How Do Counselling Psychologists in the UK Construct their Responsibilities to the Wider World?:

A Foucauldian Discourse Analysis

Beth Hore

Supervisor: Dr Anna Butcher

Portfolio submitted in partial fulfilment

of the requirements for the

Professional Doctorate in Counselling Psychology

April 2014

For H.A.P

Contents

Part One: Doctoral Thesis

Acknowledgments

No thesis is the product of individual effort. I owe thanks to a number of people who have made this process possible.

First off I would like to thank my participants who graciously and good humouredly gave their time to this project.

Thanks to Anna Butcher and Mark Donati for being my Research Supervisor and Director of Studies respectively. Thank you also to Elaine Kasket who supervised my initial research and to all of the London Metters who listened to me go on about responsibilities and Foucault. In particular, Jennie Hitchins and Becky Byrne.

Thanks, too, to all of the friends, family and colleagues who have either listened to me talk about this at length or had "I don't want to talk about it" snapped at them. You know who you are and you have kept me going.

Thank you Velda Elliott for reassuring me that yes, there's a thesis in this! Also for your faith in me, your kindness and all the theatre tickets. Bruce Fernie, thank you for reading things at the speed of light and coping with me on the phone. Thank you Maija Paasiaro and James Hore for being a constant source of insight, encouragement and love. Thanks, too, for providing the best source of procrastination ever, she's lovely. James, I'm not sure how I will ever be able to pay you back for your help (any remaining grammatical errors are the fault of the author!). Glynis and Frank Hore, thank you for your love and support (not just for this doctorate, but throughout all the experiences that got me to this place) and for giving me the values that shaped this thesis. The cava helped too.

Without you, Matthew Brown, none of this would have been possible. I can't express my gratitude to you. Shall we have a break before we start writing that book?

Abstract

Counselling psychology's *Professional Practice Guidelines* state that "counselling psychologists will consider at all times their responsibilities to the wider world." (Division of Counselling Psychology, 2005, p.7.). It is suggested that the way in which counselling psychologists construct their relationship with the wider world could impact on practice, training, research and counselling psychology professional identity. A critique of the extant literature found that this issue has not previously been researched. Five counselling psychologists were asked in semi-structured interviews about their responsibilities to the wider world. Foucauldian Discourse Analysis was applied to the transcript of the interviews. Different constructions of the relationship between counselling psychology and the wider world were identified in the transcript and located in four wider discourses: professionalism, scientific, social activism and guru. Common themes across responsibilities constructed by participants utilising the different discourses included: the wider world being outside of the consulting room; difficulties defining responsibilities; and responsibilities being weighty. Responsibilities to communicate knowledge were constructed using three of the discourses. Both the guru and scientific discourses were mobilised to construct responsibilities to engage with *technologies of the self* (Foucault, 1988). In contrast the professionalism discourse was used to construct a responsibility to perform to others in order to appear professional. The implications of these constructions for counselling psychology, and the discourses mobilised by participants, are discussed.

Introduction

Given the importance placed on reflexivity within counselling psychology (CoP) (Strawbridge & Woolfe, 2010), it is perhaps unsurprising that there is a wealth of literature within British CoP reflecting upon the profession itself (e.g. Orlans & Van Scoyoc, 2008; Pugh & Coyle, 2000; Strawbridge & Woolfe, 2010). We might therefore assume that the relationship between CoP and broader society has been reflected upon at length within British CoP, particularly given the fact that the British Psychological Society's (BPS) Division of Counselling Psychology (DCoP) *Professional Practice Guidelines* (*Guidelines*) state that "counselling psychologists will consider at all times their responsibilities to the wider world" (DCoP, 2005 p7). For example, we might expect to find a roaring debate within the pages of the Counselling Psychology Review, deliberating over just what these responsibilities are, whether they are being considered at all times and how one might go about proving that one is doing so.

Whilst reflections on the nature of British CoP and its identity (as a profession) offer insights into how counselling psychologists describe their profession (for example, as having a distinctive, alternative, eccentric voice [du Plock, 2006]; as being different, dynamic and determined [Martin, 2006]; as embracing pluralism [Strawbridge & Woolfe, 2010]), they only rarely touch on the profession's relationship with the wider world (e.g. Martin, 2010). As broad theoretical pieces they do not speak to the question of how counselling psychologists understand their responsibilities to the wider world (as stated in the *Guidelines*).

For example, in their discourse analysis of early British CoP literature (i.e. articles published between 1990 and 1996), Pugh and Coyle (2000) found that the texts were concerned with the construction of identity and legitimacy and similarity and difference. Pugh and Coyle (2000) do not discuss constructions relating to the profession's responsibilities to the wider world. A more recent analysis of CoP literature (Hemsley, 2013) found four interpretive repertoires used in the construction of CoP in relevant literature: opponent to the medical model, saviour of the people, maturation and alliance to others. The second of these most directly refers to the relationship CoP has to the wider world – suggesting that counselling psychologists have been positioning themselves in relation to "the people", a term which might conceivably be synonymous with "the wider world". However, the focus of Hemsley's work is on CoP as a profession, rather than the relationship between CoP and the wider world, so it can only offer us fuel for speculation as to how counselling psychologists *might* construct their responsibilities to the wider world, if they are positioning themselves as saviours of the people.

An understanding of how counselling psychologists construct their responsibilities to the wider world would be beneficial on a number of fronts. In the light of the profession's apparent interest in differentiating itself from other applied psychologies (Giddings, 2009; Martin, 2006) one might expect counselling psychologists to draw on the profession's commitment to "their responsibilities to the wider world" (DCoP, 2005, p. 7) when making their case for singularity. Without an understanding of how counselling psychologists construct these responsibilities, it is difficult to put together a convincing argument that they differentiate them from sister professionals such as clinical psychologists.

It is also difficult to support counselling psychologists in meeting their responsibilities to the wider world without knowing what they understand these responsibilities to be. We can look to the U.S. for an example of how research, practice and training could all be influenced by a particular construction of the relationship between CoP and society – the social justice approach. Those who embrace the social justice approach to CoP believe that as counselling psychologists they can and should counter injustice and inequality by making changes to society through their work (Fouad et al., 2004). For example, Bell and Goodman (2006) discuss how the social justice approach can involve empowering clients to counter oppression within their communities, and Goodman et al. (2004) describe how according to the social justice approach CoP research should be about more than gathering information and should equip participants with the tools for social change. Singh et al. (2010) discuss how a social justice approach to CoP requires training institutions to offer specific support to trainees, including providing mentors for each trainee as well as competencies which could be applied to all social justice psychology. The example of social justice CoP illustrates the extent to which a particular construction of the relationship between the profession and society has implications for more than just CoP professional identity. If professional bodies such as the BPS and its Division of CoP, as well as training institutions, were to have a clearer understanding of what is meant by "responsibilities to the wider world" (DCoP, 2005, p. 7), they could support their members in meeting them.

It is therefore proposed that there is a significant gap in our knowledge of the relationship between CoP and society, in particular what counselling psychologists understand "their responsibilities to the wider world" (BPS, 2005, p. 7) to be and that research is needed to inform current and future debates surrounding the profession. This would have the potential to contribute to CoP on four fronts: practice, research, the training of counselling

psychologists, and the external presentation of the CoP professional identity. This thesis presents original research intended to contribute to meeting this need.

This investigation therefore falls into seven further chapters. In Chapter Two, the reflexive position is described and the first reflexive statement given. In Chapter Three the literature relating to the relationship between CoP and the wider world is critiqued on the basis of what it can tell us about how counselling psychologists understand their responsibilities to the wider world. Chapter Four focuses on discussing the epistemological background of the method taken to investigate the question, alongside the method used to collect data and analyse it. Chapter Five is a presentation of this analysis, whilst Chapter Six discusses the analysis and its implications in the context of the extant literature. Chapter Seven presents further reflexive commentary and concluding remarks are given in Chapter Eight.

Reflexivity

2.1 Approach

Qualitative researchers in CoP are advised to state their rationale for writing a reflexive statement (Morrow, 2005). However it seems just as important to state what this statement is not aiming to achieve. This reflexive statement does not aim to neutralise 'biases' to bring the research closer to an ideal state of objective scientific neutrality. Coming from a critical-realist stance within a broader post-structuralist approach, the notion of the objective neutral researcher is an epistemological impossibility[1]. Indeed, in a critical-realist study the researcher's subjectivity should be regarded as a resource to be mined rather than a problematic bias (Parker, 1994).

Section 2.2 therefore aims to contextualise for the reader my subjectivity in relation to the topic.

Chapter Seven reflects on my subjectivity in relation to the literature, methodology, participants and analysis, and how it has changed over time. It also records my approach towards my subjectivity, including examples of how I have reflected upon and accounted for it, and noticed it change.

2.2 My Relationship with the Topic

I have a left-wing background and consider myself a socialist. These views reflect a moral imperative to reject injustice and a belief in the right to equality of opportunity and access to safety, health, education, meaningful occupation and a home. Part of living a fulfilling life, for me, is contributing to society.

[1] See Chapter Four for a discussion of this epistemological position.

It is perhaps unsurprising, therefore, that my interpretation of the statement in the *Guidelines* (DCoP, 2005) that "counselling psychologists will consider at all times their responsibilities to the wider world" is that I have a responsibility to work at a social as well as an individual level to promote well-being for everyone. Indeed I came to CoP partly to resolve a tension between my passion for working with individuals and my recognition of the social causes for much distress. I thought that in my practice I could support individuals, whilst my research could contribute, in a small way, on a larger scale.

When researching a different topic (Hore, 2013) I came across the social justice agenda in USA CoP literature. I was fascinated and inspired by the idea that some counselling psychologists were embracing an approach that advocated intervening at a social level. The call to arms to recognise and counter the role of oppression in people's lives spoke to my interest in the tension between individual factors and social structures in emotional and mental well-being. Here were counselling psychologists who shared my interpretation of responsibilities to the wider world, including a responsibility to contribute to social justice.

In conversation with fellow trainees, and with delegates at the 2011 DCoP Annual Conference following a paper I co-presented on CoP identity (Hore & Gerada, 2011), I found that this was certainly not a universal interpretation of the statement. How colleagues interpreted it (when they were aware of its existence), and their relationship with society, seemed to greatly influence their professional identity and approach to practice.

I started to explore what others had made of the relationship between CoP and the wider world, well aware that my interpretation of our responsibilities, made through a lens formed by my left-wing politics and commitment to social-justice, is not the only available one.

Literature Review

3.1 Introduction

This chapter examines different ways in which the relationship between CoP and society, and the responsibilities counselling psychologists have to the wider world, have been discussed in the extant literature. As discussed in the introduction, it is proposed that an understanding of this could not only have implications for CoP training, research and practice, but also for CoP professional identity.

Section 3.2 briefly discusses the methodology used. Section 3.3 contains the review, in which papers are critically examined for the extent which they can inform readers about how counselling psychologists in the UK think about their responsibilities to the wider world. Section 3.3.1 introduces philosophical concepts relevant to the relationship between psychology and society. These concepts provide the philosophical underpinning for the discussion of what critical psychology has to say about this relationship in Section 3.3.2. Sections 3.3.3 – 3.3.7 then consider how these ideas have been applied by psychologists generally and counselling psychologists specifically when thinking about their relationship with the wider world. Section 3.4 presents conclusions about what is known about the relationship between CoP and society and how counselling psychologists think about their responsibilities to the wider world. The research question is presented in Section 3.5.

3.2 Method

I searched for journal articles on specialised databases such as EBESCOhost and PsychINFO as well as searching for books and articles at London Metropolitan University Library, Senate House Library and the British Library. Original key words included “counsel(l)ing psychology and society” “counsel(l)ing psychology and social responsibility” and

"counsel(l)ing psychology and the wider world". I also searched the back catalogues of CoP specific journals. I made use of the snowball technique (Ridley, 2008), using the reference sections of papers I had found as a source of further potential material. As the reviewing process expanded, I included further keywords in my searches, including "social justice and Counsel(l)ing Psychology", "prevention psychology and Counsel(l)ing Psychology", "environment and Counsel(l)ing Psychology" etc.

3.3 Critical Literature review

3.3.1 The psy professions and the construction of the citizen subject.

Michel Foucault's work on the relations of power and knowledge, and on the modes of objectification by which humans are constructed as subjects, revolutionised ways of thinking about history, sociology and the philosophy of ideas (Kendall & Wickham, 1999). Rather than seeing power as something that is held by some people in society and used against others, Foucault (1980) posited that power and knowledge ('power/knowledge') are in a dynamic relationship. Mechanisms of power create different sorts of knowledge which collect information on people's bodies, minds and behaviours. The knowledge collected further reinforces exercises of power (O'Farrel, 2005). For example, constructing a means of measuring IQ and then applying it constructs a type of knowledge about people which begets further acts of power and knowledge creation, such as placing those with a 'subnormal' IQ into institutions. The process is continued when observations are made of how individuals live their daily lives in such institutions, which feed into further curtailments of their civil liberties. The force of power/knowledge is such that it constructs what can be known about individuals and how they experience themselves.

Foucault (1991) suggests that states no longer control their citizens using blunt force and coercion. Instead, in Western liberal democracies, each citizen is aware of how they 'should'

behave, think and feel, and monitors and adjusts their own behaviour to make sure that they are doing so in the 'correct' way. They do so not out of fear of reprisals, but because of the alignment of their and society's desires. For example, a CoP trainee might pay for the privilege of working long hours with no salary, not because of an overseer with a whip, but because they want a fulfilling and meaningful career.

The sociologist Nik Rose (1999) has used Foucault's ideas to look at the relationship between the 'psy professions' (including psychologists, psychiatrists and psychotherapists) and the development of the sort of subjectivity to be found in Western liberal democracies. He suggests that the language of the psy professions – of self-esteem, well-being, ambition, drive, self-actualisation, happiness, pathology, fulfilment, and the means by which to reach those ends – creates a certain subjectivity: the citizen subject (1999).

Rose points to the psy professions' role in developing tools for measuring individuals, such as the IQ test, as well as technologies of the self, such as analysis and therapy, whereby individuals examine themselves and bring themselves closer to being 'good' citizen subjects (Rose, 1999). Rose argues that by creating and maintaining these technologies, the psy professions have played a significant role in making it possible to govern human beings in ways that are compatible with the principles of liberalism and democracy (1999).

Rose's work is one of broad brush strokes – by considering the psy professions as a whole, he sacrifices depth of analysis for breadth of scope. His work does not consider the specific role that CoP may or may not have played in the construction of the citizen subject, in part because it is a work of 'archaeology' and so is concerned with the history of the psy professions – much of which took place before the emergence of CoP as a profession. As a sociologist's analysis looking into the psy professions from the outside, it is perhaps also understandable that it does not consider how counselling psychologists (and other psy

professionals) *themselves* construct the relationship between their profession and the wider world.

Rose's work does not, therefore, shed significant light on how counselling psychologists construct their responsibilities to the wider world. However, the notion that the psy professions have played, and continue to play, a crucial role in the power/knowledge dynamic that creates citizen subjects (who control themselves in line with the needs of the state) is key to understanding the literature that follows.

3.3.2 Critical psychology: the status quo and radical alternatives.

Foucault's theory does not concern itself with right and wrong or moralising. There is no good and bad; there is merely a pattern of relationships between power and knowledge. It can therefore leave the reader feeling remarkably powerless to enact change or to 'do good'.

In the forward to the second edition of his book, Rose contrasts his approach (which would fall towards the 'purer' end of Foucauldian analysis) with 'radical critiques' of psychology. He contrasts his understanding of power, and its complex inter-relationship with knowledge, to those who look for "a simple hierarchy of domination and subordination" (1999, p. x) and the complicity (or otherwise) of psychologists in that hierarchy.

To contrast with Rose's analysis of the relationship between psychology and the wider world, we therefore turn now to critical psychology: a broad school of psychology made up of theorists, practitioners and researchers, who share the opinion that power is a resource which is held by some and used against others (Prilleltensky & Nelson, 2002). Critical psychologists are concerned with the extent to which psychology is complicit with that oppression. Critical psychology is a broad church and it is not possible to explore it comprehensively in this

review. It is discussed briefly here in order to allow consideration of how it might contribute to constructions of the relationship between (counselling) psychology and the wider world.

Despite the potential epistemological incompatibilities, much of critical psychology makes use of Foucault's methods of analysis and uses them to unearth and challenge unequal power relationships (e.g. Parker, 1992; Parker, 1997; Richardson & Fowers, 1997). By taking a critical-realist epistemological stance, critical psychologists are able to recognise both the power/knowledge relationship and the 'real life' oppression that it engenders (Parker, 1998). For example, feminist psychology, which falls under the umbrella of critical psychology, has made use of Foucault's technologies of the self, as discussed in Section 3.3.1, to explore how mainstream psychology is "deeply implicated in the patriarchal control of women" (Wilkinson, 1997, p. 253). Feminist psychologists have considered how therapists have encouraged women to criticise themselves for having problems with living in patriarchal, emotionally isolating societies and helped them to adapt to oppressive situations, rather than locating the problem externally in the social order (Hare-Martin, 1991). Whilst this theoretical stance fuels debate about the relationship between the wider world and psychological therapists, it does not inform us as to how therapists themselves understand and construct that relationship.

Critical psychology has concerned itself with examining the role of both academic and applied psychologists in creating and enforcing certain discourses (Parker, 1997) about what it is to be a healthy (or pathological) individual in Western society. According to critical psychology, mainstream psychologists are not knowingly participating in oppressive power structures. Critical psychology constructs a relationship between mainstream psychology and the wider world in which "mainstream psychology's traditions reinforce oppressive institutions even when individual psychologists have no such goal in mind" (Prilleltensky & Fox, 1997, p. 6).

Critical psychology posits that mainstream psychologists have a naturalist and empiricist scientific materialistic outlook (Richardson & Fowers, 1997) to society, regarding themselves as neutral observers taking an objective look at what occurs in the world, just as a biologist might look through a microscope at a collection of cells. Mainstream therapeutic psychologists are similarly caricatured as regarding themselves as value free and neutrally 'treating' disorders located in individuals, rather than recognising their potential impact, for both good and harm, on wider society (Richardson & Fowers).

There is evidence in the literature to suggest that some psychologists do embrace the position of the value-free neutral scientist/therapist. For example, in the 1990s we find psychologists in the U.S. debating whether psychologists should campaign on issues of party politics and public policy or remain on the side-lines, providing evidence to fuel the debates of others. Whilst critical psychologists made the case for the inescapability of political involvement and the moral imperative to lobby those in power (e.g. Fox & Prilleltensky, 1993), others argued that "psychology, conceived as either the human science of consciousness or the natural science of behavior, cannot validate moral imperatives and therefore cannot support social policies because of their presumed ethical underpinnings" (Kendler, 1993, p. 1050). This suggests that, in some cases at least, psychologists do construct their relationship with the wider world as being one between apolitical scientists/therapists and their subjects/clients.

Some counselling psychologists make use of these critical-psychology discourses when critiquing the relationship between therapists and government mental health initiatives. For example, in collaboration with Paul Kelly, Paul Moloney, a chartered counselling psychologist, argues that therapists must not blindly collaborate with their clients' oppressors by using cognitive behavioural therapy to locate problems in individuals' thinking (rather than in the oppressive social structures which have left them distressed) "with the effect of suggesting that oppression doesn't matter it is just the way in which you view it that counts"

(Moloney & Kelly, 2008, p.284). Whilst this does not directly address the responsibilities that counselling psychologists have to the wider world, it does suggest that at least some counselling psychologists draw on critical-psychology discourses when constructing the world in which therapists operate.

Critical psychology goes further than merely commenting on what has and is occurring in the relationship between psychology and society. It proposes alternative relationships between psychology and the wider world in which psychologists act to empower individuals and communities to make changes to the status quo (Prilleltensky & Fox, 2002). For example, within feminist psychology there has been debate as to whether revolution or reform of psychology is required to create a situation in which psychology can create a better world for women (Ferree & Hess, 1985). One example of this would be the field of Participatory Action Research (PAR), an approach which encourages psychologists to support positive social change whilst contributing to the important work of knowledge generation within the field (Brydon-Miller, 2010). Lisa Cosgrove and Sharon Flynn put the principles of PAR to work in their research into the pathologization of homeless mothers. They placed the women in question at the centre of the research, as equal partners, and produced with them a list of policy recommendations which they presented to social housing policy makers (Cosgrove & Flynn, 2005; Cosgrove, 2006).

Critical psychology provides a view of the world which provides a number of theoretical relationships between psychology and the wider world. These relationships include: the relationship posited by critical psychology, that psychology is complicit in oppression; the relationship that it claims the mainstream believes (which appears to be born out in the literature), that psychology takes a neutral objective stance towards society; and the relationship that critical psychology proposes, being one of empowerment. From the critical

psychology literature alone, however, it is not possible to tell which of these relationships, if any, counselling psychologists in the UK regard themselves as having with society.

3.3.3 Prevention and Counselling Psychology: Changing the wider world to promote well-being.

The maxims 'an apple a day keeps the doctor away', and 'prevention is better than cure' are an excellent introduction to prevention psychology – the notion that things can (and should) be done to prevent mental health problems before they occur (Romano & Hage, 2000). In physical health, vaccinations (Stern & Markel, 2005), and ante-natal classes (Renkert & Nutbeam, 2001) are both examples of steps that are taken to promote health and prevent problems from occurring at a population level. In the second half of the 20th Century in the U.S., community mental health psychologists were vocal and active in spreading the message that prevention is also relevant for mental health and in implementing programmes that would prevent mental health problems at a population level (Elias, 1987). The relationship between psychology and the wider world as proposed by the prevention movement is that psychology can be used to change society to make it, and the individuals who make it up, healthier and happier (Cowen, 1973). George Albee, one of the great figures in prevention psychology, discusses the role of poverty, oppression and injustice in mental health problems and distress (e.g. Albee, 1991; 1995; 1997; 1999) and convincingly argues that "the most effective prevention requires social change" (1999, p. 140). For Albee, the relationship between psychology and the wider world should be psychology advising on how society must change in order to promote health and well-being.

Unlike other theorists in critical psychology who have engaged with clinical psychology or therapeutic psychologists generally, Albee brings his argument straight to the door of CoP, in an article published in *The Counseling Psychology Review* (1999). Here he provides a

critique of how individual therapy – particularly in the U.S. where mental health care is not provided free at the point of delivery – can promote the very injustices that cause further mental health problems, as the wealthy can access treatment and the poor must struggle on without it (1999). Albee seems to suggest that the relationship between CoP and the wider world (in the U.S. at least) may be one in which CoP furthers injustice in society (1999). This critical stance towards the potential impact of therapy brings prevention psychology, as championed by Albee, under the banner of critical psychology.

In his rallying call to CoP, Albee (1999) dedicates a lot of space to discussing the potential for therapists to promote social inequity unwittingly, but he does not provide a fully fleshed-out alternative relationship between CoP and the wider world. The closest he comes to advising or suggesting how Counselling[2] Psychologists might better relate to society is by suggesting they should join other "radicals to come together to expose the power elite for its control of invalid ruling ideas" (Albee, 1999, p. 133).

Albee's, and by extension prevention psychology's, stance of critiquing the current relationship between CoP and society without providing a tangible alternative may be one reason for the marked lack of reference to prevention work in CoP and counselling journals found by O'Byrne, Brammer, Davidson & Poston (2002) in their examination of four major U.S. counselling and CoP journals. They suggest a number of reasons why counselling psychologists might not be publishing work related to prevention, including the complexity of prevention research (which is often longitudinal), the unknown etiology of many mental disorders, opposition of current health care providers to prevention work and a lack of training in prevention psychology.

[2] [2] Unless directly quoting a North American source the British-English spelling of counselling will be used throughout.

Despite the lack of CoP preventionist research in the U.S. (O'Byrne, Brammer, Davidson & Poston 2002), a number of theoretical papers have discussed the relationship between CoP and prevention psychology (Conyne, 2000; Mussel, Binford & Fulkerson, 2000; Romano & Hage, 2000) making the argument for them being apt bedfellows (Romano & Hage, 2000) and suggesting not only that CoP in the U.S. should resolve to commit itself to a preventionist manifesto, but also how it could go about doing so (Conyne, 2000).

These papers facilitate thinking about the influence of prevention psychology on CoP specifically and its relationship to the wider world. However, as the analysis was carried out on literature relating to the U.S., it can only allow us to draw speculative conclusions about how counselling psychologists in the UK might be oriented towards a prevention-influenced construction of the relationship between psychologists and society. There is certainly intellectual cross-pollination between counselling psychologists in the UK and the US. (For example, Y. Barry Chung, the Chair of the American Psychological Association Division 17, was a keynote speaker at the BPS DCoP Annual Conference 2012. Also, a number of influential members of the DCoP were originally trained in the US, one of whom has suggested that UK counselling psychologists could learn from their cousins across the Atlantic [Moller, 2011].) However, the CoP professions in the U.S. and the UK appear to have a different pedigree (Hore, 2013) and the extent to which U.S. discourses have had an impact in the UK remains unknown.

3.**3.4 Counselling psychologists as social justice advocates.**

Critical, feminist and multicultural psychology have all influenced the social justice agenda within psychology (Prillettensky & Nelson, 2002). The social justice movement recognises the contexts of power in which individuals live their lives and has an active aim: "the target of intervention in social justice work is the social context in addition to or instead of the

individual" (Goodman et al., 2004, p. 797). Asserting a categorical definition of social justice is difficult as there is a tendency in the literature to focus on the aspect that is of most interest to the authors rather than an over-arching definition (Pieterse, Evans, Risner-Butler, Collins & Mason, 2009). For example, whilst Watts (2004) is concerned with the political component of social justice work, Love (2000) describes social justice work more in terms of developing a liberatory consciousness (that would allow individuals to live outside of patterns of thought and behaviour that perpetuate oppression) and Smith (2003) discusses what a socially just world would look like. It is possible to assert, however, that the aim of social justice work is to respond to systemic inequalities that disenfranchise, marginalize and oppress people (Pieterse et al., 2009; Vera & Speight, 2003).

In this way, the social justice approach appears to be remarkably similar to the preventionist movement, differing only in the language that is used: the social justice agenda seems to address its radical agenda more openly by discussing injustice and power without the language of public health.

It has been suggested that the relevance of the social justice approach is particularly apparent for counselling psychologists (Cutts, 2013; Hore, 2013, Steffen & Hanley, 2013; Rupani, 2013). In the *Short Introduction to Counselling Psychology* (2009), Orlans and Van Scoyoc explain that "Counselling Psychology has been driven to 'make a stand' ...for the rights of all human beings" (Orlans & Van Scoyoc, 2009, p. 18), which looks remarkably similar to the social justice agenda's concern with responding to systemic inequalities which have denied marginalized groups their rights. Discussions of the social justice approach in CoP also cite the BPS's DCoP's *Guidelines* that declare that CoP models of practice should: "work always in ways that empower rather than control" (DCoP, 2005, p. 1) (Hore; Rupani).

As has recently been discussed (Hore, 2013; Rupani, 2013), social justice is part of the CoP discourse in the U.S. (e.g. Fouad et al., 2004; Greene, 2005; Singh, et al., 2010). The 4th National CoP Conference in 2001 had the aim "to identify ways that Counseling Psychologists work toward social justice by making a difference in the lives of students, clients and communities" (Fouad et al., 2004, p. 15) and *The Handbook for Social Justice in Counseling Psychology* was published in the U.S. by counselling psychologists practising and living there (Toporek, Gerstein, Fouad, Roysircer & Israel, 2006).

Whilst the majority of the literature relating to social justice is theoretical (e.g., Greene, 2005; Watts, 2004), Goodman et al. (2004) attempt to make social justice work in CoP more accessible by creating six principles for "doing and teaching social justice work" (p.798) . The principles were constructed after a considering sources of multicultural, feminist and social justice oriented theory and practice and are "a) ongoing self-examination, b) sharing power, c) giving voice, d) facilitating consciousness raising, e) building on strengths, and f) leaving clients with the tools for social change" (Goodman et al., 2004, p. 798). The authors describe how the six principles structure and define the first year experience of CoP doctoral trainees at Boston College. "Ongoing examination", is illustrated with an example of white CoP students being challenged to examine their own responses, assumptions and privileges in relation to ethnic-minority high-school students.

Both theoretical and data-driven literature from the U.S. therefore suggests that some counselling psychologists draw on the social justice agenda when constructing the relationship between their profession and the wider world. Given the historical differences between CoP in the two nations, as discussed above, it is not possible to extrapolate information about whether British counselling psychologists are drawing on similar discourses. It is more difficult, therefore, to discover the place that social justice holds in the

discourse of CoP in the UK. There have been very few papers relating to social justice published in the Counselling Psychology Review, the DCoP journal.

One was the (joint) winning entry for the 2006 Trainee CoP Prize, in which Michelle Thatcher constructs a blistering critique of the BPS Code of Ethics and Conduct (March, 2006) for failing to recognise the "key cause of individual distress", namely power relations (Thatcher, 2006, p. 8). She acknowledges that DCoP's *Guidelines* (2005) mention "social contexts and discrimination" and the need to demonstrate "high standards of anti-discriminatory practice" (p. 2). However, she dismisses this as "weak, token gesturing" (Thatcher, 2006, p.9) which lets counselling psychologists off the hook by implying progress that is not really evidenced. She refers to the social justice movement within CoP in the U.S., alongside feminist psychology, as alternative ways that counselling psychologists could orient themselves towards society.

A later collaboration between Thatcher and Manktelow (2007) refers to the social justice, prevention and critical/community psychology movements, to argue that CoP should be, at the very least, engaging at a community level if it wishes to alleviate suffering. For example, they cite Kagan and Burton (2005) who describe projects aimed at fostering social inclusion such as the facilitation of meetings between the parents of severely disabled children and representatives of statutory services. A more radical suggestion is that counselling psychologists should take social action to counter "deprivation, inequality and social disintegration" (Thatcher & Manktelow, 2007, p.37).

These two papers imply that some UK counselling psychologists have drawn upon literature relating to social justice and critical psychology when discussing the role of the profession in relation to society as a whole. Again their broad theoretical, rather than specific data-driven

nature limits the extent to which they can actually inform us about how UK counselling psychologists construct their responsibilities to the wider world.

In 2013, the BPS' Counselling Psychology Review dedicated a special edition to power and equality as relevant for CoP. The editorial draws on critical psychology discourses to construct an argument that CoP (along with the rest of society) has become depoliticised and has lost touch with its more radical and critical past (Steffen & Hanley, 2013). Three of the papers engage directly with the social justice agenda and CoP (Cutts, 2013; Hore, 2013; Rupani 2013). All of these papers contrast the flourishing social justice agenda in CoP in the U.S. with its apparent absence from the profession in the UK. Cutts (2013) and Rupani (2013) describe how the social justice agenda could be adopted by CoP in the UK with specific reference to training drawing both on existing social justice training programmes in the U.S. (e.g. Goodman et al., 2004) and research considering the efficacy and potential pitfalls of such training (e.g. Singh et al., 2010).

As well as thinking about the 'good fit' for CoP and social justice, Cutts (2013) discusses how the approach could be problematic for CoP in the UK . For example, she notes that a commitment to social justice, in particular its concern with equitable access to resources, might be incompatible with the prices charged by some counselling psychologists in private practice. Cutts suggests that, if the profession were to adopt a social justice approach, a short term response to this incompatibility might be for counselling psychologists in private practice to consider charging on a sliding scale, whilst a long term solution would be for the profession to seek more opportunities in the third sector and the NHS (2013).

In my contribution to the special edition (Hore, 2013), I argue that CoP and the social justice approach are a good fit in terms of their shared underlying values. I examine CoP literature

relating to homelessness, concluding that there is no evidence that UK counselling psychologists take a social justice approach to their work with this client group. However, in that paper, I was unable to draw conclusions about whether this was due to social justice not being a part of the UK CoP discourse, or it being something that counselling psychologists were actively rejecting.

The presence of papers directly addressing social justice work in the CoP literature implies that UK counselling psychologists *might* be drawing on social justice discourses when considering their profession, perhaps influencing their relationship to the wider world. These papers also tell us about the potential impact of UK counselling psychologists understanding their relationship in this way. It could mean: working in an entirely different way with certain populations, such as those who are homeless (Hore, 2013); a shift in the employment of counselling psychologists (Cutts, 2013); and changing the training of counselling psychologists (Cutts, 2013; Rupani, 2013). However, as theoretical, rather than research, papers, they can only offer a glimpse of a discourse that *might* be drawn upon by counselling psychologists when they create the relationship between their profession and the wider world, and an insight into what the implications of this might be, without giving us any answers to how counselling psychologists are actually thinking about their relationship with and responsibilities to the wider world.

I have suggested (Hore, 2013) that the instruction the Division of CoP gives to its members, to "consider at all times their responsibilities to the wider world" (DCoP, 2005 p. 7), "places social responsibility at the heart of the identity of CoP, suggesting that it not only has an affinity with a social justice agenda but that perhaps it is key to the profession's identity" (Hore, 2013, p.20). Whether UK counselling psychologists share this view, and draw upon it when constructing their responsibilities to the wider world, is unknown. Again, this literature

proposes potential answers to the question of how UK counselling psychologists construct their relationship with society, but without data it cannot move beyond hypothesis.

3.3.5 Community psychology: Bringing psychology to society.

Community psychology is concerned with individuals' contexts within, and relationships with, communities and wider society (Orford, 2008). Whilst its origins may be traced back to ancient Athens and pre-colonization Africa and Australasia, its roots in academic Western psychology can be found in the U.S. of the 1960s (Reich, Reimer, Prilleltensky & Montero, 2007). It grew from a dissatisfaction with the medical model and a recognition that the individual is inseparable from their social context (Nelson & Prilleltensky, 2010). Community psychologists have described the field as both the social conscience of psychology and "on the cutting edge of social change" (Nelson & Prilleltensky, 2010, p. xxvi) and it can be regarded as positing solutions to some of the problems raised by critical psychology. Community psychology is a broad school whose members recognise that individuals are indivisible from their contexts and aim to improve quality of life through collaborative research and action (Dalton, Elias & Wandersman, 2001). For example, Kloos and colleagues (Kloos, Zimmerman, Scrimenti, & Crusto, 2002) discuss an attempt to tackle the housing requirements of individuals with mental health needs, which involved improving communication between landlords, tenants and other agencies and which resulted in an increase in the tenants' housing stability.

Whilst an internationally recognised field within psychology, community psychology does not have the same foothold in the UK as it does in the U.S. and other countries and, in contrast, appears relatively underdeveloped (Burton, Boyle, Harris & Kagan, 2007). Nevertheless, two centres of community psychology, Exeter and Manchester universities,

promote and nurture the approach and its work. Community psychology does appear to have influenced the discourse in clinical psychology in the UK. A discussion of the history of community psychology in the UK lists clinical psychology training centres which have embraced the community psychology ethos (Burton, Boyle, Harris & Kagan, 2007). However, no mention is made of the potential impact of community psychology on CoP training.

An accessible chapter in the *Handbook of Counselling Psychology* (Woolfe, Strawbridge, Douglas & Dryden, 2010) on Community Psychology, and how to integrate a community psychology approach into CoP practice (Kagan, Tindall & Robinson, 2010), gives concrete examples of what community counselling psychologists might actually do: for example, taking on advocacy, fundraising and publicizing roles as well as providing individual and group therapy. It also suggests ways that training institutions might introduce the community psychology approach to their trainee counselling psychologists and support them in putting it into action, drawing in particular on literature from the U.S. (e.g. Vera & Speight, 2007). The explicit references to social justice, and the fact that social justice literature (e.g. Vera & Speight, 2007) is referenced, illustrate the cross-over between community psychology and the social justice approach. Both of these schools, and preventative psychology, can be regarded as positive responses to the problems raised by critical psychology.

The authors refer to their own community CoP practice which suggests that this chapter is evidence that some counselling psychologists' thinking is influenced by community psychology. However, as a practical guide to working from a community perspective rather than a data driven examination of what CoP's relationship with society is, it can only offer hypothetical answers to questions about the relationship between society and some members of the profession.

3.3.6 Counselling Psychology and the environment.

In the past six years the question of CoP and the wider world has expanded to be interpreted as just that – the relationship between the profession and the planet. In a number of 'vox pop' interviews in a special edition of the Counselling Psychology Review (2008), counselling psychologists discuss their belief that a relationship with the natural world is a fundamental element of well-being (e.g. Hicks, 2008; Manafi, 2008). Shillitoe-Clarke discusses the importance of her relationship with the natural world, and experiencing being embodied in the world, to her CoP practice (Shilltoe-Clarke, 2008). Higley and Milton (2008) challenge their readers to think about their holistic approach to client work and ask whether they can expand that holisitic vision to include the environment. They also make an impassioned argument for counselling psychologists having a particular role to play in protecting and caring for the environment, suggesting that as a profession that prides itself on our relational stance, counselling psychologists should take care not to neglect their relationship with the planet. They suggest that counselling psychologists could "step into a more social and political role, and take the lead from social and feminist psychologists" (Higley & Milton, 2008, p. 20), suggesting that counselling psychologists have a responsibility to take positive environmental action.

It would seem that, from this perspective, counselling psychologists' relationship with the wider world can include bringing the environment into their life and therapy, whilst their responsibilities might include contributing to efforts to reduce climate change. Whilst these papers seem to provide an answer to the question 'are any UK-based counselling psychologists *concerned* about their relationship with the wider world?', the anecdotal nature of the evidence presented and the theoretical approach of the paper prevents firm conclusions

from being drawn about how counselling psychologists are constructing that relationship and their responsibilities.

3.3.7 *Therapy and Beyond*: UK counselling psychology and society

In 2010, Martin Milton edited a collection of theoretical papers concerned with CoP's contributions to therapeutic and social issues. The emphasis on CoP's contributions to social issues brings *Therapy and Beyond* closer to addressing questions regarding CoP's relationship with the wider world than any literature so far considered. Papers in the first section of the book consider the philosophical underpinnings of CoP. They give some insight into ways in which counselling psychologists might have influence "beyond the consulting room" (McAteer, 2010, p. 5). For example, McAteer suggests that counselling psychologists might challenge pathologisation when they come across it, influence service development and engage in research. Manafi proposes that CoP has a contribution to make to philosophy (2010) and Rafalin posits that, by engaging with community psychologists, the research of counselling psychologists could "facilitate change at the personal, societal and global levels" (Rafalin, 2010, p. 52). In her discussion of ethics, Olsen suggests that counselling psychologists could engage at a community level after a traumatic event, rather than participating in individual client work inappropriately early (2010).

The second section of the book concerns itself with the psychotherapeutic approach(es) taken by counselling psychologists. The third section is perhaps the most relevant here – its title is "Counselling Psychology and the Wider World". An intriguing question, which is not answered, is whether this is a direct reference to the DCoP *Guidelines* or a coincidence.

In his foreword to the section, Milton touches upon two of the ways of thinking about CoP and the wider world that are explored in the section: "people's distress is related to their place in the world" (2010a, p190) and "giving psychology away" (p190).

The first refers to understanding the role of individuals' environment, context, history and culture and how they interact with and influence those individuals' well-being. Lofthouse's (2010) consideration of race, Hick's (2010) paper on understanding sexuality, Coyle's (2010) on religion and spirituality and Milton's (2010b) on the natural world are all concerned, to one extent or another, with the interaction between the world, its inhabitants and their beliefs, prejudices, infrastructures and other countless influences on the individual. Hession's (2010) paper on working in a pain context and Owen's (2010) on working alongside sports and exercise psychologists are examples of counselling psychologists working outside of traditional CoP settings. They show how this can allow counselling psychologists to think about different contexts that are impacting on the well-being of individuals and how best to support clients with working within them.

The second theme, "giving psychology away", refers to making an impact on the wider world rather than the individual client. Hession (2010) talks about the opportunities for counselling psychologists to intervene at a global level in policies aimed at improving the amount of exercise populations are taking, as well as collaborating with fitness instructors to encourage the take-up of gym membership. Hicks (2010) exhorts counselling psychologists to contribute through their research to the development of an affirmative approach to work with clients of all sexual identities, encourage colleagues in multi-disciplinary teams to take affirmative rather than pathologising approaches to working with clients who identify as members of a sexual minority, and to use their insight to consult on government proposals. Coyle (2010)

suggests that, as well as incorporating an openness to exploring the religious and spiritual context of clients, counselling psychologists can make "important contributions to religion and spirituality" (p. 270). This is by giving psychological perspectives on religious texts (e.g. Leslie, 2007) and by engaging in two-way consultative relationships with spiritual directors/pastoral counsellors. Alongside his discussion of the ways in which the relationship with the natural world is important to well-being and can be incorporated into CoP practice, Milton (2010b) discusses the variety of ways that counselling psychologists can be of service to the natural world, through teaching, research, and collaboration with environmental psychologists.

The issue of giving psychology away to "meet the needs of wider society" (Atcheson, 2010, p.278), as well as individuals, is faced head on in Atcheson's paper on working with and in the media as a counselling psychologist. She has published self-help books as well as contributing to magazines, newspapers, radio shows and television programmes. Here she discusses engaging with a public consumer of these media as if they are "clients outside the consulting room" (p.278). Atcheson lists a number of relevant relationships between counselling psychologist and consumer, between consumer and material and between counselling psychologist and producers/publishers/agents. All of these issues she describes as requiring careful management on behalf of the counselling psychologist. This work, we are told, can be rewarding but "when it goes wrong it can go terribly wrong" (p.290). For Atcheson, relationship(s) with the wider world are potentially perilous.

The collection of papers presents us with a fascinating array of issues for counselling psychologists to take into account when considering the relationship between CoP and the wider world. They undoubtedly add fuel to potential debates about how counselling

psychologists could/should interpret the phrase "responsibilities to the wider world". However, as theoretical works that do not directly address the question of how counselling psychologists construct their relationship with the wider world, it is not possible to tell whether counselling psychologists, other than the authors, draw on similar theories when constructing that relationship.

3.4 Conclusions

This literature review aimed to explore what the literature says about how counselling psychologists construct the relationship between their profession and the wider world, in order to put into context the statement "counselling psychologists will consider at all times their responsibilities to the wider world." (DCoP, 2005, p. 7). Starting with theoretical approaches to the relationship between (counselling) psychology and society, it moved towards papers which specifically address the profession of CoP, and UK CoP in particular. Whilst literature relating to U.S. CoP and society moved beyond theory and anecdote to research based literature, it was found that no papers relating to UK CoP and society were data-driven.

This review has unearthed a range of approaches to constructing the relationship between psychology and society. It is therefore possible to draw some conclusions about what resources some counselling psychologists in the UK *might* be drawing on to help them think about their responsibilities to the wider world. They might, for example, draw on discourses relating to power/knowledge, scientific neutrality, oppression, emancipation, social justice, prevention or ecology. Each of these different interpretations has ramifications not only for CoP professional identity but for the ways that counselling psychologists might practice and could be trained. For example, if it were found that counselling psychologists drew on the

social justice or community psychology approaches, then these values could be used to promote the profession and differentiate it from clinical psychology. This finding would also suggest that counselling psychologists should be trained in the skills necessary to meet the demands of these approaches, such as advocacy and empowerment, and we might find more examples of this sort of work emerging in counselling psychologists' practice.

However, given the absence of research (as opposed to theory, of which there appears to be an abundance) in the area, it is not possible to draw firm conclusions about what UK counselling psychologists think about the relationship their profession has with society and how they construct their responsibilities to the wider world. It is therefore proposed that there is a gap in the existing knowledge, relating to how counselling psychologists in the UK construct their relationship with, and responsibilities to, the wider world.

3.5 Research Question

How do counselling psychologists in the UK construct the relationship between their profession and the wider world? The following research is an attempt to provide answers to this question and fill this gap in the current knowledge. It is supposed that filling this gap could not only have implications for CoP identity, but also for the practice and research of counselling psychologists and the way that they are trained.

Methodology

4.1 Aims

The aim of this study was to investigate how counselling psychologists in the UK construct their responsibilities to the wider world. This included identifying what responsibilities are constructed by counselling psychologists, what discourses they mobilise when constructing them and the implications of using them.

4.2 Epistemological Position

The investigation takes a critical-realist, post-structural stance from within the social constructionist approach. The social constructionist approach recognises that language cannot be regarded as a neutral information carrying vehicle that allows the researcher to access otherwise hidden phenomena (Wetherell, Taylor, & Yates, 2001). Language is instead conceived of as the site where meaning and reality are created (Burr, 2003). There "is no single social constructionist position" (Stam, 2001, p. 294) and, within psychology, different social constructionist researchers and theorists take a number of positions, influenced by a variety of intellectual movements ranging from feminism and ethnomethodology to narrative psychology and post-structuralism (Stam, 2001).

Post-structuralism describes a theoretical paradigm which considers the relationship between humans, the world and the practice of making and reproducing meanings (Belsey, 2002). Whilst there is not space here to fully map the evolution of post-structuralist thought, it is worth noting that it was a response to structuralism. Structuralism posits that individual phenomena do not have concrete meaning in and of themselves: their meaning can only be understood in interrelation to other phenomena. Different phenomena can only be understood

once they are regarded as parts of an over-arching structure (Blackburn, 2008), just as individual jigsaw pieces can only be fully appreciated once they are seen as fitting into a larger puzzle. This structure cannot be reduced to either the structure of "objective reality" or the structure of ideas and imagination (Deleuze, 2002). It is a separate entity.

Post-structuralism revises structuralism by making a number of potentially controversial assertions, such as: there is no over-arching structure to phenomena in which different perspectives and perceived contradictions are resolved; claims to knowledge cannot be unproblematically validated; the natural sciences do not offer epistemological certainty; and humanism, which epistemologically places the individual at the centre of all things, is a falsehood (Meyerhoff, 2011). Post-structuralism also recognises that overarching meta-narratives, which attempt to bring together multiple phenomena, are by their very nature oppressive and excluding because some voices are suppressed when they contradict the meta-narrative (2011).

Ian Parker has warned that, whilst post-structuralism allows researchers to consider the relationship between people and their meaning-making, drawing *solely* on post-structuralism as a theoretical resource can lead to a form of linguistic relativism, where the researcher is concerned only with the structure of language at the expense of an analysis of what that language *does to people* through the power/knowledge dynamic (Parker, 1992). Parker posits a "critical realist" epistemological position which facilitates "talking about real things" (p. 25), such as oppression, in a post-structural context, recognising the problematic nature of knowledge and the power of meaning-making practices.

For Parker (1992), the critical realist approach, which emphasises that texts are the products of beings embodied in and interacting with the world, facilitates and demands the analysis of

what the text *does* to such beings. Failure to do so, Parker suggests, is an ethical as well as an intellectual failure .

For CoP, a profession that has "one foot in formal (scientific) psychology and the other in humanistic psychotherapy" (Frankland & Walsh, n.d.), post-structuralism could be regarded as problematic, eschewing as it does both positivist science and humanist values. However, CoP and post-structuralism appear to share some commonalities. For example, CoP's pluralistic embracing of competing therapies and refusal to align itself with a single model (Strawbridge & Woolfe, 2010) is suggestive of post-structuralism's assertion that there is no overarching structure into which differing perspectives can be resolved and that meta narratives (such as scientific empiricism) are oppressive and excluding. For instance, CoP trainees are taught multiple models of the mind: admittance to the profession is reliant on the ability of trainees to sit (with varying degrees of comfort) with contradictory understandings, not only of how to help their clients, but also of what is causing their clients' distress (e.g. the contrasting models of dysfunction in cognitive and psychodynamic approaches to therapy). Part of being a counselling psychologist, it would seem, is taking a post-structuralist stance to knowledge about the mind which can accept uncertainty, contradiction and the lack of a meta-narrative. Strawbridge and Woolfe also suggest that postmodernity's (and by association post-structuralism's) concern for subjectivity and individual narrative, individual difference and recognition of the power of ideology are all compatible with CoP.

As a counselling psychologist, I strive "not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing" (DCoP, 2005, p. 1) and to "be reflective about... [my] practice and that of CoP as a profession" (DCoP, 2005, p. 7). I have therefore found that critical-realist, post-structuralist, social-constructionist approaches, which acknowledge "that there can be no universal truths or absolute ethical positions" (Wetherell,

2001, p. 384) and rest "upon complexity, uncertainty and doubt and upon a reflexivity about its own production and its claims to knowledge" (Ball, 1995, p. 269), to be a good philosophical fit with my professional identity.

4.3 Method of analysis

The approach that this investigation took was Foucauldian discourse analysis (FDA). This is a psychology research method influenced by the work of Michel Foucault. For Foucault (1990), power is constituted through discourses and is implicated in what is constructed as knowledge. For example, in Foucault's (1990) seminal work on sex, he illustrates how sexuality has been constructed differently by discourses throughout history, which consequently has implications for the way individuals behave and define themselves.

Discursive psychology is an approach to psychological research which shares with FDA an interest in how individuals use language to make meaning. Discursive psychology, however, is primarily concerned with how participants use language to negotiate and manage social interactions in light of personal objectives. Unlike FDA, it does not focus on locating the language within a larger social and political context. As the post-structuralist approach posits that language draws meaning from, and potentially reproduces, structures of power, discursive psychology, by not contextualizing language in structures of power, fails to consider much of the impact of the language it analyses (Burr, 2003).

FDA, however, focuses on the discourses in the current culture which texts draw upon when constructing discursive objects and subjects; what kind of objects and subjects are thereby constructed; and what kinds of ways-of-being such objects and subjects make available to people within their social and political context. (Willig, 2001).

The use of FDA rather than discursive psychology will allow consideration of the discursive construction of the relationship between CoP and society; what this means for the subject-positions that counselling psychologists can adopt; and which actions and subjectivities are therefore made available to counselling psychologists. The critical realist position also demands that attention be paid to which institutions are supported by the discourses that are drawn upon by counselling psychologists when constructing the relationship, what power relations are reproduced by the discourses and what ideological effects the discourses have (Parker, 1992).

4.4 Procedure

4.4.1 Research Design.

Questionnaires and structured interviews were rejected as data collection methods as they rely on pre-prepared discursive objects being presented to participants and may prevent other discourses from being mobilised and objects from being constructed.

The original design was for data to be collected through a focus group as this method seemed most appropriate for gathering naturally occurring discourse (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). However, once participants were recruited it became impossible to find a time at which all could be present. Given Speer's (2002) questioning of the utility of distinguishing between natural and contrived data and the convincing argument for the appropriateness of semi-structured interviews for FDA (Arribas-Ayllon & Walkerdine, 2008), the decision was made to ask participants if they were comfortable taking part in individual semi-structured interviews rather than a focus group. They were given the

opportunity to decline the invitation and withdraw from the research at this point. All of the participants accepted the change in the methodological approach.

Data were therefore collected through semi-structured interviews, to allow participants to engage in naturally-occurring speech, through which various relevant objects relating to CoP and society would be constructed, mobilising a number of discourses. That is not to say that semi-structured interviewing is free of assumptions or discourses, as the interviewer herself takes part in constructing objects and mobilising discourses through her questions (Brinkmann & Kvale, 2009). Indeed, it is vital to note that from this epistemological approach, no-one stands outside of the discourse (Foucault, 1990). However, carefully considered questions facilitate the construction of discursive objects and ultimately, when taking an FDA approach, the interviewer's questions are available for analysis alongside the answers participants provide.

4.4.2 Recruitment.

FDA is not concerned with homogeneity of data (Taylor, 2001) and a relatively broad sample was sought in order to facilitate access to a variety of discourses. Both qualified and trainee counselling psychologists were sought to take part. The validity of discourse analysis is not relative to sample size (Potter & Wetherell, 1987). Given the potential breadth of the research topic, four to six participants were sought in order to provide sufficient data for analysis.

An advert requesting research participants was placed in the DCoP newsletter and on the DCoP Facebook page. It was also emailed to administrators and course leaders at CoP departments in universities and to administrators and department heads at private clinics offering the services of counselling psychologists with a request for them to disseminate it amongst CoP colleagues. The advert was also emailed to personal and professional (CoP)

contacts, asking them to forward it to fellow counselling psychologists, to engage the snowball effect. The advert can be found in Appendix A.

Individuals who self-identified as counselling psychologists, but who were either not eligible for Health and Care Professions Council[3] (HCPC) registration or were not in training that would grant them eligibility, were excluded from this study. Trainees at the same university as me were also excluded on the grounds that asking them to speak about their training experiences might create problems relating to confidentiality.

Five participants were successfully recruited. Hannah[4] qualified as a counselling psychologist ten years ago and has been working in the NHS ever since. Josh also qualified ten years ago and after spending the majority of this period working for the NHS is now in private practice. Maria had completed her training as a counselling psychologist and was awaiting her viva at the time of interview. She works in the third sector. Brigid was in her second year of a part-time CoP doctorate and Jen was in her third year of a part-time CoP doctorate. They were both on placement in NHS and third-sector settings.

4.4.3 Interviews.

A schedule was devised made up of questions designed to facilitate talk about CoP and its relationship with the society and counselling psychologists' responsibilities to the wider world. The interview was informally piloted with a fellow trainee. It was found that some of the questions were difficult to understand on the part of the interviewee. As a result of the pilot more prompt questions were added to the schedule to aid understanding and facilitate discussion. The original and amended schedules can be seen in Appendices B and C. The

[3] The regulatory body for applied psychologists.
[4] Pseudonyms were used throughout. See Section 3.5.5.

interviews followed the semi-structured interview schedule attached as Appendix C with the interviewer making use of scripted and non-scripted prompts as necessary to facilitate the flow of speech. The recordings of the interviews were transcribed and the transcription was then analysed. An excerpt can be found in Appendix G.

Potter and Wetherell (1987) advise researchers working from within the social-constructionist approach to suspend their belief that language represents underlying social and psychological realities in order to focus on the data's construction of particular version of events. To dissuade me from speculating about the intentions of the individual speakers (Giles, 2002), rather than completing the analysis of one transcript before turning to the next, I amalgamated the interviews into one text. This allowed each stage of analysis to be carried out on the whole in order to facilitate my exploration of how discourses created the potential for subjectivities rather than inadvertently suggesting that subjectivities construct discourses (Dobson, 2012).

4.5 Ethical considerations.

This study fully adhered to the ethical guidelines of the British Psychological Society for research practice (BPS, 2000). In addition, ethical clearance was sought and obtained from the London Metropolitan University Ethics Committee. The study was also conducted in line with guidelines designed to protect the personal safety of researchers (Craig, Corden & Thornton, 2000). The following ethical issues were considered and addressed.

4.5.1 Informed consent.

Prior to participation in the study, information sheets were emailed to individuals who had indicated an interest in taking part, as can be found in Appendix D . The information sheets detailed the research topic and its aims and provided information such as what to expect during participation. Full contact details were provided for me and my research supervisor. On arrival at the interview, participants were provided with another copy of the information sheet and a consent form (Appendix E) and were encouraged to discuss the information and ask questions.

4.5.2 Deception.

Participants were made fully aware of the nature and purpose of the research and how their data would be used.

4.5.3 Debriefing.

On conclusion of the interview, care was taken to ensure that those taking part in the study were comfortable with their experience and understood the process for removing consent for the use of their data. See Appendix F for information given to participants.

4.5.4 Withdrawal from the investigation.

Both before and after the interview, in writing and conversation, participants were advised of their right to withdraw from the study at any time during their participation or up to two

weeks following their participation. If this had occurred the relevant recordings and transcripts would have been destroyed.

4.5.5 Confidentiality.

Given that the UK CoP community is relatively small, emphasis has been placed upon confidentiality. This has included the use of pseudonyms (participants were offered the opportunity to choose their own pseudonym) and the alteration of particular identifying details such as places of work or study. The full transcripts have not been attached as appendices in order to further protect the confidentiality of participants. The electronic data has been stored on password protected files and when in paper format (since destroyed), in a locked filing box in line with Chapter 29 of the Data Protection Act (1998).

4.5.6 Protection of participants.

A risk assessment was conducted and no harm was anticipated for the participants of this study. However, their well-being was monitored throughout the interviews.

4.5.7 Health and safety issues for researcher.

Neither the BPS nor the DCoP provide a code of practice related to the health and safety of researchers. Advice from another source was therefore used to put together appropriate steps to protect my personal safety (Craig, Corden & Thornton, 2000). Accordingly, a responsible third party was informed of the time, date and location of each interview and an expected return time. Given the potential implications for confidentiality, the location of interviews was given to the responsible third party in a sealed envelope, only to be opened in the case of concern about the my welfare.

4.6 Analysis

The tenets of post-structuralism suggest that "the process of analysis is always interpretive, always contingent, always a version or a reading from some theoretical, epistemological or ethical standpoint" (Wetherell, 2001, p. 384). This has perhaps lead to an antipathy on the part of Foucauldian discourse analysts towards describing their method in great detail for fear of suggesting that this implies a neutral scientific method that is capable of unveiling an 'objective truth' (Graham, 2005). By taking this stance, FDA researchers follow closely in the footsteps of Foucault himself, who declared, "I take care not to dictate how things should be" (Foucault, 1994, p. 288). This can be daunting for the novice researcher, particularly one who is aware that this antipathy towards prescribing a method for analysis does not protect researchers from being accused of having 'got it wrong' (Antaki, Billig, Edwards & Potter, 2003; Stam, 2001).

Fortunately, despite this, there are a number of guides to conducting FDA. For example, Parker (1992) gives a 20-step guide to conducting FDA. The first 15 are concerned with marking out discourses. The final five are involved with the impact and relations of the discourses to institutions, power and ideology. Parker gives advice on how to think about the social, cultural, historical and political implications of discourses. Willig (2008) gives instructions for how to conduct a form of FDA that is more micro-focussed on the text than on its impact on power relations in the real world. A full analysis of the historical and cultural implications of each discourse was beyond the scope of this paper, as was a discussion of how the discourses "allow dominant groups to tell narratives about the past in order to justify the present" (Parker, 1992, p. 20). An abridged version of Parker's (1992) method was therefore blended with Willig's (2008) micro-focussed approach to FDA. The steps that were taken are detailed below. However, it should be noted that they were not strictly followed in sequential order, rather used as sign posts along a way, revisited and referred to again to

ensure that by the end of analysis each stage had been attended to for each discourse. Potter and Wetherell (1987) suggest that this method of analysis is more of a craft skill, like sexing a chicken or riding a bicycle, than following a recipe for a mild rogan josh. This suggests that it is more by the success of the outcome and the 'feel' of the process that one knows that one is 'doing it right' than by following a set of sequential instructions.

The first stage involved identifying the different ways in which the discursive object is constructed in the text. After careful repeat readings, all references to the relationship between counselling psychologists and society, both explicit and implicit, were highlighted (Willig, 2001). These were then described as if they were themselves objects (Parker, 1992). All of these different constructions of the relationship between CoP and society were considered and attempts made to place them within wider psychological and sociological discourses (Willig).

The connotations of these discourses were then explored using free association. Parker (1992) advises that this is best done with other people, so I[5] consulted with a trainee counselling psychologist with a background in health psychology, a Central Asia and Caucasus regional conflict and security advisor for a conflict resolution NGO with Masters degrees in history and international development, and a management consultant who originally studied classics. All three (generously) took part in exercises to free associate around the discourses. The sort of world that each discourse creates was also discussed in this process (Parker)(see Appendix H, for an example).

[5] For discussion of the use of the first person in the method, analysis and discussion see Chapter Seven Reflexivity (Part II).

The spider diagrams and notes from these sessions were taken away, expanded upon, refined and edited. A map of each discourse including a brief discussion of its historical and cultural location (Parker, 1992) and the connotations of each discourse was created. The subjects constructed by the discourses were identified. Time was spent considering the subject positions, created by the discourses, that participants can claim or place others into (Willig, 2001) (see Appendix I for an example). Particular attention was paid to what the subjects can and cannot say, do, think and feel according to their discursive construction (Willig). The relationship between discourses was considered including considering the extent to which they support or contradict each other (Parker). Attention was paid to how discourses might handle dissent. For example, by labelling those who disagree with it as non-scientific or suffering from false consciousness (Parker).

I reflected on the language used to describe and label each discourse (Parker, 1992) and the implications of the choice of language were considered. For example, the use of the term "scientific discourse" was considered to check that it was reflecting the discussions of research, theory etc. and was not being imposed upon the discourses by me. The implications of the discourses were then explored by looking at which institutions were supported and oppressed by each discourse, as were the categories of people who would gain and lose by the employment of the discourse (Parker). For example, it was found that universities, and those with the cultural capital to access them, gain by the utilisation of the scientific discourse.

The resulting analysis spans a continuum. At one end of the continuum is analysis that can be seen as being closely tied to the data. At the other end are those parts of the analysis that emerged from the free association that data inspired.

Analysis

5.1 Overview

This section presents four dominant[6] discourses, used by participants when discussing counselling psychologists responsibilities to the wider world: the professionalism discourse, the scientific discourse, the social activism discourse and the guru discourse. Each discourse is discussed in turn. A brief description of the world that the discourse speaks to is considered before particular attention is paid to how participants used the discourses to construct the relationship between CoP and the wider world.

5.2 The Professionalism Discourse: The Counselling Psychologist as a Performer of Professional Behaviour

This discourse creates a world of professionals and non-professionals. Professionals can be identified both through their conduct and through their membership of particular institutions. Whether a counselling psychologist is perceived by others in the wider world to be professional is instrumental here. Section 5.2.1 therefore deals with how counselling psychologists are constructed as performing their professionalism to an audience of others in the wider world. This wider world is made up of other people involved in a client's care, whom the counselling psychologist may have contact with, and those institutions by which the counselling psychologist must be recognised to be an official member of the profession.

[6] Two less dominant discourses were intimated in the text: the economic and therapeutic discourses. There were insufficient examples of the mobilisation of the economic discourse to justify validity and so it was not included in the final analysis. A therapeutic discourse was identified in the analysis. The therapeutic discourse creates a world in which the insightful, skilled practitioner practises therapy on and with the client. However, as participants did not make use of it when constructing responsibilities to the wider world, it is not addressed here.

Section 5.2.2 is concerned with how the relationship between the counselling psychologist and the wider world, in particular their colleagues, the BPS and the HCPC, is constructed by the participants as being a fraught one in which they must not be 'caught' acting unprofessionally lest they suffer negative consequences.

5.2.1 Professionalism as performance.

The following passage shows Hannah's response to the extract from the *Guidelines* for counselling psychologists. She ends her first sentence on a querying note, which perhaps suggests that she feels unsure about her position and is asking for my agreement. This implies that this is not a concrete pre-rehearsed constructed object that she has access to and she is constructing her answer 'on the spot':

> Hannah: So when I think now what does that mean to me, I, (sigh) I sup- I suppose- is it an exten-, is it an extension of (pause) how we present ourselves, how we put ourselves forward in all walks of life? Umm, how we conduct ourselves, do, y'know, it's about representing our, our profession.
>
> Beth: Hmm hmm
>
> Hannah: And our particular division within that profession in a way that is informative, umm transparent, umm and, I suppose that y'know that can be from y'know how you talk about counselling psychology and your code of ethics to your client.
>
> Beth: Hmm hmm
>
> Hannah: To how you might present yourself in a meeting with other professionals.
>
> Beth: Hmm

> Hannah: To, y'know the, the, receptionist on-in, in er Outpatients. It's just y'know how you, how you conduct yourself I mean you're rep-, ultimately you're representing, you're representing your profession aren't you? (p. 16[7])

Professional behaviour is constructed here as being related to the presentation of the self. Hannah constructs this as an ever-present issue that is applicable across her experience "in all walks of life". The repetition of "ourselves" constructs it as something that the profession as a whole does, rather than this relating just to Hannah's experience.

A responsibility to CoP is seemingly constructed here by Hannah – the counselling psychologist is "representing" the profession (psychology) and the division (CoP). This positioning constrains Hannah somewhat as the consequences of her actions fall not just on herself but on all counselling psychologists. This gives Hannah a justification for not doing certain things, as to act might reflect badly on others, not just herself.

The wider world is constructed as being made up of "other professionals" and colleagues the counselling psychologist interacts with. If professionalism is a performance then the wider world is the audience, with colleagues making up part of that audience.

This notion of professionalism being related to the perception others have of a counselling psychologist is reflected in Jen's comment when asked whether she is aware of professional responsibilities on placement:

Jen: I guess in clinical work again it would be about research, knowledge. Erm we have to be seen as ethical. (p. 7)

Her responsibility then, as well as to have particular knowledge and to engage with and/or produce research, is to be perceived by others as ethical. The first two factors involve work

[7] Whilst the transcript of interviews were brought together as one text, the page numbers refer to interviews. Here p.16 refers to the 16th page of the section of the text made up of the transcription of Jen's interview.

on the self, to ensure that she is engaging with research and is knowledgeable (this is discussed below in relation to the scientific discourse). The third involves work of another kind: not ensuring that she is ethical, but engaging others in an exchange which results in her being regarded as ethical.

Later, Hannah spends more time constructing the presentation of the counselling psychologist as a professional:

> Hannah: How you are in a meeting, how you are with erm anybody you come across with.
>
> Beth: Yeah.
>
> Hannah: How you present yourself in a letter to somebody.
>
> Beth: Yeah.
>
> Hannah: How you present yourself in an email (slight pause).
>
> Beth: Hmm hmm
>
> Hannah: (Slight pause) Phone call, all of that wider world could be kind of erm just a small extension of the client work that you are doing. (p. 20)

Here we find an extension of the arenas in which professionalism in projected. Now it is not just in face-to-face contact with colleagues: professionalism can be performed through writing and on the phone. The wider world here is to be found in the web of interactions that surround the work that a counselling psychologist does with a client. Every interaction is a space in which a counselling psychologist presents their self. Each communication is a performance in which the counselling psychologist must *be seen* to be professional.

5.2.2 Avoiding getting caught.

In the extracts below, Jen discusses the issues she was already aware of in relation to her responsibilities to the wider world.

> Jen: I'm aware we have to behave in certain ways to not get into trouble.
>
> Beth: Hhhm
>
> Jen: I'm aware of those things like breaking the law can mean that we, you know, are no longer part of the BPS or the HPC. (p. 9)
>
> Beth: When in training have you talked about what these responsibilities might be? What they might look like?
>
> Jen: Only erm, only. Not in training so much but. No the only ones I can think of are behaving ourselves you know. Yeah – don't get struck off you know, don't get caught drink driving don't get caught breaking into someone's like. Erm, don't take drugs ((slight pause)) erm those things. You know keeping yourself safe. (p. 16)

By stating that she and her peers had been taught the importance of "behaving ourselves", Jen constructs herself (and her fellow trainees) as being under the authority of another: the phrase "behave yourself!" can be associated with naughty children rather than autonomous adults. The repetitive list of prohibited behaviour reads like an admonishment from a nagging adult.

Twice Jen reports that counselling psychologists must not be *caught* indulging in prohibited behaviour. Again it would seem that the presentation of the self is being constructed as a priority here. The reference to drink driving is reminiscent of the eleventh commandment: don't get caught (West, 2011). It is the professional consequences of behaving badly – getting struck off – that must be avoided, rather than any internal impact or effect on others. In the

professionalism discourse, it is how counselling psychologists are perceived by others, whether colleagues or regulatory bodies, that is of importance.

Jen's choice of language here constructs the consequences of 'misbehaving' as risky – to be caught drink driving, for example, would involve imperilling the self. The sense is that the risk comes from the potential to be "struck off". This refers to her name being removed from the list of chartered psychologists. The use of "struck" imbues it with an underlying sense of violence and immediacy. A counselling psychologist, it would seem, can be removed from the professional register with a quick and final 'blow'. The use of violent imagery adds to the sense of risk.

In this discourse, counselling psychologists are positioned as having relatively little power compared to the BPS and HCPC which can take away their ability to call themselves counselling psychologists. They also have little power compared to their colleagues before whom they must perform their professionalism. Whilst these members of the wider world might spot a counselling psychologist's unprofessional behaviour, there is no suggestion in Jen's talk, despite what we may know about the capacity for anyone to make complaints about other professionals, that this is reciprocal. Counselling psychologists are not constructed here as having the power or authority to challenge someone else's professional status.

The wider world, according to participants making use of this discourse, is relatively small and parochial: it is made up of regulatory bodies concerned with CoP and people counselling psychologists might come across in their work. Despite this closeness to counselling psychologists, the wider world is a threatening . There is a responsibility relating to this wider world: not just around bringing CoP into disrepute, but also to protect the self.

5.3 The Scientific Discourse: The Counselling Psychologist as Producer, Consumer and Disseminator of Research

The scientific discourse was drawn upon by all participants during their interviews. The discourse constructs a world in which there are experts whose authority comes from being abreast of a body of knowledge including theory and research (science). These experts have a responsibility to share their knowledge with the wider world. The wider world is constructed in this discourse as being made up of those who can (and should) benefit from the scientific counselling psychologist's knowledge. This includes a wider general public as well as individual colleagues such as general practitioners (GPs), who benefit from the information and advice that counselling psychologists as scientists share with them.

The need to keep up-to-date with scientific knowledge is discussed first, followed by a discussion of the construction of the responsibility to inform the wider world.

5.3.1 Keeping up-to-date.

At various points in her discussion of the responsibilities counselling psychologists have to the wider world, Jen refers to the need to "keep up-to-date":

> Jen: Ok so I guess now I'm thinking a bit more about it we have responsibility to keep our, keep to, keep up-to-date with erm theory.
>
> Beth: Hmmmm
>
> Jen: Erm ethical ways of practising erm. Working with clients so you know taking factors like culture into consideration where we may need to know a bit more about somebody's background what we might not be familiar with. So I think. Yeah I guess we have a responsibility to (slight pause) make sure that (slight pause) with each person we're working with we have a good knowledge and awareness of which best

> which erm model of best practices (sic) to use with that, with that with that with that difficulty.
>
> Beth: Hmm hmm
>
> Jen: I think really it's about (slight pause) so yeah I guess that's the clinical side of it. Keeping up-to-date with theory and keeping up-to-date. (p. 5)

Jen describes a number of things here that she believes she has a responsibility to have knowledge about, including ethical practice, the cultural background of her clients, models of best practice and theory. She constructs the counselling psychologist as bearing a wide ranging and diverse set of responsibilities relating to having up-to-date knowledge. By stating that counselling psychologists are responsible for having this knowledge for each person they work with, Jen multiplies the weight and complexity of the responsibilities. The counselling psychologist, as someone who has insight into these complex and weighty issues, is therefore positioned as an expert.

The expert position includes being informed about advances in theory. Jen also implies that counselling psychologists should keep up-to-date with anthropological knowledge ("factors like culture") and have a psychological understanding about different disorders and models ("which erm model of best practices (sic) to use with that ... difficulty").

Here Jen constructs a technology of the self that an expert counselling psychologist is responsible for applying to herself: "keeping up-to-date". In this extract alone, Jen refers to the need to keep up-to-date on three occasions (repeating keep/keeping five times), suggesting that this is a vital aspect of this discourse. The knowledge that Jen says counselling psychologists must have is constructed as a growing and changing object, external to the counselling psychologist, which has momentum. It is not sufficient to master

the knowledge once and then rest on one's laurels. The knowledge will evolve and grow and the counselling psychologist must keep up with it. Just as the Red Queen in *Alice in Wonderland* (Carroll, 1898) must keep running on the spot to stay in one place, Jen must ensure that she does not fall behind.

5.3.2 A responsibility to spread expert knowledge.

Although Jen is responding above to a question about responsibilities to the wider world, her answer is quite focussed on her responsibility to work in an informed and "up-to-date" way with individual clients. It is unclear how this responsibility to individual clients relates to a responsibility to the wider world. Later in the interview she gives more insight into how this might be relevant to the wider world:

"Only, I mean I think again in lines of the wider community maybe it would be the research element, yeah, you know. Both keeping up-to-date with research but also publishing research." (p. 17)

Here again is a reference to keeping up-to-date but this time with an added responsibility to produce and disseminate information. The object to be kept up with is "the research" rather than theory or cultural understandings. As well as something external to be kept up with, research is something that can be produced and then published. As well as being responsible for consuming research, the counselling psychologist is also a producer of this object.

Just like "theory" earlier, "research"` is constructed here as something that should be kept up with: something that is moving. Despite their mobility, however, they are both constructed as relatively simplistic objects. There is no suggestion that research/theory might be contradictory or complex: that one might have to choose which elements of research/theory

to endorse or concern oneself with. It appears relatively monolithic. Keeping up with it is merely a question of keeping pace with it.

This publication and dissemination of research is something that Jen explicitly sees as relating to the wider world. By publishing research, the counselling psychologist is making science available outside of the CoP enclave and the client-counselling psychologist relationship. According to Jen's construction, people in the wider world can also be consumers of expert knowledge and it is the counselling psychologist's responsibility to facilitate that consumption.

Below Maria responds to a question about the behaviours that might be encouraged in a counselling psychologist who considers their responsibilities to the wider world:

"...talks, education, research, anything, anything that you do can kind of um, what's the word, disseminate these sorts of ideas that you believe in." (p. 15)

For Maria, the construction of the object that is being disseminated is personal to her. Rather than discussing "*the* theory" or "*the* research" as if it is an uncontested monolithic object, she constructs the subject of her talks, education and research as being "these sorts of ideas that you believe in". The object is not as simple as the monolithic evolving unproblematised 'theory' that Jen constructed. For Maria, the personal interests of the counselling psychologist will impact on what knowledge is disseminated. The phrase "ideas that you believe in" seems to encompass a post-structural understanding of science that acknowledges that there is no such thing as 'objective' research and that the researcher and their beliefs and 'biases' will always have an impact on findings. Research is constructed by Maria as not merely being something to be disseminated but as a way of disseminating "these sorts of ideas you believe in". Maria shares with Jen a construction of counselling psychologists have a responsibility to

spread knowledge and understanding to the wider community through any medium that the counselling psychologist has access to.

A more specific recipient of a counselling psychologist's informed knowledge is constructed below by Josh. This is in response to a question put to him about when in his practice he has experienced the relevance of the responsibilities counselling psychologists have to the wider world:

> I'm thinking of just like communication with sort of GPs, kind of maybe erm offering them suggestions as to other ways of management, you know, managing patient pathway care, care pathways, erm, kind of, erm, you know, that's informed I suppose through kind of theory and research. (Josh p. 13)

Josh tentatively constructs the wider world as including GPs. They are the recipients of counselling psychologists' expert suggestions which are informed by "theory and research". The GP, it would seem, does not have access to the same pool of expert knowledge. If knowledge is power, then this discourse positions counselling psychologists as more powerful than their non counselling psychologist colleagues in this regard. With this power comes a responsibility to steer their colleagues in the scientifically informed direction.

Having engaged in the process of "keeping up-to-date" with scientific knowledge, counselling psychologists are constructed as having a responsibility to the wider world to share that knowledge. The knowledge is shared via research, education and talks with a wide and perhaps vaguely defined audience. Counselling psychologists are not only positioned as expert in relation to this audience. The process of keeping up-to-date with research and theory also makes them expert relative to GPs who benefit from their informed suggestions.

5.4 The Social Activism Discourse: The Counselling Psychologist Outside the Mainstream

The third discourse constructs objects such as oppression and power, minorities, the rich and poor divide, and the relationship between economics and the individual: a world of power imbalances. The wider world in this discourse is made up of powerful people, who (intentionally or unintentionally) oppress others, and those who are oppressed. It is a world in which counselling psychologists run the risk of "reproduce[ing] existing power arrangements to satisfy the needs of society's most powerful institutions" (Guilfoyle, 2008, p. 239). A world to which the social justice agenda (discussed in Chapter 2) speaks. It is also a world in which impassioned individuals, including counselling psychologists, can choose whether or not they engage with these issues and attempt to change the status quo.

Section 5.1 discusses the work which participants construct as being part of their responsibilities to the wider world while using this discourse. It includes actions in the world (external work) as well as work on the self (internal work). Section 5.4.2 discusses the different constructions of counselling psychologists available within this discourse – the activist and the non-activist counselling psychologist.

5.4.1 Internal work is required to enable external work.

This is Maria's response to being asked what "counselling psychologists will consider at all times their responsibilities to the wider world" means to her:

> It's interesting, because this afternoon I just came across this petition that wants people to sign against the DSM-V[8] which is trying to promote this kind of diagnosis that would, diagnosis should be quite early and give them medication quite early, and I'm trying to do some research about it because I feel like that is part of my role and

[8] Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

> it's a very serious part of my role: where do I stand in, um, affecting policy to do with mental health and how I, how I choose to think and how I choose to talk about mental health is very important. (p. 6)

Here Maria constructs her responsibilities to the wider world in a number of different ways, ranging from the concrete (how she chooses to responds to a petition against the DSM-V) to the less tangible (how she chooses to think about mental health). She draws on the scientific discourse to give weight to her opinion; it is through research and her position as an expert that she will come to a decision. However, the use of the phrases "where I stand" and "how I choose to think" seems counter to a simplistic monolithic construction of 'objective scientific truth'.

Here there is also the matter of personal opinion and choice: the social activism discourse is concerned with the choices made by the individual. By stating that she feels that it is an important part of her role, Maria raises the possibility that others might not feel the same way.

The mention of mental health policy brings the question of a counselling psychologist's responsibilities to the wider world to at least a national level if the policies in question relate to the policies of the government of the UK. However, it could be even wider if it relates to those of the World Health Organisation. The DSM-V is a product of the American Psychiatric Association which is used (although not exclusively) by mental health practitioners across the world. It would seem that in the social activism discourse the wider world can perhaps be understood as having a global scale.

Later in her response to the same question, Maria expands upon what it means to be responsible to the wider world:

> I need to get my head around and get it straight about what I believe is mental illness, what I believe we should do about it, what I believe it's connected to, so with regards to my role within the wider society. One, (pause) it's a bit like the kind of Hippocratic Oath in terms of 'do no harm.' And secondly, it's to try and understand both the individual and the society and the wider society, so everything to do with economics, to do with um the rich and poor divide, to do with all of these things, um disabilities, learning, sexualities, all of these things have an effect. And then come up with something to say about it (laughingly) that reflects my clients' realities, in a sense, and, and in a sense can (pause) it's a bit like being a human rights defender, a bit like, to some extent. (Maria p. 6)

The statement "need to get my head around it" constructs mental health as something external that exists in the world which Maria does not yet fully comprehend. This suggests that it is a 'real' entity which exists regardless of what she thinks about it. However, the construction is undermined by the following phrase "get it straight about what I believe". This constructs mental health as being an article of faith which the counselling psychologist creates in their mind, rather than an objective external truth to be discovered and understood. If mental health is an article of faith in this discourse, then counselling psychologists as activists are 'believers' – a contrast to their construction as rational scientists in the scientific discourse. This has consequences for counselling psychologists responsibilities to the wider world – they too can be matters of personal belief and therefore perhaps choice, rather than a given.

Maria's threefold repetition of "I believe" in the first sentence emphasises this construction of her responsibilities as being a matter of personal choice and faith. This object is not a given. Nor is it something that can be found in a lecture or a textbook: it is apparently a matter of personal inquiry. The counselling psychologist is granted far more agency in relationship to their responsibilities to the wider world in this discourse than in preceding ones: for example

we have seen in the professionalism discourse that counselling psychologists must convince the HCPC of their professionalism and in the scientific discourse that they must keep up-to-date with research. Whereas in the social activism discourse they can not only work out their own responsibilities, but whether to engage with the notion that they have responsibility to position themselves as activists at all. The counselling psychologist appears to be able to choose whether or not they engage with responsibilities.

By referring to the Hippocratic Oath, Maria invokes a therapeutic discourse and the expertise that grants her. She also positions herself as having some power – she has the capacity to do harm. This takes Maria on to well established ground: it is a widely shared commitment on the part of health professionals. She is moving away from personal to socially held constructions of responsibilities.

Maria breaks down the second of the various responsibilities that she lists here into distinct parts:

> it's to try and understand both the individual and the society and the wider society, so everything to do with economics, to do with um the rich and poor divide, to do with all of these things, um disabilities, learning, sexualities, all of these things have an effect. And then come up with something to say about it (laughingly) that reflects my clients' realities, in a sense, and, and in a sense can (pause) it's a bit like being a human rights defender, a bit like, to some extent. (Maria p. 6)

Her responsibility is to understand the relationship between the individual and society and to have something to say about this that relates meaningfully to clients' experiences. Maria's list of issues to understand is broad to say the least. The language used "*everything* to do with", "to do with *all of those things*" constructs this knowledge as large and complex, as does the

fact that her list spans so many different areas of life. Understanding someone's socio-economic context involves knowing a lot of things and is perhaps an onerous task.

These contexts are discussed here as if they are tangible and can be read, researched and understood. They appear to be external objects in the world, unlike the personal process of straightening out one's beliefs about mental health which occurs internally. Nevertheless, despite their tangibility, they are complex and I would suggest that the breadth and complexity of knowledge required is perhaps overwhelming. Maria positions the counselling psychologist as being faced with what sounds like an impossible responsibility: to understand everything about the relationship between economics, social issues and mental health.

The next stage of this responsibility is not only to construct a statement that the activist counselling psychologist can make about this relationship, but to ensure that it is a statement that is true to the reality of their clients. Maria's laughter emphasises what a huge task she is setting herself, and other like-minded counselling psychologists.

Maria then goes on to talk about the consequences of making such a statement, but appears to lose impetus. Perhaps because she has become overwhelmed by the responsibility she has constructed.

"… in a sense, and, and in a sense can (pause)it's a bit like being a human rights defender, a bit like, to some extent." (Maria, p. 7)

She peters out until she hits upon a comparison for the counselling psychologist which fulfils these responsibilities: the human rights defender. However, she tells us it is only a bit like a human rights defender, and only to a certain extent. It would seem that Maria has not fully constructed this responsibility in terms of what it will do and achieve in the world. It exists as a responsibility that the counselling psychologist has to carry out first internally and then

externally, but the full implications are as yet unclear, other than to say that they will make the counselling psychologist in some way like a defender of human rights.

In this discourse, those counselling psychologists with a social activism attitude must take care that they are not engaging in oppressing people. Brigid explains that she needs to ensure that she is:

"... making sure that things that I say, um (slight pause) or the way I go about things don't backwardly kind of oppress or put people down in some way." (Brigid, p. 12)

Brigid here constructs oppression as something relatively enigmatic. It can occur via speech or the way in which a counselling psychologist engages in action, rather than merely via specific, intentional, oppressive acts. The use of the vague "in some way" suggests it is difficult to define the ways in which it can occur. The choice of the word "backwardly" here is interesting – it implies both a sense of accidentally doing something as you walk backwards into it, and doing something in an unsophisticated manner. Both suggest a lack of intent: even if Brigid is well meaning she might unwittingly do harm.

For Brigid, the counselling psychologist must therefore be on guard against accidentally oppressing others. An activist counselling psychologist monitor and manage the self in order to ensure that they are not oppressing someone. I have called this technology of the self "avoiding accidental oppression". The counselling psychologist is positioned here as being powerful - the things that they say and the ways in which they do things do have the potential for oppression. Indeed, they are so powerful that they can oppress others without even meaning to.

5.4.2 The activist and the non-activist counselling psychologist.

Here Maria is talking about the two different types of counselling psychologist she has observed:

> For me, I'm, I seem to be more of an activist in my attitude, but the way I've been taught, the way I kind of pick off energies from other people, they're very kind of toned down, they're very, everyone minds his own business, everyone does his own thing, everyone goes on with their career to make money, which is fine, (pause) or maybe not (laughs sarcastically) there are some who are much more active and much more, you know, out there to stand up for things they believe in. (p. 7)

Maria compares her own attitude, that of an activist, to that of those who do not embrace such a role. Those who are not activists are constructed as being toned down. It suggests that non-activist counselling psychologists may be quieter, or less visible than their activist counterparts. *Cambridge Dictionaries Online* defines toning something down as "making it less forceful or offensive" (Tone down, 2013), suggesting that non-activist counselling psychologists may also be more acceptable but also less impactful than activist colleagues. Given the mood of this extract, which through the use of sarcasm at the end is critical of non-activist counselling psychologists, it seems that Maria is suggesting they are somehow less than their activist counterparts.

The repetition of "everyone" constructs activist counselling psychologists as a minority in comparison with the non-activist majority. As well as being "toned down", the non-activist majority are concerned with the self rather than others: "everyone does his own thing, everyone goes on with their career to make money". They are also described as "minding their own business", which perhaps implies that perhaps they do not meddle in others' affairs.

The activist counselling psychologist is implicitly constructed in contrast. Maria positions herself as part of a potentially loud, offensive minority, concerned with others rather than

involved with the self. She communicates her disapproval of those who do not share her position by undermining her statement that the alternative position "is fine" with sarcastic laughter.

In this extract alternative reasons for being a non-activist counselling psychologist are not aired. For Maria their views are caused by personal and financial interests. Counselling psychologists who do not take an activist stance for more complex reasons, for example those with different political views or little interest in politics and its impact on mental health, are not given a voice.

In contrast to the activist counselling psychologist who can make statements, sign petitions, and influence policy (and oppress), this discourse implicitly constructs the passive subject of the oppressed. This category includes clients (to whom Maria must ensure her statements are true), members of minority groups (Maria refers to disabilities, for example, being an issue) and those with low socio-economic status (Maria mentions the rich and poor divide). The voices of these groups are not referred to in the text. The relationship between counselling psychologists as activists and the oppressed, in the wider world, is therefore one in which power is imbalanced.

In order for the oppressed as a subject to exist there must also be the oppressors. In this discourse, the category includes everyone from the misguided counselling psychologists who "backwardly kind of oppress" their clients to the politician who when making decisions does not does not take account of the influence of the rich-poor divide on mental health.

In this discourse an activist counselling psychologist's responsibilities to the wider world include internal work, such as constructing beliefs about mental health, the individual and society and staying informed about a range of issues (for example, the relationship between economics, sexuality and mental health). This internal work, according to Brigid's

construction, must also involve counselling psychologists constantly checking that they are not unwittingly oppressing anyone themselves. Their responsibilities also include less articulated external work in society: making a statement about these beliefs, which in some way, perhaps, acts to defend human rights.

5.5 The Guru Discourse: The Counselling Psychologist as Bringer of Enlightenment

The name of this discourse is perhaps the least 'self-explanatory' of the discourses the participants draw on when discussing their responsibilities to the wider world. A more fleshed out discussion of 'guru' is given in Chapter Six. It was chosen to encompass both a sense of a leader who brings enlightenment to followers and a maverick who proposes an alternative point of view to the mainstream.

The discourse creates a world in which the counselling psychologist as guru has special insight into society. In contrast, the wider world in this discourse is made up of those who are unenlightened and in need of the counselling psychologist's guidance and example. This includes colleagues, such as nurses, and the people who come across the counselling psychologist in day-to-day life, and can learn from their example.

5.5.1 Particular insight.

Here Jen is responding to an opening question about what CoP is:

"Erm yeah, so, but the thing that stands out about Counselling Psychology is we tend to work very holistically with people. We won't just focus on their diagnosis. We tend to veer away from the medical model approach." (p. 1)

She appears to be constructing CoP as something different and special – something that "stands out". When she talks about what counselling psychologists do and do not do, she is implicitly building a contrasting mainstream made up of conventional mental health practitioners whose approach is antithetical to her construction of CoP's holistic, medical-model-avoiding, non-diagnosis-focussed approach. Members of this mainstream do not work holistically; they focus on the diagnosis and embrace the medical model.

By describing counselling psychologists as *veering away* from the medical model approach she suggests that the medical model is something to be avoided,as if it is centre stage and must be explicitly swerved away from. The implication is perhaps that it is easy to go straight for the medical model, and effort must be put into avoiding it. Jen is positioning herself, and all counselling psychologists, as taking action to avoid something that others do not reject.

This sense of the counselling psychologist outside of the mainstream with access to special knowledge is also found in the excerpt from Maria's transcript below:

> Mostly, maybe, how to be genuine, how to live genuinely, I think that's the major thing I see. So it's more of a (pause) maybe there's an aspect too which is kind of really aggressive activist, in a sense, that is sticking up for injustice and that stuff, that sort of thing, kind of fighting injustice, and there's another kind of more assertive, more constant thing, which is about living well. It seems like it surprises me every time how much people don't know about living well, how much people don't know their bodies and minds are connected, stuff like this, which I think is elementary, basic, and yet it's not to a lot of people. You know, even with my partner, if he, he watches, if he has free time he watches TV from this time to that time, and it's not great in that his body needs to relax after work, maybe he needs to, I don't know, lie on the floor, stretch out his muscles, have a moment of calm. So that's the thing, kind

> of the more philosophical diseases of society, which are real, and when I say philosophical I mean, (laughingly) because you know how they say the philosopher is the gadfly on the something of society and that thing? (laughs) Um, I see myself a bit like that, um, but the thing is, that philosophical thing, as we're trying to tell people all the time, has serious implications when it comes to mental health, because people do (emphatically) get depressed, people do (emphatically) get anxious, people, you know, all of those things, if they don't take care of themselves or find ways of doing so. Yeah? (p. 12)

Here Maria contrasts the concerns of the counselling psychologist as activist "kind of fighting injustice" to those of the counselling psychologist as guru "which is about living well". This concept of "living well" relates to the relationship between the mind and body – she gives the example of her partner perhaps needing to stretch to relieve stress. The "moment of calm" that Maria recommends is reminiscent of holistic approaches to well-being that might draw on meditative practices. Maria also speaks of "living genuinely" as being something of great importance that she can observe. This positions her as someone who has access to a sincere or truthful way of being, of living well, that perhaps others do not. Maria states that knowledge about living well is "basic". However, she also states that so many people are ignorant of this knowledge and refers to it as "elementary", suggesting that it is basic in the sense that it is fundamental rather than easy or accessible.

Maria constructs the consequences of not living well, "philosophical diseases", as being dangerous: "they have serious implications for mental health". Her use of examples with the emphatic "do" – "because people do (emphatically) get depressed, people do (emphatically) get anxious, people, you know, all of those things" – constructs these philosophical diseases as a very real and present threat. By stressing the "do" it is also as if she is countering denials that this is the case. She has to convince people of the truth. Maria positions herself as

knowing the secret to, if not the cure for depression and anxiety, then at least the prophylactic for these and other "philosophical diseases".

In this extract we see an example of Maria constructing herself having more of an insight into what is good for someone in the wider world, her partner, than he does. He may think that watching TV is a good way to relax, but Maria implies that he is wrong, and Maria knows better. The counselling psychologist as guru is constructed as being incredibly expert; they potentially have so much to teach the wider world. The fact that Maria uses the extreme case formulation that she and others have to tell people "all the time" suggests that their message might at times fall on deaf ears. It talks to the idea that the relationship between CoP and the wider world is not one way: a counselling psychologist may have a message to share, but the wider world can choose not to listen to it if they wish.

Indeed, the way Maria describes herself as a philosopher suggests a duty to make people listen. A philosopher has great knowledge and insight into both the individual and society. By using the image of the gadfly she also invokes a particular understanding of what the philosopher is and does. This is a reference to the trial of Socrates, in which he compared himself to the gadfly. Plato reports that Socrates suggested that he was just as irritating and just as easy to kill as a small stinging fly, but that he fulfilled a necessary purpose: that whilst his difficult questions might have whipped people into a fury, they did so in the service of truth (Plato, trans. 2007). By explicitly making this comparison Maria is not only constructing herself as having philosophical insight and access to (difficult) truths, but also as being an outsider. Maria positions herself both as a holder of esoteric and vital philosophical knowledge, and as a maverick thinker.

This suggests that the relationship between Maria (in her position as counselling psychologist as guru) and the wider world is a complex and potentially difficult one. She may have special

insight to share, but it will not necessarily be gratefully received. If we take the simile of Maria-as-Socrates-as-gadfly at face value, then it would seem that her attempts to offer her insights are intended to unsettle. This is part of what she has to offer the wider world: she has a responsibility to offer (perhaps uninvited) uncomfortable truths, which has the potential to stir up necessary but uncomfortable thinking.

5.5.2 Spreading the word.

In the extract above Maria constructs a responsibility counselling psychologists as gurus have to live well and genuinely in order to spread a message about how to avoid philosophical diseases. Her reference to the gadfly suggests that her message will not always be comfortably received. Her audience is people in her life, such as her partner, and a non-specified group of people who do not share her knowledge. Below, Josh talks about a more specific audience for his insight:

> I think I suppose we have a duty to kind of inform people about, you know, what, what helps people, and actually, you know, having good social support and having kind of…you know, and…or recognising that actually other people can provide mental health support, not just psychologists, and maybe kind of educated…for example, you know, one of the things, erm, one of my previous posts was working in, in people with chronic kidney disease, and it was about discouraging nurses from referring clients when they cry, erm, and, you know, helping, you know, in kind of informing them that actually, you know, they can be really, really valuable in the kind of…in the front, front…in front line, in the first line sort of…of defence in terms of emotional support, that it doesn't have to go down a kind of mental health sort of psychology route. So I'd say, you know, also discouraging people maybe to kind of

> refer to mental health systems as well, and actually thinking about, you know, what alternatives are there. (p. 9)

This extract begins with an explicit statement of CoP's responsibilities to the wider world "we have a duty to kind of inform people about, you know, what, what helps people", which positions counselling psychologists as possessing this knowledge and non-counselling psychologists – "people" – as needing this knowledge. This knowledge is constructed as including things external to therapy, such as the need for social support and that non-psychologists can be helpful. It would seem that counselling psychologists have a responsibility to point people *away* from psychology at times. Josh refers explicitly to having a "duty" to educate "people", to spread the word. By describing it as a duty Josh constructs imparting this information as a responsibility that counselling psychologists have to people in the wider world.

Again we see counselling psychologists constructed as having access to an alternative view point that can be more helpful than the mainstream approach. Their knowledge includes the insight that their contribution to client care is not always relevant. Instead, Josh recommends alternatives to the "mental health psychology route", including social support and the emotional support that nurses have to offer. He positions himself as having insight into chronic kidney patients' need, and a responsibility to share this with nurses who might otherwise not appreciate their potential contribution and make inappropriate mental health referrals. In this construction, he has more insight into what a nurse can achieve in their work than the nurses themselves.

The counselling psychologist is again constructed in this discourse as telling a truth that is not universally acknowledged. The repetition of the word "actually" not only emphasises the verisimilitude of Josh's statements but suggests that he is arguing against something. Perhaps

he is arguing against a mainstream approach that would deny/not recognise what is *actually* the case.

5.5.3 Setting an example.

As well as educating people and encouraging colleagues to consider alternatives to mental health treatment for clients, counselling psychologists as gurus are constructed in this discourse as having a more subtle way of spreading their alternative knowledge:

> … it's more difficult outside of the therapy, because within therapy you have a structure, you have a way of doing it, you're a kind of, you have the go-ahead to do it, you can't just go round talking to people about these things (laughingly) because they get annoyed at you! But there is a way you can live, kind of as an example, or, or a way that sometimes you can drop hints if you see that people are, in inverted commas, 'lost', and the same applies to me, kind of thing, that I can keep applying it to myself. (Maria p. 13)

Here Maria considers the world outside the consulting room and how her rights there contrast to those inside the therapy room. Outside she does not have the "go-ahead" to advise others on how to live well. The consequence of spreading her message might be that people in the wider world become annoyed. The guru discourse is problematic: there is both compunction to spread a message and the knowledge that doing so may well be met with antagonism. She is not always comfortable that, like the gadfly, her message might annoy others, so tempers her method of communication in order to minimise annoyance. She therefore finds more subtle ways to spread her message – by dropping hints to the "lost" and by providing herself as an example of how to live well. The counselling psychologist as guru is constructed as not only having knowledge about how to live well but also as being able to apply it to their own

lives. Part of their responsibility to the world is to ensure that they are setting a good example by living well.

Discussion

6.1 Overview

The aim of this investigation was to contribute to answering the question: how do counselling psychologists in the UK construct their responsibilities to the wider world? Five counselling psychologists (two qualified, two in training and one awaiting her viva) were asked about the relationship between CoP and the wider world in individual semi-structured interviews. The transcripts of these interviews were combined as a single text and analysed using a combination of the methods described by Parker (1992) and Willig (2008) for conducting FDA.

The four discourses identified in the analysis were mobilised by participants when constructing their responsibilities to the wider world. In line with the FDA approach, Section 6.2 discusses the historical and cultural location of each discourse alongside its political implications. This includes, naming those institutions which are supported or undermined by these discourses, who wins and who loses by engagement with the discourses, and their ideological impact (Parker, 1992). This section draws attention to the implications of participants drawing on, engaging with and reproducing these four discourses when constructing their responsibilities to the wider world. Where it seems relevant, reflection on the language used to name the discourse is also included (Parker, 1992).

Section 6.3 explores the responsibilities that the participants constructed using the discourses. It identifies a number of responsibilities (e.g. a responsibility to communicate to the wider world) alongside other objects involved (e.g. constructions of the wider world itself) and common themes between these constructs.

Section 6.4 summarises the contributions this study has made to answering the research question. Section 6.5 discusses the potential implications of this research for CoP – its practitioners, researchers, trainees, training institutions and the DCoP. Section 6.6 considers the limitations of this study's capacity to explore the research question and Section 6.7 makes recommendations for further research not only to address these limitations but also to explore the implications of this study and expand the research question further.

6.2 Exploring the discourses

The four dominant discourses mobilised by participants when discussing their responsibilities to the wider world – professionalism, scientific, social activism, and guru – are considered below. It is supposed that these discourses relate to broad culture-wide discourses (e.g. that there is a scientific discourse that spans more than CoP) and that discussing them in these broader contexts aids understanding. As suggested by Parker (1992), the connotations and implications of the discourses have been explored using free association. This section is therefore less closely tied to the data than others.

6.2.1 Professionalism discourse.

When considering the cultural and historical location of the professionalism discourse in CoP, Orlans and Van Scoyoc's brief history of the profession is invaluable (Orlans & Van Scoyoc, 2008). It sets out the steps that CoP took, and the sacrifices it made, to be constructed as a profession in the UK and elsewhere. For example, it covers the establishment of the diploma in CoP: enabling chartership as a psychologist based on CoP qualifications and the creation of the DCoP within the BPS.

The professionalism discourse offers support to institutions such as universities, training centres and the BPS. Recently, CoP has granted the HCPC, a statutory body, the power to

police who may become a registered counselling psychologist. By constructing the state as having the authority to declare who is and is not professional, the discourse gives implicit support to current governmental power structures. Similarly the BPS exists by royal charter - by constructing the BPS as receiving authority from the Crown, this discourse gives support to the monarchy as an institution.

It could be argued, therefore, that a counselling psychologist who questions the authority of the state, such as a revolutionary socialist (Willig, 1998), is questioning her own authority as a chartered psychologist. Indeed, any group that denies the authority of the state – such as the Anarchist Federation of Great Britain, the Communist Party of Great Britain and the Socialist Worker Party – is opposed by the professionalism discourse.

So too are those who might be labelled unprofessional by this discourse – either because they have fallen foul of the BPS/HCPC or because they work outside of its auspices. The disgraced psychologist (who has not appropriately managed their behaviour to ensure professionalism), the psychotherapist (who has not trained in the 'correct' way) and the acupuncturist (who has a different understanding of health and wellbeing), are given little legitimate voice by this discourse. The counselling psychologist who disagrees with the BPS/HCPC is also oppressed by this discourse – whether it be on a point of 'professional practice' or on another matter, challenging the authority of the institutions that imbue them with their authority is challenging the source of their own professionalism.

It is worth noting that becoming a professional counselling psychologist requires costly training. Those without such training will not be constructed as being professional or authorised to practise. Those without the financial and/or cultural capital to train as a chartered counselling psychologist are therefore oppressed by this discourse as they cannot buy the authority to speak as a professional. Those who can afford up to £8,000 a year for a

minimum of three years, or are willing and able to take out large loans, benefit from the professionalism discourse.

6.2.2 Scientific discourse.

I reflected at length on the choice of the label 'scientific' for this discourse. I asked others both within and without CoP what they would call a discourse that constructs objects such as research, theory and education, and the consensus was that it referred to 'science'. This also reflects the scientific-practitioner/reflective-practitioner identity in CoP (Lane and Corrie, 2006).

Entire sub-fields of academia – the history and philosophy of science – have emerged to trace the origins and development of scientific discourses. It is not possible to do justice to them here and interested readers are pointed towards Aronowitz (1989) for a discussion of the relationship between power and knowledge in science. The rise of science in applied psychology generally and CoP particularly is relevant to contextualising the scientific discourse drawn upon by participants. The Boulder model of training (Hayes, Barlow & Nelson-Gray, 1999) was developed in 1949 to guide the training of clinical psychologists in the U.S. It emphasised scientific rigour and the ability to produce and digest scientific research and to apply it to work with clients (Hayes, Barlow & Nelson-Gray, 1999). The 'attack' on the efficacy of psychoanalysis by Eysenck in the 1950s (Eysenck, 1952) also influenced psychology towards 'proving' methods scientifically. The rise of evidence-based medicine and its relationship to rational policy-making and access to research grants is also of great relevance (e.g. Blair, 2010; Bryceland & Stam, 2005; Chwalisz, 2003; Stricker, 2003).

It has been suggested that scientific discourses offer support to the cognitive behavioural therapy (CBT) movement: "modernity's paradigm-crowning modality" (Bohart & House, 2008, p. 190). With its potential for manualisation, CBT is regarded as being better suited to

the gold standard of evidence-based medicine (and by association, evidence-based practice): the randomised controlled trial (Bohart & House 2008). Critics suggest that CBT has become the "first line treatment of choice" (Wilson, 1996, p. 197), not because it is the most effective, but because of its "comfortable integration with existing cultural and institutional power arrangements" (Guilfoyle, 2008, p. 233). This is not to say that practitioners from other modalities have not made a scientific case for their approach (e.g. Fonagy, Roth & Higgins, 2005; Levy, Ablon & Kächele, 2012). However, the recommendations of the Layard Report (Layard, 2005) for CBT to be offered on a grand scale suggests that, as Guilfoyle (2008) has put it, it has so far been the most adept at playing Foucault's "games of power" (Foucault, 1980, p. 298).

Those models which are harder to examine using randomised control trials, or whose advocates have ethical and epistemological issues with quantitative research, are oppressed by the scientific discourse. Critics have warned that the move towards creating lists of scientifically approved therapies could disenfranchise therapies that do not share assumptions about the nature of psychotherapy and will stifle psychological research (Bohart, O Hara & Leitner, 1998). Practitioners (ranging from existential therapists to faith healers) whose methods are not considered scientifically proven and do not make it into the recommendations of the National Institute for Health and Clinical Excellence (NICE) guidelines are therefore victims of the scientific discourse. From the U.S., counselling psychologists are warned that if they do not embrace, or at the very least appear compatible with, the evidence-based scientific discourse, then they risk "facing restricting roles and decreasing professional opportunities" (Chwalisz, 2003, p. 498).

By making use of a scientific discourse, participants are (perhaps unwillingly or unconsciously) involved in granting legitimacy to certain therapeutic approaches and silencing others. This seems counter to the regard with which pluralism is held within the

profession (e.g. McAteer, 2010). As well as supporting advocates of approaches considered evidence-based, this discourse supports the broader scientific community. This includes individuals (from lab technicians to Nobel Prize winners) and the institutions they work in (from universities, think-tanks and NHS trusts, to NICE) .

By creating the object of evidence-based policy, the scientific discourse constructs policy makers as rational beings looking to experts for objective truths. This construction of rational policy makers and leaders offers support to current governmental structures. The discourse reproduces existing political arrangements (Guilfoyle, 2010) when objects locate discontent in individual's psychological dysfunction rather than in structures of oppression – such as the Layard report which posits that depression causes more misery than poverty (Layard, 2005). Similar to the professionalism discourse, the route to authority is an expensive one. Those unable to afford the status of scientific truth-teller are oppressed by this discourse, whilst those who can afford higher education are enhanced and supported by it.

6.2.3 Social activism discourse.

Historically and culturally locating a culture-wide social activism discourse is challenging: the notion of individuals working to improve the lot of the poor and disenfranchised dates back to the early sixth Century BCE and Solon of Athens (Owens, 2010), if not before. The contingencies that may have created a discourse in which educated bourgeoisie agitate on behalf of (and alongside) the oppressed can be seen in the suffragist movement (Kent, 1987), the Bolshevik party (Figes, 1996), Toynbee Hall (Briggs & Macartney, 2013) and student protests against the American Vietnam War (DeBenedetti & Chatfield, 1990). Both liberation theology (Smith, 1991) and the more staid duties of Victorian 'good Christian women' to help the less fortunate (Manton, 1976) are related to this discourse. Other contemporary

constructs include doctors boycotting the Israeli Medical Association (Dyer, 2007), and protests against the G20 summit (Rosie and Gorringe, 2009).

With their shared concern for the relationship between economic and social issues and mental health, both prevention psychology and the social justice movement in CoP appear related to social activism. I was careful, however, not to reference these movements in the name of the discourse here. None of the participants explicitly cited these movements and I felt that to call it the social justice or prevention discourse would suggest that they were knowingly referring to (and aligning themselves with) the extant literature, when I did not know whether they were familiar with it or merely drawing on a broader culture-wide discourse. I would suggest that the social justice movement and prevention psychology both draw on social activism, but that invoking the social activism discourse does not demonstrate membership or knowledge of these specific movements.

Nevertheless, the historical and cultural location of critical psychology, prevention psychology and the social justice movement in psychology are all relevant to understanding the contingencies which have produced the social activism discourse mobilised by participants. Hemsley's (2013) analysis of CoP literature found the interpretive repertoire "saviour of the people" in the construction of the profession. This discourse seems in part to reflect this construction of CoP "assum[ing] the role of saviour within a fragmented society" (Hemsley, 2013, p. 17).

Participants implicitly constructed "the oppressed': members of minority groups and those with low socio-economic status. By constructing the oppressed as passive, voiceless subjects who require authoritative and impassioned counselling psychologists to speak about and for them, this discourse reproduces the oppressive power structures which it seems to condemn.

Again we find those with the capital to access a doctorate gaining by this discourse and those without being oppressed.

The means by which the discourse constructs social activism taking place – education, consciousness raising, signing petitions, influencing policy – are all sanctioned. At no point does this discourse construct anything like *The Anarchist's Cookbook* (Powell, 1971) as a tool of social activism or require the activist to march on Parliament demanding fundamental socio-political changes. It is a (perhaps surprisingly) conservative discourse. By mobilising it when constructing the responsibilities they have to the wider world, participants offer tacit support to the existing power structures and institutions whilst oppressing those who lose out by those very structures that the discourse often critiques.

6.2.4 Guru discourse.

The word guru means imparter of knowledge in Sanskrit (Tirha, 2002). Traditionally its etymology is traced back to an interplay between darkness and light and the guru is one who "dispels the darkness of ignorance" (Grimes, 1996, p. 133). Gurus can be found in the Hindu, Buddhist and Sikh traditions and are spiritual leaders and teachers whose words guide the faithful to become closer to the divine.[9]

In Western culture the guru has come to represent an alternative spiritual knowledge to that of the mainstream (Kent, 2001). It has been suggested that in the post-Vietnam era in the West, disaffected youth, disillusioned by their apparent inability to change society through political means, turned to the teachings of various living gurus in an attempt to do so by spiritual ones (Kent). In more recent years the term guru has been co-opted in British and

[9] This is not to suggest that the role of Guru is interchangeable between these religions. The construct changes according to different traditions: the starkest difference being that there are no more Gurus to come in Sikhism. Within different Hindu and Buddhist traditions the Guru is a complex and heterogeneous construct. Shared amongst them though is the construction of the Guru as knowledgeable.

American culture to be shorthand for an individual who is regarded as standing outside the mainstream, with a wealth of knowledge that others might benefit from (Lewis, 2010). This might be a lifestyle guru such as Jamie Oliver or Carol Caplin (Lewis) or a tech guru such as Steve Jobs – a charismatic maverick who 'thought outside the box' and by doing so changed the status quo.

The term guru as used here draws on all of these meanings – the bringer of light and dispeller of ignorance, the spiritual guide with insight into non-Western philosophy, the charismatic, maverick thinker who can advise on how to live well and the conduit to improving the world. These different aspects of the term guru are reflected in the CoP literature. For example: some counselling psychologists' interest in non-Western philosophies, as embodied by the turn to mindfulness (Young & Nicol, 2007); CoP's construction as being "rooted in intellectual traditions tangential to what was, and to some extent still is, the mainstream of psychological theory and practice" (Strawbridge & Woolfe, 2010, p. 3); and the sense that CoP has, from its very inception, "proposed an alternative to prevailing approaches" (Strawbridge & Woolfe, 2010, p. 3). As with the social activism discourse, the guru discourse seems to speak to Hemsley's (2013) discussion of the interpretive repertoire "saviour of the people", found in constructions of CoP.

Similarly to the social activism discourse, the guru discourse may appear at first glance to be relatively radical. It seems to critique and eschew traditional approaches to mental health and propose a new and paradigm-shifting (if vague) alternative approach to living in a healthy and meaningful way. However, as with the social activism discourse, the methods to achieve this are all sanctioned. The discourse does not suggest, for example, that hospitals should be replaced with ashrams, or that trainee counselling psychologists should not qualify until they have mastered transcendental meditation. Rather, it constructs the means of change and of

enlightenment being client work, coaching intimates, educating the general public and leading by example.

In this way the discourse offers support to the political and social status quo. It also offers some legitimate voice to those with an alternative understanding of mental health and well-being to the medical model. Those who might understand their experiences through a spiritual lens (e.g. Murray, Cunningham, Bruce & Price, 2012; Silverman, 1967) might find their voice given more legitimacy in the guru discourse than in the scientific discourse, for example. By utilising the guru discourse when constructing responsibilities to the wider world, participants are therefore able to offer resistance to scientific or medical discourses which might label certain individuals as unwell rather than different for other reasons. In this way, a second interpretive repertoire discussed in Hemsley's (2013) analysis of CoP literature appears to be relevant: "opponent to the medical model". Drawing on the guru discourse seems to make taking the position of opponent to the medical model possible.

The notion that CoP has brought enlightenment to other mental health professions, by proselytising and modelling the humanistic approach and illustrating the importance of the therapeutic relationship, is also posited in texts in which the profession reflects upon itself (Strawbridge & Woolfe, 2010). It would seem that the construction of CoP as "taking the road less travelled by" (Hage, 2003, p. 555) is central to the understanding the profession has of its self. When participants made use of the guru discourse, they were drawing on thinking already extant in CoP texts.

6.3 Constructions of Responsibilities and Related Objects

Across the discourses, participants constructed a number of specific responsibilities to the wider world, and certain associated objects. This section explores those constructions.

6.3.1 The object of the wider world: determining responsibilities is a struggle.

Across the discourses the wider world is made up of objects and subjects encountered outside of the consulting room: whether it be other professionals involved in a client's care (professionalism discourse), an unenlightened public waiting to be taught (scientific and guru discourses) or powerful oppressors and powerless oppressees (social activism discourse). The wider world is constructed as being large and made up of many disparate entities. Perhaps, therefore, it is unsurprising that on a number of occasions the participants appeared to struggle with talking about their responsibilities to it.

Perhaps the phrase "wider world" is too vague and requires more specific definition in the *Guidelines*. Alternatively, it could be that its very non-specificity is its strength: it allows each counselling psychologist to determine their responsibilities. This would fit with the construction of a responsibility given by Maria in the social activism discourse which was to work out what one thinks and then how to apply it. If this were the case, however, it might be expected that participants have engaged with this work already and have something to say. The fact that participants struggled so much to speak about their responsibilities suggests that this work has not been carried out. It is difficult not to surmise from participants' responses that they were unfamiliar with the section of the *Guidelines* quoted to them which described counselling psychologists as having a responsibility to the wider world. This begs the question, why is it that counselling psychologists are not engaging with the *Guidelines?*

6.3.2 The responsibilities are constructed as weighty.

Another theme identifiable across discourses is the sense of the responsibilities being weighty. If the relationship between counselling psychologist and wider world is mismanaged, then there are a variety of negative consequences for all involved. The counselling psychologist might get in trouble and be expelled from the BPS and/or the HCPC; patients and the general public might miss out on their special knowledge; and other health professionals might administer incorrect treatments. This sense of responsibility and potential negative consequences is reflected in Atcheson's (2010) warning about working with the media: "when it goes wrong it can go terribly wrong" (p. 290).

Perhaps the burden of these responsibilities takes its toll on counselling psychologists. There is a plethora of literature in the wider counselling, psychology and psychotherapy field, suggesting that providing therapy for a living can affect physical, emotional and mental well-being (e.g. Farber & Heifitz, 1982; Fine, 1980; Rippere & Williams, 1985; Watkins, 1983) with specific papers pointing to CoP being a difficult profession (e.g. Rizq, 2003; Gil-Rodriguez & Butcher, 2012).

6.3.3 Two responsibilities to engage with technologies of the self.

Two of the responsibilities constructed by the participants were identified as being technologies of the self (Foucault, 1980), a series of practices that individuals perform in order to regulate their bodies, minds and conduct through and in line with systems of power.

6.3.3.1 A responsibility to keep up-to-date with the research.

The technology of the self *keeping up-to-date with research* was found to be a responsibility constructed by the scientific discourse. Year upon year, the quantity of peer-reviewed theory and research available to counselling psychologists grows. One compilation identifies 293

electronic psychology journals that are published in English (Krantz, 2013). This list does not include any CoP-specific journals, which means that a comprehensive reading list would be even larger. *Keeping up-to-date with research* therefore seems a Sisyphean task. Not only must a scientific counselling psychologist be familiar with the extant theory and research, they must also constantly 'top up' as new literature is published. One study found that a medical epidemiologist would need to spend 627.4 hours a month reading to stay abreast of their field (Alper et al., 2004) and it has been suggested that a counselling psychologist would require at least a similar amount of time to remain up-to-date (Blair, 2010), leaving them less than three hours a day to see clients, write up notes, or indeed sleep and eat. This would suggest that any counselling psychologist who finds the time to eat, wash, sleep, see clients, commute, spend time with friends and family or pursue any leisure activities must be failing in this responsibility to keep up-to-date with the research.

Even if Blair's (2010) figures are a three-fold over estimate seven hours would fill most of the working day. The phenomenon known as 'burnout' is recognised in the International Statistical Classification of Diseases and Related Health Problems as a state of vital exhaustion, which is classified under 'problems related to life-management difficulty' (World Health Organisation, 2008). It refers to long-term exhaustion and diminished interest in work, with symptoms similar to major depression (Bianchi, Boffy, Hingray, Truchot & Laurent, 2013). Burnout is associated with (amongst other elements) unrealistic expectations (Nuallaong, 2013) and a high workload (Lee & Ashforth, 1996). Attempting to read for even a third of 627.4 hours a month fits into both of these categories, suggesting that if this construction of the responsibility counselling psychologists owe to the wider world is widespread, it may contribute to burnout. Another interpretation of the potential consequence of this responsibility makes use of Higgins' (1987) self-discrepancy theory. This impossible-to-achieve responsibility could create a disparity between the ideal-self (in this case one who

keeps up-to-date with emerging research) and the perceived actual-self (who is unable to keep up and therefore failing in their responsibilities). Higgins describes this disparity as being associated with depression (1987).

Alternatively, counselling psychologists may be blasé about their inability to meet the responsibility to keep up-to-date with the research. This would beg the question: which other responsibilities - to the client, the wider world, the profession – might counselling psychologists merely be paying lip service to? If counselling psychologists believe that they are being asked to meet impossible standards by the DCoP, and are not unduly concerned that these responsibilities go unmet, what does this mean for their relationship with the DCoP?

6.3.3.2 A responsibility to avoid accidental oppression.

The social activism discourse includes a technology of the self which I named *avoiding accidental oppression*. It suggests that a well-meaning counselling psychologist might inadvertently oppress a client (or other individual) and must monitor and manage the self in order to prevent this from happening. The assumptions behind this technology of the self – that an individual can oppress without intent, and that they can do so not only through their actions but also through their speech – relates to the critical psychology position that "mainstream psychology's traditions reinforce oppressive institutions even when individual psychologists have no such goal in mind" (Prilleltensky & Fox, 1997, p. 6). Indeed, the notion that an individual who embraces the social activism discourse might also act to oppress another, speaks to the findings about the 'real world' implications of the social activism discourse which are discussed in Section 6.2.3: that it acts to disempower and silence those which it purportedly supports.

Avoiding accidental oppression is reminiscent of the phrase "check your privilege" which is heavily used in social media and feminist blogs (Freeman, 2013). Originating in a 1988 essay

by Peggy McIntosh, whose work shares intellectual and political roots with critical psychology, it is used to remind people of issues of intersectionality and identity politics. When asked to "check their privilege", an individual is being exhorted to think about how their particular identity (gender, ethnicity, sexuality, socio economic bracket etc.) may be influencing their thoughts and preventing them from realising the full picture. For example, a white cis[10] gender woman, claiming that all 'right-thinking' people should self-define as feminists, might be asked to "check her privilege", to appreciate that her opinions come from a place of privilege, that non-white and non-cis gender women have not always been treated well by the feminist movement and that dismissing their choice not to identify with feminism as 'wrong thinking' is oppressive.

It is also reminiscent of reflexivity, a tool used by therapists to ensure that they maintain an awareness of their own intra- and interpersonal processes which shape the therapeutic process (Dallos & Stedmon, 2009). The capacity to apply the reflective practitioner model and be "able to critically reflect on the use of self in the therapeutic process" (HCPC, 2010, p. 25) are HCPC standards of proficiency for counselling psychologists and are described in a number of texts as a key element of their professional identity (e.g. Strawbridge & Woolfe, 2010). Avoiding accidental oppression seems to be a politically charged extension of reflexivity: thinking about how one's identity and power might influence how one thinks, acts and imposes on a client (and changing those actions when appropriate).

6.3.4 A responsibility to perform to others rather than work on the self.

In contrast to the scientific and social activism discourses, the professional discourse constructs professionalism as a performance rather than a technology of the self. Critical perspectives on professions have emphasised how they act to discipline themselves as "the

[10] Cis gender is a label for individuals whose experience of their gender identity matches the gender that they were assigned at birth (Schilt & Westbrook, 2009).

institutionalized form of control of occupations" (Johnson, 1972, p. 38). Foucauldian writers have discussed how norms of knowledge and conduct bestow legitimacy and authority on professions, whilst also acting as a form of discipline over a group who would otherwise act autonomously (Fournier, 1999).

Damian Hodgson (2005) combines this critical understanding of professions with Judith Butler's theory of performativity (1990, 1993) to discuss professionalism as performance. Butler proposed that, by performing to 'norms' of gender, individuals create gender (1990). Performance of gender is not therefore an expression of an innate or natural gender, it is a creative act by which gender norms and the gender of an individual come into being. Gender identity is constructed in and through conduct, over and over again: "performativity must be understood not as a singular or deliberate 'act' but, rather, as the reiterative and citational practice by which discourse produces the effect which it names" (Butler, 1993, p. 2). Her theory allows space for resistance to gender norms as she discusses the impact of parody and subversion through gender performance. This approach circumvents debates about agency as it acknowledges both the constructive power of discourses and the potential for resistance through action.

Hodgson (2005) brings critical perspectives of professionalism and Butler's theory of performativity together to discuss the establishment of project management as a profession. He finds that the roles and performances of the subjects of the professionalism discourse – the project managers – were central to the process. Through their performance of professionalism they not only created themselves as 'professional' but also created the norms by which professionalism was defined (e.g. certain behaviours in the workplace and certain knowledge about processes). They were also able to resist and subvert the discourse by mocking it through their actions, just as Butler (1993) describes drag queens as subverting discourses relating to both femininity and masculinity.

The finding in Section 5.2.1, that the professionalism discourse constructed professionalism as a performance engaged in by participants, chimes with Hodgson's (2005) finding that professionalism was performed by project managers. Professionalism seems not merely to be bestowed by the BPS or HCPC, but also created and enacted by counselling psychologists. It is "a reflexive form of self-discipline through the creation and manipulation of a certain identity at work" (Hodgson, p. 64). The sense of self-discipline - that these counselling psychologists were ensuring that they behaved according to particular norms of professionalism - was apparent in the analysis where ensuring that the self performed in a particular way seemed important.

6.3.5 Several responsibilities to communicate knowledge to the wider world.

The guru, social activism and scientific discourses all construct responsibilities to share knowledge with the world, referring at times to education, leading by example and research. This seems to reflect the theme of "giving psychology away" (Milton, 2010, p. 190), found in Milton's collection of papers relating to therapy outside the traditional CoP consultation room.

The notion that counselling psychologists might be communicating with an audience outside of the profession is reflected in the fact that the BPS provides psychologists with advice on how to engage with the media (BPS, n.d.) and provides a link to guidelines from the European Federation of Psychologists' Associations (EFPA) on working with the media (EFPA, 2010). The BPS press office also maintains a database of experts to match up psychologists with journalists. This suggests that communicating outside of the profession and consulting room is something that broadly has the blessing of the BPS and DCoP, even if it is not constructed by them as a specific responsibility.

As well as the official guidelines for engaging with the media, counselling psychologists have access to advice from colleagues who have experience in the field. For example, Lucy Atcheson (2010) discusses the highs and lows of working with a range of media, from self-help books to television programmes. Atcheson provides a handy list of dos and don'ts for counselling psychologists considering how to engage with the media in a safe, ethical and productive way, to deliver messages to a wider audience than the individual client. Her assertion that "CoP isn't only useful in the consulting room; it has a role in providing psychological input beyond therapy, to society in general" (2010, p. 277) seems consistent with participants' construction of counselling psychologists having a responsibility to communicate a message to the wider world.

The responsibility to *lead by example* that is constructed in the guru discourse appears to reflect the concept within CBT that the therapist can be a model for certain behaviours and ways of being (e.g. Wills & Sanders, 1997). However, this tends to be discussed in the literature in the context of the therapeutic relationship and it is not extended to the world outside of the consulting room. The idea of having to always set an example of how to live a healthy and meaningful life raises a number of questions: does this mean that CoPs must always consider themselves to be on show and do the 'right' thing? Do CoPs know how to live healthy and meaningful lives? Would 'setting a good example' impede CoPs in creating and maintaining genuine and sincere relationships with friends and family?

The construction that counselling psychologists have a responsibility to influence their colleagues' work, through advice and education about alternative approaches to mental health, seems to reflect the challenges that counselling psychologists face when working in multi-professional teams drawn from professions with different philosophical underpinnings. This is perhaps why the BPS's *Generic Professional Practice Guidelines* (2008) state that

"psychologists should seek to resolve any conflict with or between multi-professional colleagues by clear communication, relevant evidence and collaboratively working through the issues in reasoned argument within the context of respectful relationships with colleagues" (BPS, 2008, p. 22).

In the scientific discourse, research is constructed as both the means by which communication can occur and the content which should be communicated to the wider world. The emphasis on research in participants' talk and its central place in the responsibilities constructed reflects the DCoP's statement about CoP involving a "scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship" (DCoP, 2005, p. 1). It also reflects the emphasis placed on the scientific-practitioner model (Rafalin, 2010) by the profession which "implies that practitioners should both be able to conduct research and maintain a research orientation in their practice" (Gordon & Hanley, 2013, p. 7).

The finding that research is a key object used in constructing the responsibilities does seem to reflect much CoP rhetoric. Whether counselling psychologists are meeting the responsibility to produce research is less clear, however. It is only relatively recently that counselling psychologists have been required to produce original, doctoral-level research as part of their training: consequently, it is conceivable that some of those who qualified before 2009 may not have the necessary skills, experience or inclination to carry out their own research. The HCPC has 1871 counselling psychologists on its register (HCPC, personal communication, response to FOI request, 28 January 2014). A recent systemic review into the dissemination of CoP research found 67 research studies completed in the last three years, produced by 40

UK-based counselling psychologists (Gordon & Hanley, 2013). Although the review was not exhaustive and one cannot assume all research is published, this still gives an indication that only 2% of counselling psychologists have been actively involved in producing research in the last three years. Are the majority of counselling psychologists 'failing' in one of their responsibilities to the wider world, as constructed by these participants?

6.4 Summary of this study's contribution to answering the research question

This study has found that counselling psychologists mobilised four dominant discourses when asked questions about counselling psychologists' responsibilities to the wider world: the professionalism discourse, the scientific discourse, the social activism discourse and the guru discourse. These discourses share a propensity to offer support to the political and social status quo, offering legitimacy to the state and economic inequality. However, the discourses do allow room for some manoeuvrability and resistance, with the guru discourse, for example, providing a means to question the (supposed) hegemony of the medical model.

Common themes were found across the responsibilities constructed by participants when mobilising the different discourses: the wider world was conceived of as being outside of the consulting room; it was difficult for participants to define their responsibilities; and the responsibilities were constructed as being weighty. Responsibilities to communicate knowledge were constructed using three of the discourses. Using the guru and scientific discourses, participants constructed responsibilities to engage with technologies of the self: *avoiding accidental oppression* and *keeping up-to-date with the research* respectively. In contrast, the professionalism discourse was used to construct a responsibility to perform in particular ways to others in order to appear professional.

6.5 Implications

These contributions to understanding how counselling psychologists in the UK construct their responsibilities to the wider world have implications for CoP research and practice, the identity of CoP and the role of the DCoP and training institutions in exploring, promoting and supporting that professional identity.

6.5.1 Inclusion in the *Guidelines*.

This study raises questions about the statement that counselling psychologists should "consider at all times their responsibilities to the wider world", as stated in the *Guidelines*. These findings suggest, at the very least, that counselling psychologists construct their responsibilities to the wider world in a range of different ways. This could be regarded as a strength of the *Guidelines* because it allows counselling psychologists to develop their own view of these responsibilities. As suggested in Section 6.3.1, however, the hesitancy on the part of participants to discuss their responsibilities implied that they had not undergone this process of working out the nature of the responsibilities.

This raises the question of why it is that some counselling psychologists appear not to have spent time considering their responsibilities to the wider world. If counselling psychologists are not aware of the requirement in the *Guidelines* then the DCoP should perhaps publicise them more widely. If it is the case that counselling psychologists view the requirement to consider responsibilities to the wider world to be irrelevant, the DCoP should either explain its relevance and promote its importance or do away with it altogether. If it is that counselling psychologists find working out their responsibilities too difficult, then the DCoP could offer support to its members. This could be through forums on the DCoP website, continuing professional development workshops and space on training programmes – to explore what a counselling psychologist's responsibilities to the wider world *might* be. An introduction to

literature that touches upon these issues, (e.g. social justice, environmental psychology, preventative psychology etc.) might provide members with a 'jumping off point' for thought and discussion about their personal construction of their responsibilities to the wider world. Further support within the DCoP for those who do wish to embrace particular constructions of their responsibilities would also foster engagement with these issues. A social activism interest group, for example, might be a way of helping counselling psychologists to meet their perceived responsibilities to the wider world.

6.5.2 The problematised scientific discourse.

I would suggest that this study has further problematised the scientific discourse. It was used by participants to construct an impossible technology of the self (*keeping up-to-date with the research),*and a responsibility to create research, which the majority of counselling psychologists do not appear to meet. As described in Section 6.3.3.1 this has potentially negative implications for the individual. At the very least, I would suggest that this study should fuel debate within the DCoP about the scientific discourse.

It suggests a number of questions that might be addressed in such debates as follows:

- Are there ways of embracing the scientific-practitioner model that do not exclude the non-publishing majority of counselling psychologists (for example, focussing on the consumption rather than production of research)?
- If *keeping up-to-date with the research* is an impossibility, what should counselling psychologists be aiming for with their consumption of research?
- Is there such a thing as the 'good enough' scientist-practitioner?
- Given the political and social implications of the scientific discourse, is this still something the profession wishes to endorse?

6.5.3 Choosing the social activism discourse.

Analysis of the social activism discourse found that engagement with social activism was constructed a personal choice on the part of counselling psychologists. As discussed in Section 6.7.1, the DCoP might support counselling psychologists to work out whether they want to engage with these responsibilities. The following implications for training, practice and research are therefore not necessarily relevant to those counselling psychologists who choose not to take on these responsibilities.

Training modules on the relationship between socio-economics, ethnicity, sexuality, physical ability, and mental health would give trainees information they need to make decisions about whether these issues, as highlighted in the social activism discourse, are of relevance to their understanding of their professional responsibilities.

Trainees could also be supported to reflect on their own role in power structures and how they might be inadvertently contributing to injustice. For example in the discussion of their study of white privilege in counselling trainees in the U.S. Ancis and Szymanski (2001) suggest different ways of raising consciousness in training, from taking part in reflexive groups which attend to themes such as race, to trainees conducting informal ethnographic studies into the different treatment of individuals of different visible ethnicity in everyday life.

Training institutions which choose to support trainees who embrace social-activism-related responsibilities might design modules according to the plethora of advice relating to training counselling psychologists to be agents of social justice (e.g. Goodman et al (2004); Burnes & Manese (2008); Burnes &Singh (2010); Lewis (2010)).

Counselling psychologists choosing to take on social-activism-related responsibilities can also learn from the social justice movement, prevention psychology and community psychology. These schools of thought can teach counselling psychology about how to work therapeutically with individuals, communities and society as a whole, in a way that acknowledges the role that society has to play in mental illness and distress. Such counselling psychologists might look to the recommendations for community-oriented social-justice-influenced CoP practice as described by Kagan, Tindall and Robinson (2010). For example, they recommend that counselling psychologists support clients in recognising the external loci of problems and in seeking out others in the same situation to offer mutual support and to agitate for change. The six principles of social justice work, as listed by Goodman et al (2004),"a) ongoing self-examination, b) sharing power, c) giving voice, d) facilitating consciousness raising, e) building on strengths, and f) leaving clients with the tools for social change" (p. 798), might also be useful to counselling psychologists who are looking to take a more socially aware approach to their practice.

The counselling psychologist embracing those responsibilities constructed using the social activism discourse will also have to reflect on their research and its role in existing power structures and social (in)justice. The principles of Goodman et al. (2004) for social justice work apply just as much to research as they do to practice. One extant method, which interested counselling psychologists might want to explore, is PAR (Brydon-Miller, 2010).

6.5.4 Communication.

Across discourses, communicating ideas was constructed as being a responsibility which counselling psychologists have to the wider world. I would suggest that training institutes and the DCoP generally could offer support to counselling psychologists in meeting this responsibility, for example by offering more media training. Specific guidelines for

counselling psychologists working across types of media would be advantageous, given the emphasis on communicating with fellow professionals. Training in how to influence others (e.g. Cialdini, Sagarin & Rice, 2001), would also be useful given that changing the attitudes of fellow professionals seems to be a key responsibility.

6.5.5 Taking care of counselling psychologists.

I have suggested that the weight of responsibility carried by counselling psychologists, might take a toll on their well-being. Explicit support and training, from training providers and the DCoP, around increasing resilience and recognising signs of burnout might help to protect counselling psychologists from the potential harm which carrying such weighty responsibilities might inflict.

6.6 Limitations of the current study in answering the research question

Only two of the five participants interviewed here were fully qualified and experienced counselling psychologists. Whilst the differing levels of experience allowed for a breadth of responses to the interviews, the relative inexperience of the majority of the participants may have prevented some discourses from coming to the fore. For example, my initial analysis found some traits of an economic discourse being mobilised. It was far less dominant than the four discourses identified here and there were insufficient instances of its mobilisation to justify its inclusion in the analysis. This potential discourse may be mobilised more by counselling psychologists being paid (the majority of trainee placements are voluntary posts) and those working in private practice (many training institutions do not accept placements in private practice). Only one participant has (relatively recently) worked in private practice, with the others having experience of the NHS and third sector work.

There is a limitation to every method of data collection. In this instance, the use of interviews to collect data (rather than a focus group) meant that each participant's talk was in isolation. This may have limited the extent to which discourses were seen to interact. Also my identity will have influenced responses: perhaps the qualified participants felt the need to appear authoritative in front of a trainee; and the fact that I was engaged in producing research may have encouraged the use of the scientific discourse and suppressed others.

The wording of the questions in the interviews, influenced by the wording of the *Guidelines*, constructs the responsibilities counselling psychologists have to the wider world as tangible objects (e.g. What might that look like?). This may explain the difficulty that participants appeared to experience when speaking about their responsibilities. The assumption was that they would be able to give a concrete answer, when perhaps the responsibilities are more fluid and intangible.

As discussed in Section 6.3.1 it became apparent, both during the interviews and once the Dictaphone was switched off, that some of the participants struggled with answering questions about their responsibilities to the wider world. It appeared that they did not have preconstructed objects relating to their responsibilities ready to present to me and found it difficult to construct them on the spot. They appeared to be uncomfortable with, and at times embarrassed by, their lack of familiarity with the extract from the guidelines. My naive approach to the power relationship between researcher and participant may have been a factor in this (see Section 7.2 for further discussion).

This may have contributed to my difficulty in arranging a focus group: perhaps the participants (who received briefing information in advance) felt that the embarrassment would have been greater if they had to admit to this unfamiliarity in front of other counselling psychologists. Given the emphasis on convincing others of one's professionalism in the

professionalism discourse, the participants may well have been concerned about appearing unprofessional if they admitted ignorance in relation to the issue. This may have been exacerbated by the potential mix of qualified and unqualified participants where the need to uphold an informed and professional image could have been magnified.

Some suggestions for how to address these limitations are discussed below.

6.7 Further research

Asking similar questions of a group of qualified and experienced counselling psychologists with experience of a range of professional settings (including private practice) in a focus group setting might address some of the limitations discussed above. In particular, it might facilitate analysis of the economic discourse and how the discourses confront, support and subvert each other. Augmenting this with data gathered via an anonymous survey of counselling psychologists (designed to facilitate participants writing freely at length in response to open ended questions) might encourage constructions that were not influenced by a perceived need to give a particular impression to the researcher. Careful attention to the way that questions were asked of participants might balance the influence of the wording of the *Guidelines* in presupposing that these responsibilities are tangible constructs.

As has been suggested in Chapter 2, issues relating to the relationship between CoP and the wider world (such as the social justice agenda and environmental psychology) are beginning to be discussed in the CoP literature in the UK (e.g. Hore, 2013; Milton, 2010). An FDA of this literature would allow further investigation into the construction of the relationship between CoP and the wider world generally and the responsibilities counselling psychologists have to the wider world specifically. An analysis of such data could allow discourses that

were potentially suppressed in this investigation, due to the method of data collection, to be identified.

The emphasis in the data relating to the professionalism discourse was on the need to convince others of professionalism and the consequences of failing to convince them. What did not come across, perhaps because the focus of this research was elsewhere, was whether counselling psychologists subvert the professionalism discourse through their performance. Further investigation focussed on the discourse would allow consideration of whether the performative aspect of CoP professionalism allows for subversion, as Butler (1993) and Hodgson (2005) suggest it might.

The research question explored by this analysis looks at one side of the relationship between CoP and the wider world. It would also be possible to look at the ways in which members of the wider world construct the relationship between CoP and the wider world, using the findings described in this research as a guide to sourcing participants (for example, colleagues and co-professionals of counselling psychologists, such as GPs and nurses, friends and family members and members of the 'general public'). An understanding of how the wider world constructs CoP's responsibilities might add flesh to a debate within CoP about what these responsibilities are, could be, and should be. It would also prevent such debates from becoming too introspective, by inviting the opinions of those from outside the profession, and could inform related debates around professional identity.

I have suggested that there is a certain amount of disjuncture between the responsibilities, as constructed here, and what counselling psychologists are actually able to achieve. Potential implications of this disjuncture include a sense of inadequacy, burnout, depression (relating to a disparity between ideal-self and actual-self) and a loss of respect for the DCoP. Further research into whether counselling psychologists construct these responsibilities as impossible

to meet and how they feel about being asked to meet obligations, which are either impossible or not being met by many colleagues, would therefore be of interest. This would not only fuel debate into the relationship between the profession and the wider world, but also to explore what the *Guidelines* are used for and how counselling psychologists interact with the DCoP.

I have read the guidelines and ethical codes for other applied psychology professions in the UK and found that they do not appear to require their members to consider their responsibilities to the wider world. An investigation of how and whether clinical psychologists construct their relationship with the wider world might provide a point of comparison for counselling psychologists. An investigation comparing the two professions' constructions of their responsibilities might inform debates about CoP identity and how it is different from its sister profession.

As discussed in Sections 6.3.3.1 and 6.7.6 the way counselling psychologists construct their responsibilities has the potential to lead to burnout and or ideal-self/actual-self-discrepancy. Unfortunately whilst I was aware of a plethora of literature exploring mental, physical and emotional well-being amongst therapists generally, I could not find research that looked at counselling psychologists specifically. An explicit comparison of the well-being of counselling psychologists and members of a profession who construct their responsibilities differently/do not regard themselves as having responsibilities to the wider world, might give more insight into the consequences at an individual level of counselling psychologists being required to keep-up-to date with the research, etc.

As was explored in Section 6.2, the discourses used by participants have weighty social and political implications. Whilst it is impossible for any individual to sit outside of discourses

and somehow act and speak in a discursively neutral fashion, it is possible to think about the implications of the discourses that one engages with and to choose, to some extent, which ones to make use of. Key, however, is having insight into discourses and their implications. It would therefore be interesting to explore the extent to which counselling psychologists are aware of the discourses that they engage with when constructing their relationship with the wider world and what their social and political implications are.

Reflexivity: Part Two

7.1 Approach

This second part of my reflexive statement records my reflexive methods, both formal and informal, and how I recognised and approached my subjectivity in relation to different parts of the research process. This includes the literature review, epistemological position, collection of participants and data, analysis, and the conclusions that I drew. I give some examples of my reflexive process and how I have accounted for my subjectivity and noticed it change over time.

7.2 The Research Process

Throughout this research I made use of a reflexive journal and discussions with a research support group of peers from my doctoral course. Conversations with one peer in particular, who has a very different political and epistemological position from mine, helped to ensure that I was not prioritising literature that I was personally drawn to, such as the social justice and community psychology papers. Similarly, informal conversations with friends in the 'hard sciences' ensured that I was constantly thinking reflexively about my epistemological position and was able to intellectually defend and endorse it.

I noticed that my concern with getting the interview schedule 'right' seemed disproportionate even to the levels to be expected in a novice researcher (Marshall & Rossman, 1999). It occurred to me that I was perhaps trying to create a schedule that would allow me to gather 'perfect' data, which seemed to reflect a quantitative positivistic approach aiming for standardised data across participants to control variability. Recognising this allowed me release my need to rigidly control the data-gathering process so and regard interviews differing from each other as a matter of interest rather than a cause for concern.

Because of my status as a trainee, my anxiety around finding participants, and my resulting gratitude to those who offered to take part, I felt that my participants held the power in our relationship. On reflection I appreciate that I did not concern myself sufficiently with sharing power and involving them in my analysis. The Foucauldian position that power can be understood as the ability to have particular forms of meaning and/or knowledge ratified (Riley, Schouten & Cahill, 2003) should have informed me that by making knowledge claims about their talk I was claiming a position of power in relation to them. Returning to them in the analysis stage and inviting them to collaborate in that process would have shared some of this power. By not addressing this imbalance I may have contributed to the difficulty that participants seemed to face constructing responsibilities to the wider world.

When transcribing the first interviews I worried that I had 'no data'. On reflection I realised that the scarcity was only of data that matched my preconceived notions of what I would find. My immersion in the literature had led me to expect to find constructions relating to issues such as scientific neutrality, oppression, emancipation, social justice, prevention or ecology. Acknowledging that a lack of these constructs did not relate to a lack of data allowed me to return to the text open to exploring the constructions made by participants. I was no longer blinded by my expectation that they would either be constructing responsibilities to change society or taking a neutral position in relation to it.

By following Parker's (1992) advice to reflect constantly on my own choice of language I placed reflection at the heart of my method of analysis (e.g. the discussion of the name of the social activism discourse (p. 87)). Again, the aim was not to eliminate bias but to ensure that I was aware of it. Discussing this language with other counselling psychologists helped to ascertain where I was making use of a discourse that others recognised and found valid.

When choosing how to write this thesis, there were decisions to be made about the language. For example, early drafts were written in the conventional third person. Reflexive thinking problematised this convention that is rooted in a positivist scientific tradition. It seemed to be an attempt to distance myself from the process, as if I were a neutral observer recording what had occurred. I decided that using the first person and naming myself in the extracts of transcripts (rather than 'interviewer' or 'researcher') seemed a better fit with the critical-realist approach by emphasising both my subjectivity and my role as an interpreter of discourses rather than of reality (Parker, 1994).

Exploring the implications of the four discourses was somehow both exhilarating (I enjoyed drawing on my academic grounding in history and anthropology) and draining. Mapping out how each discourse is implicated in existing power hierarchies left me feeling sceptical about the potential to ever achieve significant change. I had to remind myself about the potential for resistance within the discourses and the fact that Foucault himself remained politically engaged throughout his life to prevent cynicism and hopelessness from becoming all-pervasive.

The analysis also encouraged me to think about my use of these discourses. For example I became aware of how frequently I mobilise the scientific discourse, particularly on placement and in coursework to justify clinical decisions. This occurs despite my familiarity with a convincing body of work critiquing the world of evidence-based practice and randomized controlled trials, and my own discussion of the potential implications of its use for counselling psychologists. As someone seeking work in the NHS, an institution particularly enamoured with this discourse, I am currently thinking about how best to secure employment whilst retaining my integrity.

Indeed, this process has left me thinking about how to embrace my personal and professional values. I am wondering how put them to use in the world without becoming paralysed either by my sense of powerlessness in the face of dominant discourses or my fear, like Brigid, of "backwardly" oppressing people. The key may be to borrow from Winnicott (1957) and aim to be a 'good enough' counselling psychologist.

Concluding Remarks

By presenting an analysis of counselling psychologists' talk about their responsibilities to the wider world, this research makes an original contribution to the understanding of how counselling psychologists construct their relationship with society. It is hoped that the findings will fuel debate within the CoP community about the implications for our profession of the discourses mobilised and responsibilities constructed by counselling psychologists whilst talking about their responsibilities to the wider world. The implications are not only for CoP professional identity but also for the training, research and practice of counselling psychologists and their interactions with and stance towards wider society.

Whether UK CoP chooses to embrace the potential for a multiplicity of constructions of responsibilities to the wider world, or gives more specific definitions of these responsibilities, it could embrace the fact that counselling psychology is unique among psychological professions in requiring its members to hold these responsibilities in mind.UK CoP has long been concerned with its identity as a profession of applied psychologists. Perhaps embracing the notion that we consider at all times our responsibility to the wider world is the key to clarifying what makes us different from our cousins in clinical psychology.

References

Albee, G. W. (1991). Powerlessness, politics ,and prevention: A community mental health approach. In S. Staub & P. Green (Eds.), *In our hands: Psychology, peace, and social responsibility in a global age*. (pp. 150-184) New York: New York University Press.

Albee, G.W. (1995). Ann and me *The Journal of Primary Prevention, 15,* (4), 331-349. doi: 10.1007/BF02279139

Albee, G.W. (1997). Speak no evil. *American Psychologist, 50* (10), 1143-1144. doi: 10.1037/0003-066X.52.10.1143.b

Albee, G. W. (1999). *Prevention, not treatment,* is the *only hope*. *Counselling Psychology Quarterly, 12*(2), 133-146. doi: 10.1080/09515079908254084

Alper, B. S., Hand, J. A., Elliott, S. G., Kinkade, S., Hauan, M. J., Onion, D. K., & Sklar, B. M. (2004). How much effort is needed to keep up with the literature relevant for primary care? *Journal of the Medical Library Association, 92*(4), 429-437. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC521514/.

Ancis, J.R. & Szymanski, D.M. (2001) Awareness of white privilege among white counseling trainees. *The Counseling Psychologist, 29* 548 -569. doi: 10.1177/0011000001294005

Antaki, C., Billig, M., Edwards, D., & Potter, J. (2003).Discourse analysis means doing analysis: A critique of six analytic shortcomings. *Discourse Analysis Online, 1,* (1). Retrieved from: http://www.shu.ac.uk/daol/previous/v1/n1/index.htm

Aronowitz, S. (1988). *Science as power: Discourse and ideology in modern society* Minneapolis: University of Minnesota Press.

Arribas-Ayllon, M. & Walkerdine, V. (2008) Foucauldian Discourse Analysis, in C.

Willig, & W. Stainton-Rogers (Eds) (pp. 91-108) *The SAGE handbook of qualitative research in psychology,* London: Sage Publications.

Atcheson, L. (2010). Counselling psychology and the media: the highs and lows. In M. Milton (Ed.) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues* (pp.277-291). Chichester: John Wiley and Sons.

Ball, S. (1995). Intellectuals or technicians?: the urgent role of theory in educational studies. *British Journal of Educational Studies, 43*(3), 255-271. doi:10.1080/00071005.1995.9974036

Belsey, C. (2002). *Post-structuralism: A very short introduction.* Oxford: Oxford University Press.

Bianchi, R., Boffy, C., Hingray, C., Truchot, D., & Laurent, E. (2013). Comparative symptomatology of burnout and depression. *Journal of health psychology*, *18*(6), 782-787. doi: 10.1177/1359105313481079

Blackburn, S. (2008). Oxford Dictionary of Philosophy, second edition revised. Oxford: Oxford University Press

Blair, L, (2010). A critical review of the scientist-practitioner model for counselling psychology *Counselling Psychology Review, 25* (4) 19-30

Bohart, A., O'Hara, M., & Leitner, L. (1998). Empirically violated treatments: Disenfranchisement of humanistic and other psychotherapies. *Psychotherapy research*, *8*(2), 141-157. doi: 10.1080/10503309812331332277

Bohart, A.C. & House, R.(2008) Empirically supported/validated treatments as modernist ideology, I: Dodo, manulaization and the paradigm question I: Alternative perspectives on research and practice. In R. House & D. Loewenthal. (Eds) House, R., & Loewenthal, D. (eds) *Against and for CBT: Towards a constructive dialogue?* (pp. 188-201). PCCS Books, Ross-on-Wye .

BPS (n.d.) *What we do* retrieved from http://www.bps.org.uk/what-we-do/ethics-standards/ethics-media-information-members/ethics-media-information-members.

BPS (2008). *Generic Professional Practice Guidelines* (2nd Edition). Retrieved from http://www.bps.org.uk/sites/default/files/documents/generic_professional_practice_guidelines.pdf.

BPS (2011). *Code of Human Research Ethics.* Retrieved from http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

Briggs, A., & Macartney, A. (2013). *Toynbee Hall (Routledge Revivals): The first hundred years*. London: Routledge.

Brinkmann, S., & Kvale, S. (2009*). Interviews: Learning the craft of qualitative research interviewing.* California: Sage.

Bryceland, C. & Stam, H. (2005) Empirical validation and professional codes of ethics: Description or prescription? *Journal of Constructivist Psychology 18,* (2) 131-155. doi: 10.1080/10720530590914770.

Brydon-Miller, M. (1997) Participatory action research: psychology and social change. *Journal of Social Issues 53,* 4, 657–666. doi: 10.1111/j.1540-4560.

Burnes, T. R.,& Manese, J. E. (2008). An analysis of social justice training in a predoctoral internship in professional psychology: Answering the call. Journal of Training & Education in Professional Psychology, 2(3), 176-181.

Burnes, T. R., & Singh, A. A. (2010). Integrating social justice into the practicum experience for psychologists: Starting earlier. Journal of Training & Education in Professional Psychology, 4 (3), 153 –162. doi: 10.1037/a0019385.

Burr, V. (2003). *Social Constructionism* (2nd ed.).Hove: Routledge.

Burton, M., Boyle, S., Psy, C. H. D. C., & Kagan, C. (2007). Community psychology in Britain. In S.M. Reich, M. Riemer, I. Prilleltensky & M. Montero (Eds) .*International Community Psychology* (pp. 219-237). London: Palgrave.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity.* London: Routledge.

Butler, J. (1993). *Bodies that matter: On the discursive limits of 'sex'.* London: Routledge.

Carabine, J. (2001). Unmarried motherhood 1830-1990: A genealogical analysis. In M. Wetherell, S. Taylor and S.J. Yates (Eds) *Discourse as data: A guide for analysis* (pp. 267-310). Sage: London.

Carroll, L. (1898). *Alice's Adventures in Wonderland* London: Macmillan.

Chwalisz, K. (2003). Evidence-based practice: A framework for twenty-first century scientist-practitioner training. *The Counseling Psychologist, 31*(5), 497-528. doi: 10.1177/0011000003256347.

Cialdini, R. B., Sagarin, B. J., & Rice, W. E. (2001). Training in ethical influence. In J. Darley, D. Messick, and T. Tyler (Eds.). *Social influences on ethical behavior in organizations* (pp. 137–153). Mahwah, NJ: Erlbaum.

Cosgrove, L. & Flynn, C. (2005). Marginalised mothers: Parenting without a home. *Analyses of Social Issues and Public Policy, 5*(1), 127–143.

Cosgrove, L. (2006). The unwarranted pathologising of homeless mothers: Implications for research and social policy. In R.L. Toporek, N.A Fouad, L.H. Israel, L.H. Gersetin & G. Roysircar-Sodowsky (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision and action* (pp.149–154). Thousand Oaks, CA: Sage.

Cowen, E.L. (1973). Social and community interventions . *Annual Review of Psychology, 23,* 423-472.

Coyle, A. (2010). Counselling Psychology contributions to religion and spirituality. In M. Milton (Ed), *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*, (pp. 259-276). Chichester: John Wiley and Sons.

Coyne, R. K. (2000). *Prevention* in *counseling* psychology: *At long last,* has the *time now come? The Counseling Psychologist*, *28,* 838-844. doi: 10.1177/0011000000286005

Craig, G., Corden, A., & Thornton, P. (2000). Safety in social research. *SRA News,* 6 -7. Retrieved from http://sru.soc.surrey.ac.uk/SRU29.html.

Cutts, L.A. (2013). Considering a social justice agenda for counselling psychology in the UK, *Counselling Psychology Review, 28,* 2. 8-16.

Dallos, R. & Stedmon (2009) Flying over the swampy lowlands: Reflexive and reflective practice. In J. Stedmon & R. Dallos (Eds.) *Reflective practice in psychotherapy and counselling*. (pp. 1-22) Maidenhead: Open University Press.

Dalton, J.H., Elias, M.J., & Wandersman, A. (2001). Community psychology: Linking individuals and communities. Stamford, CT: Wadsworth.

Data Protection Act (1998). Chapter 29. Retrieved from http://www.hmso.gov.uk/acts/acts1998/19980029.htm.

DeBenedetti, C., & Chatfield, C. (1990). *An American Ordeal: The antiwar movement of the Vietnam era*. Syracuse, NY:Syracuse University Press.

Deleuze, G. (2002) How do we recognise structuralism?" In M.Taormina (Ed) *Desert Islands and Other Texts 1953-1974.* Trans. David Lapoujade Semiotext(e) (pp.171-173.)Los Angeles and New York: Semiotext(e).

Division of Counselling Psychology (2005). *Professional Practice Guidelines.* Retrieved from http://www.bps.org.uk/sites/default/files/documents/professional_practice_guidelines_-_division_of_counselling_psychology.pdf.

Dobson, N. (2012) Women counselling psychology trainees' accounts of clinical supervision: An exploration of discursive power.(PsychD thesis) retrieved from http://roehampton.openrepository.com

du Plock, S. (2006). Just what is it that makes contemporary Counselling Psychology so different, so appealing? *Counselling Psychology Review 21, (*3), 22-32.

Dyer, O. (2007). Group of British doctors call for a boycott of the Israel Medical Association *British Medical Journal 334*(7599): 871. doi: 10.1136/bmj.39196.455613.DB

EFPA (2010). Guidelines on working with the media. Retrieved from http://www.bps.org.uk/sites/default/files/images/9_2b_guidelines_on_working_with_the_media_vs_prague.pdf

Elias, M.J. (1987). Establishing enduring prevention programs: Advancing the legacy of Swampscott. *American Journal of Community Psychology*, 15, (5), 539-553.

Eysenck, H.J (1952). The effects of psychotherapy: An evaluation *Journal of Consulting Psychology*, *16*, 319-324.

Farber, B.A. & Heifetz, L.J. (1982). The process and dimensions of burnout in psychotherapists, *Professional Psychology*, *13*, 293-301.

Feminist Therapist Institute (1990). Feminist Therapy Institute Code of Ethics. In H. Lerman and N. Porter (Eds) *Feminist ethics in psychotherapy* (pp. 37-40). New York: Springer.

Ferree, M.M. & Hess, B.B. (1985). *Controversy and coalition: The new feminist movement.* Boston, MA: Twayne.

Figes, O. (1997). *A people's tragedy: The Russian revolution, 1891-1924* London: Random House.

Fine, H.J. (1980). Despair and depletion in the therapist, *Psychotherapy: Theory, Research & Practice*, *17*, pp. 392-395.

Fonagy, P., Roth, A., & Higgitt, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bulletin of the Menninger Clinic, 69*(1), 1-58. doi: 10.1521/bumc.69.1.1.62267

Fouad, N.A., Gerstein, L.H. & Toporek, R L. (2006). Social justice and counseling psychology in context. In R.L. Toporek, L.H. Gerstein, N.A.Fouad, G. Roysircar & T. Israel (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision and action* (pp. 1-16). Thousand Oaks, CA: Sage.

Fouad, N.A., McPherson, R.H., Gerstein, L., Blustein,D.L., Elman, N., Helledy, K.I. & Metz, A.J. (2004). Houston, 2001: Context and legacy. *The Counseling Psychologist, 32*(1), 15–77. doi: 10.1177/0011000003259943.

Foucault, M.l (1980). *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, C. Gordon (Ed.), London: Harvester.

Foucault, M. (1988). *Technologies of the self: A seminar with Michel Foucault*. P.H. Hutton, H. Gutman, & L.H Martin. (Eds.) Amherst: University of Massachusetts Press.

Foucault, M. (1990). *The history of sexuality: Volume 1, an introduction*. (R. Hurley, Trans.) New York, NY: Vintage Books .

Foucault, M. (1991). Discipline and Punish: the birth of a prison. London: Penguin.

Foucault, M. (1994). An Interview with Michel Foucault. In J. D. Faubion (Ed.), *Power* (Vol. 3, pp. 239-297). New York: The New Press.

Fournier, V. (1999) The appeal to "professionalism" as a disciplinary mechanism, *Sociological Review 47*(2): 280–307. doi: 10.1111/1467-954X.00173

Fox, D, R. (1993). Psychological jurisprudence and radical social change. *American Psychologist, 48*,234-241. doi: 10.1037/0003-066X.48.3.234

Fox, D.R. & Prilleltensky, I. (1996) The inescapable nature of politics in psychology: A response to O'Donohue and Dyslin *New Ideas in Psychology, 14,* (1), 21-26. doi: 10.1016/0732-118X(95)00028-F.

Frankland, A. & Walsh, Y. (n.d.) Counselling Psychology Values. Retrieved from http://dcop.bps.org.uk/home/values/values_home.cfm.

Freeman, H. (2013). Check your privilege! Whatever that means. *The Guardian* retrieved from http://www.theguardian.com/society/2013/jun/05/check-your-privilege-means.

Giddings, D. (2009). Counselling Psychology and the next 10 years: Some questions and answers. *Counselling Psychology Review*, *24*(1), 10.

Gil-Rodriguez, E., & Butcher, A. (2012). From trainee to trainer: crossing over to the other side of the fence. *British Journal of Guidance & Counselling*, *40*(4), 357-368. doi: 10.1080/03069885.2012.691464

Giles, D.C. (2002) *Advanced research methods in psychology*, Hove, U.K: Routledge.

Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents. *The Counseling Psychologist*, *32*(6), 793 -836. doi: 10.1177/0011000004268802

Gordon, R., & Hanley, T. (2013). Where do counselling psychologists based in the UK disseminate their research? A systematic review. *Counselling Psychology Review*, *28*(4), 7-17.

Greene, B. (2005). Psychology, diversity and social justice: Beyond heterosexism and across the cultural divide. *Counselling Psychology Quarterly*, *18*(4), 295 - 306. doi: 10.1080/09515070500385770

Graham, L.J. (2005). *Discourse analysis and the critical use of Foucault.* Paper presented at Australian Association for Research in Education 2005 Annual Conference, Sydney retrieved from http://eprints.qut.edu.au/2689/1/2689.pdf.

Grimes, J. (1996). *A concise dictionary of Indian philosophy* New York: State University of New York Press.

Guilfoyle, M. (2008). CBT's integration into societal networks of power. In R. House & D. Loewenthal. (Eds.) *Against and for CBT: Towards a constructive dialogue?* (pp. 233-240) Ross on Wye: PCCS Books.

Hage, S. M. (2003). Reaffirming the unique identity of counseling psychology: Opting for the "road less traveled by." *The Counseling Psychologist*, 31, 555–563. doi: 10.1177/0011000003256434

Hare-Martin, R.T. (1991). Sex lies and headaches: The problem is power. In T.J. Goodrich, (Ed.), *Women and power: Perspectives for therapy* (pp. 63-85). New York: Norton.

Hayes, S. C., Barlow, D. H., & Nelson-Gray, R. O. (1999). *The scientist practitioner: Research and accountability in the age of managed care (2nd Ed.)*. Boston: Allyn and Bacon.

HCPC (2010). *Standards of proficiency: Practitioner psychologists*. Retrieved from http://www.hpc-uk.org/assets/documents/10002963SOP_Practitioner_psychologists.pdf

Hemsley, C.M. (2013). An enquiry into how counselling psychology in the UK is constructed as a profession within discipline-orientated publications. *Counselling Psychology Review 28*(1),8–23.

Hession, N. (2010). The Counselling Psychologist working in a pain context In M. Milton (Ed.), *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues* (pp. 195-212). Chichester: John Wiley and Sons.

Hicks, C. (2008). Vox-pop: Dr Colin Hicks. *Counselling Psychology Review, 23* 7-8.

Hicks, C. (2010). Counselling Psychology's contributions to understanding sexuality. . In M. Milton (Ed), *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues* (pp. 243-258). Chichester: John Wiley and Sons.Higgins, E. T. (1987). Self-discrepancy: a theory relating self and affect. *Psychological review, 94,* (3), 319-340.

Higley, N. & Milton, M. (2008). Our connection to the Earth: A neglected relationship in counselling psychology, *Special Issue of Counselling Psychology Review*, 23 10-23.

Hodgson, D E. (2005). Putting on a professional performance: Performativity, subversion and project management. *Organization, 12*(1), 51-68.

Hore, B. (2013). Is homelessness a matter of social justice for counselling psychologists in the UK? A review of the literature. *Counselling Psychology Review, 28,* 17-29.

Hore, B. & Gerada, M. (2011, July). Trainees in conversation: Co-constructing identities as Counselling Psychologists. In E. Kasket (Convenor) *Who am I and why am I here?: Professional identity and counselling psychology training* Symposium conducted at the Division of Counselling Psychology Annual Conference 2011: Bristol.

House, R. & Bohart, A.C. (2008). Empirically supported/validated treatments as modernist ideology, II: Alternative perspectives on research and practice. In R. House & D. Loewenthal (Eds.), *Against and for CBT: Towards a constructive dialogue?* (pp. 202-217) Ross on Wye: PCCS Books.

Johnson, T. J. (1972). *Professions and power.* London: Macmillan

Kagan, C., & Burton, M. (2005). Community psychological perspectives and work with people with learning difficulties. *Clinical Psychology Forum 50,* 31-36.

Kagan, C., Tindall, C. & Robinson, J. (2010). Community psychology: Linking the individual with the community. In R. Woolfe, S. Strawbridge, B. Douglas & W. Dryden. (Eds.), *Handbook of counselling psychology* (3rd ed., pp.484–503). London: Sage.

Kendall, G & Wickham, G (1999). *Using Foucault's methods.* Sage: London

Kendler, H. H. (1993). Psychology and the ethics of social policy. *American Psychologist, 48,* 1046-1053.

Kent, S.A. (2001). *From slogans to mantras: Social protest and religious conversion in the late Vietnam era.* Syracuse: Syracuse University Press.

Kent, S. K. (1987). *Sex and suffrage, 1860-1914.* London: Taylor Press.

Krantz, J.H. (2013). *Electric journals and periodicals.* Retrieved from http://psych.hanover.edu/krantz/journal.html.

Kloos, B., Zimmerman, S. O., Scrimenti, K., & Crusto, C. (2002). Landlords as partners for promoting success in supported housing:"It takes more than a lease and a key". *Psychiatric Rehabilitation Journal*, *25*(3), 235-244. doi: 10.1037/h0095019

Lane, D. & Corrie, S. (2006). Counselling psychology: Its influences and future. *Counselling Psychology Review*, *21*(1) 12–24.

Lane, D. A and Corrie, S (2006). *The modern Scientist Practitioner: A guide to practice in psychology.* London: Routledge.

Layard, R. (2011). *Happiness: Lessons from a new science*. London: Penguin.

Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlates of the three dimensions of job burnout. *Journal of applied Psychology*, *81*(2), 123. doi: 10.1037/0021-9010.81.2.123

Leslie, R. (2007). The Gerasene demoniac. In W.G. Rollins & D.A. Kille (Eds.) *Psychological insight into the bible: Texts and readings.* Grand Rapids, MI: Eerdmans.

Levy, R. A., Ablon, J. S., & Kächele, H. (2011). *Psychodynamic psychotherapy research: Evidence-based practice and practice-based evidence*. New York: Springer.

Lewis, T. (2010). Branding, celebritization and the lifestyle expert. *Cultural Studies*, *24*(4), 580-598. doi: 10.1080/09502386.2010.488406

Lofthouse, J. (2010) The 'R' word. In M. Milton (Ed.), *Therapy and Beyond; Counselling Psychology's Contributions to Therapeutic and Social Issues*. (pp. 229-242.). Chichester: John Wiley and Sons.

Love, B. J. (2000). Developing a liberatory consciousness. In Maurianne Adams, W. J. Blumenfeld, C. (Rosie) Castañeda, H. W. Hackman, M. L. Peters, & X. Zúñiga (Eds.),

Readings for diversity and social justice: An anthology on racism, antisemitism, sexism, heterosexism, ableism, and classism (1st ed., pp. 470-474). New York: Routledge.

Manafi, E. (2010). Vox-pop: Elena Manafi. *Counselling Psychology Review, 23,* 79-80.

Manafi, E. (2010). Existential-phenomenological contributions to counselling psychology's relational framework. In M. Milton (Ed.), *Therapy and Beyond; Counselling Psychology's Contributions to Therapeutic and Social Issues,* (pp. 21-39). Chichester: John Wiley and Sons.

Manton, J. (1976). *Mary Carpenter and the Children of the Streets*. London: Heinemann Educational.

Marshall, C., & Rossman, G. B.(1999). *Designing qualitative research, 3*. Thousand Oaks: Sage.

Martin, P. (2006). Different, dynamic and determined - the powerful force of Counselling Psychology in the helping professions. *Counselling Psychology Review, 21 (*3), 34-7.

McAteer, D. (2010). Philosophical pluralism: Navigating the sea of diversity in psychotherapeutic and counselling psychology practice. In M. Milton (Ed.), *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*, (pp. 5-19). Chichester: John Wiley and Sons.

McIntosh, P. (1988). White privilege: Unpacking the invisible knapsack. *Race, class, and gender in the United States: An integrated study, 4*, 165-169.

Meyerhoff, J. (2011). *Bald ambition: A critique of Ken Wilber's theory of everything.* New York: Inside the Curtain Press.

Milton, M. (2010a). Counselling Psychology and the wider world. In M. Milton (Ed.), *Therapy and beyond: Counselling Psychology contributions to therapeutic and social issues.* (pp.189-193). Chichester: John Wiley and Sons.

Milton, M. (2010b). Coming home to roost: Counselling Psychology and the natural world. In M. Milton (Ed.) *Therapy and beyond: Counselling Psychology contributions to therapeutic and social issues.* (pp. 293-308) Chichester: John Wiley and Sons.

Moller, N. P. (2011). The identity of counselling psychology in Britain is parochial, rigid and irrelevant but diversity offers a solution. *Counselling Psychology Review*, 26 (2). 8-16.

Moloney, P. & Kelly, P. (2008). Beck never lived in Birmingham: Why cognitive behaviour therapy (CBT) may be a less useful treatment for psychological distress than is often supposed. In R. House & D. Loewenthal. (Eds.), *Against and for CBT: Towards a constructive dialogue?* (pp. 278-288). Ross-on-Wye: PCCS Books.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250 -260. doi: 10.1037/0022-0167.52.2.250

Murray, E. D., Cunningham, M. G., & Price, B. H. (2012). The Role of Psychotic Disorders in Religious History Considered. *The Journal of neuropsychiatry and clinical neurosciences*, *24*(4), 410-426. doi:10.1176/appi.neuropsych.11090214

Mussell, M.P., Binford, R.B., & Fulkerson, J.A. (2000). Eating Disorders: Summary of risk factors, prevention programming, and prevention research. *Journal of Counseling Psychology, 46,* 42-50.

Nelson, G. and Prilleltensky, I. (2005) Preface In G. Nelson & I. Prilleltensky (Eds.), *Community Psychology: In pursuit of liberation and well-being*. New York: Palgrave Macmillan.

Nuallaong, W. (2013). Burnout symptoms and cycles of burnout: The comparison with psychiatric disorders and aspects of approaches. In S. Bährer-Kohler, (Ed.); *Burnout for experts: Prevention in the context of living and working* (pp. 47-72). New York, NY, US: Springer Science + Business Medi*a*

O'Byrne, K. K., Brammer, S. K., Davidson, M. M., & Poston, W. S. C. (2002). Primary prevention in counseling psychology: Back to the future. *The Counseling Psychologist, 30,* 330-344. doi: 10.1177/0011000002302010.

O'Donohue, W., & *Dyslin,* C. (*1996*). Abortion, boxing and Zionism: Politics and the American Psychological Association. *New Ideas In Psychology*, *14*(1), 1-10. doi: 10.1016/0732-118X(95)00025-C

O'Farrel, C. (2005). *Michel Foucault* London: Sage Publications.

Olsen, C. (2010). Ethics: The fundamental dimension of counselling psychology. In *M. Milton* (Ed) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues,* (pp. 89-99). Chichester: John Wiley and Sons.

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, *8*(3). 1-21.

Orford, J. (2008) *Community psychology: Challenges, controversies and emerging consensus.* Chichester: John Wiley and Sons.

Orlans, V. & Van Scoyoc, S. (2008). *A short introduction to counselling psychology.* London: Sage.

Owen, J. (2010) Working with Sports and Exercise Psychologists: A winning combination? In *M. Milton* (Ed) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues,* (pp. 89-99). Chichester: John Wiley and Sons.

Owens, R. (2010). *Solon of Athens: Poet, Philosopher, Soldier, Statesman*. Hove: Sussex Academic Press.

Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology.* London, New York: Routledge.

Parker, I. (1997). Discursive psychology. In D. Fox & I, Prilleltensky (Eds) *Critical psychology: An introduction* (pp. 284-298). London: Sage.

Parker, I. (1998.) Against Postmodernism: Psychology in Cultural Context, *Theory & Psychology, 8,* (5), 621-647.

Pieterse, A. L., Evans, S., Risner-Butner, A., Collins, N., &Mason, L. (2009). Multicultural competence and social justice training in counseling psychology and counselor education. *The Counseling Psychologist, 37*(1), 93-115.doi:10.1177/0011000008319986

Plato, (trans. 2007) *Six great dialogues : , Apology, Crito, Phaedo, Phaedrus, Symposium, The Republic / Plato* ; B.Jowett (Trans.) Newton Abbot : David & Charles.

Potter, J., & Wetherell, M. (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage.

Powell, W. (1971). *The anarchist cookbook.* New York: L. Stuart

Prilleltensky, I. & Fox, D. (1997). Introducing critical psychology: Values, assumptions , and the status quo. In D. Fox & I, Prilleltensky (Eds.) *Critical psychology: An introduction.* (pp. 3-20) London: Sage.

Prilleltensky, I. & Nelson, G. (2002). *Doing psychology critically: Making a difference in diverse settings.* New York: Palgrave Macmillan.

Pugh, D. & Coyle, A. (2000). The construction of counselling psychology in Britain: A discourse analysis of counselling psychology texts. *Counselling Psychology Quarterly, 13*(1) 85–98.

Rafalin, D. (2010). Counselling psychology and research: Revisiting the relationship in the light of our 'mission'. In M. Milton (Ed.), *Therapy and beyond: counselling psychology contributions to therapeutic and social issues* (pp.41-55) Chichester: John Wiley and Sons.

Reich, S., Riemer, M., Prilleltensky, I., & Montero, M. (2007). *International community psychology*. New York: Springer Science+ Business Media, LLC.

Renkert, S. and Nutbeam, D. (2006). Opportunities to improve maternal health literacy through antenatal education: An exploratory study *Health Promotion International*, *16*, 4, 381-388.

Richardson, F.C. & Fowers, B.J. (1997). Critical theory, postmodernism, and hermeneutics: insights for critical psychology. In D. Fox & I, Prilleltensky (Eds.) *Critical psychology: An introduction* (pp.265-283).London: Sage.

Ridely, D. (2008). *The literature review: A step-by-step guide for students.* London: Sage.

Riley, S., Schouten, W. & Cahill, S. (2003). Exploring the dynamics of subjectivity and power between researcher and researched *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *4*(2). Retrieved from http://www.qualitative-research.net/index.php/fqs/article/view/713/1544.

Rippere, V. & Williams, R. (1985). *Wounded healers: Mental health workers' experiences of depression* New York: Wiley.

Rizq, R. (2006). Training and disillusion in counselling psychology: a psychoanalytic perspective. *Psychology and psychotherapy*, *79*(4), 613-627. doi: 10.1348/147608305X89964.

Romano & Hage, (2000). Prevention and counselling psychology: Revitalizing commitments for the 21st Century *The Counselling Psychologist 28, 6,* 733-763. doi: 10.1177/0011000000286001.

Rose, N. (1999). *Governing the Soul: The Shaping of the Private Self* 2nd ed. London: Free Association Books

Rosie, M., & Gorringe, H. (2009). What a difference a death makes: Protest, policing and the press at the G20. *Sociological Research Online* 14(5)4 doi:10.5153/sro.2047

Rupani, P. (2013). Social justice and counselling training: Can we learn from the US? *Counselling Psychology Review*, *28,* 2, 30-38.

Schilt, K., Westbrook, L. (2009). "Doing gender, doing heteronormativity: 'Gender normals,' transgender people, and the social maintenance of heterosexuality". *Gender & Society 23* (4), 440–464. doi:10.1177/0891243209340034.

Shillito-Clarke, C. (2008). Vox-pop: Carol Shillito-Clarke. *Counselling Psychology Review*, *23*(2), 5-6.

Singh, A. A., Hofsess, C. D., Boyer, E. M., Kwong, A., Lau, A. S. M., McLain, M., & Haggins, K. L. (2010). Social justice and counseling psychology: Listening to the voices of doctoral trainees. *The Counseling Psychologist*. doi:10.1177/0011000010362559

Silverman, J. (1967). Shamans and acute schizophrenia, *American Anthropologist 69,1* 21–31. doi: 10.1525/aa.1967.69.1.02a00030

Smith, C. (1991). *The emergence of liberation theology: Radical religion and social movement theory*. Chicago: University of Chicago Press.

Smith, J. M. (2003). *A potent spell: Mother love and the power of fear* . New York: Houghton Mifflin Harcourt.

Stam H. (2001). Introduction: Social constructionism and its critics *Theory & Psychology 11*(3): 291–296. Retrieved from: http://people.ucalgary.ca/~stam/pdf/SC_and_Critics.pdf.

Steffen, E. & Hanley, T. (2013). Editorial: the power of counselling psychology in an age of powerlessness: A call to action, *Counselling Psychology Review*, *28,* 2. 3-7.

Stern, A.M. & Markel, H. (2005). The History Of Vaccines And Immunization: Familiar Patterns, New Challenges *Health Affairs 24*,3, p611-621. doi: 10.1377/hlthaff.24.3.611.

Strawbridge, S. & Woolfe, R. (2010). Counselling Psychology: Origins, Developments and Challenges. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden, (Eds.), *Handbook of Counselling Psychology (3rd Edition)* (pp. 3-23). London: Sage.

Stricker, G. (2003). Evidence-based practice: The wave of the past. *The Counseling Psychologist, 31,* (5), 546-554. doi: 10.1177/0011000003256351

Taylor, S. (2001). Locating and conducting discourse analytic research. In M. Wetherell, S. Taylor and S.J. Yates (Eds.) *Discourse as data: A guide for analysis* (pp. 5-48). Sage: London.

Thatcher, M. (*2006*). 'Are ethical codes ethical?', *Counselling Psychology* Review, 21 (3): 4–11.

Thatcher, M. & Manktelow. (2007). The cost of individualism. *Counselling Psychology Review, 22*(4), 31–42.

Tirha, B.B. (2002) *A taste of Transcendence.* Delhi: Mandela Press.

Tone down, (2013) In *Cambridge online dictionary* retrieved from http://dictionary.cambridge.org/dictionary/british/tone-sth-down?q=tone+down

Toporek, R., Gerstein, L. H., Fouad, N. A., Roysircar, G., & Israel, L. H. (2006). *Handbook for social justice in counseling psychology: leadership, vision, and action*. Thousand Oaks CA: SAGE.

Vera, E.M. & Speight, S.L. (2003). Multi-cultural competence, social justice, and counselling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253–272. doi: 10.1177/0011000003031003001

Watkins, C.E. (1983). Burnout in counseling practice: Some potential professional and personal hazards of becoming a counsellor. *Personnel & Guidance Journal, 61,* 304-308.

Watts, R.J. (2004). Integrating social justice and psychology. *The Counseling Psychologist, 32*(6),855–865. doi: 10.1177/0011000004269274.

West, C. (2008). *Hope on a tightrope: Words and wisdom. New York: Smiley Books.*

Wetherell, M. (2001). Debates in discourse research In M. Wetherell, S. Taylor & S. J. Yates (Eds.), *Discourse theory and practice - A Reader* (pp. 380–399). London: Sage.

Wetherell, M., Taylor, S., & Yates, S. J. (2001). Introduction. In M. Wetherell, S. Taylor, & S. Yates, J (Eds.), *Discourse as Data: A Guide for Analysis* (p. i-iii). London: Sage

Wilkinson, S. (1997). Feminist psychology. In D. Fox & I, Prilleltensky (Eds.) *Critical psychology: An introduction* (pp. 247-264). London: Sage.

Willig, C. (1998). Social constructionism and revolutionary socialism: A contradiction in terms? In I. Parker (Ed.), *Inquiries in Social Construction*: *Social constructionism, discourse and realism.* (pp. 91-105). London: Sage.

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method* (2nd ed.). Buckingham: Open University Press.

Wills, F., & Sanders, D. (1997). *Cognitive therapy: Transforming the image*. London: Sage.

Wilson, G.T. (1996). Manual-based treatments: The clinical application of research findings *Behaviour Research and Therapy 34*, 295–314. doi: 10.1016/0005-7967(95)00084-4.

Winnicott, D.W.(1965) *The Maturational Processes and the Facilitating Environment* London : Karnac Books

Woolfe, R.,Strawbridge, S., Douglas, B., & Dryden, W. *Handbook of Counselling Psychology (3rd Edition)* London: Sage.

World Health Organization. (2008). *ICD-10: International statistical classification of diseases and related health problems* (10th Rev. ed.). New York, NY: World Health Organization.

Young, R. A., & Nicol, J. J. (2007). Counselling Psychology in Canada: Advancing Psychology for All. *Applied Psychology*, *56*(1), 20-32. doi: 10.1111/j.1464-0597.2007.00273.x.

Appendix A: Advert for Participants

How do Counselling Psychologists in the UK construct the relationship between the profession and society?

My name is Beth Hore and I am a Counselling Psychology Trainee at London Metropolitan University. I am conducting a piece of original research as part of my PsychD in Counselling Psychology. The research involves a focus group made up of 4-6 Counselling Psychologists currently working in the UK who are willing to discuss the relationship between the profession of Counselling Psychology and wider society. The focus group will take place this summer at London Metropolitan University's Psychology Department in central London at a time and date convenient for participants. I will record the focus group and facilitate it's smooth running. It will take up to 90 minutes.

All data gathered during this study will be held securely and anonymously and there will be an opportunity for participants to withdraw their data if they so choose.

If you would be interested in taking part or would like more information please contact me¸ details below.

Researcher:

Beth Hore bethhore@gmail.com, 07881535749.

Department of Psychology

London Metropolitan University
Old Castle Road
London E1 7NT

Supervisor:

Dr Anna Butcher

Anna.butcher@londonmet.ac.uk

Department of Psychology

London Metropolitan University
Old Castle Road
London E1 7NT

Appendix B: Pilot Interview Schedule

1) Can you tell me a bit about Counselling Psychology please?

- What is a counselling psychologist?
- How would you describe CoP to another professional/a client/a layperson?
- Can you describe the CoP professional identity?

2) Can you tell me something about how you came to be a Counselling Psychologist?

- how was your training?
- how were your placements?

The following is an excerpt from the DCoP Prof Practise Guidelines

"Counselling psychologists will consider at all times their responsibilities to the wider world." Division of Counselling Psychology Code of Practice, 2005.

3) What does this statement mean to you?

4) Can you describe Counselling Psychologists' responsibilities to the wider world?

5) Can you describe for me any behaviours that might be encouraged in a Counselling Psychologist who "considers their responsibilities to the wider world"?

6) And any behaviours that might be discouraged?

7) Can you tell me anything about your training experiences in relation to this statement?

8) Could you tell me about your current practise in relation to this statement?

9) How do you feel about the Division of Counselling Psychology making this statement?

Appendix C: Interview Schedule

1) Can you tell me a bit about Counselling Psychology please?

- What is a counselling psychologist?
- How would you describe CoP to another professional/a client/a layperson?
- Can you describe the CoP professional identity?

2) Can you tell me something about how you came to be a Counselling Psychologist?

- how was your training?
- how were your placements?

The following is an excerpt from the DCoP Prof Practise Guidelines

"Counselling psychologists will consider at all times their responsibilities to the wider world." Division of Counselling Psychology Code of Practice, 2005.

3) What does this statement mean to you?

4) Can you describe Counselling Psychologists' responsibilities to the wider world?

5) Can you describe for me any behaviours that might be encouraged in a Counselling Psychologist who "considers their responsibilities to the wider world"?

6) And any behaviours that might be discouraged?

7) Can you tell me anything about your training experiences in relation to this statement?

- Have there been times in training when this statement was discussed/seemed relevant?

8) Could you tell me about your current practise in relation to this statement?

- Have there been times when this statement has seemed relevant?

9) How do you feel about the Division of Counselling Psychology making this statement?

Appendix D: Brief

How do Counselling Psychologists in the UK construct the relationship between the profession and society?

This research is being carried out by Beth Hore, a Trainee Counselling Psychologist at London Metropolitan University.

The study is concerned with how Counselling Psychologists in the UK construct the relationship between the profession of Counselling Psychology and wider society.

You have been asked to take part in an interview during which you will be asked to talk about the relationship between Counselling Psychology and society.

It is anticipated that the interview will take around 45 minutes. It will be recorded and the recording will be kept securely by the researcher and the university for 5 years.

Your name and any other identifying information will not be attached to the recording or any transcripts made from the recording. All data will be kept confidential.

Confidentiality will only be broken in the unlikely event that anything you say suggests that harm will come to yourself or others.

You can leave the interview at any time and can withdraw your data at any time over the two weeks following the focus group by contacting me: bethhore@gmail.com, 07881535749. Alternatively you may contact my lead supervisor, Dr Anna Butcher at anna.butcher@londonmet.ac.uk,

Department of Psychology

London Metropolitan University
Old Castle Road
London E1 7NT

Thank you for volunteering to take part in my research.

Appendix E: Consent Form

How do Counselling Psychologists in the UK construct the relationship between the profession and society?

Researcher: Beth Hore

CONSENT FORM

This consent form is designed to ensure that you are happy with the information you have received about the study and that you give your informed consent to take part.

To be completed by the participant:

Please circle Yes or No

- Have you read and fully understood the information sheet?

Yes/No

- Have you had the opportunity to discuss further questions related to the study?

Yes/No

- Are you satisfied with the answers to your questions?

Yes/No

- Have you received enough information about the study to decide whether you want to take part?

Yes/No

- Have you understood that all information you reveal will be kept confidential unless the information disclosed suggests that you or someone else is at risk of harm?

Yes/No

- Do you understand that you are free to refuse to take part in the interview and to leave at anytime?

Yes/No

- Are you clear that you have the right to withdraw from the study up to two weeks following the interview?

Yes/No

- Do you give consent for the researcher to record the discussion and to use verbatim quotations from your speech in the writing up or publication of the study?

Yes/No

- Do you understand that you will remain completely anonymous and that your name and identity will not at any point be revealed and that this will be kept separate from the findings of the study?

Yes/No

- Do you give consent for the recording and transcript to be kept for up to a period of five years in case the study is published?

Yes/No

- Do you agree to take part in the above study?

Yes/No

_____ _____ _____

Name of Participant Date Signature

_____ _____ _____

Researcher Date Signature

Appendix F: Debrief

How do Counselling Psychologists in the UK construct the relationship between the profession and society?

Researcher: Beth Hore

Debrief

Thank you very much for taking part in my research. The study is designed to explore the different ways that Counselling Psychologists in the UK construct the relationship between Counselling Psychology and society. Having recorded this interview I will now make a transcript of the recording and conduct Foucauldian Discourse Analysis on the data in order to identify the different discourses that have been used here to construct that relationship.

If you have any further questions about the study I would be very happy to answer them now or in the future. You can contact me on 07881535749, bethhore@gmail.com. If you would like to withdraw your data from the study you may do so at any time over the next two weeks by contacting me in the ways identified above. Alternatively you can contact my research supervisor Dr Anna Butcher: anna.butcher@londonmet.ac.uk.

Thank you again for giving up your time to aid me in my research.

Appendix G: Excerpt from Text

Beth Yeah. Um so that's something published by the BPS…

Hannah Hmm

Beth Umm and it's in 2005 by the Division of Counselling Psychology. Umm, I just wanted to ask really what does that statement mean to you?

Hannah (slight pause) Very good question. (slight pause) It's not something that I've ever been particularly aware of…

Beth Hmm hmm

Hannah or…

Beth Hmm hmm

Hannah (sigh) …you think about your responsibilities to your clients…

Beth Hmm hmm

Hannah to your work colleagues…

Beth Hmm hmm

Hannah But to wi-to the wider world I don't think that, I don't think that's something that I-I'd even considered if I'm honest.

Beth Hmm hmm

Hannah So when I think now what does that mean to me, I, (sigh) I sup- I suppose- is it an exten-, is it an extension of (pause) how we present ourselves, how we

put ourselves forward in all walks of life? Umm, how we conduct ourselves, do, y'know, it's about representing our our profession…

Beth Hmm hmm

Hannah And our particular division within that profession in a way that is informative, umm transparent, umm and, I suppose that y'know that can be from y'know how you talk about counselling psychology and your code of ethics to your client.

Beth Hmm hmm

Hannah To how you might present yourself in a meeting with other professionals.

Beth Hmm

Hannah To, y'know the, the, receptionist on-in, in er Outpatients. It's just y'know how you, how you conduct yourself I mean you're rep-, ultimately you're representing, you're representing your profession aren't you?

Beth Hmm hmm

Hannah Umm, so ultimately it's y'know you have a responsibility to uphold that in a, in a way that's respectful and, and congruent with the Code of Ethics.

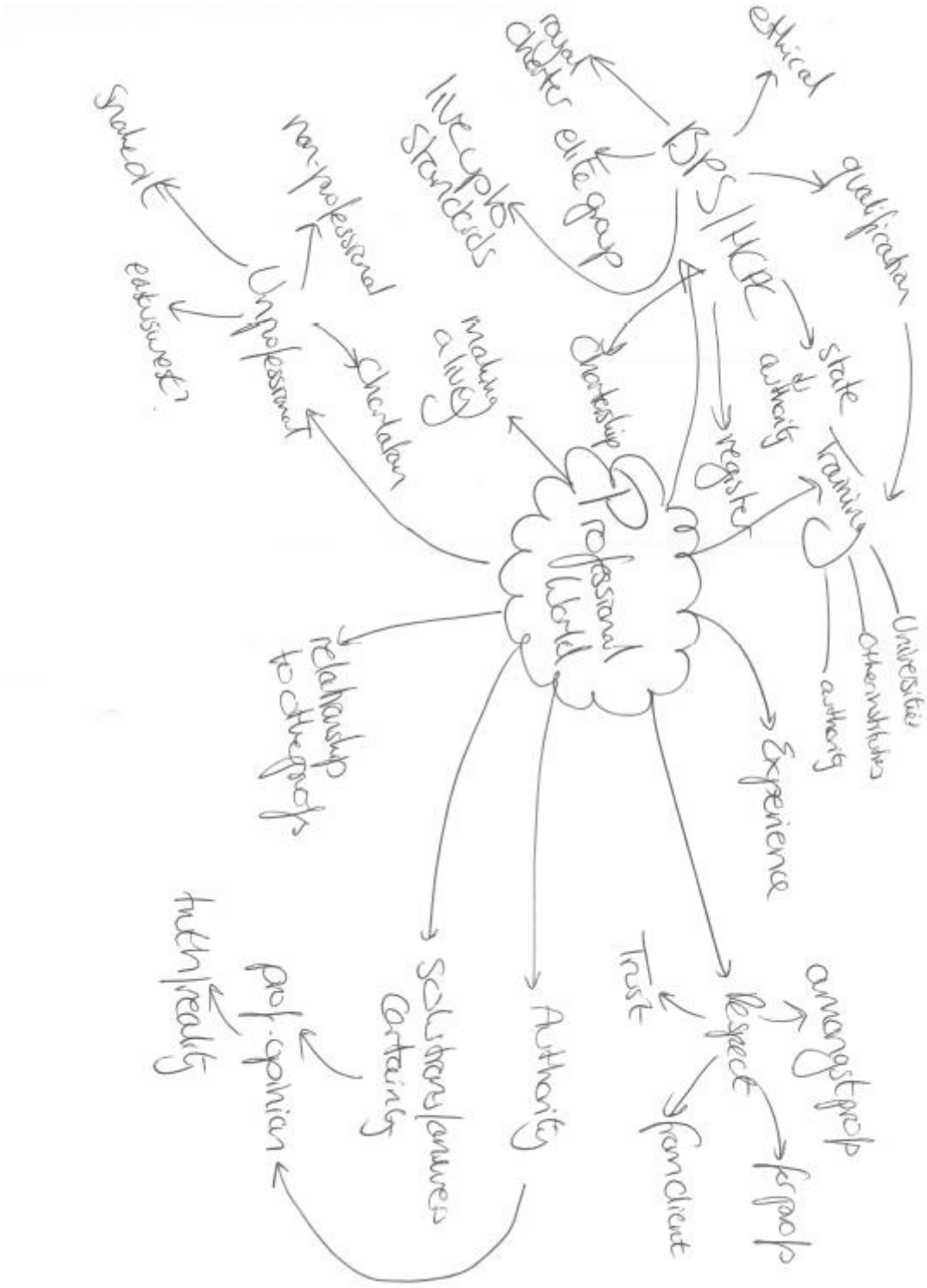
Beth Hmm

Hannah (Inhalation) and all, and all that encompasses…

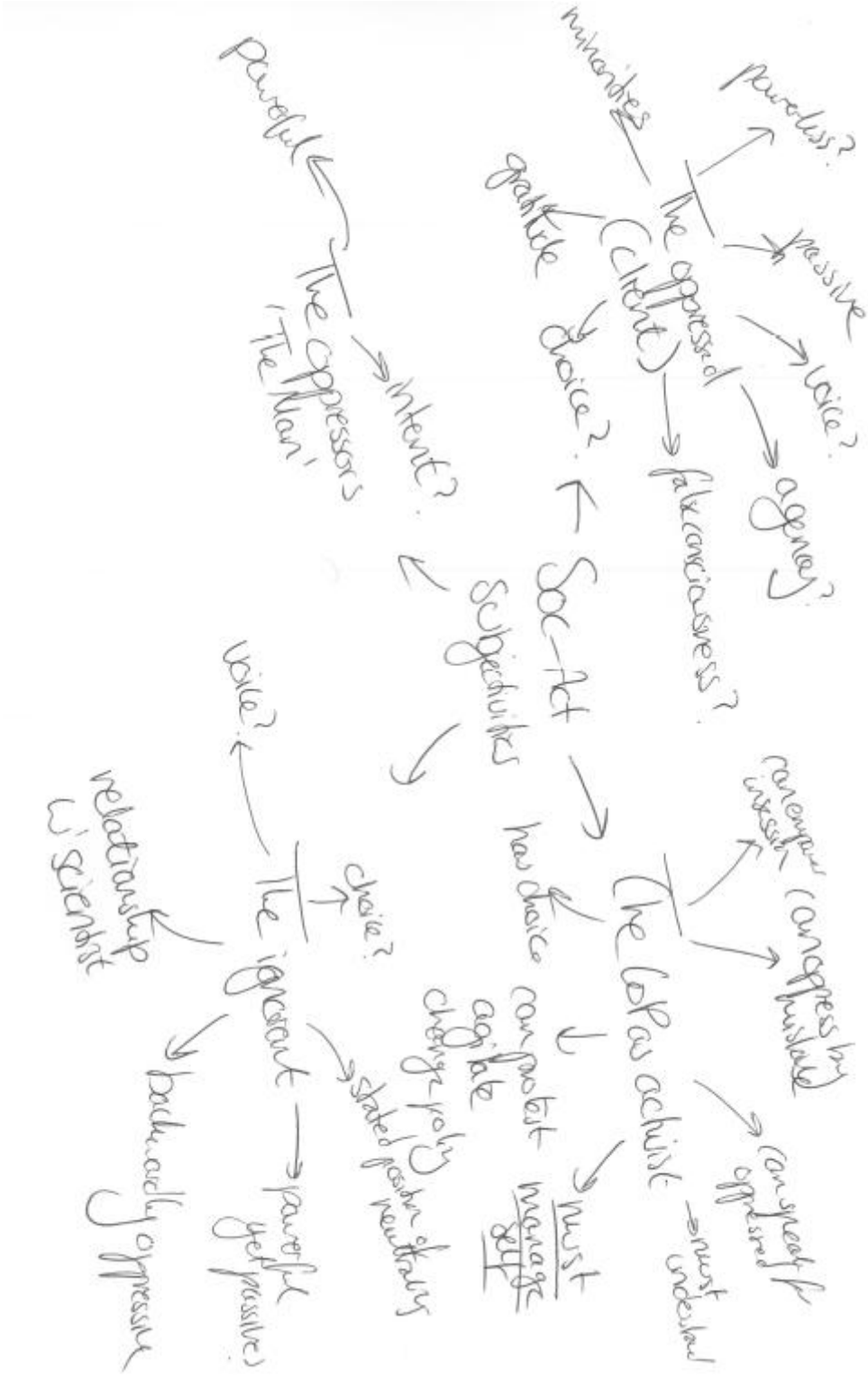
Beth Yeah

Hannah …not just that one, but yeah.

Appendix H: Example of Analysis, Free Association



Appendix I: Example of Analysis, Available Subjectivities



The development of my orientation as a Counselling Psychologist

This paper describes my emerging orientation as a Counselling Psychologist and recognises that I am not a "finished product" and that both my skills as a practitioner and my philosophy of practise will continue to evolve throughout my career (Skovholt & Ronnestadt, 1992). The development of my personal philosophy of practise began before my formal training and is grounded in personal and political values and a personality that have been nearly thirty years in the making. On grounds of concision I have chosen here only to discuss more recent developments that have taken place during this doctorate. I hope to show that over the three years I have acquired useful skills and knowledge in advanced, critical and independent professional practice, am able to respond flexibly and creatively to specific complex client presentations, and can develop psychological formulations appropriate to these. In addition to my primary model, Cognitive Behavioural Therapy (CBT), I hope to show that I have a foundation level of understanding of models related to CBT that informs my practice. I aim to illustrate how my practice has been nurtured by my understanding of what it means to be a Counselling Psychologist, for example with my growing ability to reflect upon process issues and use of the self in the therapeutic relationship with particular regard to working with challenging issues and/or clients.

CBT is perhaps best described as a family of therapies (Mansell, 2008) which share cognitive and behavioural models of the mind, and more specifically, psychological disorders (Roth, 2008). They place cognitions at the centre of treatment and regard them as mediating emotions and behaviours. (Hoffman, Sawyer and Fang, 2010). Traditional Becksian, or 'second-wave' CBT attempts to identify and modify maladaptive cognitions with the aim of thereby impacting on emotions and behaviour (Clarke, 1995). This was the first model of therapy that I studied at any significant depth. I found it to be both inspirational – it seems to hold out so much hope for those experiencing distress - but also at times pathologising - models appeared to be diagnosis driven rather than client-centred. I wondered how CBT, which appeared to see the diagnosis before the client, fitted with the imperative for Counselling Psychologists " to engage with subjectivity and intersubjectivity ... to respect first person accounts as valid in their own terms ... not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing;" (BPS, 2005, p1). I also found myself unsure about the way that CBT seemed to align itself with 'objective' 'scientific' 'truth'. On the one hand I felt reassured by the extensive evidence base for the effectiveness of CBT, which is recommended as the first-line psychological therapy approach for a number of Axis I disorders (NICE, 2009). On the other my inner social constructionist, nurtured by my training as an undergraduate social anthropologist, felt sceptical about the apparent claims for 'objective' 'scientific' 'truths' in much of the discourse surrounding CBT (e.g. Whitfield & Williams, 2003). I worried about the impact of labelling individuals with diagnosis on a social and personal level (Foucault, 1965).

Despite these reservations, and with the words of the supervisor who reassured me that I was better for my clients than the alternative (nothing) ringing in my ears, I started in my first placement working with clients using CBT. On reflection I would have perhaps been less reassured by my supervisor's assertion that I would do no harm had I been more aware of the potential for injury therapy can be associated with (Lilenfield, 2007). This first placement was in a drugs and alcohol setting and I was working with clients with chronic mental health problems and chaotic lives. I soon realised that manualised CBT and treatment plans apparently devised for those with mild problems and perfectly ordered lifestyles would not be appropriate. With one of my more chaotic clients[11] I fell back into a more 'person centred' mode of therapy (Rogers, 1957). With hindsight rather than experiencing a number of Axis I disorders alongside her substance misuse problems she may have had Borderline Personality Disorder (BPD) (4th ed., text rev.; *DSM–IV–TR*; American Psychiatric Association, 2000) . My main aims for therapy became to model a relationship in which her distress could be contained and that she could not only be tolerated but valued.

In a perfect world this client would have been referred to a specialist BPD service, where she may have received Dialectical Behavioural Therapy (NICE, 2009), a third-wave CBT approach which has been found to be effective for those with BPD (Kliem, Kröger, & Kossfelder, 2010) and also those with both BPD and addiction (Linehan et al, 1999). She could have experienced a validating relationship in which she would be encouraged to replace rigid dichotomous thinking with synthesised dialectical thinking (Dimeff & Linehan, 2001) whilst learning skills for emotional regulation and reality-testing alongside distress tolerance, acceptance, and mindful awareness in a group setting (Dimeff & Linehan, 2001). I appreciate, however, that it is unlikely that given the recent reduction in spending on adult

[11] Please note that all client material presented here is an amalgamation of clients I worked with to preserve confidentiality.

mental health in the UK (Department of Health, 2012) and the consequent pressures put on services she would have met the acceptance criteria for such a service. A more likely outcome would have been that I worked with her but would have been able to offer her another approach that has been found to be effect for those with BPD such as Schema Therapy (Giesen-Bloo et al 2006), which is an integration of CBT, object relations , attachment theory and gestalt therapy (Young, Klosko & Weishaar 2003).

Whilst reflecting on my response to this client I have tried not to berate myself for focussing my energy on our relationship as there is abundant evidence to suggest that the quality of the therapeutic relationship can predict treatment adherence and outcome across a range of diagnoses and treatment settings (Orlinsky, Ronnestad, Willutski, 2004). I learnt a lot about how to build a sound therapeutic relationship with clients experiencing extreme and profound distress and engaging in risky behaviours. Initially this was a case of managing to remain calm whilst she shouted at me, used profanities and accused me of unprofessionalism. Later I learned how to be congruent with her and challenge some of her behaviour whilst remaining containing and communicating the unconditional positive regard I held her in (Rogers, 1957). The ability to build a warm, genuine, empathic and collaborative relationship is regarded as a necessary skill for traditional CBT practitioners but is regarded in the model as insufficient for optimal treatment outcomes (Beck, 1991). Whilst in Beckian terms our work was not optimal, by offering her a warm and respectful relationship with a caring non-abusive and non-rejecting other I did give this client an opportunity to learn a new way of being with others. Our relationship itself could be used as evidence against core beliefs relating to the other. The importance of the therapeutic relationship remains central to my practice.

With the majority of my clients I persevered with CBT and as my confidence grew I realised the model not only allowed but encouraged me to write case conceptualisations that embraced my clients' individual experiences and understanding of their experiences and to work towards their goals at a pace that suited them. The model may be associated with pre-prepared treatment plans and diagnostic models but the "core belief" of the model, that cognitions hold the key to understanding and implementing change does not demand that clients be treated in uniform generic ways. I found incorporating behavioural and cognitive interventions into wider cognitive conversations that considered the role of thinking in old and new patterns of being to be incredibly fruitful.

My work with one particular client banished my fears that CBT was by definition disempowering when she angrily demanded to know why she hadn't learned about CBT before. Our sessions, she explained, had been the key to her unlocking her potential, and they were all based on such simple premises that she felt she should have been taught them at primary school, instead of 'wasting her time' with history and geography. She compared the experience to other bouts of therapy in which she had felt that the therapist had held the answers rather than exploring them side by side with her. I grew confident that the great overlap between my personal values and those of Counselling Psychology allowed me to deliver CBT in a way that was congruent, empowering, respectful and allowed for both nurturing and challenging to take place.

I was advised by my supervisor in this placement to encourage religious clients to stay involved in their faith, as faith has been found to aid clients in maintaining sobriety (Maisto, O'Farrel, McKay, Connors, & Pelcovits, 1989) and to promote AA and other fellowship

organisations despite the mismatch I could discern between their approaches to substance use and the one that I was working with (Tonigan, Scott, Connors, Gerard, Miller, William & Thomas, 2003). Whilst this was discussed in terms of pragmatics the notion that there is more than one answer to important questions fitted not only with my introduction to relativism as a social anthropology undergraduate (Boas, 1963) but also with the Counselling Psychology approach of not assuming "the automatic superiority of any one way of experiencing, feeling, valuing and knowing;" (BPS, 2005, p1). I was formally introduced to the notion of pluralism during the keynote speech at the Division of Counselling Psychology Annual Conference 2011 (McLeod, 2011). I felt that John McLeod was giving a logical philosophical grounding to my feeling that there are many different ways of finding healing and succour and that as a Counselling Psychologist I should not only acknowledge but embrace this (McLeod, 2011).

This is not to suggest that at the end of my first year of training I felt that I should personally offer my clients a range of approaches. Indeed I felt that it was important to cement my knowledge of CBT and feel grounded in that approach. My second year placement in an Increasing Access to Psychological Therapies (IAPT) service gave me the opportunity to give brief (6 session) interventions to clients facing mild to moderate difficulties with depression and anxiety. Whilst I struggled at times with the pressures of (what I felt to be) an outcomes-driven rather than client-centred service I found the brevity of the intervention forced me to work in a focussed way and I was pleased to observe 'real' positive changes in my client's lives.

I wondered about the longevity of CBT. Challenging thought content was so time and energy consuming for some clients that I worried that they might instead settle back into habitual patterns of thinking that left them vulnerable to relapse into depression and anxiety. Despite the time we spent writing 'blueprints for therapy' and 'contingency plans' I wasn't sure that 'when the chips were down' they would find the resources to challenge their thinking. This concern was echoed in the findings of some research into the lasting effects of CBT (Durham et al, 2005).

Due to my concerns with this aspect of Beckian CBT I took a metacognitive therapy (MCT) placement in a health related multi-disciplinary team in order to discover whether a third-wave approach would meet my concerns. Debate over what constitutes 'third-wave' CBT rages (Hoffman, Sawyer & Fang, 2010; Hayes, Luoma, Bond, Masuda & Lillis, 2006; Hofmann & Asmundson, 2008) and Wells, one of the founders of MCT, considers MCT to sit alongside Beckian CBT rather than differing from it (Wells, 2009). Nevertheless MCT shares a concern with thought processes rather than content, with approaches such as Mindfulness Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT) which have come to be known as part of the third-wave (Hoffman, Sawyer & Fang, 2010). I found MCT's concern with thought processes and metacognitions to be enlightening. Rather than encouraging clients to battle with their thoughts, by introducing a new relationship to thinking MCT seemed to free clients to live their lives rather than spend their time anticipating and regretting them. One client I worked with early on in the placement made incredible use of our work together and the MCT model. He made profound and (according to follow up from other professionals involved in his care) so far lasting changes to his life. The apparent success this client had with the model, alongside the intellectually rigorous research that it seems to have grown out of, made a compelling

argument for the efficacy of the approach and it is one that I continue to make use of and am passionate about.

Working in a multi-disciplinary team also encouraged my pluralistic thinking on a wider scale. Whether it is that a psychiatrist working from within the oft demonised 'medical model' can profoundly and positively change people's lives or that support from a Community Psychiatric Nurse can make the difference between lonely institutionalisation and a meaningful life in the community I have seen again and again that psychological therapy does not provide the sole answers to the problems that people face. Some might find it in medication, others in religion or community support. Given this premise it therefore seems to be an absurdity to suggest that one model of therapy can be the only effective answer.

Intellectual exercises in supervision in which I was asked to explain the efficacy of interventions from other models from an MCT standpoint have encouraged me to think about meta concepts that might underlie the success of psychological therapies generally. I therefore have tentative theories about effective therapy freeing clients from rigidity of thinking and encouraging the individual to be able to stand back from their own thinking and recognise what is happening – to take a metacognitive stance - and also to be able to think about how other people might be thinking. Other models might use different language to discuss similar concepts, such as mentalization (Fonagey, Gergely, Jurist, & Target, 2002), reflective capacity or theory of mind (Apperly 2010). This might be achieved by clients consciously training to relate to their thinking differently, and/or learning from a therapist how to reflect, and/or by changing the content of thinking such that it no longer becomes the focus of rigid thinking processes. My interest in looking for common factors

reflects an interest within psychology from the 1980s to discover how therapy works (e.g. Orlinsky & Howard, 1986).

These thoughts about the 'magic ingredients' of therapy influenced me to add integrative experience to my placements in the final phase of my training. I felt that it might be possible to use these meta theoretical concepts to allow me to take elements from different approaches and apply them as relevant for different clients. As I have discussed I feel that it is important to fit the treatment plan to the client and I wondered whether an integrative approach would allow me to be even more flexible.

One placement in particular allowed me to work with clients with chronic difficulties in an integrative manner. I spent a long time reading and thinking about integrative work and discussing in supervision how to work in a flexible way that met the needs of my clients and was also evidence based and intellectually rigorous. I am not only interested in the theory of therapeutic models but have learnt from my practice that wavering from a model and losing the theoretical basis for interventions is rarely as helpful for therapist or client as when I have a thorough and grounded understanding in what we are doing *and why*. My answer has been to integrate different approaches from the (so called) third-wave of CBT. Emerging from CBT they share an understanding of the way that the mind works which allows a certain amount of non-radical integration that is theoretically coherent. For example, with one client I have introduced elements from DBT to help her to regulate her affect, and strategies from compassionate mindfulness to help her with her critical voice. Throughout we have shared a CBT model of the relationship between thoughts (and processes) behaviour and emotion.

In the early days of our work together I realised that telling her story was very important to this particular client. On my supervisor's suggestion I learnt about narrative therapy and this has greatly influenced my work. Narrative therapy encourages clients to separate individuals from taken-for granted essentialisms. By externalising their narrative they also externalize their problem. Rather than holding problems close, as an inseparable part of them, clients are able to reflect upon them and engage in the construction of preferred identities (White & Epston, 1990). Narrative therapy's concern for context and thicker narratives seemed a good fit with CBT's interest in considering the evidence for beliefs, and eliminating 'black and white thinking' (Beck, 1976). What I learnt about narrative therapy also appeared to relate to the 'magic ingredients' of therapy I had been considering - that being able to stand back from problems and think about them is half the battle won. I found that by retelling her story with a fuller, richer, context and thinking about the psychological mechanisms that had influenced her own and other's behaviours this client became more flexible in her thinking and more able to disengage from the rumination that had dominated her life. Integrating narrative therapy with CBT approaches seemed to fit this particular client's way of understanding psychological change and contributed to a trusting relationship between us.

Narrative therapy also allowed me to incorporate my epistemological position as a social constructionist into my therapeutic work. Narrative therapy situates itself within the social constructionist paradigm and recognises the role of power and language in constructing identities and the problems that people experience. As I have suggested this fits well with the epistemological position I brought with me to psychology from previous study. Narrative therapy concerns itself with the power differential between therapist and client in a way that seems congruent with Counselling Psychologists' need "to recognise social contexts and

discrimination and to work always in ways that empower rather than control"(BPS, 2005, p2).

There have been a myriad of influences on my practise and sense of professional self so far: from conference keynote speeches to lectures and reading to supervision. Most of the experiences that made the 'final cut' and are commented upon here were with clients: reflecting findings that therapists' ideas about therapy are most shaped by particular clients who challenged them (Kottler & Carlson, 2006). My current practise is centred in CBT of the so-called second and third-waves and is influenced by narrative therapy's concern with power, language and the construction of thick narratives and I take a pluralistic perspective to what is helpful for growth and health. I recognise that in this story of the development of my philosophy of practice there appear to be certain contradictions: I am keen to have a strong evidence base for my work but struggle philosophically with notions of 'scientific truth'; I embrace a model that regards the therapeutic relationship as secondary to interventions but regard the fostering of a sound therapeutic relationship as my first task in therapy; and I have a pluralistic outlook but have centred myself within the CBT family of therapies. In this complexity I would suggest that I reflect the demands of Counselling Psychology that requires us to straddle the reflective practitioner and scientific-practitioner positions and demands that we can sit (un?)comfortably with some uncertainty (Strawbridge & Woolfe, 2010).

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author

Apperly, I. (2010). *Mindreaders: The cognitive basis of "theory of mind"*. Hove, UK: Psychology Press.

Beck, A. T. (1976). *Cognitive therapies and emotional disorders*. New York: New American Library.

Beck, A. T. (1991). Cognitive Therapy: A 30 year retrospective. *American Psychologist, 46,* 368-375.

Boas, F. (1963) [1911] *The Mind of Primitive Man* New York: Collier Books.

British Psychological Society (2005) The Division of Counselling Psychology Professional Practice Guidelines

Clark, D. *(1995)* Perceived limitations of standard cognitive therapy: a reconsideration of efforts to revise Beck's theory and therapy. *Journal of Cognitive Psychotherapy 9:*153-172.

Department of Health (2012) 2011/12 National Survey of Investment in Adult Mental Health Services. London: Department of Health

Durham, R.C., Chambers, J.A., Power, K.G.,Sharp, D.M., Macdonald, R.R., Major, K.A., *et al*. (2005). Long-term outcome of cognitive behaviour therapy clinical trials in central Scotland. *Health Technology Assessment*, 9: 42.

Fonagy, P., Gergely, G., Jurist, E. & Target, M. (2002). Affect regulation, mentalization, and the development of the self. New York: Other Press

Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Asselt, T., et al. (2006). Outpatient psychotherapy for borderline personality disorder:

Randomized trial of schema-focused therapy vs. transference-focused psychotherapy. Archives of General Psychiatry, 63, 649–658.

Foucault, M (1988) (ed) L.D. Kritzman *Politics, Philosophy, Culture: Interviews and Other Writings 1977-1984*. London: Routledge

Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J (2006) Acceptance and commitment therapy: model, processes and outcomes.*Behavioural Research Therapy. 44* 1-25

Hofmann S.G, & Asmundson G,J. (2008) Acceptance and mindfulness-based therapy: new wave or old hat? *Clinical Psychology Review.28*:1–16

Hofmann, S. G., Sawyer, A. T., & Fang, A. (2010). The empirical status of the "new wave" of CBT. *Psychiatric Clinics of North America, 33,* 701-710. doi: 10.1016/j.psc.2010.04.006

Kliem, S., Kröger, C. & Kossfelder, J. (2010). (2010). Dialectical behavior therapy for borderline personality disorder: A meta-analysis using mixed-effects modeling. *Journal of Consulting and Clinical Psychology,* 78, 936-951

Kottler, J. A., & *Carlson*, J. (*2006*). *The client who changed me: Stories of therapist personal transformation.* New York: Brunner/Routledge.

Lilenfield, S.O. (2007) Psychological treatments that cause harm *Perspectives On Psychological Science 2:* 53-70

Linehan, M. M. & Dimeff, L. (2001). Dialectical Behavior Therapy in a nutshell, *The California Psychologist, 34,* 10-13

Linehan,M.M., Schmidt,H., Dimeff,L.A., Craft,J.C., Kanter,J., Comtois,K.A. (1999). Dialectical behavior therapy for patients with borderline personality disorder and drug-dependence. American Journal on Addiction, 8(4), 279-292.

Maisto,S.A., O'Farrell, T.J., McKay,J.R., Connors, G.J. &Marjorie Pelcovits, M.(1989) Factors in maintaining sobriety following alcohol treatment. *Alcoholism Treatment Quarterly. 6,* 3-4.

Mansell W. *(2008)* The Seven Cs of CBT: a consideration of the future challenges for cognitive behaviour therapy. *Behavioural and Cognitive Psychotherapy* 36*:*641-49.

McLeod, J. "Pluralism: What does it mean for the way we work?" Celebrating Pluralism in Counselling Psychology? Division of Counselling Psychology, Bristol, UK. 15th July, 2011.

National Institute for Health and Clinical Excellence (NICE). *(2009), Depression: treatment and management of depression in adults, including adults with a chronic physical health problem. Clinical Guidelines 90 and 91* London: National Institute for Health and Clinical Excellence

Orlans, V. (2012). The nature and scope of counselling psychology. Supplementary chapter , in G. Davey (Ed.) *Applied Psychology.* London: Wiley http://bcs.wiley.com/he-bcs/Books?action=resource&bscId=6483&itemId=14443312&resourceId=29364

Orlinsky, D.E. & Howard, K.I. (1986). Process and outcome in psychotherapy. In S.L. Garfield and A.E. Bergin (Eds.), *Handbook of psychotherapy and behaviour change* (3rd ed). New York: Wiley, 311-381.

Orlinsky, D. E., Ronnestad, M. H., Willutski, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.) Handbook of psychotherapy and behaviour change (5th Ed.). New York: John Wiley & Sons.

Rogers, C.R. (1957) The necessary and sufficient conditions of therapeutic personality change *Journal of Consulting Psychology, 21,* 95–103

Roth, A. & Pilling, S. *(2008)* Using an evidence-based methodology to identify the competences required to deliver effective cognitive and behavioural therapy for

depression and anxiety disorders. *Behavioural and Cognitive Psychotherapy36:* 129-47.

Skovholt, T. M. and Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, *70*(4), 505-515

Tonigan, J. S., Connors, G. J. & Miller, W. R. (2003) Participation and involvement in alcoholics anonymous.In Babor, Thomas F. (Ed); Del Boca, Frances K. (Ed), (2003). *Treatment matching in alcoholism. International research monographs in the addictions*., (pp. 184-204). New York, NY, US: Cambridge University Press, xvi, 275 pp.

The British Psychological Society (2005) The Division of Counselling Psychology professional practise guidelines.

Wells, A. (2009) *Metacognitive therapy for anxiety and depression* .New York: The Guilford Press

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: WW Norton

Whitfield, G. & Williams, C. (2003) The evidence base for cognitive–behavioural therapy in depression: delivery in busy clinical settings *Advances in Psychiatric Treatment* 9: 21-30

Young, J.E., Klosko, J.S., & Weishaar, M. (2003). *Schema Therapy: A Practitioner's Guide*. Guilford Publications: New York.

Strawbridge, S. & Woolfe, R (2010) Counselling Psychology: Origins, developments and challenges In R. Woolfe, W. Dryden & S. Strawbridge (Eds) *Handbook of counselling psychology* (2nd ed.) (pp.481-499). London: Sage.

Object relations and cognitive behavioural couples therapy compared:

content and process interventions with Lily and Stephen

In this essay I compare process and content interventions in Object Relations Couple Therapy (ORCT) and Cognitive Behavioural Couple Therapy (CBCT). In doing so I hope to: show that I can work from a CBT perspective with couples; demonstrate a working knowledge of how psychodynamic theory and conceptualisation contribute to an understanding of couples in difficulty; and illustrate my critical understanding of issues of diversity within couples work.

The clinical example of Lily and Stephen, below, illustrates how CBCT and ORCT therapists would make use of both content (the 'what' of therapy [Goldman, 1954] understanding and/or modifying clients difficulties as they manifest themselves in their lives) and process (the 'how' of therapy [Goldman, 1954] the clients' 'live' experiences in the therapy room) interventions. It is not possible to do justice to the full range of interventions here, so a few choice examples are given to illustrate the similarities and differences between the models.

Many couples therapists integrate interventions from disparate models into their work (Bobes & Rothman, 1998). For the sake of clarity 'purer' approaches are compared here.

Introduction to the models

Central to ORCT is the assumption that individuals conduct relationships according to unconscious relationship maps that are developed in early life. Problems arise in relationships when the maps of the individuals involved direct them towards problem maintaining interaction patterns (Carr, 2006).

According to object relations theory the infant splits the mother (or primary carer) into the loving and need satisfying good object and the frustrating bad object to which the infant attaches angrily with fantasies of destruction (Scharff & Scharff, 2004). Fairbairn described how the bad object is further split into the need exciting object which is seductive or anxiously smothering and leaves the infant craving satisfaction and the rejecting/frustrating object which leaves the infant angry and/or sad (Fairbairn 1952, 1954, 1963). The need-exciting and frustrating objects are repressed and not consciously available to the individual. The personality, therefore, is made up of three distinct sub-systems: a central conscious self attached with feelings of safety and security to a good object; a repressed craving self attached with feelings of need and longing to a need-exciting object and a repressed craving self attached with feelings of anger and rage to a frustrating object. Klein's theory of projective and introjective identification – in which an individual projects a disclaimed part of the self into the other who takes it into themselves and behaves in a conforming way to it – explains how two individuals may interact in a distressing way according to their object relations (Klein 1946, Segal, 1964). As we will see with Lily and Stephen, one partner might be recruited through projective and introjective identification into acting like the need-exciting object to the other's craving infant. Through the mutual projective system each partner is able to disown negative aspects of the self and project them on to their partner allowing the self to remain all good and viewing the partner as all bad (Carr, 2006)

The aim of ORCT is to modify the impact of partners' object relations on their current relationship. During therapy the couple learns to contain and interpret projections in order to break free of their mutual projection system and accept the reality of each other (Carr, 2006).

CBCT posits that individuals hold core beliefs (schemas) which influence how they interpret themselves, others and the world in general. Specific relationship schemas are formed in early life not only from what individuals observe and experience with their families of origin

but also from mass media, cultural mores and early romantic experiences (Dattilio, 1993). Each partner brings these schemas to a relationship. They may be modified by the current relationship (Epstein & Baucom, 1993). There are partner specific schemas as well as schemas relating to relationships in general (Beck, 1988). The partner's behaviour will be interpreted according to the schema that their partner has of them and their relationship (Epstein & Baucom, 1998).

Distress and conflict are thought to be directly influenced by an interaction of cognitive, behavioural and affective factors. CBCT posits that problematic behaviour and cognitions are learned and maintained by particular types of repetitive patterns of interaction (Carr, 2006). The role of the therapist is to identify these patterns and the underlying cognitions and behaviours, and coach couples in how to interrupt them. It is recognised that intervening in one domain will impact on another (Baucom, Epstein & Rankin, 1995).

Both models propose that the origins of individuals', and therefore couples' patterns of relating (or to borrow Carr's term for object relations – relationship maps,[Carr, 2006]) are founded long before adult relationships form. They are conceptualised differently however: in ORCT object relations form in infanthood and very early childhood. CBCT proposes that later experiences, such as adolescent romantic relationships and cultural mores also contribute to schema development. This broader scope allows for acknowledgement of the role of phenomena that have their roots in issues that develop post infanthood in individual's attitudes towards the self and other in romantic relationships. For example internalized homophobia ([`the gay person's direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard'(Meyer and

Dean, 1998), p. 161]) [12], which is conceptualised as having later influences in addition to those of the immediate family (Davies, 1996).

Other differences between the two theories of 'relationship maps' lie alongside differences between the models' understanding of the mind. Whilst schema are not always immediately accessible to the individual they are not regarded as being repressed into the unconscious as object relations are. However, the broad concept of pre-existing relationship maps being the key to understanding difficulties in relationships is shared between the approaches, as is the notion that the role of therapy is to mitigate the impact of these relationships.

ORCT and CBCT conceptualise the medium of therapeutic change differently. In ORCT the therapeutic relationship is the primary medium of change and so there is greater emphasis on process than content interventions. In CBCT, as in CBT the ability to build a warm, genuine, empathic and collaborative relationship is regarded as *necessary but insufficient for* optimal treatment outcomes (Beck, 1991) . Content interventions (that examine and modify behaviours and cognitions) therefore have a greater emphasis in CBCT (Carr, 2006).

Clinical example[13]

Stephen and Lily had been together for ten years when they self-referred to couples therapy. Stephen had lost his arm the year before which left him in a deal of pain and unable to work. They were both professionals who previous to the accident had contributed equally financially and to household tasks. Lily reported that Stephen had become withdrawn and rude towards her and she felt underappreciated and lonely. Stephen reported that he was only attending therapy at Lily's request. He was experiencing anxiety but did not see it as

[12] Internalized homophobia is not an unproblematic term (Logan, 1996). It is used here, perhaps as it is in much of the literature, because it is a term that is more easily understood by therapists and clients than alternative language (Williamson, 1999).

[13] An amalgamation of clinical vignettes found in Dattilio (1998), Scharff and Scharff (2004) and Jacobson and Gurman (1995).

being related to the relationship. Lily's father left the family home when she was one. She was brought up by her mother who she experienced as 'perfect' providing her with a lot affection and love that was exuberantly expressed as well as a surfeit of material possessions. Stephen had a less happy childhood, with emotionally distant parents. His father worked long hours and was not much present at home and he described his mother as a "desperate housewife" who he suspected of having drunk secretly. He called her a "sloppy drunk" who only showed affection when inebriated.

Interventions compared

After assessment both models include a content intervention of feeding back a formulation of the problem to the couple.

ORCT:

"It seems as if since the accident both of you have had to take on new roles and that they have particular meanings for you. Lily, I'm wondering whether you are acting towards Stephen in the same way that your mother acted towards you as a child: trying to fulfil all of his needs and shower him with love to make up for the accident. Just as your mother tried to make up for the departure of your father: not leaving space to mourn what was lost. Stephen you seem to experience Lily's attempts to care for you and show you affection in the same way that you experienced your mother showing you affection when she had been drinking. I wonder whether you are questioning how sincere it is, just as you doubted your mother. This question of whether she is 'faking it' might be what is causing such anxiety. I'm also wondering whether you are expressing anger towards Lily in a way that you weren't able to show your mother as a child." [Both Lily and Stephen are projecting into Lily a need exciting object - Lily's general experience of her mother and Stephen's experience of his mother when drunk]

CBCT:

The CBCT content intervention of sharing the formulation with the couple would also draw on past events and how they are influencing current experiences. It would differ in the way that the formulation was conceptualised and might be accompanied by a diagram explaining the interaction.

"It seems as if the beliefs that you both hold about relationships and your role in the relationships are interacting in a way that is causing some conflict. Lily you learnt as a child that you should do everything you can for someone to make up for their loss so you shower Stephen with attention and affection. Stephen you learnt that affection and attention could not be trusted and might be taken away at any moment. So you feel anxious and withdraw and snap at Lily. Lily it seems that this makes you feel anxious and like you need to make things better: with more attention and affection, which triggers more thoughts of mistrust and feelings of anxiety in Stephen, and so the cycle continues. We can make changes to this cycle in two ways: by changing the way that you behave towards each other and by changing the way that you interpret each other's behaviour".

In CBCT the therapist might also feedback observations about communication patterns (Baucom et al, 1995). For example the therapist observed that Lily and Stephen have selective attention for negative comments about the self, filtering out positive comments from their partner. Content interventions around communication would therefore be used (Guerney, 1977). Lily and Stephen would be given guidelines for communication and coached in how to speak subjectively about the relationship, share underlying positives and speak specifically with tact and timing (Epstein & Baucom, 2002). They would also learn listening skills - how to demonstrate acceptance of what the speaker is saying and how to

listen from the speaker's point of view (Epstein & Baucom, 2002). This would be practised repeatedly in session and as homework.

A combined cognitive and behavioural content intervention that allows the couple to observe negative automatic thoughts that arise when they speak as well as helping them learn not to interrupt and to listen attentively is the pad and pencil technique (Datilio, 1996). The partners take it in turn to listen to each other and write down any thoughts that arise whilst the other speaks. They then 'reality check' their thoughts together . The therapist coaches them in identifying and modifying both negative automatic thoughts and 'thinking errors' in what they have written down. (Burns, 1989). The pad and paper technique combined with knowledge of thinking errors gives the opportunity to problem solve and cognitively restructure together.

A process intervention in CBCT would include the therapist noticing if the couple were attending selectively to her. Lily and Stephen complained that the therapist was overtly critical of them. This was an opportunity to practise and explore both the more behavioural aspect of communication skills and the cognitive elements of expecting negative appraisals and rejecting/ignoring positive ones. The therapist explored the live relationship between the couple and therapist and drew on previous content interventions to examine and modify behaviours and cognitions.

Other process interventions in CBCT include the therapist creating a warm, empathic and neutral stance. This is regarded as the necessary bedrock for behavioural and cognitive interventions to take place (Beck, 1991). In couples therapy the neutral stance is regarded as necessary for both members of the couple to be receptive to change (Carr, 2006).

In ORCT we have seen that content interventions take place when the therapist shares her formulation with the couple. This will continue to happen throughout therapy with the

therapist supporting the couple to think about the unconscious object relations playing out in their lives (Scharff & Scharff, 2004) as we shall in the excerpt below where Lily discussed an incident when she had visited her mother over the weekend.

Lily: Stephen was angry with me for going, even though I'd prepared all his meals for the weekend and had cleared time in my diary so we could spend some special time together before I left.

Therapist: Why did you feel that he was angry with you?

Lily: He would barely speak to me and when he did he snapped at me.

Stephen: She felt bad about going away so she tried to be extra nice to me to make up for it. She didn't want *to spend more time with me she just felt she should.*

Therapist: Stephen it seems as if you experienced Lily's practical and emotional care for you as a sign of insincerity. I wonder whether she could ever show you sufficient care for you to feel it was genuine?

This interpretation brings to the fore the projection into Lily of the need-exciting object for Stephen. It might be extended to look at the ways that Lily is introjecting that object - and feeling guilty and anxious.

As we have discussed more emphasis is placed on process than content interventions in ORCT. They have been described as "a set of attitudes towards the couple and the therapeutic process" (J Scharff, 1995, 172). ORCT process interventions include: setting the frame, maintaining a neutral position of involved impartiality; creating a psychological space; and transference and counter transference (J Scharff, 1995). Through these interventions object relations can emerge and be tolerated. Eventually they will be worked through. Compared to the more explicit content interventions it may be less obvious when such an

intervention is being made. We will see however that they require particular skill on the part of the therapist and are a vital part of ORCT work. There are some similarities with CBCT – where the therapist takes a neutral stance and creates a space through warmth and empathy for potentially difficult issues to safely arise. However the emphasis on the therapeutic frame and the use of transference and countertransference are particular to ORCT (Carr, 2006).

Stephen and Lily asked their therapist for an extra session to be 'squeezed' in before the summer break. She maintained the therapeutic frame and did not comply. By not meeting the couple's unconscious wishes of more attention and affection she brought into the therapy room a conversation about feeling frustrated by unconscious needs not being met. They were then able to think about those needs not being met by each other.

Towards the middle of therapy the ORCT therapist noted that a disproportionate amount of supervision and preparation time was spent on Lily and Stephen and that she was worrying that she was unable to do a "good enough" job for them. By reflecting on the countertransference she observed that the need-exciting object was being projected into her. This not only provided a valuable insight into Lily's experience but by sharing it she gave Lily the space to express how it felt to be the bad object who was constantly being drained without ever meeting Stephen's needs. Lily was also able to observe how the therapist resisted the projection and worked it through with the couple.

In this brief pass over content and process interventions we have seen how interrelated they are in both models. For live interpretations of process (in ORCT) or examples of behaviours and cognitions (in CBCT) to have meaning they must be related back to content interventions which have contextualised them in a formulation. For content interventions to have any impact they must take place in a safe psychological space created by process interventions and brought to life when explored in vitro.

A note on the 'heteronormative' case example

For reasons of clarity and brevity only one case example has been used in this essay. The couple discussed are heterosexual. It is certainly not the case that all couples seeking therapy reflect this demographic (Green & Bobele, 1994). As I was reliant on extant case studies in the literature to amalgamate into Lily and Stephen, which despite the odd exception (eg. Sussal, 1993) overwhelmingly reflect heterosexual couples, this reflects the paucity of literature relating to same sex couples (Hartwell et al, 2012). I felt that as I have no experience of working with couples, same sex or otherwise, it would be disingenuous to discuss therapeutic interventions with same-sex couples with any air of authority "because there is currently not a single empirical investigation that examines specific therapy techniques with these [same sex] populations" (Spitalnick & McNair, 2005) unlike the plethora of research into interventions with straight couples. Given the lack of research into specific interventions with same sex couples, work with this population is ideally not merely informed by applying knowledge of straight couples but also by trans-theoretical concepts and research (eg Spitalnick & McNair, 2005). Above all the therapist will attend to the couple and listen to their contexts, goals and needs.

Conclusions

As I have not yet worked with a couple, the experience of putting this essay together has not only greatly increased my theoretical knowledge of couples work but has forced me to reflect on my own anxieties about there being three people in the therapy room. Whilst they might

not have made the final cut of the essay my anxieties about containing conflict became prominent when researching work with couples.

As a Counselling Psychologist I embrace the pluralistic notion that "psychological difficulties may have multiple causes and that there is unlikely to be one, 'right' therapeutic method that will be appropriate in all situations" (Cooper and McLeod, 2007, 135). I have therefore relished the opportunity to compare and contrast not only different styles of interventions but two different models. I have considered differences between the models: obvious theoretical partings of the way relating to the unconscious; how late schema continue to develop compared to object relations; issues such as whether ORCT might be more efficacious for dealing with deep seated issues of relating (Carr, 2006); and whether goal-driven more directive CBCT is a more cost and time effective model for working with couples than ORCT (Carr, 2006). It is therefore possible for me to foresee assessing a couple and depending on their needs and contexts referring them to either ORCT or CBCT. I have been struck most deeply, however, by similarities between the two approaches: the neutral stance of the therapist who regards the 'patient' in both approaches to be the relationship (Carr, 2006); the models' shared goals of understanding the development of a couple's 'relationship maps' and mitigating their impact on the couple relationship; and that whilst the models differently emphasise content and process interventions both regard a complimentary combination of the two as necessary for therapy to be effective.

References

Baucom, D.H., Epstein, N., & Rankin, L.A. (1995).Cognitive aspects of cognitive/behavioral marital therapy. In N.S. Jacobson & A.S Gurman (Eds.) C*linical Handbook of Couple Therapy* London: Guilford Press.

Bobes, T. & Rothman, B. (1998) *The crowded bed: an effective framework for doing couple therapy*. New York: WW Norton and Company. Inc.

Beck, A.T. (1988). *Love is never enough.* New York: Harper and Row

Beck, A. T. (1991). Cognitive therapy: A 30 year retrospective. *American Psychologist, 46,* 368-375.

Burns, D. D. (1989). *The feeling good handbook*. New York: William Morrow

Carr, A. (2006) *Family Therapy: Concepts, process and practise* .2nd Edition Chichester: John Wiley & Sons Ltd.

Cooper, Mick and McLeod, John (2007) A pluralistic framework for counselling and psychotherapy: Implications for research. *Counselling and Psychotherapy Research, 7 (3).* 135-143.

Dattilio, F. M. (1993). Cognitive techniques with couples and families. *The Family Journal, 1(1),* 51-65.

Dattilio, F.M (1998) *Case studies in couple and family therapy : systemic and cognitive perspectives* London: Guilford Press

Davies, D. (1996) Homophobia and heterosexism. In Davies, D. and Neal, C. (eds), *Pink Therapy*. Open University Press, Buckingham, pp. 41–65

Epstein, N., & Baucom, D.H. (1993). Cognitive factors in marital disturbance. In K.S. Dobson & P.C. Kendall (Eds.), *Psychopathology and cognition*. San Diego: Academic Press.

Epstein, N., & Baucom, D.H. (1998) Cognitive-Behavioural Couple Therapy. In F.M. Dattilio (Ed) *Case studies in couple and family therapy : systemic and cognitive perspectives* (pp. 37-61) London: Guilford Press.

Epstein, N., & Baucom, D. H. (2002). *Enhanced cognitive-behavioral therapy for couples: A contextual approach*. Washington, DC: American Psychological Association.

Fairbairn, W. R. D. (1952). *Psychological studies of the personality.* London: Routledge & Kegan Paul

Fairbairn, W. R. D. (1954). Observations on the nature of hysterical states. *British Journal of Medical Psychoogy*, 27:105-125.

Fairbairn, W. R. D. (1963). Synopsis of an object-relations theory of the personality. *International Journal of Psycho-Analysis*, *44*, 224-225.

Goldman, L. (1954) Counseling: Content and process. *The Personnel and Guidance Journal 33,* 82–85

Green, S. & Bobele, M . (1994). Family therapists' response to AIDS: An examination of attitudes toward AIDS, persons with AIDS (PWAs), and homosexuals. Journal *of Marital and Family Therapy*, *20*, 349-367.

Guerney, B. G., Jr. (1977). Relationship Enhancement: Skill Training Programs for Therapy, Problem Prevention, and Enrichment. San Francisco, CA: Jossey-Bass, Inc

Hartwell, E. E., Serovich, J. M., Grafsky, E. L., & Kerr, Z. Y. (2012). Coming out of the dark: content analysis of articles pertaining to gay, lesbian, and bisexual issues in couple and family therapy journals. *Journal of Marital and Family Therapy, 38* , 227-243. doi:10.1111/j.1752-0606.2011.00274.x

Jacobson, N.S., & Gurman, A.S. (1995) Clinical handbook of couple therapy London : Guilford Press

Klein, M. (1946). Notes on some schizoid mechanisms, *International Journal of Psychoanalysis*, 27:99-110

Logan, C. (1996) Homophobia? No, homoprejudice. *Journal of Homosexuality, 31*, 31–53

Meyer, I. and Dean, L. (1998) Internalized homophobia, intimacy and sexual behaviour among gay and bisexual men. In Herek, G. (ed.), *Stigma and Sexual Orientation*. Sage, Thousand Oaks, CA, pp. 160–186

Scharff, J.S. (1995) Psychoanalytic marital therapy. In N.S. Jacobson &A.S Gurman (Eds.) *Clinical handbook of couple therapy* London: Guilford Press 164-193

Scharff, D.E. & Scharff J.S (2004) *Object Relations Couple Therapy* Lanham, Md. : Rowman & Littlefield

Segal, H. (1964) Introduction to the work of Melanie Klein. London: Heinemann

Spitalnick, J. S., & McNair, L. S. (2005). Couples therapy with gay and lesbian clients: An analysis of important clinical issues. *Journal of Sex & Marital Therapy*, *31*(1), 43-56.

Sussal, C (1993) Object relations couples therapy with Lesbians *Smith College Studies in Social Work 63*, 301-316. doiI:10.1080/00377319309517395

Williamson, I. R., (2000). Internalized homophobia and health issues affecting lesbians and gay men, *Health Education Research 15 : 97-107. doi: 10.1093/her/15.1.97*

Emotional Well Being Group: A Presentation

Slide 1

Emotional well being group:
A case presentation

Couple and Group Therapy:PYP048N
10049998

- Introduction: overview (1)
- Introduction: rationale (1)
- Referral & Assessment (1)
- The Group (1)
- Formulation (1)
- Treatment Plan (2)
- Sessions 1-6 (6)
- Critical Evaluation (2)
- References (4)

Slide 2

Introduction: overview

- *LO: Understand the basic principles and practice of group work.*

- Emotional Well Being Group –clients on waiting list for psychological therapy.
- Service – Psychological Therapies Team within a Short-term Intervention Team – secondary mental health.
- Small town in Kent. Largely White British population, high unemployment.
- Context of cuts to staff team (lost two full time therapists in the past 6 months).
- Survey of need: long waiting lists – clients receive little support for 1year+.
- Clients requested support with: how to 'cope' whilst waiting for individual therapy.
- Management proposed 6: 1.5 hour weekly sessions, CBT.
- Aim for 8 group members: balance between large enough for group learning and small enough for individual attention (Bieling, McCabe & Antony, 2006, Robinson et al., 1990). Closed to facilitate building on learning (J.R. White, 2000) and to encourage group cohesiveness (Yalom, 2005).

Slide 3

Introduction: rationale

- Traditionally CBT groups have been symptom/diagnosis/population focussed. Protocols assume homogeneity of group membership (J.R. White, 2000).
- Outside of RCTs groups are often relatively heterogeneous (Bieling, McCabe & Antony, 2006; Craigie & Nathan, 2009) perhaps related to high rates of co-morbidity in 'real life' (Brown, Campbell, Lehman, Grisham, & Mancill, 2001). Homogeneity of diagnosis does not mean similar experiences (Barnes, Ernst & Hyde, 1999; Fletcher, 2012).
- An alternative to diagnosis focussed work: a general CBT group approach that focuses on skills and techniques that lend themselves to multiple domains (Nathan et al, 2004; Bieling McCabe and Antony, 2006)
- Consistent with recent emphasis on commonality of different disorders and latent structure of negative emotionality; different emotional disorders have similar underlying etiologies; and findings that treatment for one disorder often impacts another (Barlow et al., 2004; Borkovec, Able & Newman, 1995).
- Promising results (Norton & Hope; 2004; McEvoy & Nathan; 2007; Craigie & Nathan, 2009).
- Consistent with critical engagement as CoP with diagnosis: does it encourage us not to see the person (Milton, 2012)?
- Is it more empowering to take a skills rather than diagnosis based approach in line with CoP directive "to work always to empower" (The BPS, 2005, p1) and "to concentrate on the self-reliance of the person" ("What is counselling psychology?" n.d.)?

Slide 4

Referral & Assessment

- Clients referred to group by care-coordinators (therapists who assessed them for therapy and assigned them to waiting list).
- Assessment took place in team referral meetings (and the pre-group individual meetings).
- Exclusion criteria: time on waiting list, in crisis, suicidal ideation, excessive self harm, severe presentation (Dies, 1993; Bieling, McCabe & Antony, 2006).
- Clients who were suitable were written to inviting them to 'opt-in'. 18 letters sent, 9 positive responses, 7 eventually made it to group.
- Pre group meetings as final screening, to disseminate information about the group and material, and to discuss homework, confidentiality, punctuality & attendance (Bieling, McCabe & Antony, 2006). Informed written consent discussed and granted at this time.
- Why did the group think they were there?

  "to learn skills to help cope and to support each other"
- Formal understanding: A diagnostically heterogeneous CBT short term therapy group aiming to equip members with skills to cope with problems in their life.

Slide 5

The Group

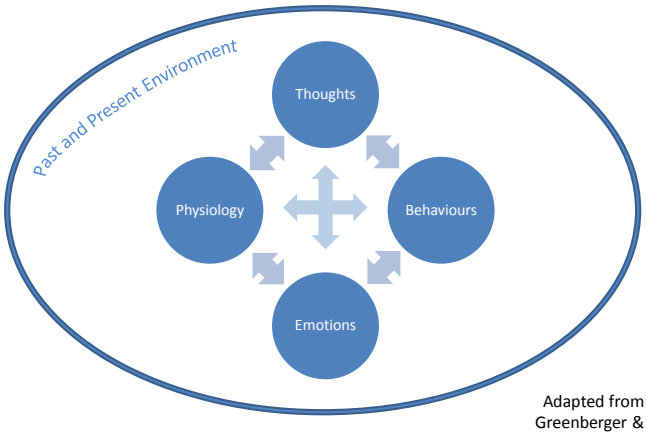
Name* †	Age	Gender	Ethnicity	Employment/ occupation	Identified problem/diagnosis
Sarah	48	F	White British	Carer of parent	Depression
Steve	44	M	White British	Unemployed	Depression with anger issues
Dave	53	M	White British	Unemployed	Depression and alcohol use (some self harm)
Linda	41	F	White British	Full time mother	Anxiety with elements of depression
Laura	23	F	White British	Volunteer shop assistant	Depression, anxiety, relationship with parents
Anne	42	F	White British	Carer of parents	Depression

*Pseudonyms to protect confidentiality. All participants gave informed written consent to their material being used for this presentation in line with BPS regulations.

† All group members self-defined as heterosexual

Slide 6

Formulation



Adapted from Greenberger & Padesky, (1995)

Slide 7

Treatment Plan

Approach: Cognitive strategies for dealing with problems for living (Bieling, McCabe, Antony, 2006)

Supplemented with: Behavioural strategies for coping with strong emotions (Linehan, 1993; McKay, Wood, & Brantley, 2007) – containment?

Requests for info about "staying healthy" and how to improve sleep/relax : Dilemma, time pressure, power imbalance. Discussion in first session – 'hopes'.

Rationale: response to clients' needs (subjectivity). Problems with sleep can worsen the symptoms of anxiety disorders and prevent recovery (Walker, 2008) and negatively affect outcomes for depression (Cho et al., 2008). One session as part of larger group therapy for anxiety and stress (J. White, 2000). Evidence that MH practitioners should be encouraging more activity (Faulkner & Taylor, 2012). Relationship between diet and affect (Thayer, 2001).

Preparation for therapy: found to increase adherence (Reis & Brown, 2006).

Potential problems: Time limit, working with co-facilitator I don't know very well (Barnes, Ernst & Hyde, 1999; Bieling, McCabe & Antony, 2006; Yalom, 2005).

Slide 8

Treatment Plan

Session	Sub-ordinate goals
1.	To set ground rules/ boundaries, goals (group formation) To socialise to model
2.	To differentiate between thoughts and emotions To recognise fluctuations in intensity of emotions To rate the intensity of emotions To explore the relationship between thoughts and affect
3.	To identify 'hot thoughts' To recognise common information processing biases (IPB)
4.	To use the evidence technique for hot thoughts To learn skills for tolerating distress
5.	To devise experiments to test automatic thoughts To learn about improving sleep To learn about relationship between exercise/diet and emotional well being

Slide 9

Session 1

Introducing self – icebreaker (partner, one thing in common)

Ground rules – hopes and fears (healthy living, sleep) – group goals

Socialisation to the model: Hot Cross Bun (HCB). Egs from the group

HW: HCB worksheet, fill in for an incident in the week

Reflection on session, **cool down** (Sarah – anxiety about the group)

Group process factors (Bieling, McCabe & Antony, 2006):

Group based learning: HCB discussion provided opportunities. **Shifting self-focus:** Ability to look at other's examples – eg Steve – at first talking a lot about whether/how things related to him – gradual shift to what it was like for others. **Group cohesiveness:** Dave's disclosure about self-harm and the group's response. **Inclusion:** *"I was worried everyone else would be mental but everyone's just like me".* Group's response to Steve's anxiety about being overbearing. (Reassurance rather than working through – **group formation stage** [Yalom, 2005]).

Relationship with co-facilitator: Ground rules – *"can we call you if you miss a session?"*. Feeling of not wanting to disagree in front of the group, particularly at this stage 'not in front of the children!' (Yalom, 2005). Co-facilitator's response to Steve's anxiety. How much is my perfectionism/ need to control? Use of supervision to think through relationship.

Slide 10

Session 2

Check – in reflection on last week - review of homework

Emotion naming exercise. Emotion scale (Wolpe, 1969) –egs as group

Vignettes for relationship between thoughts and affect

HW: First 3 columns of DTR

Reflection on session, cool down

Group Process: Reflection on how to motivate self to come to group/ generally do things. Very real sense of **inclusion** beginning to form: *"How did you know that? It's like you're reading my mind".* Also **group cohesiveness**, empathy for others through shared experiences.

Dilemma: above conversation not on agenda (!) but seemed very helpful for building group cohesiveness and inclusion.

Personal process: excitement about seeing the power of group cohesion in process but frustration with model/restrictions that I *should* move on. Difference between individual therapy where I feel I have more flexibility, and group? Developing personal style (Ringer, 2002).

Co-facilitator: Linda asked to speak to Clara alone after the session. She couldn't concentrate because Jason had been jiggling. Clara offered reassurance and said a chair would be saved for her. Thinking in supervision about different roles that co-facilitators take. Discussed together how to manage this.

Slide 11

Session 3

Check-in - reflection on last week - HW review

Egs from each member's HW used for identifying hot thoughts

Introduction to common information processing biases (IPBs)

Group guided through identifying IPBs

HW: first 3 columns of DTR with IPBs - Reflection on session, cool down

Group process: Laura and Jason had not done HW– talked about why it was important *"I feel like nothing will help"*. Opportunity to discuss whether this is common: it was found to be: **Emotional processing in the group setting.** Move away from CBT techniques to here and now feelings. Helped facilitate **group cohesiveness .** Also then provided a hot thought to be used as an example.

IPBs – some anxiety about difficulty differentiating between different types – general agreement that it didn't matter which one it was as long as you were identifying a negative bias – **Group learning**, does it matter which exactly? Sense of having moved from **formation stage** to **working stage**.

Process: elation

Relationship with co-facilitator: Really grateful for her input in busy session.

Slide 12

Session 4

Check-in - reflection on last week - HW review

What's the evidence for hot thoughts?

'Dispute Handles' worksheet (adapted from Sank & Shaffer, 1984) using HW examples

Self soothing 5 senses, discussion and worksheet (McKay, Wood, & Brantley, 2007)

HW: self soothing toolkit. DTR with disputation

Reflection on session, cool down

Group process: group learning - helping think of other perspectives/ answers to dispute handles much more powerful that mine or Clara's ideas. Suggestion *to harness the power of the group:* what would the group say? Able to reduce input from co-facilitators (Bieling, McCabe & Antony, 2006) **Very much in working stage.**

Scepticism about self-soothing: (voiced by Steve but general antipathy). Offered to whole group: what do we think, worth trying? (Bieling, McCabe & Antony, 2006). Sarah: *"If you don't try you won't know".*

Evaluation: Quite different to cognitive nature of rest of sessions – too different? (feedback next week some people had found it very healing and empowering, some hadn't tried it). Frustration that energy dropped.

Relationship with co-facilitator: Becoming much more comfortable working with each other, working from each others cues etc. Feeling of warmth and appreciation.

Slide 13

Session 5 (No Clara)

Check-in - reflection on last week - HW review

Guided discovery using HW egs – how can we test the thoughts?

Sleep myths quiz – discussion - bibliotherapy (factsheet) for sleep hygiene

Brief discussion about activity/diet/well being and activity/ diet (factsheet)

Reflection on session, cool down HW: (devise) and carry out experiment

Group process: In guided discovery around devising experiments could hand over to group. Only role guiding time to ensure everyone got a chance to discuss their experiment (Bieling, McCabe & Antony, 2006). In discussions of sleep, activity/diet – opportunity for group members to be experts e.g. Jason, Steve, Linda in particular – but everyone had experiences/tips/advice for others. Real sense of **altruism** (Yalom, 2005) **optimism** (Bieling, McCabe & Antony, 2006) , and empowerment.

Learning point: powerful group processes that were very therapeutic will come about even in psychoeducation.

Co-facilitator: Missed her input. Asked how it was for her not to be there – little discussion. But then not much chance to practice/develop this side of things. Denial or lack of strong feeling or sense of discomfort discussing missing her in front of me? Not knowing (Ringer, 2002). Felt as if there was insufficient time to explore it. Would have been opportunity to experience loss and discuss what it means. No psychological space for it?

Slide 14

Session 6 (No Clara)

Check-in - reflection on last week - HW review

Group discussion 'new plan' (adapted from Wells, 2009) work sheet

Therapy Myths - Discussion

Anon feedback form

Reflection on session, cool down

Group process: consolidation and **termination** stage. Vital importance (Corey, 2012). Spent a good deal of time on consolidation – new plan, but insufficient on termination? Perhaps too rushed to fully explore ending, loss. Or is it that there was insufficient containment /space for people to explore how they felt.

Under attack: Preparation for therapy – explore anxieties –confidentiality/risk policy *"then I won't tell them what I'm really thinking".* Conversation had with me twice and presumably with care co-ordinator. Where was the anxiety/anger coming from? Anger/anxiety relating to termination of group?

Process: Felt as if something was missing. Co-facilitator, proper sense of an ending? Familiar from short term therapy.

Co-facilitator: Missed having her as 'back-up'.

Slide 15

Critical Evaluation

- **Feedback from group members:** very positive "turned my life around", "I didn't see how this would help but I feel much more hopeful", "I don't feel so alone". Service plan to continue running the group – in development at the moment.
- **Engagement:** 2 members missed one session each.
- **Missing:** Outcome measures – more emphasis on goals? HAD/BDI? Satisfaction with Therapy and Therapist Scale (Oei & Green, 2008)?
- **Too much, too little time:** Separate psychoeducation group. 15 -20 sessions for CBT group. One off preparation for therapy group.
- **The power of the group**: despite reading accounts of how powerful group work can be (Bion, 1961, Yalom, 2005), I was taken aback by just how powerful the experience was.
- **Power of group cohesiveness**: analogous to therapeutic alliance (Yalom, 2005). Therapeutic alliance, more than any other factor most closely related to outcome (Lambert, 2007, Parker & Fletcher, 2007, House & Loewenthal, 2008). "*Co-feeling, co-understanding and co-experiencing*" client's inner life is what makes the difference in individual therapy Jackson (2012, 31) . Even more powerful when within the group? Closely related to outcome in groups regardless of model (Johnson, Burlingame, Olsen, Davies, & Gleave, 2005).
- **Feedback**: that was where the change happened – inclusion, optimism (Bieling, McCabe& Antony, 2006)(universality/ instillation of hope [Yalom, 2005]).

Slide 16

Critical Evaluation

- **Parallel process** (not realised until I started work on the presentation) Steve's anxiety about being overbearing, my fear of being overbearing in lectures. Strong feeling that reassurance wasn't necessarily therapeutic . Frustration that he might have missed out on honest feedback: reflection of my anxiety about conversations I've had about this issue with fellow trainees.
- **Importance of co-facilitator**: appreciated intellectually beforehand (Yalom, 2005) only truly appreciated once I didn't have one! "A single group therapist, no matter how skilled, cannot conceivably keep up with the richness of group experience". (Breeskin, 2010, p6.).
- **Co facilitator relationship:** Joint supervision would have been helpful (Barnes, Ernst & Hyde, 1999). Feeling in service that as we were 'only' running CBT group wouldn't need to think about transference and counter-transference issues between and within us and group. Not the case! (Ringer, 2002). We held debrief and prep meetings before and after each session together (Bieling, McCabe & Antony, 2006). By having supervision separately I could think through what was happening with her. However would have been helpful to think through different ways group responded to us in joint supervision.
- **Not knowing:** magnified in groups (Bion, 1961, Ringer, 2002).
- ***LO:*** *Understand the basic principles and practice of group work.*
- ***Definitely*** **interested in pursuing more opportunities to co-facilitate group work.**

Slide 17

References

Barnes, B., Ernst, S. and Hyde, K. (1999) *An Introduction to groupwork: A Group-analytic perspective*, London: Palgrave.

Bieling, P.J, McCabe, R.E. & Antony, M.M. (2006). *Cognitive-behavioural therapy in groups.* New York: The Guilford Press.

Bion, W.R. (1961) (1961)*Experiences in Groups*. Tavistock: London

Borkovec, T. D., Abel, J. L., & Newman, H. (1995). Effects of psychotherapy on comorbid conditions in generalized anxiety disorder. *Journal of Consulting and Clinical Psychology*, 63, 479–483

Brown, T.A., Campbell, L.A., Lehman, C.L., Grisham, J.R., & Mancill, R.B. (2001). Current and lifetime comorbidity of the *DSM-IV* anxiety and mood disorders in a large clinical sample. *Journal of Abnormal Psychology*, *110*, 585-599.

Cho,H.J., Lavretsky,L., Olmstead,R., Levin, M.J., Oxman, M. N. & Irwin, M.R (2008) Sleep disturbance and depression recurrence in community-dwelling older adults: A prospective study, *American Journal of Psychiatry 165*, (12) 1543–50

Corey, G. (2012). *Theory and Practice of Group Counseling* (8th ed.). Belmont: Brooks/Cole Cengage Learning.

Craigie, M.A., Nathan, P. (2007) A nonrandomized effectiveness comparison of broad-spectrum group CBT to individual CBT for depressed outpatients in a community mental health setting *Behavior Therapy 40* 302–314

Dies, R. R. (1993) Research on group psychotherapy: overview and clinical applications. In *Group Therapy In Clinical Practice* (eds A. Allonso & H. I. Swiller). Washington, DC: American Psychiatric Press

Slide 18

References

Faulkner ,G. & Taylor, A.H. (2012) Editorial: translating theory and evidence into practice: what is the role of health professionals? *Mental Health and Physical Activity*, 5, 1-3

Fletcher, R. (2012) Introduction: Dealing with diagnoses. In M. Milton (Ed) *Diagnosis and beyond: Counselling psychology contributions to understanding human distress.* (pp 1-10) Ross-on-Wye: PCCS Books

Greenberger D, Padesky CA. *Mind over mood: A cognitive therapy treatment manual for clients*. New York: Guilford Press, 1995

Jackson, J. (2012)Depression: Un-medicalising misery. In M. Milton (Ed) *Diagnosis and beyond: Counselling psychology contributions to understanding human distress.* (pp13-35) Ross-on-Wye: PCCS Books

Johnson, J. E., Burlingame, G. M., Olsen, J. A., Davies, D. R., & Gleave, R. L. (2005). Group climate, cohesiveness, alliance, and empathy in group psychotherapy: Multilevel structural equation models. *Journal of Counseling Psychology*, 52, 310–321

Lambert, M. (2007) Presidential address: What we have learned from a decade of research aimed at improving psychotherapy outcome in routine care? *Psychotherapy Research 17* 1-14 DOI:10.1080/10503300601032506

Linehan, M. M. (1993). *Cognitive Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press.

McEvoy PM, Nathan P. (2007). Effectiveness of cognitive behavior therapy for diagnostically heterogeneous groups: a benchmarking study. *Journal of Consulting and Clinical Psychology 75*(2):344-50

Slide 19

References

McKay, M., Wood, J.C., & Brantley, J. (2007) *Dialectical behavior therapy workbook: practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation, & distress tolerance* Oakland: New Harbinger Publications Ltd.

Nathan, P., Smith, L., Rees, C., Correia, H., Juniper, U.,Kingsep, P., et al. (2004). *Mood management course: A cognitive behavioural group treatment programme for anxiety disorders and depression.* Perth, Western Australia: Centre for Clinical Interventions.

Norton, P. J., & Hope, D. A. (2005). Preliminary evaluation of a broad-spectrum cognitive-behavioral group therapy for anxiety. *Journal of Behavior Therapy and Experimental Psychiatry, 36,*79–97.

Oei, T. P. S.& Green, A. L. (2008) The Satisfaction With Therapy and Therapist Scale--Revised (STTS-R) for group psychotherapy: Psychometric properties and confirmatory factor analysis. *Professional Psychology: Research and Practice, 39*(4) 435-442. doi: 10.1037/0735-7028.39.4.435

Reis, B. F. & Brown, L.G. (2006) Preventing therapy dropout in the real world: The clinical utility of videotape preparation and client estimate of treatment duration. *Professional Psychology: Research and Practice*, *37* 311-316

Ringer, T. M. (2002). *Group action*: *The dynamics of groups in therapeutic, educational and corporate settings*. London: Jessica Kingsley

Robinson, L. A., Berman, J. S., & Neimeyer, R. A. (1990). Psychotherapy for the treatment of depression: A comprehensive review of controlled outcome research. *Psychological Bulletin,* 108(1), 30-49.

Sank, L. I. and Shaffer, C. S. (1984). *A therapist's manual for cognitive behavior therapy in groups*. New York: Plenum Press.

Slide 20

References

Strawbridge, S. & Woolfe, R. (2010). Counselling Psyhcology: Origins Developments and Challenges. In Woolfe, R., Strawbridge, S., Douglas, B. & Dryden, W. (Eds.), *Handbook of Counselling Psychology (3rd Edition).* London: Sage.

Thayer, R.E. (2001) *Calm Energy: How people regulate mood with food and exercise*. Oxford University Press, New York.

The British Psychological Society (2005) The Division of Counselling Psychology professional practise guidelines. What is counselling psychology? (n.d.) retrieved from http://dcop.bps.org.uk/home/about/about_home.cfm

Walker MP. (2008) Sleep-dependent memory processing *Harvard Review of Psychiatry 16*, (5) 287–98.

White, J. (2000) *Treating anxiety & stress: A group psycho-educational approach using brief CBT* John Wiley and Sons Ltd: Chichester

White, J.R. (2000) Introduction. In J.R . White and A. Freeman (Eds) *Cognitive behavioural group therapy for specific problems and populations* (pp3-25) APA: Washington.

Wolpe, Joseph. 1969. *The Practice of Behavior Therapy.* New York: Pergamon Press.

Yalom, I.D., Houts, P.S., Newell, G. Rand, K.H. (1967) Preparation of patients for group therapy: A controlled study *Archives of General Psychiatry 17* 416-427. doi:10.1001/archpsyc.1967.01730280032003

Yalom, I.D., (2005) *The Theory and Practice of Group Psychotherapy,* Fifth Edition, Basic Books: New York

The road not taken: A multi-theoretically informed process report

This process report aims to illustrate that I have acquired foundational knowledge and practice skills associated with the use of multi-theoretical formulations and am able to show a more reflective knowledge of the specific professional issues relevant to psychological treatments for specialist presentations. The excerpt I discuss is from the penultimate session with Miguel[14] a gay, middle-aged Portuguese man diagnosed with the human immunodeficiency virus (HIV) and depression under the auspices of a service for HIV positive (HIV +) clients with mental health problems.

The key problem for Miguel seemed to be that he was 'stuck' unable to adjust to his serostatus[15]. I took an integrative third wave Cognitive Behavioural Therapy (CBT) approach (Hoffman, Sawyer & Fang, 2010) in order to support Miguel in becoming able to process his change in serostatus rather than merely 'treating' his depressive symptoms.

Miguel is a 48 year old Portuguese gay man who has lived in London for the past 15 years. He was diagnosed HIV+ three years ago. He contracted the virus from his then partner. He is now single and lives alone. He takes highly active anti-retroviral therapy (HAART) for his HIV. His cluster of differentiation 4 (CD4) count is over 500 and his viral load undetectable, indicating that his immune system is functioning and he is unlikely transmit the virus (Bofill, et al., 1992, Cohen, et al., 2010). He reports no side effects from medication. When he first came to see me he was taking 45mg of mirtazapine, prescribed by his psychiatrist. Miguel informed me that this was "not helping".

[14] A pseudonym for a client who gave informed written consent to this session being recorded and the material being used in a process report.

[15] Serostatus refers to the state of either having or not having detectable antibodies against a specific antigen, as measured by a blood test, Miguel has transitioned from an HIV negative serostatus to an HIV positive serostatus.

The placement is a mental health service for HIV+ clients in South London. The team is made up of psychiatrists, psychologists and mental-health nurses. Miguel was referred by his HIV consultant for depression. He was initially seen by a psychiatrist who referred him to me for therapy when medical intervention had not relieved his symptoms.

Assessment

Miguel disclosed that he experienced suicidal thoughts but that these were fleeting and he cited protective factors. He disclosed no history of suicide attempts or self-harm. I assessed Miguel to be of low, stable risk to himself and we put in place an agreed risk-mitigation plan that I brought to the multi-disciplinary team. No reasons were found to suggest he was of risk to or from others.

Miguel spent most of the first sessions in tears. He seemed to find discussing his problems incredibly painful yet he was keen to engage and attended every session. The assessment process took four sessions. This was due in part to the problems Miguel seems to have focussing and answering my questions. We seemed 'trapped' in circular ruminations. He became distressed and incoherent when asked about his HIV. We discussed his current problems: low mood, low motivation, poor sleep, fatigue (whilst fatigue is associated with HIV+ status, it is most strongly associated with psychological factors rather than medication or stage of disease [Henderson et al., 2005]). We established that these issues started two-three years ago (since diagnosis as HIV+) with a decline in Miguel's functioning until he reached this point: feeling battered by emotions and "too exhausted to do anything". Miguel said there was nothing he could do about his distress and that he spent days crying and sleeping waiting for 'black moods' to pass indicating a deficit in emotional-regulation and self-management skills.

Miguel has a small circle of supportive friends to whom he has disclosed his serostatus. His mother is unaware of his serostatus, as he does not "want to upset her". He has one surviving sister and had a younger sister who died in childhood. Miguel described his childhood as lonely, his father worked abroad and Miguel lived with relatives whilst his mother cared for his sister. He thought as a child that he had to think about himself and understand himself as there was no one to help him. Miguel is an artist. In the past he has worked as security for galleries. He is currently unemployed and has been since leaving his job when diagnosed HIV+. Miguel talked about feeling wrong, that this lonely, sad benefit dependant man who couldn't lift a paintbrush wasn't the *real* him.

I was aware that I felt overwhelmed by anxiety and wanted to "make everything better" for Miguel. It became apparent in discussion with the psychiatrist that he had felt the same and had found the countertransference almost unbearable. In supervision I discussed the pressure I felt to move things along and start 'helping' Miguel quickly. We hypothesised that Miguel was projecting into me the anxiety about his serostatus that was so difficult for him to face that he could barely discuss it. The psychiatrist had perhaps also found it unbearable so had referred him to me with the message that "something needed to be done quickly" to "get rid" of this anxiety. We agreed that I should resist the urge to rid myself of the anxiety and to give assessment and treatment sufficient time.

Formulation

Miguel's lack of secure attachment in early childhood seems to have left him with a deficit in emotional-regulation and self-management (Cassidy, 1994). It also led to the development of a metacognitive belief that he needed to put energy into understanding himself which led to rumination dominating his cognitive attentional style (CAS) (Wells, 2009).

When Miguel was diagnosed HIV+ 3 years ago he entered a liminal phase (Miller & Jung, 2004; Turner, 1967) in which he needed to make a biopsychosocial adjustment to his new serostatus (Kralik & van Loon, 2010; Taylor & Aspinwall, 1990). De Ridder, Geenan, Kuijer and Middendorp (2008) posit that successful adjustment to chronic disease requires the capacity to regulate emotions, self-manage mood and behaviour and cognitively process the new situation. Due to his insecure attachment and ruminative CAS Miguel appeared to be unable to do this work of adjustment and so leave the liminal phase, without external input. He was stuck: ruminating, experiencing very low mood, unable to regulate mood and unable to work financially or creatively. This created a discrepancy between his ideal-self: creative, productive, loving and loved and his perceived actual-self: lonely, unproductive, creatively blocked (Higgins, 1987). According to Higgins' (1987) self-discrepancy theory this miss-match between the ideal and (perceived) actual selves is uniquely associated with depression: it seems to have contributed to the depressive symptoms and life problems (unemployment, lack of partner, isolation) Miguel was experiencing (Higgins, 1987). In turn these fed into and were fed by his ruminative thinking style which prevented him from doing the cognitive processing that might free him from being stuck.

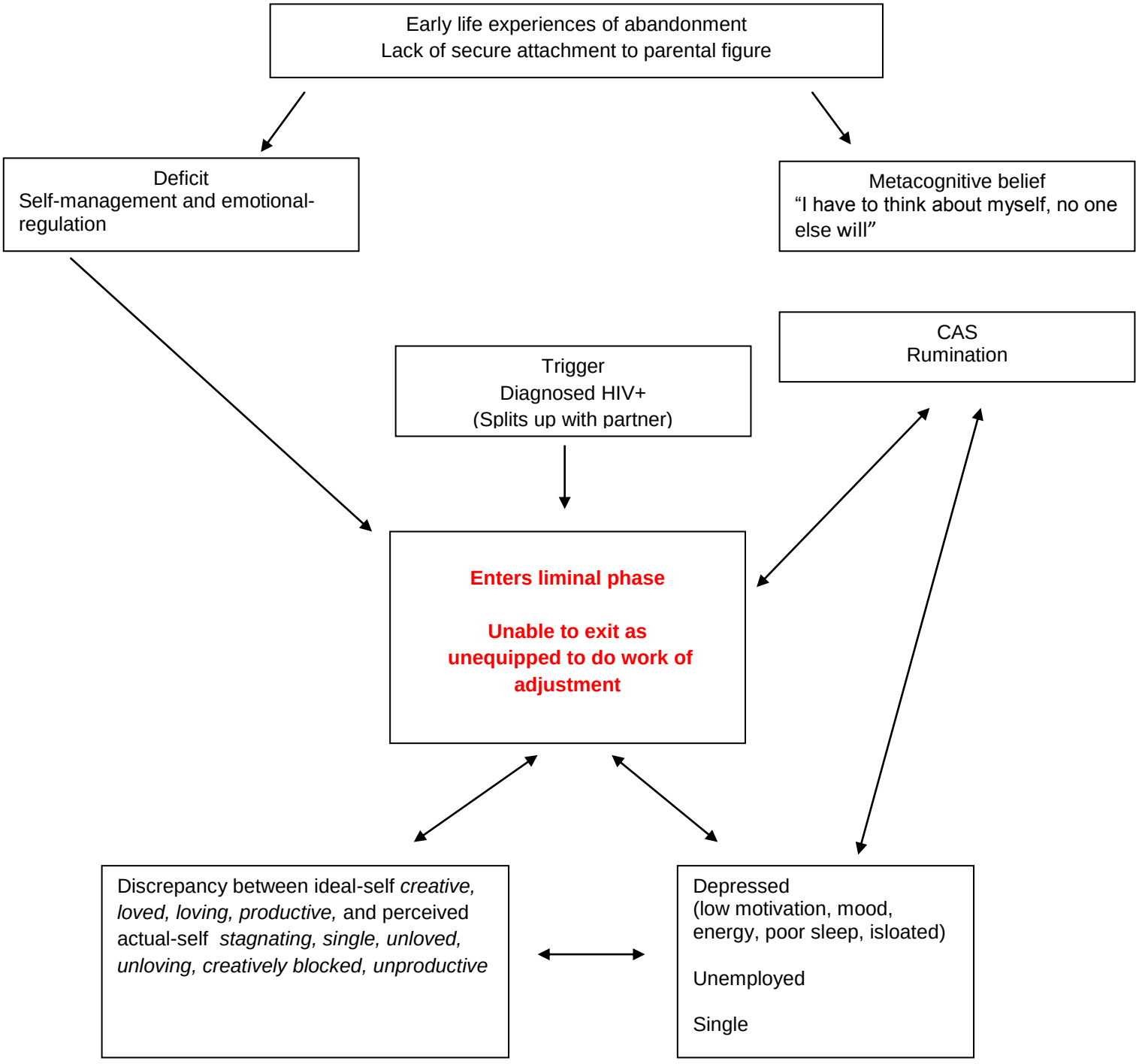


Figure 1. Miguel's formulation. A multi-theoretical formulation describing Miguel's current situation.

The best test of a formulation is whether the client finds it helpful and meaningful (Davidson, 2006). Sharing (a slightly simplified version of) this formulation with Miguel and inviting him to critique/amend it not only allowed me to 'test' it but also helped me to attend to his subjectivity and sharing knowledge and power with him (Strawbridge & Woolfe, 2010).

Treatment Plan

The treatment plan that emerged from the formulation integrated techniques from metacognitive therapy to eliminate rumination and modify beliefs about rumination about the self being helpful (Wells, 2009) and emotional-regulation and self-management skills from dialectical behaviour therapy (Linehan, 1993) into a broadly cognitive approach that allowed space, particularly later in therapy, for the discussion of what it means to be HIV+. We agreed to have 24 sessions together.

Intervention

Treatment broadly followed the plan discussed above: during the first three months of treatment time was split between Miguel putting names to his feelings, as part of his emotional-regulations skills building (Austenfield & Stanton, 2004) and working on his metacognitive strategies (Wells, 2006). We then moved on to self-soothing and distress-tolerance skills (Linehan, 1993) and generalising his problem-solving skills. Gradually Miguel started to discuss his feelings around HIV and what it meant for him. During the last eight sessions Miguel started to bring material about applying for jobs and internet dating to session. We did some CBT based work around helping Miguel into employment (Martinet al., 2012) and returning to dating. With the support of myself and his psychiatrist Miguel gradually reduced his mirtazapine until he was not taking it.

Two weeks before this recording was made Miguel was offered a job as a hospital porter. He was therefore unable to make the next session due to training. We arranged over the telephone to meet the following week. During this conversation Miguel said that he had disclosed his serostatus to his new manager and was waiting to hear what would happen. The plan was for this to be the penultimate session and to spend it consolidating Miguel's relapse prevention plan. Miguel had started this between sessions by creating visual representations of his learning from therapy. We agreed over the phone that we would also discuss his disclosure to his manager.

The session begins with us agreeing an agenda and Miguel explaining that as well as disclosing his serostatus to his manager he had decided to tell a man he had been engaging in online sex with and had recently met and had (fully protected) sex with for the first time.

5.10

C1: Yeah, and so I met this guy. We didn't chat online that long, but it was something, as he said, it's something like "attracted to you," and I said, "Yeah, is it the same with you?" And it's funny because, yeah, you're gonna meet him, you're gonna be meeting at my house, which is very unlikely me to do so.

T1: mmm, mm

C2: So, he arrived, we had a coffee and chat for, I don't know, for one hour or something. We chat for a long while. Erm, and then, several hours after we had dinner because then I invited him for dinner. As it was, "Are you thinking we're gonna see each other again?" I say, "Definitely". "If you do want, I do want." I say, "Yeah, I do." So,

yeah, so we're going to see each other again on Sunday, and erm, it's amazing because it didn't happen to me for many, many years, probably six-seven years.

T2: Mm.

C3: Having such a… you know. I mean as he said, same, he, say "Well, that's scary, for me that's scary." For me it's not scary, but it becomes scary now.

T3: So, tell me about it being scary.

C4: Because I need to be transparent with him. Because I don't want, you know, if we, if we develop something, I don't know what is going to happen but if we do develop something, I mean further down the line, after ten times or…eleven or whatever that you meet, and say "Well I've got something to tell you," and I think it's going to be too late.

T4: Okay.

C5: I think he's going to question, "Why you hide that from me for so long?"

T5: Okay.

C6: And, and…but the scary thing is, I'm gonna tell him and if he says, "Okay, well, sorry." I think that's gonna *[exhales]*. I dunno. But anyway, I decide to do it and I need to go ahead.

T6: Okay, okay.

C7: Erm, *[sniffs]*.

T7: And that's frightening?

C8: Mm.

T8: What, what, what are you frightened of Miguel? What…?

C9: Erm, I, I'm not sure if it's...erm, I don't know. It's, it's…I dunno For one way, in one side of it, is I, I think I finally accept the fact that this is part of me.

T9: Mm.

C10: This is my DNA, this is what I am. *[Exhales]* So, in terms of work, it has to be clear, it has to be transparent.

T10: Mmhm.

C11: Relationship-wise it has to be the same.

T11: Mmhm.

C12: That's what I am. If you don't accept it...I know it's, you know, it's really…but I, I, I just, I just can't lie. I can't, and I can't... In this case it's not lying, it's just avoiding the truth…

T12: [Mmhm.

C13: … which is probably] very, very, very complicated…

T13: [Mmhm.

C14: …because] if something develops, at the end of the day, how is he gonna trust me?

T14: Mmhm.

C15: If I'm not clear with well him since the beginning?

T15: Mmhm.

C16: Even if I don't know if you're gonna have just sex for a couple of hours and then goodbye.

T16: Mm.

C17: You know? But it was intense. It was very, I you know, everything was good, everything. From the touch to the kiss, everything. So, And he actually said the same. So, it's, And he said, that's scary for him. I said, "Well, I'm not sure if it's scary for me, but it's something that I, it's complicated to deal with because it's…" And I can't stop thinking of him. I just, I just can't, I don't know, I dunno. So anyway, I think... *[sniffs]* Yeah.

Comment 17

By asking Miguel to elaborate on his emotional response to the situation in T3, T7 and T8 I intended to facilitate his growing emotional-regulation skills (Stone, 1989). I notice, particularly in T8, that I seem to have abandoned my 'usual' style of avoiding exploiting the potential therapist/client power imbalance (Strawbridge, 1994) by inviting or requesting rather than demanding answers. I felt anxious about Miguel's plan to disclose his serostatus: worried about how this man would react and how Miguel would feel. I was fully aware that disclosure would allow his partner to make his own decisions about safe sex (Marks, Richardson & Maldonado, 1991) and that it is associated with better psychological health than non-disclosure (Derlega, Metts, Petronio, & Margulis, 1993) and yet I felt a great unease. This was perhaps a result of Miguel projecting into me his anxiety, which he found unbearable, about the thought of him being abandoned by this new lover as a result of disclosure. Just as he had experienced abandonment by his parents as a child. This anxiety

could have prompted my anxious and demanding style of questioning. Miguel's hesitance in C9 could be a response to this. His insistence that it is the right decision in C12, is perhaps an attempt to convince us that he should go ahead despite the anxiety I was holding for us both.

T17: And when you're thinking about him, are you thinking about telling him or are you, you thinking about him?

C18: *[sniff]* I think about telling him.

T18: Yeah. Are you planning out what could happen in your mind?

C19: Yeah, two things can happen. Either he accepts or he don't accept *[laughs]*. He's a smart man, but that, very intelligent, but that doesn't mean nothing. Prejudice can happen everywhere.

Comment 19

My intent in T18 was to elicit information about whether his thinking about this man was of the nature of fantasy ('positive' rumination) or worry (future-oriented rumination) (Wells, 2009). His response is to comment on the content of his thinking: the potential outcomes, rather than the style of thinking. I could have followed this up with another question "is it helping you to think about which will happen?" in order to focus on metacognitive strategies and beliefs rather than content in accordance with the MCT model (Wells, 2009).

Miguel's laughter in C19 seems to undermine the simplicity of his answer "either he accepts or he don't accept" suggesting that he heard it as another anxious question about whether he can 'survive' potential abandonment. The laughter is an acknowledgment at some level of

the potential for hurt. He defends against the anxiety by projecting it outward. In doing so he defends himself from having to experience or explore it any depth. According to the psychodynamic model this would be something I could bring our attention to (Lemma, 2003) however cognitive approaches are less concerned with dismantling such defences.

T19: Yeah.

C20: So, uh, I'm a... yeah, as I said, from once, one way I feel quite, erm, happy, with my decision.

T20: Mmhm.

C21: But actually *[laughs]* scared if he doesn't accept it and leaves. I suppose… I'm not sure if I'm prepared. Probably that has to happen after.

T21: So you're not prepared for what would happen if he…

C22: [If he says no.

T22: If he can't accept it?] What will that mean, if he can't accept it? What will that mean for you?

C23: Well it doesn't mean that... Well, if he doesn't understand, if he doesn't accept it, it's because it's not correct person for me *[laughs]*.

T23: Okay.

C24: Even being very sad, if it happens that way. But if he doesn't accept me for the way I am... It's not going to be normal, maybe, further down the line.

T24: Mmhm.

C25: Obviously all of these things on top of it. If I decide to tell him in a couple of months… So, it's, it's just, I suppose… I suppose, it's, I mean, no, it has to be like, like that. Even if… Obviously I'm not prepared if he says no and decides to leave, but I suppose I need to deal with that at the time.

T25: Mmhm.

C26: I'm not gonna be making stories in my head, like, "Oh. Okay, I'm going to deal with [that..." You know.

T26: Mmhm. Mmhm. Mmhm.] That sounds like the washing machine.

C27: Yeah, I know. So, when that happens I will deal with that.

T27: Mmhm.

C28: Even if I… still, I just cry for hours, but, let it be... I don't know, I just, when I think about him, I *[cough]*, I think that, um *[sniff]*, he's the one that I'd like to fight for.

Comment 28

In T26 I refer to the analogy Miguel had developed for his perseverative thinking - a washing machine on a constant spin cycle. I intended to make an explicit link between his recent experiences and the skills and attitudes that Miguel had learnt during therapy as part of consolidating learning in the penultimate session(Beck, 1976). I felt it might be more appropriate at this juncture just to 'be with' Miguel and allow him to explore his feelings rather than linking it to theory. In C25 and C26 however he alludes to not engaging in worry

before disclosing his status, and I chose to follow his lead by talking about his thinking style in relation to the situation.

T28: Hmm.

C29: But being that, I need to be clear and transparent with him.

T29: Mmhm.

C30: Because I want, I want him to trust me.

T30: Mmhm.

C31: And if I fail that right now, I'm not gonna be able to build it up…

T31: Mmhm.

C32: …later. So, well, that's what I feel.

T32: Mmhm. So, it sounds like there's a test in here for both of you. There's the test of whether you're gonna tell him, but there's also the test of whether he can accept that.

C33: Yeah. Yeah. Cause, I, I start from the beginning, okay? The sex is fully protected, so…

T33: Yeah.

C34: …and obviously he, he, he…I think if he goes with someone, he doesn't know if the person is HIV, so that's why he protects himself.

T34: Mm.

C35: So, the fact that he knows that actually the person is HIV change anything?

T35: Mmhm.

C36: I wouldn't say so. I mean, mm. He's got his head very screwed on above his shoulders. He's…

T36: *[over-speaking]* Yeah.

C37: …very… but, once again, it just doesn't mean anything.

T37: Mmhm. Erm, do you feel equipped for the practical side of the conversation? Do you feel like you, you can talk about, you know, where your viral loads are at?

Comment 37

In T32 I intend to summarise and clarify what I understand Miguel to be saying (Beck, 1995) and I pick up on Miguel's use of the word fail and discuss "tests". My use of this word seems to introduce the spectre of HIV testing and thinking about transmitting the virus that was previously unspoken. Miguel picks up on this and moves on to discussing safe sex and the responsibilities of each partner in C33-35. This suggests that this was on both of our minds. Whilst this practical issue does have a role it seems that underlying it is the question of whether Miguel will be abandoned when his prospective partner hears about his serostatus. I felt caught between a number of potential paths. I could stay with the potential for abandonment which could either facilitate the processing of that fear or alternatively encourage ruminative thinking, (which would contradict the 'message' of the MCT work we had done) or take a different route which would encourage problem solving and action oriented thinking rather than rumination (Wells, 2009). My hesitation in T37 illustrates my

uncertainty. I chose to model some action oriented thinking by asking about the practicalities of disclosure.

C38: Yeah. Yeah. No…

T39: Can you... Yeah. Yeah. You've, you've got… [That side is…

C39: Yeah.]

T39: …you're comfortable [with…

C40: Yeah.]

T40: …you're confident that you can explain what's [going on…

C41: Yeah.]

T41: …and what it means for him?

C42: Yeah. Yes I am.

T42: Yeah.

C43: And actually, I, I plan to do that. Uh…

T43: Yeah. So, you, so, the, the plan for the conversation is to talk about...

C44: Yeah, it's, it was I want to tell him my HIV status, and, and, and then obviously explain what that means.

T45: Mm.

C45: Well, what that means is I'm, I'm medicated, erm, my, sorry my viral load is undetectable and my CD4 count is six hundred and something. So, it's… theoretically, I'm, I'm, I'm safe.

T46: Yeah.

C46: I suppose *[laughs]*. More than lots of people that probably had sex with, and they have no medication at all.

T47: Absolutely.

C47: With a viral load like I have when I had when I start, 445,000 per ml.

T48: Yeah. Yeah.

C48: Which is…you have no chance. Little mistake you might trapped. So…

T49: Yeah. But that's not the position?

C49: Sorry?

T50: That's not the position you're in?

C50: No, no, no.

T51: Mm.

C52: Er, I, I suppose…yeah, that's my reality. And so, somehow I feel really… when I tell that word I feel relieved.

T53: Mmhm.

C53: And somehow I feel like I'm gonna feel the same.

T54: Mmhm.

C55: In a way, independent what, what is gonna happen, if he accepts or not. I know I'm gonna suffer if he says he's doesn't accept.

T55: Mmhm.

C56: But I'm gonna feel relieved, once in time. I know I've done the best I can do.

15.15

Comment 56

In C39-45 Miguel quickly moves us through thinking about the practicalities of exposure, interrupting my questions and speaking at a rapid pace iImplying a lack of interest in action-oriented thinking here. Miguel is clearly cognisant of the information required for an informed disclosure conversation and does not want to rehearse it in session. Rather than leaving him space to take the session in the direction he is interested in I found myself in T49 and T50 attempting to reinforce the message that Miguel is no longer at high risk of transmitting his HIV. Miguel does not appear to need this reassurance, and reassurance is generally regarded as unhelpful (Beck, 1976; Despland et al., 2001). My move to reassure seems motivated by my general heightened state of anxiety after introjecting Miguel's anxiety about disclosure. This apparently led him to believe I was concerned about his health status, hence the surprised repetition in C50 and hesitation in C52. Once it is clearer I am not worried that he is unwell/risky Miguel seems to attempt to relieve my apparent anxiety about disclosure by stating that despite the potential consequences it will cause him (C55) it is the right decision (C56). Whilst Miguel's movements to reassure me could certainly be seen as unhelpful and taking the focus away from his own needs (Lemma, 2003) from a cognitive perspective we could see Miguel explaining the rationale behind his decision as a rehearsal

and reinforcing measure of his motivation (James, Morse & Howarth, 2010). The fact that he remained motivated to disclose suggests that my anxiety did not steer him from his chosen path.

Continuation of session:

Migeul talked about accepting that HIV is a part of his life. We looked at the homework Miguel had done and thought about what lessons he wanted to take forward from therapy as part of relapse prevention. Miguel asked if he could give me one of his pictures as a parting gift.

Treatment continued

In the following session we ended therapy - discussing the meaning of endings and spending more time on relapse prevention. Miguel informed me that he had disclosed his serostatus and that the partner had accepted it and had had an HIV+ partner in the past. I noticed a distinct drop in my anxiety, and interpreted it as a sign that having such a positive disclosure experience had soothed Miguel's anxiety about being abandoned by this potential partner and that he had taken another step forward in adjusting to his serostatus.

Evaluation

Over the course of therapy Miguel's capacity to observe, express and regulate his emotions improved greatly. He reduced the amount of time he spent ruminating and also improved his self-management skills: for example he produced a list of self-soothing tasks he performed when distressed. This equipped him to think about the consequences of his diagnosis and start to adjust to being HIV+. As predicted in the formulation this led to a decrease in his depressive symptoms and an increase in functioning and cognitive capacity that allowed him to apply for jobs, date and think through complex decisions, such as whether to disclose his

status (Serovich, 2001). The gap between his ideal and actual selves seemed to have reduced as he found work, dated and started creating art again. As the excerpt suggests this did not leave him invulnerable to problems: his core beliefs about abandonment persist, but the aims of therapy were met and Miguel returned to functionality and, as he states later in this recording, was the happiest he has been for years.

I embrace the Counselling Psychology move towards pluralism which acknowledges that there are range of valid ways of thinking about and working with clients (McLeod, 2011). The multi-theoretical approach I discovered in this work, that recognises the validity of different psychological theories seems therefore to be a 'good fit' with me as a Counselling Psychologist. This has encouraged me to consider that there is a greater pool of knowledge about the human condition than therapists lay claim to, and as my use of the term liminality (Turner, 1967) might suggest I believe that it is also beneficial to look outside of psychology to sister professions such as anthropology when thinking about our clients' lives.

By embracing a pluralistic approach, however, I make myself vulnerable to uncertainty. "The road not taken" (Frost, 1920) becomes all the more apparent when you are aware not only of potentially different routes to take in your 'home' therapeutic approach, but also the myriad of different options available in different models, and different ways of thinking about the human condition. This is apparent in the above excerpt where I work cognitively but think about process from a psychodynamic perspective. Despite being committed to a cognitive approach I was at times uncertain about how to move forward given my psychodynamic understanding of what was occurring. What I gain in breadth of thinking from a pluralistic/multi-theoretical approach I lose in certainty about my interventions. I gain solace, however, in the thought that sitting with uncertainty guards against complacency and is an appropriate position for a Counselling Psychologist to be in (Strawbridge & Woolfe, 2010).

Austenfield, J.L., Stanton, A.L., (2004) A New Look at Emotion, Coping and Health-Related Outcomes, *Journal of Personality*, 72, 6, 1335-64

Beck, A.T. (1976). *Cognitive Therapy and the Emotional Disorders*. New York: International Universities

Beck, J. S. (1995). *Cognitive therapy: basics and beyond*. New York: Guilford Press.

Bofill, M., Janossy G., Lee C.A., MacDonald-Burns D., Phillips A.N., Sabin C., Timms A., Johnson M.A., Kernoff P.B (1992). "Laboratory control values for CD4 and CD8 T lymphocytes. Implications for HIV-1 diagnosis. *Clinical Experimental Immunology* 88 243–52

Cassidy, J. (1994) Emotion regulation: influences of attachment relationships. *Monographs of the Society for Research in Child Development 59* :228-49

Cohen, M. S., Gay, C. L., Busch, M. P., Hecht, F.M., (2010). The Detection of Acute HIV Infection. *The Journal of Infectious Diseases* 202: 270–7. doi:10.1086/655651

Davidson, K.M., (2006) Cognitive formulation in personality disorder. In N Tarrier (Ed) *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases. (pp.*216-237). Hove: Routledge

de Ridder, D., Geenen, R., Kuijer, R., & van Middendorp, H. (2008). Psychological adjustment to chronic disease. *The Lancet, 372*(9634), 246-255. doi:10.1016/S0140-6736(08)61078-8

Derlega V.J., Metts S., Petronio S., Margulis S.T. (1993) *Self-disclosure*. Newbury Park, CA: Sage

Despland, J., de Roten, Y., Despars, J., Stigler,M., M.D. & Perry,J.C (2001). Contribution of patient defence mechanisms and therapist interventions to the development of early therapeutic alliance in a brief psychodynamic investigation. *Journal of Psychotherapy Practice and Research* 10:155-164,

Frost, R (1920) The road not taken. In Mountain Interval New York: Henry Holt and Company

Higgins, E. T. (1987). Self-discrepancy; A theory relating self and affect, *Psychological Review, 94,* 319-340

Klein, M (1975) *Love, Guilt and Reparation and Other Works 1921-1945*. London: Karnac Books

Hofmann, S. G., Sawyer, A. T., & Fang, A. (2010). The empirical status of the "new wave" of CBT. *Psychiatric Clinics of North America, 33,* 701-710. doi: 10.1016/j.psc.2010.04.006

James, I.A., Morse, R., & Howarth, A. (2010) The science and art of asking questions in cognitive therapy *Behavioural and Cognitive Psychotherapy*, *38*, 83–93

Kralick, D & van Loon, A, (2010) Transitional processes and chronic illness. In D. Kralik, B. Paterson, V. Coates (Eds) *Translating chronic illness research into practice.* Chichester: John Wiley and Sons 17-36

Lemma, A. (2003) *Introduction to the practise of psychoanalytic psychotherapy.* Chichester: John Wiley and Sons.

Linehan, M. M. (1993). *Cognitive Behavioral Treatment of Borderline Personality Disorder.* New York: Guilford Press.

Marks G, Richardson JL, Ruiz MS, Maldonado N. *HIV-infected men's practices in notifying past sexual partners of infection risk.* Public Health Reports. 1992;107:100–105

Martin, D.J., Chernoff, R.A, Buitron, M.,, Comulada, W.S., Liang, L.J., Wong, F.L.(2012) Helping people with HIV/AIDS return to work: a randomized clinical trial. *Rehabilitation Psychology 57*:280-9. doi: 10.1037/a0030207

Miller, J. C., and Jung, C. G. (2004) *The transcendent function: Jung's model of psychological growth through dialogue with the unconscious.* Albany: State University of New York.

Serovich, J. (2001) A test of two HIV disclosure theories *Aids Education Prevention 13*(4): 355–364

Stone, M. H. (1989). The course of borderline personality disorder. In A. Tasman, R. E. Hales, *&* A. J. Frances *(*Eds*.), American Psychiatric Association review* of *psychiatry (*pp. 103-122*).* Washington, DC*:* American Psychiatric Association Press.

Strawbridge *S. (*1994*).* Towards anti-oppressive practice in counselling psychology. *Counselling Psychology Review , 9(1),* 5–12.

Strawbridge, S., & Woolfe, R. (2010). Counselling Psychology: Origins developments and challenges. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of Counselling Psychology* (3rd ed.). London: Sage Publications Ltd.

Taylor, S.E., & Aspinwall, L.G. (1990). Psychosocial aspects of chronic illness. Presented as a Master Lecture at the American Psychological Association annual meetings, New Orleans, LA (1989, August). Reprinted in P.T. Costa, Jr., & G.R. VandenBos (Eds.), *Psychological aspects of serious illness: Chronic conditions, fatal disease, and clinical care* (pp. 3-60). Washington, DC: APA. Published, 1990.

Turner, V. (1967) "Betwixt and between: The liminal period in rites de passage", in *The Forest of Symbols* Ithaca, NY: Cornell University Press

Weatherburn, P., Keogh, P., Reid, D., Dodds, C., Bourne, A., Owour, J., Hammond, G., Jessup, K. (2009) *What do you need? 2007-2008: Findings from a national survey of people with diagnosed HIV*. Sigma Research.

Wells, A. (2009) *Metacognitive therapy for anxiety and depression* .New York: The Guilford Press