generating more themes that may significantly add to the current literature on Counselling Psychologists resiliency in their profession.

Second, as well than increasing the study population, it is recommended that equal participation from males and females must be considered in the selection of the study participants. Although studying a larger population may exhaust all experiences and perceptions that may provide more additional facts than the present study, the necessity of disaggregating the experiences of male and female is seen as relevant information, particularly in understanding what resiliency factors can be specifically related to men and women.

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Whilst it is an accepted limitation that a qualitative study, particularly studying the lived experiences of an individual, is not generalisable to a larger population, and the cases studied are not transferable to a particular situation, this present study recommends that the themes generated be quantitatively tested using a larger population. As such, a quantitative study using a Likert-type scale instrument could be used to gather data from a significantly larger population, which would possibly be more generalisable to other populations.

Further, there are themes generated in the quantitative studies that need to be tested empirically in terms of their association or relationship with other themes. The factors that are generated in the themes and subthemes may be tested using quantitative techniques that analyse the variables involved in the study to reveal a relationship. The explanation of the relationship between the factors may lead to a conclusive description of trends from the samples.

Using the information generated from the qualitative study, a cross-sectional survey may be conducted to validate the findings of the present study across multiple variables. The themes generated in the present study may be tested in a larger population encompassing all socio-demographics of Counselling Psychologists. A cross-sectional survey design has the capacity to describe the trends, attitudes and opinions of a sampled population (Creswell, 2009). This can be done either by using a questionnaire that can be administered through interviews or by surveys.

Another suggestion for future research would involve observing the present study and its assumption that the participants identified through purposeful sampling had established

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resilience in their chosen profession. This assumption is critically important when considering the validity of the experiences shared by these participants. As such, this present study could have used questionnaires that assess the levels of resilience of the participants in order for them to qualify to participate in the study. It is appropriate that future research should establish such criteria in the selection of its study participants. Doing so will contextualise the level of resilience of the study participants, which could further broaden our understanding on what it takes to develop resilience as a Counselling Psychologist. Therefore, it is recommended that future research use a validated psychiatric instrument in order to measure the resilience levels of the participating Counselling Psychologists.

Furthermore, future research may also explore the historical background of the individual Counselling Psychologists as a factor that may contributes to the development of resilience. Human reactions to particular situations are results of their experiences, which may contribute positively or negatively to their present situations. For instance, exploring childhood experiences would necessitate the researcher to examine the Counselling Psychologists' own relationships with their families and friends to differentiate participants whose coping mechanisms and skills were learned during childhood with those participants who learned the skill during educational training. The results generated from the present study are preliminaries that necessitate further understanding and exploration.

In addition, whilst the objective of the present study was to explore resilience amongst Counselling Psychologists which a view to understanding how they maintain their fitness to practise, the identified stressors, including the mechanisms to develop resilience, remain

relatively obscure. The literature on stressors and coping mechanisms of professionals

engaging in counselling have been well-studied, but the majority of these studies have been

conducted using qualitative methods, and are therefore limited to studying the experiences of

those professionals. Therefore, future research may include conducting a quasi-experimental

study to evaluate the effect of the mechanisms implemented to develop resilience among

Counselling Psychologists. This would require future researchers to identify the mechanisms

that have been documented to be contributory in the development of resilience. The research

would then identify the facilitating factors within the mechanisms, and test these factors

against the larger Counselling Psychologist population.

Finally, because resilience is contextually defined as an individual experience, an additional

approach to understand this would require a case study. A case study analysis of a specific

Counselling Psychologist, or a practice of several Counselling Psychologists, could be used

to provide a detailed and rich understanding of the lived experiences of that practitioner.

Summary and conclusions

The present study has employed a qualitative, interpretive phenomenological research design in order to explore the phenomenon of the lived experiences of Counselling Psychologists, both Chartered and in training. Data consisted of interviews with six female Counselling Psychologists. Interview data were used to reveal the perceptions and lived experiences of these participants, as well as the perceived changes within themselves, and their career expectations within their work environment. Whereas most previous research has focused on building resilience among clients, this study maintains a focus on the resilience of the Counselling Psychologists. The findings allowed for conclusions to be developed with regard to the development of resilience within this group, and the mechanisms of coping with the specific stressors that the participants identified.

The analysis revealed many preliminary themes, which were categorised into thematic clusters of personal characteristics, psychology as a stressful career, specific stressors of the job, coping mechanisms, element of time and maturity, effect on personal life, descriptions of resilience, and looking back to oneself as a trainee and what advice one would give. Five superordinate themes were generated from these thematic clusters, which provided the primary conclusions for the study. The findings aligned the review of the literature with the qualitative data obtained through interviews with participants. The results also provided answers to the research questions that were guiding the study. The superordinate themes suggested several elements related to the stress, coping mechanisms, and resilience of Counselling Psychologists.

Resilience, perceived as the ability to continue the work and connect emotionally with clients without breaking, enabling the counsellor to 'stay with it,' was perceived to be learned and developed over time and with experience and greater maturity. The Counselling Psychologists in the present study noted the sense of self-identity with their occupation in terms of being a Counselling Psychologist as 'what I am,' and 'living the practice.' This self-identify relates to the individual's self-efficacy. Accordingly, given that a generalised belief in one's self efficacy is predictive of self-esteem, it may be argued that this is central to psychological resilience (Lightsey et al., 2007), and that the development of a strong self-efficacy within the field could promote greater resilience among Counselling Psychologists. Lightsey's (2006) definition of psychological resilience as strength awareness – the belief that one can persevere or accomplish goal-relevant tasks across varied challenges and adverse situations – fits well with resilience among Counselling Psychologists, who must demonstrate a solid belief in their ability to help the client, despite stressors or other obstacles. It is not surprising, then, that participants noted that having the responsibility for someone else's well-being was a significant stressor. This implies a continual challenge to the Counselling Psychologists' individual self-efficacy and their job-related self-esteem. It can also be seen as a process whereby resilience is built over time amongst this population; the more successfully-navigated challenges to the participant's efficacy in assisting clients, the greater the self-efficacy. which contributes to the growth of greater self-esteem and personal resilience.

Characteristics of optimism, emotional responsivity, and a sense of humour were seen as contributory elements to the cultivation of personal resilience within the Counselling Psychologists in this study. The optimistic nature of the participants was manifested in terms

of the belief that the clients would recover. The emotional responsivity enabled the Counselling Psychologist to connect with the client to produce positive results. Finally, a sense of humour was used as a coping mechanism to enable continued resilience. These characteristics coordinate with the development of self-efficacy in the Counselling Psychologist, relating to their ability to help the client through being responsive to the client's emotional needs.

In addition, the participants noted several coping mechanisms that could be used to maintain the appropriate separation and focus needed to continue within the discipline. These included self-care, conscious separation and containment of client distresses, and the use of social networks, all of which were supported through previous literature. In supplying recommendations to themselves as trainees, the participants cited the importance of acknowledging one's personal humanity in terms of their fallibility and imperfection, and reducing the internal pressure they placed on themselves. The acknowledgment of one's imperfections as well as one's strengths relates to a greater self-efficacy and self-esteem, which would increase with every experience: an upward spiral if you like. This element would seem to be essential to the development of resilience (Lightsey et al., 2007), and further aligns with the assertions of participants that resilience is built over time and with experience and maturity. The importance of self-care cannot be understated, and Counselling Psychologists should consider a dedication to care for oneself as a prerequisite for effectively caring for their clients.

Training programs could use the findings of this study to incorporate elements that may prove essential to development of self-efficacy and resilience among Counselling Psychologists. Programs could promote coping mechanisms, self-care, the reduction of internal self-pressure, and the use of social networks within the field. The findings of this study also suggest greater social networking within the counselling community. Appropriate venues for this may include mentoring.

Rather than leaving these factors to chance, they can be cultivated throughout the training process, resulting in a more self-confident and more resilient Counselling Psychologist, who will be more able to successfully assist their clients through individual circumstances with which they require assistance.

Reflexivity

Learning to reflect on your behaviour and thoughts, as well as on the phenomenon under study, creates a means for continuously becoming a better researcher. Becoming a better researcher captures the dynamic nature of the process. Conducting research, like teaching and other complex acts, can be improved; it cannot be mastered. (Glesne & Peshkin, 1992, p.xiii)

Throughout my research, I have been acutely aware of the potential influence my status as a trainee Counselling Psychologist, and my experiences and presuppositions have potentially had on the research process. Since the researcher is the primary 'instrument' of data collection and analysis, reflexivity is deemed essential (Glesne, 1999; Merriam, 1998; Russell & Kelly, 2002; Stake, 1995). Through my reflections, I have become aware of what allowed me to see, as well as what inhibited my vision, when considering the phenomenon under study. In addition, declaring my own assumptions and behaviours is an essential part of understanding my status within the research, the influence I may be exerting, and, more importantly, what measures I took to manage the influence I had over the research processes. Nowhere is this more evident for me as a researcher than the interview transcripts themselves. Whilst I endeavoured to adhere to the interview protocol, I noted instances where I asked questions, had reactions to and made observations about the participants responses to my interview questions. On these occasions, although relatively few, I was operating under my researcher-led assumptions about what I was hoping to find as opposed to letting the process be one of discovery. On reflection, what I would do differently in future research is to pay close attention to consistently prioritising the participants subjective experience. I would regulate any responses I had by noting them down and returning my

focus of attention back to the participant. I would also pay special attention to my agenda in terms of my research question. As noted throughout this thesis I have been passionate about understanding *how* CP's experience the demands placed upon them. This thesis has been a personal journey for me and one which I believe has contributed to the discipline of Counselling Psychology. I had to work exceptionally hard to bracket my material when conducting interviews and, as highlighted above, I was not always consistent in that approach and this inevitably shaped and framed what I found. However, in the spirit of reflexive practice I own this position here in my reflexive section as a way of highlighting the difficulties that relatively new researchers can encounter and perhaps, more importantly, how they can learn to avoid falling into this common trap when conducting qualitative research.

In order for me to do the above, I decided to keep a reflexive research journal, logging all material related to my thesis. I kept the journal from the very beginning of my research project, and it led to new insights and influenced my growth as a qualitative researcher. The process of keeping a journal put reflexivity to the test, in that it allowed me to see how much writing and reflection had pushed my project forward. The research journal is a permanent record of my work on this thesis. It contains thought processes that led to decisions about methodology, analysis of literature, the process of reflexivity, and the maturation of my thinking around qualitative research. Each entry observed each phase of the study and the tensions and issues that arose therein. This retrospective analysis of my research enabled me to make meaningful connections between theory and practice, which may not have been possible through any other methodology.

Glesne and Peshkin (1992) recommend writing short notes, or memos to oneself during the entire research project. They argue that getting ideas down on paper when they occur is actually the start of the analysis. Writing notes to oneself permits researchers to discover things in their minds that they did not know were there. This note taking helped me to remain mindful of my status within the research, and helped me to monitor and manage any challenges that occurred. It also enabled me to take stock of the feelings, biases and thoughts that could potentially influence my findings.

The journal also kept me anchored to my reasons for beginning this research in the first place: to uncover *how* Counselling Psychologists maintain their fitness to practise. My subjective motives for this project were to discover the inner workings of a mental health practitioner so that I too may benefit by developing an ability to sustain my practice, despite the professional and personal challenges. I know that this motive originated from my natural curiosity as a trainee and my desire to find a way of working that I could master to help me develop as a practitioner. I wanted to know how this was done, what it involved, and whether this was a practice that could be taught to others entering or already existing in the profession.

My participants would be my peers, which in itself had challenges; would they feel threatened by my inquiry into their resilience? Would they only highlight and discuss their strengths? How could I ensure a safety and transparency in our dialogue, so that they would reveal their private accounts? Most of these challenges were addressed in my interview preparation. However, on reflection on my journal entries, I often felt uncertain about approaching this topic in the *right* way. In addition, I often felt torn between considering the needs and best interests of my participants and reporting findings according to my own

interpretations. I spent a lot of time thinking about the question of whose interests would be served by my research (Wolcott, 1995). I wanted to provide the division of Counselling Psychology with information on maintaining fitness to practise, and I knew that both I and my participants would benefit from this inquiry. I knew that I would provide my participants with the transcripts of our interviews, so that they too could reflect on process, as well as helping to ensure accuracy.

In addition, the challenges of maintaining rapport and causing no harm in interviews were of concern to me in my journal entries. This was a particular concern, as my participants were also my peers. This issue also highlighted the many ethical issues surrounding the practice of qualitative research. I took the necessary steps to mitigate some of the ethical concerns, as can be seen in the previous chapter. However, I made several entries in my journal that brought to light the politics of interpretation and representation. What would I do if my participants and I did not agree on some aspect of the 'findings?' Clearly I was not going to misrepresent my participants, yet, at the same time, I am more familiar with the literature: it is my research. These issues are complex and challenging, and I had to engage in a fine-balancing act on a number of levels to ensure that I accurately represented my participants whilst remaining true to the data. This mode of inquiry also led me to think about what, if any, role my participants should have in the interpretative process. How loud should my voice be? There are no definitive guidelines on how best to respond to these questions and, as a student, it is a challenge to keep on top of the continuous transformations in the field. The use of my reflexive journal enabled me to keep track of what was happening in my study and helped me to manage the inevitable challenges and obstacles that a qualitative researcher encounters.

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In preparation for my participant interviews, I used the following personally constructed guidance to help me remain mindful throughout the process:

Each day reflect on the interactions you have in a research diary:

- How did the participant react to me? (e.g., puzzlement; fear, aggression, warmth, openness?)

- How did I present myself? What were my body language, appearance and clothing? How and where did I agree to be seated, and how did I address the participant?

- Was equality or hierarchy marked? (e.g., through terms of address, where you sat?)

- Was I offered food or drink? If so, what did this signify?

- What did the participant say about me (if anything), what judgements did they make about me? How did I feel about this? How did I cope with criticism, praise or envy?

Reflect upon the interviews or discussions you conduct:

- What was good/what was unsatisfactory about your own behaviour?

- How did I feel about my own performance? (Was I too pushy, or did I fail to ask follow up questions on interesting topics?)

- Did I manage to complete the interview schedule? Did they get bored/ tired before the end?

- Do I feel confident that I understood what the participant was trying to tell me?

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- Are there internal contradictions that might warrant another visit or discussion?
- Did I feel that the interview was generating reliable information? Or were the participants wary of my questions?

I found these questions particularly helpful in keeping me focused on my reflexivity and ensuring the continued development of this skill.

There was no doubt that my presence was influencing the nature of the knowledge generated in my interviews. I had read that 'increasingly qualitative researchers are realising that interviews are not neutral tools of data gathering but active interactions between two or more people leading to negotiated, contextually based results' (Fontana & Freym, 2000, p. 646). Based on my reading, I decided that interviews would be informal and conversational, exploratory and flexible, with as many open-ended questions as possible. I did have questions in my journal about how directive I should be, but that would be against my decision as outlined above, so I decided to try and be as participant led as possible. When the interviews actually occurred, there was no need for prompts or cues from me, as the participants sustained themselves and remained on topic.

About half-way through my interview process, I panicked. I was deeply concerned that I may not have the *right* data. It was then that I reminded myself of what Kvale (1996) had to say on data collection. He mentioned that it is wise to be cautious about the nature of the data we collect… we need to spend prolonged time in the field, which inevitably produces piles of data. However, quantity alone is not enough. The content of the data is vital, and to have the

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'right' content, we need to know where we are going. At the same time, qualitative studies are by definition 'emergent', so I needed to be open and sensitive to where my participants and my own insights may take me. This reminder helped me considerably, but it still highlighted the challenge of following data where it leads versus trying to get the data needed in order to answer the research question. This was a difficult balance to achieve, but, with the help of my journal and reflective practice, I was able to build my confidence in attaining this.

A further challenge I faced was the issue of trustworthiness. I grappled with the challenge of how to deal with my subjectivity in such a way as to make my project trustworthy. One of the key safeguards I had was reflexivity. I deliberately owned my position and my views and declared my biases so that I could be as transparent and truthful as possible. I also provided insight into how I conducted my analysis so it could be open to public inspection. I was mindful of the fact that I did not want my study to become a self-fulfilling prophecy. However, rereading the transcripts did reveal examples of me leading the participants, making assumptions and passing comment. I reread the work of Glesne and Peshkin (1992), who caution researchers to be wary of their desire to justify their own experiences. I had to work hard to monitor any emotional attachment I experienced and to remain open and exploratory in the data collection and analysis phases.

It was through reading and reflective writing that I gradually understood how my personal experiences could be an asset rather than a liability. The key, as outlined in Russell & Kelly (2002) was to 'be open to recognising how our own position both privileges and limits us' (p. 10). I also felt comfort in Wolcott's (1990) claim that 'readers will not be offended if you do not claim to know everything' (p. 46). In order to remain grounded to the truth of what the

data revealed, I tried to ensure that it supported my interpretations. By letting the participants speak for themselves, with the use of quotations, I was able to show readers what I had found. During data analysis, I was able to see that the same stories were being repeated and elaborated on by different participants.

When I reached the final stage of data analysis and I had all my notes and data in front of me, I felt overwhelmed and at a loss. It was then that I began to reread Wolcott (1990, 1992), Merriam (1998), and Stake (1995) to look for clues on case study analysis. During this period, I relied on experimental charts, diagrams and idea maps. Researchers are advised to 'display data' (e.g. Creswell, 1998, Merriam, 1998, Miles & Huberman, 1994) to provide evidence for claims in a format the readers can easily access. This is part of the analysis process, and is outlined in the results chapter.

In addition, I ended up rereading my transcripts over and over again in an effort to identify themes, jotting down ideas in the margins when I thought I had identified something of importance. I organised tentative categories into themes and then cut and pasted quotations into each one. This was very time consuming, but it paid off in the long run as I had a visual representation of dominant themes. These categories came from what I thought I might find, as well as ideas present in the literature and insights gained during the research process. I worked to reflect on how I came to know what I know, and to chronicle my thinking in relation to the emerging categories and themes, as is evident in the analysis chapter.

Reflecting on this project, perhaps the most difficult question for me is: did I do what I set out to do? Did I answer the research question, and did it make an original contribution to the

discipline of Counselling Psychology? I believe that I did answer the research question and both my results and discussion chapters articulate the findings of the research and make an original contribution to the discipline of Counselling Psychology. Prior to this piece of research, there was no existing literature to give an insight into how Counselling Psychologists manage their fitness to practise. The findings of this research have contributed to a greater understanding of how our profession does what it does without significant impairment. It articulates how other practitioners could use the findings to enhance and protect their own fitness to practise. These findings could also be used as a tool to assess existing self-care protocols for those individuals entering the profession for the first time. These research findings highlight the importance and significance of having an articulated self-care plan, which aids resilience and recovery when facing the inevitable uncertainties of life. In addition, as reflective practitioners, we would be actively demonstrating to our clients how best to care for oneself when under duress. Appropriate self-disclosure could reveal how we do that, and encourage our clients to create their own personal self-care plans to aid recovery.

This entire process has brought about many changes for me in both my professional and personal life. In many ways, the knowledge that I have acquired both clarifies and complicates the process of developing and maintaining a resilient mind-set as a Counselling Psychologist. For example, the well documented characteristics of a resilient mind-set; optimism, humour, and accessing of resources, are activities that I regularly engage in. What complicates or potentially restricts resilient growth is the factor of time and experience. I am left wondering whether a process exists to speed this up, so that Counselling Psychologists can begin to experience a resilient mind-set within their initial training period. My initial

response to that is yes, it should be possible that through the appropriate training the resilient mind-set could begin to be cultivated from first contact with trainee Counselling Psychologists onwards. In addition, the selection of Counselling Psychologists for doctoral training programs may be altered to screen for the characteristics highlighted in this study. Screening using a battery of questionnaires looking for those characteristics could be deployed.

Furthermore, my own development of resilience is certainly in line with the Counselling Psychologists who participated in this study. I was familiar with the ebb and flow of resilience and strength they described, which I often experience in my own work. I was also aware of the resources I used most when under duress, be it personal or professional. In many ways, I was looking for similarities with my participants: this tendency was something that I monitored carefully and my journal certainly helped with that process.

I was acutely aware of my position within the research. There was something about being a Counselling Psychologist looking to understand resilience amongst my peers that had an element of competition to it, that I was measuring myself against my peers, looking for similarities and differences. In this profession, fitness to practise is paramount, so a study looking into resilience was inevitably going to attract those who felt that they exhibited those traits. Looking back over the design of the study, I would not have used the word resilience in the recruiting phase. I would have waited to see if it emerged of its own accord, rather than existing because I had placed it there. In addition, whilst I believe the qualitative approach was the right methodology through which to explore the lived experience of the Counselling Psychologist, I would certainly employ quantitative elements to future research. Since

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finishing the research, I have become aware of a number of instruments that can be used to measure the resilience of individuals. Future research would certainly include those tools as a way of further enriching the data.

So much of this profession is shrouded in mystery. For example, it is rare to work alongside another professional and truly see their work with clients. When we close the therapy room door, what occurs is only for us and the client. I am not suggesting that we need to alter that aspect of our work, but I am suggesting that more transparency is needed in order to develop best practices for ourselves for the benefit of our clients. I believe that we are already moving towards a state in which best practice is shared openly, and where we exist as a community whose sole purpose is to help those in need.

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Appendices

A   Participant Information Pack

B   Consent Form

C   Debrief Sheet

D   Flyer

E   Mailshot

F   Interview Schedule

Appendix A Participant Information Pack

PARTICIPANT INFORMATION SHEET

TITLE OF PROJECT:

THE RESILIENT THERAPIST: HOW DO COUNSELLING PSYCHOLOGISTS EXPERIENCE THE DEMANDS PLACED UPON THEIR CAPACITY FOR RESILIENCE?

1. What is the purpose of the study?

The purpose of the study is to generate a theory as to how counselling psychologists experience the demands placed upon their capacity for resilience.

2. Why have I been chosen?

You will have been chosen by the researcher because you meet the criteria for the study as a Counselling Psychologist. However, you may have put yourself forward as a result of seeing the advertisement around the university asking for Counselling Psychologists to come forward to take part.

3. Do I have to take part?

No. Your participation is entirely consensual and you can withdraw from the study at any time without having to give a reason.

4. What will happen to me if I take part?

If you participate in the study you will be asked to read this information sheet and to give your written consent. An interview time will then be scheduled between the researcher and yourself. In this audio recorded interview you will be asked a series of questions regarding your experience as a Counselling Psychologist. The interview will last for no more than 1.5 hours. After the interview you will be given a debriefing information sheet and given the opportunity to ask the researcher questions. All information collected by the researcher will be coded ensuring anonymity.

5. Will there be any payment or expenses reimbursed?

No.

6. What will I have to do?

As stated in question 4. You will be asked to take part in an interview that will last no more than 1.5 hours. This interview will be audio recorded. The interview will include questions around your experience as a Counselling Psychologist.

7. What are the possible disadvantages and risks of taking part?

The possible disadvantages and risks involved in taking part in this study may include the experience of negative emotion. More than likely this will be as a result of recalling an event in your life, which involved you overcoming an obstacle. To safeguard against any long term effects, you will be provided with a debriefing sheet, which will contain details of what you can do to minimise the risk. It is not anticipated that there will be any long term negative effects in taking part in this study.

8. What are the possible benefits of taking part?

Possible personal benefits in the short term may include the experience of positive emotion as a result of you recalling a particular experience as a Counselling Psychologist. In addition, your participation may lead to a greater understanding of how Counselling Psychologists ensure their fitness to practise, which may in turn, influence the recruitment and training of future Counselling Psychologists. In essence, your participation may help shape the future of your chosen discipline.

9. What happens when the research study stops?

When the research study stops it will make up part of a Doctorate in Psychology portfolio. The data collected will not be used for any other purpose.

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10. What if there is a problem?

Any problems experienced during the study can be reported in the first instance to the researcher: Amanda Hall Amanda-hall@live.com or via mobile: 07901 545 901. If these problems are not addressed to your satisfaction then you may wish to contact the research supervisor: Dr Don Rawson, email: don.rawson.1@city.ac.uk

11. Will my taking part in the study be confidential?

Whilst your name will appear on the consent form, all further data will be coded to ensure confidentiality. This data will be stored in an office in a locked filing cabinet and only the researcher and the research supervisor will have access.

12. What will happen if I don't want to carry on with the study?

If you no longer wish to carry on with the study you have the right to withdraw at any time without reason.

13. What if there is a problem?

Please refer to question 10.

14. What will happen to the results of the research project?

The results of the research project will make up part of a portfolio for a Doctorate in Psychology. The project will be subject to examination as part of the portfolio. It is also possible that the findings may be published.

15. Who is organising and funding the research?

The researcher (Amanda Hall) is organising the research as part of her Doctorate in Psychology at City University. Limited funding may be available from City University should it be required.

16. Who has reviewed the study?

The study has been reviewed by the research supervisor (Dr Don Rawson) and by the City University ethics committee.

17. What are the full contact details of the researcher and research supervisor?

Researcher: Amanda Hall, 16 Heywood Avenue, Woodlands Park, Maidenhead, Berkshire, SL6 3JA. Mobile: 07901 545 901 Email:amanda-hall@live.com

Research Supervisor: Dr Don Rawson, City University, Northampton Square, London, EC1V 0HB. Tel: 0207 040 5060 Email: don.rawson.1@city.ac.uk

PARTICIPANT ID NUMBER:

Appendix B Consent Form

CONSENT FORM

TITLE OF PROJECT:

THE RESILIENT THERAPIST: HOW DO COUNSELLING PSYCOLOGISTS

EXPERIENCE THE DEMANDS PLACED UPON THEIR CAPACITY FOR RESILIENCE?

NAME OF RESEARCHER: AMANDA HALL   PLEASE INITIAL BOX

I confirm that I have read and understood the information sheet dated_____

for the above study. I have had the opportunity to consider the information,

ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any

time without giving any reason.

I agree to take part in the above study.

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NAME OF PARTICIPANT   DATE   SIGNATURE

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NAME OF PERSON TAKING   DATE   SIGNATURE

CONSENT

Appendix C Participant Debrief Sheet

PARTICIPANT DEBRIEF SHEET

Firstly, thank you very much for your participation in this study. The aim of the study is to generate a theory in relation to how Counselling Psychologists experience their roles in both professional and personal settings.

As a result of your participation you may be experiencing some negative emotions, if so; this information sheet is designed to provide you with resources that you may wish to access.

- The researcher is available to answer any questions that you may have as a result of your participation. You can do this by contacting her via email at: Amanda-hall@live.com

- You may also wish to talk through your experience with your personal therapist or supervisor.

- Should you have any concerns about the study then please refer these to the researcher. If these are not addressed satisfactorily then please contact Dr Don Rawson at: don.rawson.1@city.ac.uk

- Further resources are provided below

www.managingstress.com

www.mindtools.co.uk

www.mind.org.uk

www.samaritans.org.uk

Books

Manage your Mind Butler G. & Hope T. (1996) Oxford University Press

Conquer your Stress Cooper C. & Palmer S. (2000) Institute of Personnel and Development

Leaving it at the office J. C. Norcross & J. D. Guy Jr. (2007) Guildford Press

Telephone Resources

Samaritans 08457 90 90 90 (24 hours)

Mind 0845 766 0163 (915 to 515 only)

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Thank you once again for your participation

Appendix D: Flyer

Department of Social Sciences

City University London

THE RESILIENT

COUNSELLING

PSYCHOLOGIST

How do Counselling Psychologists do what we do? How do we manage the demands placed upon us? What are the resources that enable us to remain effective practitioners?

I am interested in researching the experiences of Counselling Psychologists in managing their fitness to practise. If you are following an accredited Counselling Psychology course or are already chartered, I would like to hear from you.

As a participant in this study you would be asked to complete a 1.5 hour interview.

For more information, or to volunteer for this study, please contact me:

Amanda Hall at Amanda-hall@live.com **or 07901 545 901**

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This research is being supervised by Dr Don Rawson at City University: don.rawson.1@city.ac.uk 020

7040 4557

Appendix E Mailshot

Research study

How do Counselling Psychologists do what they do? How do we manage the demands placed upon our capacity to perform at our best?

I am looking for individuals to take part in my research study. If you are over the age of 18, are English speaking and working or training as a Counselling Psychologist on an accredited course, then please read on:

My name is Amanda Hall, I am a Counselling Psychology Doctoral student at City University, London. I would really like to understand the personal experiences of Counselling Psychologists in how they manage their levels of stress.

The research aims to find out how Counselling Psychologists manage the demands placed upon them by exploring the experience of being a Counselling Psychologist. The study is confidential and anonymous, and will take place one-to-one face-to-face with me.

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My intention is to explore what personal resources are utilised by Counselling Psychologists in order to maintain their fitness to practise. In doing so, this research may provide an opportunity to review the way in which we train future Counselling Psychologists.

If you are interested in taking part, and would like further information, please contact me on Amanda-hall@live.com or by phone on 07901 545 901

This research is being supervised by Dr Don Rawson at City University and he can be contacted by email at don.rawson.1@city.ac.uk or phone on: 020 7040 4557

Appendix F: Interview Schedule

Questions for your consideration...

Do you think Counselling Psychology is a stressful career?

How has being a Counselling Psychologist affected your life in general? Does being a Counselling Psychologist affect your personal relationships? In what way?

Have you ever experienced distress through your work?

Do you think you are more, less or the same vulnerability to the effects of stress as your colleagues, why?

Can you think of one or two incidents in which you became distressed, whilst working as a Counselling Psychologist – what happened? How did you react? Was there anything you consciously did to cope?

If you do experience distress, what do you do to reduce or manage that?

How do you know when you are stressed? What do you notice about yourself?

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What does the term 'resilience' mean to you?

Do you think you have become more resilient in your psychology practice over time? If yes, in what way?

If this was the perfect interview on uncovering personal resources of resilience, what question would I ask you?

Imagine yourself as a trainee sitting in a chair opposite you now, what would you like to say to yourself?

What did you think of that exercise?

Is there anything more you would like to add that we haven't covered?

SECTION C: CASE STUDY – MINDFULNESS-BASED COGNITIVE THERAPY FOR

RELAPSE PREVENTION: THE CASE OF SAM

Rationale

I have chosen to present this particular case for a number of reasons. Sam[*] presented as an articulate, confident client who had experienced three episodes of depression over a five-year period. She had received a course of Cognitive Behaviour Therapy (CBT), during her previous episode eighteen months earlier, which resulted in a reduction of her depressive symptoms. However, Sam had recently relapsed after being made redundant. Her presentation made me curious about the effectiveness of CBT for Major Depressive Disorder Recurrent (MDDR). As a result of an extensive search of the literature on relapse after treatment, I decided to utilise Mindfulness-based Cognitive Therapy (MBCT) as a way of extending her time after recovery. This report presents the challenges I faced in using MBCT as part of a combined approach towards treatment and relapse prevention in recurrent depression.

Introduction and context

Sam was referred by her GP to the voluntary counselling service within which I work. This service provides a number of therapeutic interventions and adheres to The National Institute for Clinical Excellence (NICE) guidelines on the treatment of psychological disorders.

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[*] The name and certain identifying details have been changed to preserve confidentiality.

Clients are offered twelve sessions with the option of extending to include an additional six sessions, dependant upon the severity of the presenting issue(s). Sam had indicated on her referral form that she had suffered from bouts of depression for most of her adult life. A recent psychiatric assessment revealed, at the request of her GP, that she did indeed meet the criteria for Major Depressive Disorder Recurrent, as outlined in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition.

Rationale for theoretical orientation

The work of Mintz, Arruda and Hwang in 1992 suggested that relapse and recurrence following the successful treatment of major depressive disorder (MDD) is common. However, the best-validated and mostly widely used approach to prophylaxis in depression is the work of Kupfer and colleagues, also from 1992. Research also suggests that maintenance psychotherapy may help, along with CBT for depression if it is administered during the depressive episode.

A number of studies have promoted the more recent approach is to use antidepressant medication to treat the acute episode, and provide CBT following recovery, while gradually withdrawing antidepressant medication. This has yielded preliminary successful findings in preventing relapse and recurrence (see Fava, Grandi, Zielezny, Canestrari, & Morphy, 1994; Fava, Grandi, Zielezny, Rafanelli, & Canestrari, 1996; Fava, Rafanelli, Grandi, Canestrari, & Morphy, 1998).

Mindfulness-based Cognitive Therapy (MBCT), as articulated by Ma and Teasdale in their 2004 publication of 'Mindfulness-based Cognitive Therapy for Depression', is a theory driven approach, formerly known as attentional control (mindfulness) training, which builds upon the above preliminary evidence. MBCT was derived from a model of cognitive vulnerability to depressive relapse, as defined by Segal, Williams, Teasdale and Gemar in 1996. This model assumes that individuals who have previously experienced depressive episodes differ from those who have not had patterns of negative thinking that become activated in a mildly depressed mood. Specifically, it is assumed that, in recovered depressed clients, dysphoria is more likely to activate patterns of self-devaluative depressogenic thinking, similar to those that prevailed in preceding episodes. The research of Ingram, Miranda and Segal in 1998, and again in 1999, provides evidence to support this claim. The research also suggests that the risk of relapse and recurrence in recurrent MDD can be reduced if clients can learn to become aware of negative thinking patterns that are often reactivated in a dysphoric mood. In addition, skills can be taught to help clients disengage from those ruminative depressive cycles and to treat thoughts as 'mental events' rather than as reflections of the self. MBCT was designed to achieve those aims, and I wished to use this evidence-based intervention with Sam to help extend her survival time after recovery.

First impressions

Sam presented to the service as a well dressed, articulate 36 year-old female. Throughout our first encounter she avoided eye contact and sat with her body turned away from me. She was tearful for most of the session. Sam described herself as 'pathetic' for becoming depressed 'yet again': thinking which further compounded her feelings of hopelessness and

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helplessness. Sam was concerned that she was beyond help and that she would continue to feel this way for the rest of her life. Recently, Sam had entertained the idea of ending her life, and although these thoughts frightened her, she was beginning to believe that death really was the most favourable option open to her. Despite this feeling, she believed that she would 'not have the courage' to take her own life, a realisation that brought her further misery as she believed there was now no escape from her suffering. In spite of her suffering, Sam did express a desire to manage her moods, and said that this would be her last attempt to help herself.

Client background and family history

Sam lived alone after moving out of the family home eight years ago. She was in full time employment and stated that she enjoyed her work as 'it distracted her from herself'. Sam's job included taking care of a local family run office, making sure that stock was always replenished on time and that the day to day activities, such as keeping the office tidy, were completed. Throughout this recent episode of depression, Sam had remained punctual and committed to her job. This information was to prove valuable when we later explored her ability to 'hang in there' when things got really bad. The impending redundancy had clearly had a marked impact upon her perceived ability to cope, and she was anxious about 'how bad things would get'. The redundancies were due to be announced at the end of the month and Sam was convinced that she would be one of them. Upon exploration, it became apparent that Sam had very little social support other than that of her two school friends. Sam's mother had also experienced several episodes of depression throughout her adult life, twice resulting in hospitalisation. The impact this had on Sam was an increased anxiety about the likelihood of

this also been her fate. Sam had not been hospitalised before, despite her previous episodes of depression, which typically lasted an average of six months. Up until this point, whenever Sam had become depressed, she had always visited her GP for antidepressants, which she had been taking on and off for the last five years. Sam stated that the 'pills helped… but not much'. It was only on the advice of a locum GP that she decided to try counselling.

Sam described her childhood as 'dull but pampered', which, in her view, was 'typical of an only child', stating that this made her less able to cope with the realities of life.

The presenting problem

After reviewing the initial assessment information, which included the Beck Depression Inventory (BDI), it was apparent that Sam was indeed depressed and met the criteria for MDDR (American Psychiatric Association, 1994). In accordance with the NICE guidelines for the treatment of depression, I began working with her in a CBT framework, which included MBCT as part of the relapse-prevention element.

Initial assessment and formulation

Sam had experienced more than three episodes of depression, so I was keen to utilise an evidence-based intervention that would help delay any future relapses. Sam described her current episode as very similar to the others, although the medication (60mg of Prozac) had not had the anticipated impact. Before beginning MBCT treatment, I followed NICE guidelines, which state that a client needs to be free from their current episode of depression before proceeding to MBCT interventions. To that end, my initial formulation followed

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Person's six-step case conceptualisation model (1989), which includes the following elements:

- All inclusive problem list, including major symptoms and problems in functioning;

- Propose an underlying mechanism (usually an irrational belief) that might underlie all the listed problems by asking questions such as: what do all these problems have in common? What belief would a person have who is behaving this way? What are the antecedents and consequences of the behaviour?

- Hypothesise how the underlying mechanism might produce the problem list;

- Explore the precipitants for the current problems. Does the proposed underlying mechanism match with the precipitants of the current problem?

- Look for the origin of the mechanism (belief) in the client's early life;

- Predict obstacles for treatment based on the formulation.

This model informed my case formulation worksheet for Sam, which can be seen in appendix A.

Sam and I contracted to work for the full twelve sessions. This would include monthly reviews and would also incorporate the MBCT component of treatment. I also informed Sam of the option of extending to include a further six sessions, dependent upon her progress in therapy.

The development and pattern of therapy

After completing six sessions of CBT for depression, Sam's BDI score suggested that she was no longer experiencing depressive symptoms. After discussion, Sam wished to continue with treatment and consented to work within a MBCT framework. We contracted for a further eight sessions (as recommended), meeting as we had done previously, once a week for fifty minutes.

The therapeutic plan included the following activities, as recommended by Williams, Teasdale, Segal and Kabat-Zinn (2007):

 Week One: Introduction to mindfulness (psycho-education), guided body scan using mindfulness CD track 2. Mindfulness in daily living.

Week Two: Body scan (track 2). Pleasant events calendar and ten minute sitting with awareness of breath (track 4).

Week Three: Mindful standing yoga, breath, and body (tracks 3, 4 and 5); Unpleasant events calendar; three-minute breathing space (track 7).

Week Four: Mindful standing yoga, breath, and body (tracks 3, 4, and 5); awareness of pleasant/unpleasant feelings; three minute breathing space (track 7).

Week Five: Mindfulness of breath and body (tracks 4 and 5); exploring a difficulty; three minute breathing space (track 7); opening the body door.

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Week Six: Mindfulness of breath, body, sounds, and thoughts (tracks 4, 5 and 6); three-minute breathing space (track 7); opening the thought door

Week Seven: Alternate daily (1) meditation of choice (with/without CD) forty minutes per day with (2) mindfulness of breath, body, sounds, and thoughts; three minute breathing space; opening the action door

Week Eight: Choosing a sustainable pattern of formal and informal mindfulness practice.

Many of the tasks outlined above were carried out in-session so that Sam and I had the opportunity to work through any potential challenges to her practice.

In addition to the exercise interventions, the sessions also included psycho-education around the cultivation of being in 'being' mode versus 'doing' mode. Williams et al. (2007) suggest that the 'being' mode is an entirely different way of experiencing ourselves and has the potential to transform how we relate to our emotions, our stress, our thoughts and our bodies.

In our first session, Sam and I discussed the potential this mode had to transform her experience of private events (pleasant, unpleasant and neutral) and she commented that 'it sounds too good to be true'. I reflected on this and wondered whether my natural enthusiasm for this way of working was a little overwhelming for Sam. I asked Sam about this and discovered that she felt there was an expectation for her to be just as enthralled as me. I thanked her for her honesty and explained my passion for this way of working, resolving to monitor how I was in the room with her over the coming sessions. I was keen to set realistic

expectations regarding MBCT, which included acknowledging the increasing body of evidence, but also acknowledging the level of work (and sometimes frustration and boredom, particularly in the early stages of practice) that often accompanies this path.

Utilising the strong therapeutic relationship we had developed over the past two months, we began exploring her doubts about MBCT, which in turn revealed her anxiety around relapse. Sam confided that she had very high expectations of MBCT and was afraid that she would only be left feeling more depressed if this failed. Sam's reaction sparked anxiety within me as I acknowledged the reliance we both placed on MBCT. In addition, I had my own concerns regarding my ability to implement this new model and the pressure I had unwittingly placed upon myself to be successful. I took this issue to supervision so that I could work through my concerns regarding the approach and my perceived ability to deliver it. Through this process, I discovered that I was placing unrealistic demands upon myself as a practitioner, as well as harbouring perfectionist tendencies that were unhelpful to the process.

This was not the first time my perfectionist tendencies had manifested themselves in my client work. I realised that MBCT might enable me to view my thoughts and expectations around 'being perfect' in an entirely new way. Supervision provided me with the space I needed to work through and resolve these initial anxieties so that I could refocus on the task of providing Sam with an effective (though not perfect) relapse prevention intervention. Whilst writing my notes on that particular supervision session, it occurred to me how I could utilise the mindful approach with my recent experience. If I was able to view my demands as mental events without becoming attached to them, I would grant myself the space needed to

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reflect objectively and rationally. From that point on, I was mindful to observe my responses in and out of session to Sam and our work.

In the sessions that followed, Sam and I worked to develop skills in mindful awareness by implementing and then reflecting on the exercises given in and between sessions. In session four, however, Sam arrived distressed, tearful and angry as she described her difficulty at remaining open and aware throughout meditation. Some of the thoughts associated with this experience for Sam included 'I've failed again' and 'I'm wasting my time'. It was during this session that I found myself returning to our prior CBT work to remind her of her skills at dealing with unhelpful thoughts (e.g., examining the evidence, best friend argument). It occurred to me that our work together needed to be a skilful blend of CBT and MBCT, as therapy rarely reflects what is printed in text. I believe that I had the presence of mind to react flexibly to Sam to meet her needs, rather than religiously following the schedule we had set in session one.

This demonstrated my growth as a practitioner and my increasing confidence to respond meaningfully to the client's changing needs. As Sam and I continued our discussion on the nature of these thoughts, it occurred to me that perhaps she was attempting to avoid them. When I asked Sam to describe what she did when she had those thoughts she said 'I try to ignore them, push them out of my mind, but they continue to trouble me'. Williams et al. (2007) state that approach and avoidance circuitry is wired into specific areas of the brain, and that mindfulness embodies approach: interest, openness, curiosity, goodwill and compassion. Furthermore, this approach circuitry is activated during mindfulness practice as

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an antidote to the instinctive avoidance that can fuel rumination. This appeared to reflect what was happening for Sam, as when she attempted to 'push' the thoughts out of her mind she only became further entangled in them, which then led to further thought about them (rumination).

Guided by Williams et al. (2007), I offered Sam a different way of interacting with her thoughts. I suggested that she intentionally welcome and accept the 'unacceptable' thoughts, and the emotions that accompanied them, and actively cultivate an openhearted approach to her inner experiences. We attempted to do this in session by entering into a mindful state of awareness, accepting and welcoming the experiences our mind was offering and viewing thoughts as passing mental events. Sam reported finding this exercise particularly useful and said that it made her more 'hopeful' about this approach working for her. However, given our recent work in CBT around disputing and debating thoughts, she expressed her confusion over what she should do with unpleasant thoughts.

At this point during therapy, I realised the challenge of skilfully selecting the most appropriate intervention to alleviate distress and improve functioning. When Sam presented her unhelpful thoughts around meditation, I chose to revisit our historical CBT interventions as a way of reducing her discomfort in experiencing those thoughts. However, on reflection I believe that remaining in the mindful approach may have been more helpful and might have avoided the confusion that Sam was now experiencing. To address this issue, I shared my thoughts with Sam abound the challenge of using the most appropriate 'tool' when faced with a difficulty, and stated that it may be a matter of trial and error before finding the most

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effective one. I felt that this exchange reinforced the collaborative approach we had cultivated during our work together. Sam said she felt empowered to select her own tool from her new repertoire of skills and to trust in her ability to respond to her needs as and when required.

Over the following three sessions, Sam continued to work through her frustrations around her practice by using a specific MBCT exercise designed to investigate the texture of emotionally challenging situations. This work was guided by Williams et al. (2007), which encourages the client to invite a difficulty in and work it through the body. Through this process, Sam was able to see unpleasant experiences for what they are: passing mental events, bundles of bodily sensations, feelings and thoughts. Sam came to realise that the best we can do with unpleasant experiences is to greet them with a sense of curiosity rather than dread and fear. Sam's experience had resulted in her feeling 'liberated'. Sam also began to notice differences in her behaviour towards her friends and family. I asked Sam what she believed was different, and her answer encapsulated her development and progress thus far: she said that she felt aware and that the awareness allowed her the space in which to pause and reflect before responding.

For me, this demonstrated the effectiveness of cultivating a relationship with ourselves in which we practise compassion, acceptance and non-judgemental awareness. Sam acknowledged that she did not always respond with such sophistication, and that on occasion she remained on 'auto pilot'. However, more often than not, life was becoming more meaningful, interesting and enjoyable for Sam. At this stage I felt that we had come to a significant point in therapy, which reflected Sam's potential to master her mindful practice

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and demonstrated her ability to actively manage and cultivate a healthy relationship with her emotional experiences.

In our final session together, Sam and I discussed the effort involved in maintaining mindful practice for life, and the benefits in doing so. We spoke about the space that mindfulness brings when confronted with unpleasant emotions, physical sensations or situations, and that mindfulness does not neutralise these experiences, but simply allows them to become only part of our experience. Sam described the MBCT component of our work together as the 'development of a new life philosophy'. Sam believed that she was now 'differently equipped' to deal with her tendencies to ruminate and that she no longer felt the same degree of vulnerability. Sam described this as an 'increase in capacity': one that she believed was always there but had never been acknowledged until now. I shared with her the pleasure I had experienced in working with her, and stated that I too had learnt how to cultivate mindfulness more consistently. I believe that the strength of our therapeutic relationship increased the likelihood of this positive outcome and that Sam developed an effective way of reducing the risk of experiencing an episode of depression in the future.

Reflections

After eight sessions of MBCT, Sam reported a marked increase in wellbeing, which resulted in a diminished presence of residual depressive symptoms. In our final session together, Sam spoke candidly about her experience of MBCT and stated that she believed that this had 'profoundly altered' the relationship she now has with her thoughts. Sam realised that this

relationship was one that needed to be cultivated for the rest of her life, but relished the challenge and believed that, through ongoing work, she would continue to refine her new skills for living a mindful life full of awareness and acceptance. We agreed to schedule a booster session in three months time as part of follow up.

On evaluating the MBCT work with Sam, I believe that MBCT has an important role to play as part of a blended treatment approach for recurrent depression, utilising both CBT in the acute phase and MBCT in the relapse-prevention phase. As illustrated above, the mindfulness-based interventions are to be tailored to the individual in order to increase their therapeutic impact. I found that, as Sam became more confident in her mindful practice, she began to experiment with what best suited her. I believe that this blending of science (the interventions) and art (the creative element) is a key ingredient in bringing about therapeutic change and that, as a practitioner, I strive to move away from prescriptive forms of treatment and instead focus on what may of immediate benefit to the client, whilst remaining an evidence-based practitioner. As I reflected on my work with Sam, I noted how the pattern of therapy ebbed and flowed, much like the practice of mindfulness itself. I wonder whether being a similar age to Sam made a difference to the strength of our collaboration. On one occasion, I was very struck by her comment 'I could do with a friend like you', which called in to question the type of relationship we had been fostering. Whilst I am confident that our relationship was professional and ethical, I was both touched and concerned by this, as I knew it reflected the depth of our connection. I also knew, however, that, in a non-therapeutic encounter, Sam may have become a friend. It is the dual role of participant and observer, and appropriate use of supervision, that ensures the safety of both client and practitioner. It was

the utilisation of these resources that ensured that our therapeutic relationship remained just that.

As an avid practitioner of mindfulness, and as an experiential practitioner, I found that the therapeutic relationship was strengthened via our shared experience of mindful practice. I found that, as a result of my work with Sam, my mindful practice has taken more of a priority as part of self-care. I believe that this is a result of relearning from Sam the potential capacity we have to be to be truly aware and fully engaged in our own lives.

In conclusion, I feel encouraged by the outcome of the MBCT intervention with Sam, and feel more confident in using 'new' interventions in my work for the benefit of my clients and my continuing professional development.

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Appendices

Appendix A: Initial Case Formulation Worksheet for Sam

Client Name: Sam

Diagnoses/symptoms: MDD: primary symptoms are loss of energy and interest, sleeping too little with early morning waking, difficulties concentrating, low self esteem and social isolation.

Formative influences: Mother had several episodes of depression, resulting twice in hospitalisation. Mother was often critical of Sam, particularly of her appearance. Family appeared fractured with very little positive emotional support for Sam. Sam frequently compared herself negatively to her friends who seemed to be 'better than her at everything', resulting in her dropping out of school before her exams.

Situational issues: Impending redundancy, financial constraints.

Biological, genetic and medical factors: Mother has a history of depression. No history of medical illnesses.

Strengths/assets: Relationship with school friends appears supportive, works as a volunteer at the weekends, previous interest in sport, is a practising Catholic.

Treatment goals: 1) Resume normal activity levels at work and home; 2) build self esteem to a healthy level; 3) communicate effectively with Mother; 4) build social network.

	Event 1	Event 2	Event 3
	Thinking about missing work deadline	Getting red letter in post	Argument with school friend
Automatic thoughts	'I've messed up again' 'What's the point in me even trying?… I'm never going to catch up'	'I can't cope with this' 'I'll be homeless before long' 'I've been made redundant because I'm no good'	'I'm a bad friend' 'I'm a screw-up so why would she be my friend?' 'My friend doesn't even like me'
Emotions	Anxious, angry, sad	Anxious, sad	Guilty, sad
Behaviours	Irritable Wanting to leave work Not being effective at organising diary for project	Avoiding dealing with letter Staying in bed all weekend	Avoid ringing friend Not answering phone

Schemas: 'I'm worthless'; 'I'm defective'; 'I'm unlovable'; 'I'll end up alone'; 'If people get to know me, they will eventually realise I'm a fraud'; 'I'm no good'.

Working hypothesis: Sam's recent redundancy and financial difficulties have reinforced underlying schemas about self worth, competence and lovability. Sam has many automatic negative thoughts driven by these schemas and engages in behaviours that serve only to maintain her low mood.

Sam's unhelpful schemas appear to have been shaped by early negative experiences with her family (emotionally neglectful upbringing, mother's depression), financial problems.

Treatment plan: 1) Behavioural interventions – activity scheduling designed to improve ability to organise day and decrease social isolation; 2) Modifying unhelpful thoughts and beliefs via daily thought records, examining evidence and developing rational alternatives; 3) Building self esteem by revising unhelpful schema; examining evidence, CBT rehearsal for modified schema; 4) Mindfulness for depression interventions as part of relapse prevention, treating thoughts as mental events, mindful meditation tasks, developing a new relationship with thoughts.

SECTION D: LITERATURE REVIEW – RESILIENCE RESEARCH: WHAT EXISTS

AND HOW CAN WE USE IT IN COUNSELLING PSYCHOLOGY?

Introduction

In January 2000, Martin Seligman and Mihaly Csikszentmihalyi edited a special issue of the American Psychologist focusing on Positive Psychology. Both authors claimed that psychology was not producing enough 'knowledge that makes life worth living' (5) and that, whilst we had learnt much in the second half of the 20th Century regarding depression, irrationality, self esteem, racism and violence, psychology has had much less to say about character strengths, virtues, and the conditions that lead to high levels of happiness or civic engagement (Gable & Haidt, 2005). In one metaphor, psychology was said to be learning how to bring people up from negative eight to zero, but not how to be as good at understanding how people rise from zero to positive eight (Gable & Haidt, 2005).

Five years on from that special issue, positive psychology was been defined as the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions (Gable & Haidt, 2005). It is the scientific study of what goes right in life, and its signature premise is that what is good about life is as genuine as what is bad, and that human goodness and excellence are as authentic as disease, disorder, and distress, and therefore deserve equal attention from psychologists (Peterson, 2006).

Perhaps, then, to help understand the emergence of positive psychology, it may be useful to view the landscape of the field of psychology prior to 2000. Psychology then, as now, tended to focus its efforts on disease, stress and disorder. One explanation for this focus is compassion: the idea that those who are suffering should be helped before those who are doing well (Gable & Haidt, 2005). Another explanation is pragmatic and historical; after World War II, psychologists found that funding agencies were prioritising research into mental illness and other problems, and much work could be found helping returning veterans (Seligman, 2002). A further explanation for the field's focus on negative aspects of human nature may originate from our own beliefs and theories regarding psychological processes. 'Bad is stronger than good' was the conclusion of a review of the psychology literature that suggested that negative events have far more impact than positive events, and that information about bad things is processed more thoroughly than information about good (Baumeister, Bratslavsky, Finkenauer & Vohs, 2001).

Research on positive psychology is not new: psychologists have been studying aspects of human flourishing since the turn of the century. However, it would appear that the time was right for the organisation of a movement that focused almost exclusively on well-led lives.

Positive psychology is not without its critics and challenges. It has been suggested that the presence of positive psychology suggests that the rest of psychology must be negative psychology, and that it has taught us little. A further criticism is that positive psychology ignores the very real adversities that people face in their lives, choosing instead to take a Pollyanna view of the world. Responses have been published to these arguments, referring

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the critics to the aims of positive psychology: to build up what we know about human resilience, strength and growth, and to integrate and compliment the existing knowledge base (Gable & Haidt, 2005). It has been argued that, if the positive psychology movement is successful in redressing the balance in psychology, it will become obsolete.

Perhaps the most challenging aspect in the movement of positive psychology is defining what actually is positive, and the ambiguous line between describing something as 'good' and prescribing it as 'good' (Held, 2004). Take the example from research in the medical and nutritional fields that suggests that five portions of fruit and vegetables per day, and regular exercise, is 'good' for us. In psychology, suggesting that certain behaviours or mental practices are 'good' for us is not as straightforward.

One aspect of positive psychology that has grown rapidly since its inception is the notion of psychological resilience. Definitions of resilience are varied, with Block and Block (1980) suggesting that it is characterised by flexibility in response to changing situational demands, and an ability to bounce back from negative emotional experiences. Flach (1997), on the other hand, suggests that a realistic resilient response may involve a lot of emotional struggle and turmoil before a way forward is found. Notably, trait-resilient individuals experience positive emotions even in the midst of stressful events, which may explain their ability to rebound successfully despite adversity (Tugade, Fredrickson, & Feldman Barrett, 2004). It is agreed is that resilience is not a fixed trait of an individual (Masten & Powell, 2003), suggesting that when circumstances change, resilience alters (Rutter, 1987), and that

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resilience can be learned and developed by anyone (American Psychological Association, 2004).

In light of the above, this paper will attempt to critically appraise the positive clinical psychology movement with particular reference to resilience research, with a view to understanding its potential implications for Counselling Psychology practice.

A critical review of resilience research

In the words of Seligman and Peterson (2003), 'the best therapists do not merely heal damage; they help people identify and build their strengths' (p. 306). The research conducted into psychological resilience over the last decade appears to suggest that resilience is an 'ordinary magic' (Masten, 2001). But how can Counselling Psychology use the growing empirical evidence base to inform practice and help clients not only manage their emotional distress, but flourish in the face of it?

This is the question that research into psychological resilience has attempted to answer. As a result, a range of positive topics has surfaced, including: optimism, subjective well-being, wisdom, creativity, authenticity, humility, altruism, gratitude, humour, compassion, and spirituality (Snyder & Lopez, 2001). In principle, what these topics have in common is an emphasis on positive features of performance and health (rather than limitations and failures), and how to explain them (Maddi, 2006) Furthermore, new topics are being added, such as hardiness (Maddi, 2006), which is conceptualised as a combination of the three attitudes of

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commitment, control, and challenge. Around 6,000 studies on hardiness have now been conducted around the world, demonstrating its importance as a topic among psychologists and related professionals (Maddi, 2006). Hardiness was originally studied as a basis for resilience in a twelve-year natural experiment at Illinois Bell Telephone (IBT) from 1975 to 1987. The study collected data on a yearly basis from over 450 male and female supervisors, managers and decision-makers. IBT was originally a federal regulated monopoly, but six years into the longitudinal study, the company was deregulated. As a result, the company reduced in size from approximately 26,000 employees in 1981 to an estimated 14,000 in 1982. The data collected in the ensuing years revealed that almost two-thirds of the sample participants suffered and collapsed. The severe disruption had a major impact on performance: there were reports of violence, absenteeism in the workplace, and divorces (Maddi, 2006). Health was also affected, with an increase of heart attacks, cancer, and mental disorders. However, in stark contrast, the other third of the sample not only survived but flourished. In the data collected before the upheaval, the orientation of hardiness was determined to be the differentiator (Maddi, 2006). Resilient employees were characterised by the cognitive/emotional amalgam of hardy attitudes of commitment, control, and challenge (Kobasa, 1979; Maddi & Kobasa, 1984). These resilient individuals demonstrated action patterns of coping with stressful situations by facing them (rather than denying they exist) and by struggling to turn them into opportunities for themselves and the company (as opposed to avoiding them and blaming others). Furthermore, these individuals were seen to build patterns of interaction with significant others that demonstrated mutual support and encouragement (Maddi, 2006). In addition, they also made a conscious effort to look after their bodies by engaging in exercise and relaxation, as well as maintaining a balanced diet.

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The conclusion of the study appeared to suggest that hardy attitudes could provide a source of strength and motivation in the midst of adverse life events. However, criticisms of the concept of hardiness were that the three components that make up a hardy attitude (commitment, control and challenge) were not easily replicated, and did not appear to be consistently correlated in undergraduate samples (Funk and Houston, 1987). A further criticism suggested that the hardy attitudes were nothing more than a negative expression of neuroticism or negative affectivity (Funk and Houston, 1987; Hull, Van Treuren, & Virnelli, 1987). However, recent research (see Maddi & Khoshaba, 2001; Maddi, Khoshaba, Harvey, Lu, & Persico, 2002) found compelling evidence to refute the above criticisms, resulting in the development of a valid and reliable measure of hardiness, and the discovery that the measure of hardiness is considerably different from, and broader than, merely being defined in opposition to neuroticism or negative affectivity (Maddi, 2006).

Whilst the concept of hardiness aids our understanding of what attitudes may make up a trait-resilient individual, it fails to provide a broader view of the concept, and ignores possible biological origins and determinates. Curtis & Cicchetti (2003) attempted to consider the biological contributors to resilience by presenting a theoretical framework and outlining empirical strategies for studying the biological underpinnings of resilience. They argued that, so far, resilience research had focused almost exclusively on psychosocial levels of analysis to derive explanatory models. They stated that the framework and strategies that have so far been put forward are an attempt to avoid reducing resilience to just a biological process, but suggest that the use of brain imaging and other technology may enhance our understanding of the mechanisms of neural plasticity and resilience. They argue that it is likely that several

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different areas are utilised in trait-resilient individuals, including emotion, cognition,

neuroendocrine and immune functioning, and genetics (Curtis & Cicchetti, 2003).

Determinants of resilience were presented by Connor and Zhang (2006) in their research

investigating resilience, focusing on measurement and treatment responsiveness. They

defined resilience as an 'ability to cope with stress', which varies with context, time, age,

gender, and cultural origin (Connor & Zhang, 2006). They argue that resilience shifts the

perspective from decreasing the negative to increasing the positive, and encompasses many

salient characteristics including: commitment, dynamism, humour in the face of adversity,

patience, optimism, faith and altruism (Connor & Zhang, 2006). Their research focused on

the potential implications for treatment of disorders such as anxiety, depression and stress

reactions, but cautioned that existing measures need to be validated transculturally. However,

the paper failed to provide clarity on what resilience treatment would look like, and failed to

offer guidance on the importance of neurobiological, genetic or temperamental determinants.

Given the apparent potential that resilience has to offer as a buffer to adverse life events, it is

not surprising that recent research has focused on the relationship of resilience to personality,

coping and psychiatric symptoms in young adults (Campbell-sills, Cohan & Stein, 2006). In a

study conducted in 2006, the relationship of resilience to personality traits, coping styles and

psychiatric symptoms was investigated. A number of measures were utilised, including the

Connor-Davidson resilience scale, the NEO Five Factor inventory, the Coping Inventory for

Stressful Situations, and the Brief Symptom Inventory. The results of the study suggested that

resilience can impact and influence coping styles, and is associated with certain personality

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dimensions. Resilience was found to be negatively correlated with neuroticism and positively correlated to extraversion and conscientiousness (Campbell-Sills et al., 2006). Coping styles also predicted variance in resilience above and beyond the contributions of the personality traits that have been mentioned (Campbell-Sills et al., 2006). Perhaps unsurprisingly, task-oriented coping was positively related to resilience and mediated the relationship between conscientiousness and resilience (Campbell-Sills et al., 2006). This finding would appear to compliment the concept of hardiness (Maddi, 2006), which suggests that hardy individuals adopt an action-oriented coping style in the face of adversity. Interestingly, emotion-oriented coping was associated with low resilience, which would appear to support Seligman's view on our sometimes ineffective, natural tendency as human beings to focus on the negative as a way of attempting to reduce its intensity.

The above study contributes to a better understanding regarding the definition of resilience, although no one agreed definition currently exists in the literature. This study also provides evidence for the construct validity of the Connor-Davidson Resilience Scale, the most recently developed instrument for measuring resilience. However, there are a number of limitations to this study, including self-selection bias, social desirability bias and low ecological validity in the use of questionnaires. Furthermore, the sample was comprised of undergraduate students, which may lead to issues of generalisability.

In an attempt to understand and measure the aspects of resilience, a number of measurement tools have been developed. One of the earliest scales to include the term 'resilience' was the Resilience Scale (RS; Wagnild & Young, 1993), which listed 25 items evaluating qualities of

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personal competence and acceptance of self and life. This scale was used to examine

resilience in sheltered female victims of domestic violence (Humphreys, 2003). Another tool

measuring resilience is the Resilience Scale for Adults (RSA), which consists of 45 items

covering five dimensions: personal competence, social competence, family coherence, social

support and personal structure. The purpose of the scale is to measure the protective resources

that promote adult resilience (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003). The

study itself involved the distribution of the RSA, the Sense of Coherence Scale (SOC), and

the Hopkins Symptom Checklist (HSCL) to 59 patients once, and to 276 'normal' controls

twice, separated by four months. The results appeared to suggest construct validity of the

RSA, with positive correlations with the SOC and negative correlations with the HSCL. The

RSA also differentiated between patients and healthy control subjects and discriminating

validity was indicated by differential positive correlations between RSA subscales and SOC

(Friborg et al., 2003).

In a separate study conducted in 2005, the RSA was cross-validated and compared with

measures of personality (Big five/5PFs), cognitive abilities (Raven's Advanced Matrices,

vocabulary, and number series) and social intelligence (TSIS). All measures were given to

482 applicants for a military college, and revealed that those scoring high on the RSA scale

were more likely to be psychologically healthier, better adjusted and, therefore, more resilient

(Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005).

The findings of the above studies appear to suggest that the RSA could be used as a valid and

reliable instrument in health and clinical psychology, in assessing the presence of protective

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factors important in regaining and maintaining optimal mental health. However, the study does not suggest how best to utilise this knowledge in terms of treatment plans and ignores potential implications in training mental health professionals to identify and cultivate the protective factors. The study also stops short of taking into consideration the concept of resilience being context-dependent, in that when circumstances change, resilience alters. For example, an individual who demonstrates resilience in a challenging work context may become depressed after the break-up of a relationship. It could therefore be argued that the measurement of resilience is an attempt to over-simplify a complex, dynamic concept, which may require a multidimensional approach in order to accurately capture what it truly is, and distil its benefits.

In his 2006 review of resilience research to date, Michael Rutter spoke of the implications of resilience concepts for scientific understanding. He argued that resilience is an 'interactive concept', which refers to a relative resistance to environmental risk experiences, or the overcoming of stress or adversity. He states that resilience is different from the more traditional concepts of risk and protection, because it focuses on individual variations in response to comparable experiences (Rutter, 2006). Therefore, the research conducted in this area needs to focus on the individuals *differences* to the comparable experiences, as well as the *causal processes* that they reflect, rather than on resilience as a general quality (Rutter, 2006). To overcome this challenge, and to accommodate the notion that resilience in relation to childhood adversities may stem from positive adult experiences, Rutter (2006) suggests that a life-span trajectory approach and a combination of research strategies spanning psychosocial and biological methods is needed.

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He surmises that there are five main implications of resilience research to date: (1) resistance to hazards may derive from controlled exposure to risk (rather than its avoidance); (2) resistance may derive from traits or circumstances that are without major effects in the absence of the relevant environmental hazards; (3) resistance may derive from physiological or psychological coping processes rather than external risk or protective factors; (4) delayed recovery may derive from 'turning point' experiences in adult life; and (5) resilience may be constrained by biological programming or the damaging effects of stress/adversity on neural structures (Rutter, 2006).

It would appear that Rutter's comment on the direction of resilience research sparked a small but growing flurry of papers looking at resilience from a bio-psychosocial viewpoint. One such paper, published by Hoge, Austin and Pollack (2007) examined resilience in the context of post-traumatic stress disorder (PTSD). The authors appeared to echo Rutter's sentiment by stating that the notion of resilience encompasses biological and psychological characteristics, intrinsic to the individual, that might be modifiable, and that appear to offer protection against the development of psychopathology in the face of adversity (Hoge et al., 2007). The paper examined early definitions of resilience by looking at research conducted on 'children at risk' and commented on the relationship between risk and resilient factors. They then examined the possible psychological and biological factors relating to the development of PTSD following trauma, and examined how resilience is currently measured and assessed. The paper went on to discuss the current challenges facing the future of resilience research, including the need to develop a set of questions that does more than capture state

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characteristics, such as positive attitudes or mood (Hoge et al., 2007). The authors call for a scale that would measure an individual's reaction to an experimental stress paradigm or to stressful life events or traumas over time (Hoge et al., 2007). In addition to that challenge, the issue of whether or not a resiliency scale could accurately measure improvement in resilience, independent from symptom improvement from PTSD or other disorders, poses problems due to the definition of resilience that currently exists, which suggests that resilient individuals are protected from developing these disorders in the first place. Hoge et al. give an example of this by stating that it may be invalid to describe participants who improve after pharmacological or psychotherapeutic treatment as 'more resilient', separately from simply being treated successfully for their disorder. Furthermore, using the term 'resilience' in this context would require a measurement scale that would demonstrate that participants are better equipped to deal with stress or trauma independent of their treatment response.

Clearly, resilience research is attempting to answer the questions posed of it and to provide an empirical base from which practitioners can inform their practice and find more effective and efficient ways of treating specific disorders. But what research exists specifically within Counselling Psychology regarding resilience, and to what extent can it inform our practice for the benefit of our clients? This paper will now attempt to answer that question.

Counselling Psychology, self help and resilience

Whilst research into resilience continues to flourish, the integration with practical application within Counselling Psychology is just beginning. A small number of studies looking at resilience in Counselling and Psychotherapy have been published, but the challenge of

defining what resilience actually is has proved difficult, and this is reflected in the papers produced so far. Resilience, Positive Psychotherapy, Wellbeing therapy and strengths-based counselling, are all popular descriptions of an emerging field within Counselling Psychology attempting to accommodate the positive psychology movement. These 'new' modes of treatment suggest that the emphasis of therapy and counselling is on reducing the clients' current distress by increasing their awareness of existing character strengths and virtues, whilst building a repertoire of skills that will serve them in the face of future life adversities.

Perhaps one of the reasons the production of resilience research in Counselling Psychology has been comparatively slow, may stem from a belief that self-reported effective and competent practitioners are already doing this as part of their work. This may reflect the view that uncovering clients' character strengths and virtues (Seligman, 2000), and providing them with tools to overcome future stresses and traumas, is an intrinsic part of our role as Counselling Psychologists, psychotherapists, and counsellors. There is now deemed to be little need to separate this out as a new and improved way of working.

However, some disagree that this is an established way of working, and it would appear that there is a growing curiosity about what working in this way would entail, and an inquisitiveness surrounding the promised positive implications for our clients.

One new positive approach is wellbeing therapy (WBT), developed by Fava (1999), which is based on the multidimensional model of psychological well being proposed by Ryff and Singer (1998). It consists of building environmental mastery, personal growth, purpose in life,

autonomy, self-acceptance, and positive relations with others. In the United States, it is provided after patients with affective disorder have successfully completed a regime of drugs or psychotherapy (Seligman, Rashid, & Parks, 2006). WBT is described as a short-term psychotherapeutic strategy, which extends over eight sessions, taking place once a week or once a fortnight and lasting from 30 to 50 minutes per session (Fava & Ruini, 2003).

It is a technique that emphasises self-observation via the use of a structured diary and interaction between clients and therapists (Fava et al., 2003). The initial sessions are focused on identifying episodes of well being, however fleeting, and asking the client to record them within a situational context. Homework tasks of this nature can often be met with resistance and non-compliance but Fava and colleagues suggest reminding the client that these moments do exist, although they often pass unnoticed.

During the intermediate sessions, clients are asked to identify thoughts and beliefs leading to the premature interruption of well being (Fava et al., 2003). Here there is obvious similarity to automatic thoughts in cognitive therapy (Beck, Rush, Shaw, & Emery, 1979), although Fava argues that the difference is that the trigger for self-observation is based on well-being rather than distress.

The final sessions of WBT include monitoring episodes of well-being and, if appropriate, the introduction of Ryff's six dimensions, as well as errors in thinking and the generation of alternative interpretations.

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One criticism of WBT is its apparent lack of differentiation between standard cognitive therapies. WBT appears to provide a very similar construct to cognitive therapy, with its emphasis on self-observation, cognitive restructuring and behavioural exercises. However, Fava (2003) argues that the main difference is the focus, which in WBT is on instances of emotional well-being, whereas in cognitive therapy it is on distress. Fava (2003) also provides a second distinction from cognitive therapy, relating to the goal of WBT in promoting psychological well-being as opposed to thought control or contrast.

Perhaps one way of resolving these criticisms would be to offer WBT as an adjunct to standard cognitive therapy, blended with aspects of positive psychology. Frisch (2006) appears to have done just that with the development of Quality of Life Therapy (QOLT). In his book, Frisch attempts to produce an approach that targets faulty cognitions, troubling emotions and maladjusted relationships, as well as enhancing self-observation, character strengths and effective coping. The two preliminary studies appear to suggest that this approach offers a much broader spectrum in which the practitioner can operate, dependent upon client needs. However, further research is needed to validate its efficacy.

Positive Psychotherapy (PPT) is another recent addition to the growing field of positive clinical practice, which contrasts standard interventions for depression by increasing positive emotion, engagement, and meaning, rather than directly targeting depressive symptoms (Seligman, Rashid, & Parks, 2006) PPT rests on the hypothesis that depression can be treated effectively not only by reducing its negative symptoms but also by directly and primarily building positive emotions, character strengths and meaning (Seligman et al., 2006). Furthermore, Seligman and his colleagues believe that the symptoms of depression may be

causal, rather than consequences or correlates, which PPT may address by offering a new way of treating and preventing the disorder.

PPT consists of a number of exercises derived from over six years of research. Twelve of the best-documented exercises from this research were packaged together and delivered via an instruction manual, one for individuals and one for groups. The exercises themselves were derived from a theoretical rationale, which suggests that 'happiness' is constructed into three scientifically manageable components: positive emotion (the pleasant life), engagement (the engaged life), and meaning (the meaningful life) (Seligman et al., 2006).

The pleasant life consists of experiencing a lot of positive emotion about the past, present and future, as well as learning skills to cultivate emotions such as satisfaction, contentment, pride and serenity. The purpose of cultivating these emotional states relates to research suggesting that positive emotion is associated with lower depression and anxiety, and an ability to counteract the detrimental effects of negative emotion on physiology, attention and creativity (Fredrickson & Branigan, 2005).

The engaged life is a life that pursues engagement, involvement and absorption in work, intimate relations, and leisure (Csikszentmihalyi, 1990). *Flow* is a concept developed by Csikszentmihalyi to describe a state in which an individual becomes fully immersed in an activity and the sense of self is lost (Moneta and Csikszentmihalyi, 1996). Seligman used this concept to construct a series of exercises, which aimed to help individuals to identify their talents and strengths, and find or construct opportunities in which to use them. These

strengths were termed *signature strengths* (Peterson & Seligman, 2004). However, it is interesting to note that this view of human functioning echoes current psychological notions such as Rogers's (1951) concept of the fully functioning person, Maslow's (1971) ideal of self actualisation, and Ryan and Deci's (2000) self determination theory.

The meaningful life involves the pursuit of meaning (Seligman et al., 2006) by using one's signature strengths to belong to or serve, something that is believed to be bigger than the self. Religion, politics, family, community and nation are all examples of common institutions that individuals describe themselves as serving or belonging to, which involve them using their signature strengths. Research suggests that such activities result in a subjective sense of meaning and correlate highly with happiness (Lyubomirsky, King, & Diener, 2005)

Two face-to-face studies were conducted using PPT. The first was with young adult participants with mild to moderate depression (study 1) and the second with young adults with severe depression (study 2). Study 1 involved group PPT for two hours per week, over a six-week period. Two groups of between eight and eleven participants were given homework, not customised to the individual, with all participants receiving the same homework assignment in a fixed sequence. Study 2 was individual PPT for severe depression. This was administered over fourteen sessions and tailored to the individual using a manualised protocol.

The results of the studies revealed that individual PPT for severely depressed participants led to more symptomatic improvement and to more remission from depressive disorder than did

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either treatment as usual or treatment as usual plus antidepressant medication (Seligman et al., 2006). Group results revealed greater symptom reduction and increases in life satisfaction than in the no-treatment control.

However, there were limitations with the study, including the size of the sample: there were 40 participants in study 1 (group PPT) and 32 in study 2 (individual PPT), but it is noted that the sample size is similar to other outcome therapy studies, in which the median sample size is 12 (Kazdin & Bass, 1989). In addition, the participants in both studies were university or professional students; clearly this has implications for the generalisability of PPT to other populations. A further limitation is the fact that therapists working in the studies were not counterbalanced, which may have resulted in 'talented' therapist effect (Seligman et al., 2006).

Further research on PPT could mediate the limitations listed above, and lead to an exploration of the potential implications PPT may have as a future therapy for depression, combining traditional talking therapy with understanding and building positive emotion, engagement, and meaning (Seligman et al., 2006).

A further paper presented by Iwasaki, Mactavish, and Mackay (2005) investigated leisure as a stress survival strategy that built strength and resilience. However, the paper appeared only to mention the word resilience in the title and offered no definition of the role resilience played in managing stress. As stated earlier in this paper, defining resilience is one of the biggest

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challenges facing researchers and, until a consensus is reached, confusion may continue to seep through, potentially damaging the resilience movement.

Lightsey (2006) attempts to resolve the confusion that currently permeates the resilience literature, by offering *psychological resilience* as a potential definition. He argues that psychological resilience could be operationally defined as strength awareness – the belief that one can persevere or accomplish goal-relevant tasks across varied challenges and adverse situations (Lightsey, 2006). In this definition, Lightsey argues, psychological resilience would fit within social cognitive theory (Bandura, 1997) and be consistent with Beck's (1967) theory that, as negative schemata may exacerbate stressors, positive schemata or beliefs may buffer the effects of stressors. This conceptualisation would also be a measurable and modifiable psychological mechanism that enables successful coping with adversity (Lightsey, 2006).

Psychological resilience could also be described as a broad or general sense of self-efficacy, which would fit with the hundreds of studies conducted that looked at self-efficacy, positive outcomes and coping success (Bandura, 1997). There is other evidence that suggests that a generalised belief in one's self-efficacy may be central to psychological resilience. In two wave-panel analyses, generalised self-efficacy predicted future self-esteem after controlling for earlier self-esteem, but self-esteem did not predict future generalised self-efficacy after controlling for prior generalised self-efficacy (Lightsey, Burke, Ervin, Henderson, & Yee, 2007).

It would appear that this definition of psychological resilience, as generalised self-efficacy, is consistent with the current literature on resilience, and would lend itself to increasing measurement precision, potentially helping ground resilience in a focal and empirically supported theory (Lightsey, 2006).

Self-help books, focusing on resilience, have recently been making the top spots on publishers' lists. Two such books have been Reivich and Shatte's (2002) 'The Resilience Factor' and Brooks and Goldstein's (2003) 'The Power of Resilience'. Both books use the most recent research to aim to teach individuals the benefits of developing and cultivating a resilient outlook. The Resilience Factor uses cognitive behaviour therapy techniques (identifying unhelpful thoughts and beliefs, undertaking behavioural assignments and uncovering core beliefs, which they refer to as icebergs), to increase self-efficacy and subjective well being.

The Power of Resilience (Brooks and Goldstein, 2003) uses a similar approach by prescribing specific tasks that aim to increase resilient responses in the face of adversity. This also includes guides to 'rewriting negative scripts', communicating with others and accepting yourself.

Both books appear to draw upon standard cognitive therapy techniques, positive psychology interventions, and resilience research. The practical guidance offered is attractive to those challenged with hardships by offering a sense of hope and optimism. Perhaps, then, the definition of resilience works best when it meets the demands of scientific enquiry

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(measurement and modifiability) whilst remaining accessible to the public by striking the balance between research and practical application.

Summary

The study of resilience has, in the large part, been fuelled by optimistic expectations that advancing knowledge about resilient adaptation would contribute to the improvement of interventions that support positive adaptation in adverse conditions (Yates & Masten, 2004). Resilience research is only just coming to the fore in the wake of the positive psychology movement, but in reviewing the current literature on resilience, a number of key observations have emerged. It is being viewed by some as a new way of working with clients by focusing on character strengths, virtues (Seligman, 2004) and periods of well-being, rather than distress. This focus is encouraging a shift in emphasis from a preoccupation with the reparation of defect, to strength and virtue in human development (Yates & Masten, 2004). Initially, theories and conceptual frameworks of resilience are often inspired by dramatic cases and observations in applied psychology (Yates et al., 2004). This would certainly have been true for the IBT study reviewed earlier.

The studies cited in this paper appear to reflect some of the challenges currently facing resilience research. Defining what resilience actually is has proved difficult and, as Yates and Masten (2004) caution, the complementary path from practice to theory has been traversed all too infrequently, remaining largely uncharted. However, as highlighted, there now appears to be a growing consensus that resilience should be grounded in a focal and empirically

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supported theory. Suggestions have been made as to where resilience best fits, with cognitive therapy and social cognitive theory being the obvious candidates (Lightsey, 2006).

In spite of these challenges, practical applications have emerged from the field of resilience that have already begun to influence practice. Most recently, Padesky (2007) ran a workshop on uncovering strengths and building resilience in cognitive therapy by using the work of Davis (1999). Padesky (2007) presented the use of resilience in cognitive therapy as the next frontier in cognitive therapy practice, and has developed a Personal Model of Resilience tool that can be used as an adjunct to evidence-based practice. It would appear, then, that in this view of resilience, practical application should be viewed as an extension of empirically validated practice, and not as a stand-alone therapy.

Overall, the value of developing and cultivating psychological resilience is represented in the growing evidence base and the move to encompass practical application. It would appear that, before long, there will be a unified definition of what resilience is: how we can accurately measure it and how to effectively communicate its message to others so that they too may benefit from research on well-led lives.

Conclusion

As Smith points out in her (2006) paper 'we cannot, in good conscience, continue to use a deficit model that has limited value for increasing individuals' resilience to adversity' (p. 69). In its emphasis on troubles, psychology has done well in ameliorating a number of disorders,

but has seriously lagged behind in embracing human positives (Seligman et al., 2006).
Resilience research offers an alternative focus when working with individuals in a therapeutic capacity, by drawing attention to experiences of well-being, positive emotion, and success, rather than distress. The research presented here illustrates the impact that resilience can have on coping and physical and mental health in response to adverse life events. The evidence base is expanding, and new interventions and directions for therapeutic work are being offered.

Whilst there remains some confusion over the definition of what resilience actually is, and how we measure and modify it, there is clarity over where resilience fits in a therapeutic context. Much of the resilience research suggests that the findings of the studies be used as a well-being supplement to existing evidence-based therapies, rather than as a stand-alone intervention. That is not to say that resilience based therapy does not exist as a stand-alone intervention: perhaps the best example of this can be seen in a psychological coaching context.

Clearly, there are similarities between resilience-based interventions, cognitive therapy (Beck, 1967) and cognitive social theory (1997). This has been addressed in the literature by suggesting that resilience-based interventions need to be focal and grounded in empirical theory, perhaps even more so for a new and emerging field in terms of establishing credibility. In the context of psychology as a whole, this argument becomes more potent as we strive to establish Counselling Psychology as a science.

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Resilience research to date has focused on at-risk groups such as children and youth, poverty stricken individuals, individuals with impaired physical and mental health, and those experiencing trauma-related symptoms or full blown PTSD. Many educational establishments are beginning to encompass findings from resilience into their curriculum so that at-risk individuals receive early intervention.

Future resilience research could include looking at corporate resilience in industries with reportedly high levels of stress. For example, in the medical profession, junior doctors have wide-reported levels of stress and high levels of substance misuse. Utilisation of resilience interventions for this particular population may be constructed from analyses using a phenomenological approach and semi-structured interviews. A battery of questionnaires could be deployed, such as the Satisfaction with Life Questionnaire (SWLS, Diener, Emmons, Larsen, & Griffin, 1985) and the Connor-Davidson Resilience Scale (Campbell-Sills et al., 2006), in order to gauge whether an increase in resilience has really been achieved.

What is clear from the research is that resilience can be part of our practice as Counselling Psychologists. As evidence-based practitioners, we need to be professionally open to new ways of working, so that we continue to broaden our repertoire of skills in the service of ourselves, our clients and our profession.

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