



AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF
COUNSELLING PSYCHOLOGY TRAINEES' EXPERIENCES
OF PRACTICE-BASED RESEARCH TRAINING

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...To think is to confine yourself to a single thought that one day stands still like a star in the world's sky.

Heidegger (1947/1975)

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Abstract

This study explores counselling psychology trainees' experiences of practice-based research training (PBRT). Its introduction asks about the possible aims of counselling psychology research in the United Kingdom (UK). Controversies surrounding evidence-based practice(s) contextualise this question; practice-based research (PBR) is offered as one possible direction for UK counselling psychology research. A critical literature review explores forms of PBR, and their fit with counselling psychology's research discourses and engagements. I ask about whether increased engagement with PBR might be apposite and beneficial to counselling psychology, and if so, what trainings might do to encourage such engagement. One UK counselling psychology course recently developed PBRT within its programme. With little research about PBRT, it seemed useful to ask trainees about their experiences, using an interpretative, phenomenological methodology. Findings from interviews with five second-year trainees were that: (1) participants' PBR experiences were contextualised by their converging but unique routes into, and within, training; (2) PBRT may have been experienced as something 'in-between'; and (3) complex training dynamics generated questions about who or what PBR was for, mixing of research-related, and theory-related, experiences, and multi-layered, sometimes anxious, experiences in the therapy room. Links to and disconnections from wider contexts, and the possible implications of these findings are discussed. In particular, I explore whether a future framework involving practice-based research as the doctoral thesis might be appropriate to consider in the context of counselling psychology training. I also consider the potential need for further engagement with, and research in relation to, ethical issues in support of this possibility.

Reflexive Statement

The mind (...) works on the data it receives very much as a sculptor works on his block of stone. In a sense, the statue stood there from eternity. But there were a thousand different ones beside it, and the sculptor alone is to thank for having extricated this one from the rest. Just so the world of each of us (...) the world we feel and live in will be that which (...) we, by slowly cumulative strokes of choice have extricated out of this, like sculptors, by simply rejecting certain portions of the given stuff. Other sculptors, other statues from the same stone! Other minds, other worlds from the same monotonous and inexpressive chaos!

The Principles of Psychology, William James, 1890/2013, Volume 1, p. 289

Counselling psychology argues that researchers must prioritise reflexivity regardless of their methodology (Kasket, 2013). But what is reflexivity? It is a “bending back upon oneself” (Finlay & Gough, 2003, p ix): an awareness of and reflection on the presence of one's own mind or subjectivity as the first context for the beginning and the doing of any research. This subjectivity includes the personal, the epistemological and everything in between (Willig, 2013). To be reflexive means working with one's own subjectivity throughout the process, staying aware of how it contributes to the evolving intersubjective field of researcher and researched, and ultimately limits what we can find or construct (Willig, 2012).

I. My involvement in this study

This study grew out of my interest in the relationship between psychotherapy research and psychotherapy practice, which began when I had an opportunity to get involved in a study of psychoanalytic child psychotherapists' experiences of participation in a randomised controlled trial (RCT) (Henton & Midgley, 2012). I felt fascinated by debates within psychoanalysis about these objects of research and practice. For instance, it was suggested there was a 'fault-line' (Whittle, 1999) between psychoanalysts urging engagement in RCTs to ensure professional survival, and those who viewed this form of research as philosophically antithetical to the fuzzy, co-creative craft knowledge of psychoanalysis, and its knowledge objects - unconscious mental processes (Boston Change Process Study Group, 2005; Rustin, 2003). This study cast child psychotherapists' experiences as a journey down an unknown 'path in the woods', with, along the way, some

degree of transformation, or moments of rapprochement between their clinical thinking and their outcome research experiences.

I now reflect on my own involvement in this finding, in this research domain, and in the study below. I grew up in an argumentative family, often taking a mediating role. I have come to understand how painful this experience may have been, but how it may also have been formative, emotionally and intellectually. I remember enjoying arguing both sides, then finding middle positions, in the school debating club. In the early 1990s, my first degree in classics and philosophy I think instilled in me a persistence with criticality and the possibility of multiple perspectives, a general enjoyment of text and interpretation, and a view of life in terms of stories, that is, broadly, a postmodern outlook.

Retraining in counselling psychology began with the practical idea that a second career as a therapist might fit in with having a family, but counselling psychology became a particular aim after I attended a seminar at Birkbeck about different therapy courses, and heard that counselling psychology involved “more than one theory”. Fast-forwarding through much negotiation, difficulty and exhaustion to here: studies beginning from different ways of knowing, in research and in practice, which then identify areas of rapprochement, might be understood in the light of these educational and emotional experiences.

ii. Further notes on my position(s)

Training in counselling psychology has further supported the idea that drawing on plural theories, forms of research or other kinds of knowledge may potentially enrich therapeutic work. Experimental outcome research may be one of these forms, but I feel unhappy about the current dominance of protocol-driven evidence-based practices, which might lead to impoverished forms of practice, as well as the disenfranchisement of some practitioner communities. I support marginalised groups' efforts to redress the balance in whatever way, and I notice I often feel drawn towards action-oriented approaches to this task.

My own therapeutic style is still very much in development. So far, I have worked more and less happily within third sector, National Health Service (NHS) and Improving Access to Psychological Therapies (IAPT) placement contexts, in broadly cognitive-behavioural (CBT), third-wave CBT, or solution-focused ways. I aspire to a non-protocolised kind of CBT (Boucher, 2010), which incorporates acceptance and commitment as possible forms of change, and explores in phenomenological, relational ways. As implied above, the Oedipal drama within counselling psychology training (Rizq, 2006) may have been quite familiar, and at some level welcome to me: I have also become interested in psychoanalytic ideas during training, particularly relational psychoanalytic approaches (e.g., Wachtel, 2008), which democratise real, intrapsychic, and intersubjective phenomena between therapist and client (Kahn, 1997; Orbach, 2007). Where these mixed theoretical interests will lead in future, I am not yet sure.

iii. Working with involvement, position, and process

Expressing an epistemological (ontological) position might be one way to bring these various research and practice interests together, linking also to an ethical position. I do not think it is possible to stand in someone else's shoes or know what it feels like to be in their body. However, I value listening, and believe experience is real, even if it is also constructed. By listening carefully, it may be possible to get close to how someone else experiences their world (Smith, 2011a). Indeed, training in therapeutic practice has led me to step down from a purely postmodern position, and to move closer towards critical realism (Bhaskar, 1975; Guba & Lincoln, 1994).

What is said and how it is heard depends on the intersubjective frame, equally well described by the "double hermeneutic" (Smith & Osborn, 2008, p. 40) of Interpretative Phenomenological Analysis (IPA), this study's critical realist methodology. While interpretation is inevitable, since our existence is inevitably contexted, it still feels important to listen, staying with the phenomenon as long as possible, and returning to it again and again. IPA proposes that we must continually bracket off our interpretations, until letting them enter once we feel as clear as we can that they are grounded in the phenomenon. I

think these ideas about phenomenology and interpretation may also link somehow to the concept of mentalisation, which has been characterised as a kind of ‘grounded imagination’, through which we recognise our own and others’ subjectivity, and respond to this somehow or somewhere between the purely concrete, and the purely imaginary (Allen, 2006).

To summarise, in being reflexive, I aim to work with my own responses throughout this study’s process, entering in when it feels appropriate, without being or becoming the centre of attention. I appreciate my subjectivity is implicated in every word I have spoken, read or heard, even before this study began, and every subsequent direction taken. Ethnologist and psychoanalyst George Devereux (1967) suggested researchers, like therapists, must attend to their counter-transferences as the true data of research. Accordingly, if this study is, as I intend, a journey bringing all of my subjectivity along, then it might involve the same sensibilities as therapeutic practice, and in this way represent another experience of rapprochement between research and practice. Given these points, I have decided to use the first-person voice below, integrating this throughout the study’s main text. I hope, as much, and as openly as possible, to acknowledge my own contributions, and to distinguish these where I can, while positioning them within and not separate from what I have researched and found (Willig, 2012).

iv. One tension in this study

One point when reflexivity felt particularly important was the point at which I began to consider my findings. I felt some discrepancy between where I was at the start of the research, and where I was at the end. This feeling perhaps exposed a tension between my initial action-oriented bias (“PBR is good, it solves counselling psychology’s research problems, so I’ll look for positive news about PBRT!”) and my critical realist philosophy (“stay open and listen!”). Of course, I did not find what I had thought, but how could I have done? I noticed feeling uncomfortable, perhaps emotionally, as when an argument remains unresolved. However, then I thought about counselling psychology’s struggle sometimes in the dialectic between action and philosophy (Spinelli, 2013). Perhaps there is yet some middle ground; I will return to this throughout the study below.

Chapter One: Introduction

I have examined your experimental studies (...) with interest. I cannot put much value on such confirmation because the abundance of reliable observations on which these propositions rest makes them independent of experimental verification. Still, it can do no harm.

Freud, Letter to Saul Rosenzweig, 1934, cited in Talley, Strupp, & Butler, 1994, p. 3

Mediocre spirits demand of science a kind of certainty which it cannot give, a sort of religious satisfaction. Only the real, rare, true scientific minds can endure doubts which are attached to all knowledge. I always envy the physicists and mathematicians who can stand on firm grounds. I hover, so to speak, in thin air. Mental events seem to be immeasurable, and probably always will be so.

Freud, Letter to Marie Bonaparte, cited in Midgley, 2006a, p. 140

1.1 About counselling psychology

Counselling psychology originated in the early 20th century United States (US) from developments in vocational guidance, schools counseling,¹ and from the humanistic psychology and person-centred psychotherapy of Abraham Maslow and Carl Rogers. Its remit emphasised prevention, resilience, and self-actualisation over medical cure for psychiatric disorder (Munley, Duncan, McDonnell, & Sauer, 2004). Counselling psychology's fundamental practice is counselling or psychotherapy. It allies with these latter disciplines, but distinguishes itself by an additional underpinning in psychological discourses, and by competency in more than one therapeutic theory (e.g., UK Health & Care Professions Council [HCPC], 2012).

Counselling psychology is often characterised as a liminal discipline, bordering, and articulating relationships between, orthodox psychological knowledge production, and further domains or practices, including psychotherapy, psychoanalysis, humanism, existentialism, phenomenology, philosophy, critical theory, and even fiction, rhetoric, and poetry (Davy, 2010). Counselling psychology's openness to possibility places it on an anxious but potentially powerful edge (Kierkegaard, 1844/1981), a position involving both tension and opportunity - "uncomfortable but fertile meeting ground for diverse knowledges

¹ 'counseling' spelling is used for US contexts

and practices” (Davy, 2010, p. 79). At the 2013 British Psychological Society (BPS) Division of Counselling Psychology conference, Ernesto Spinelli proposed that uncertainty should take up a position at the heart of counselling psychology’s practice as a human science (Dilthey, 1883/1991), since, within physics, dynamic systems (chaos) theory has radically changed what it is possible to know (Spinelli, 2013). Our worlds may revolve around the simplest of underlying natural orders, but how these play out is infinitely uncertain. Embracing this uncertainty might radically change how we, for example, understand human development (e.g., Thelen, 1996), and make meaning in wide-ranging contexts. It might be anxiety provoking and invigorating, in life, in practice, and in research. Perhaps Freud would have approved.

1.2 What is research?

The concept of uncertainty may be a helpful starting-point for exploring counselling psychology’s positions relating to research. Uncertainty links to variation, which, Darwin proposed, is the essential reality or irreducible property of all natural phenomena (Gould, 1996). Arguably, all research represents a response to variation. Broadly speaking, quantitative research attempts to control variation, isolating statistical relationships between constructed ‘variables’ in order to make general claims about groups. Meanwhile, qualitative research embraces variation, and explores or constructs various-ness (Morgan & Morgan, 2003).

What is research? Discourses of research and of science may overlap; the former is the focus of this study. This broad definition may be useful: research is “a systematic process of critical inquiry leading to valid propositions and conclusions communicated to interested others” (McLeod, 2003a, p. 4). Research is a rigorous, questioning process, generating valid (howsoever defined) propositions and conclusions (more tentative terms perhaps than knowledge), communicated to interested others (policy-makers, commissioners, other researchers, practitioners, clients, and the public).

1.3 The aims of counselling psychology research

This study is primarily about doing research, about research as a participatory activity or practice within counselling psychology and its training. Since the HCPC set a doctoral threshold for entry into counselling psychology in 2009, professional doctoral training within UK training institutions now culminates in a D-level thesis, while the Qualification in Counselling Psychology (or 'independent route') involves D-level assessments and an M-level thesis. The Quality Assurance Agency (QAA) sets the benchmark for all doctoral research at the generation of new knowledge; this knowledge must be at the forefront of, and extend, an academic discipline (QAA, 2008). However, professional doctorates must, specifically, develop individual professional practice, and produce knowledge contributing to or applicable to wider professional practice. There have been recent calls for 'practice applicability', perhaps a similar concept to 'clinical relevance' to represent a central or over-arching aim for counselling psychology research (Fairfax, 2014; Kasket, in press).

However, in the wider field, beyond doctoral training requirements, there may be two problems with this idea. First, research directly determines which therapies are available, and, in many contexts, which therapists are working. This political, socio-economic function of research may be equally, if not more important in deciding what research to do. Secondly, for many counselling psychologists, there is a less than straightforward relationship between what is believed-or-known-at-some-level, and what-happens-in-therapy. Perhaps it cannot or should not be a case of 'applying' something, like a plaster, which is, in black-and-white terms, either applicable or relevant, or not. Notably, both these points revolve around different uses of the term 'evidence-based practice'; I now explore this concept below.

1.4 The evidence-based practice era

We live in an 'evidence-based everything' era (Oakley, Gough, Oliver, & Thomas, 2005). In the UK, health and care bodies such as the National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE) are engines for the

assimilation, dissemination, and commissioning of evidenced-based products and policies. The evidence-based era is a modernist, rational, linear model of knowledge and policy-making (Oakley et al., 2005), in which evidence can be 'applied' to practice - the resulting compound is an 'evidence-based practice' (an EBP). However, some have rejected the EBP paradigm as a dangerously normative and socially exclusionary concept (Holmes, Murray, Perron, & Rail, 2006), which privileges overly pre-packaged, concretised forms of knowledge (Upshur, 2005).

Evidence-based practice is one hallmark of the current political and socio-economic agenda within the provision of mental health services in the UK, an agenda that aims to promote happiness, and to get more people back to work (Layard, 2004). Under this policy framework, the capacity to work is characterised as more of an individual, psychological phenomenon, than a phenomenon based on socio-economic opportunity. Indeed, the substantiation of the EBP era in the form of the IAPT programme (UK Department of Health, 2010) arguably represents a disavowal of the suffering of the people NHS services aim to help - a denial of the difficult, messy, painful realities of people's lives (Rizq, 2012a, 2012b). Specifically, IAPT offers protocolised forms of treatment in short packaged doses, in an atmosphere of measurement, monitoring, and risk avoidance.

When I worked in an IAPT setting during my training, I did notice feeling 'crunched' at times between the painful realities that manifested in the therapy room and the systematic monitoring and target-setting, and strained resources in the wider surrounding service. I often felt split between these two apparently opposing situations, experiencing a wish to say one thing and do another, to try to shut out the noise of protocol-led practices in the organisation at large, in order to be able to think. Overall, there did seem to be little space for thinking or subjectivity (McGivern, Fischer, Ferlie, & Exworth, 2009). More unfortunately, I imagine the people I was trying to help might have been experiencing something similar to me, as organisational anxiety cascaded down the line (Bell, 2010).

Midgley (2009) has usefully highlighted the experiences of Archibald Cochrane, one of the formative influences on the evidence-based era in the UK. Cochrane was the founder of the Cochrane Centre (1992), which became the Cochrane Collaboration (1993) and subsequently the Cochrane Library, an institution that today, alongside NICE, embodies 'trusted evidence, informed decisions and better health' (www.cochranelibrary.com, n.d.). In his autobiography, Cochrane described his painful experiences as a doctor attempting to treat fellow officers for tuberculosis in a prisoner-of-war camp during the Second World War. Cochrane experienced huge personal uncertainty about what form of treatment to offer his colleagues, and came away from the experience feeling devastated that the actions he took may inadvertently have contributed unnecessarily to further deaths and suffering. These painful experiences may have left Cochrane with a deep distrust of human subjectivity and judgment (Midgley, 2009).

As I will discuss further below (1.5), the place of human subjectivity or judgment within evidence-based medicine (EBM) or EBP is rather ambivalent, perhaps even fragile. This is a particular issue for psychotherapy, arguably more so than for medicine, since psychotherapy is clearly a dialogical practice, and one that seems inherently to involve subjectivity, complexity, and uncertainty. Moreover, the impact of the evidence base on medicine may be rather different from its impact on psychotherapy. In EBM, doctors might choose between one form of treatment or another based on clinical and commercial competition between drugs and treatments. The same choice points within psychotherapy are more likely to mean that whole modalities of therapy, and therapists who practice them, disappear.

Despite these issues, proponents of EBP within applied psychology and psychotherapy practice argue that there does need to be some basis, economically, for allocating resources in healthcare settings (McLeod, 2001). This is a reasonable point to make, and difficult to disagree with. However, it is what happens from here that is perhaps more contentious (e.g., Holmes et al., 2006). The basis for allocation decisions becomes 'evidence' of therapy's 'outcomes', and this evidence must take particular forms or come

from a particular type of source, specifically, from the findings of experimental outcome (RCT) research. RCTs have become the gold standard in a methodological hierarchy dominating the NICE guidelines for psychotherapy (Pilling, 2008). NICE guidelines, in turn, drive commissioning decisions in the NHS, including within the IAPT programme. In the US, there is a similar state of affairs in the form of empirically supported or empirically validated treatments lists (ESTs, Chambless et al., 1996, 1998; Chambless & Ollendick, 2001), and corollary systems of commissioning, insurance, and employment.

1.5 RCT controversies

Since the time of Freud's exchange with Saul Rosenzweig (above, p. 15), RCTs have been defended as the only valid test of 'efficacy' (or cause-and-effect) between therapies and outcomes (Bower & King, 2000; Comer & Kendall, 2013; Fonagy, 2009; Kihlstrom, 2006; Lambert, 2013). However, epistemologically speaking, can we really know how therapy works? If we think we can, does it work like this? Are therapies like drugs, and their active ingredients, their techniques (Elkins, 2009; Marzillier, 2004; Mollon, 2009)? Can these techniques be experimentally isolated, and other 'variables' (relating to therapists' and clients' experiences together in the therapy room) be controlled or statistically removed? Do we even believe in cause-and-effect? Even if we do, it seems uncertain whether treatments are causes in the 'dirty web' of local factors: RCTs only tell us something works somewhere, but not that this something works *per se*, or that it will work where we are sitting (Cartwright, 2007).

Within the era of EBP, the over-reliance on RCT evidence has been thoroughly criticised as epistemological myopia, and socio-economic exclusion (Holmes et al., 2006; Westen, Thompson-Brenner, & Novotny, 2004). RCT practices are arguably far away from the swampy lowlands (Schön, 1987), or artful, tacit, context-dependent ontology of everyday practice (Polkinghorne, 1992; Thornton, 2006). Specifically, RCTs define treatment groups diagnostically, often excluding co-morbidities, but most clients do not fit these criteria (Westen, 2006). RCTs often seek to reduce symptoms, but outcomes may need broader definition (Wallerstein, 2003). Without hearing from clients, recovery within RCTs means

only 'statistical recovery' (Barkham, Stiles, Connell, & Mellor-Clark, 2012). RCTs attempt to deliver pure treatments, but real practice is usually impure, and more likely to be effective due to common factors (Frank & Frank, 1991), such as the therapeutic relationship (Norcross & Wampold, 2011), generic change principles (Beutler & Castonguay, 2005), and therapist or client characteristics (Bohart, 2006; Crits-Christoph & Gallop, 2006; Mozdzierz, Peluso, & Lisiecki, 2009). RCTs involve manualisation; however, manual adherence may limit therapy and worsen outcomes (Duncan & Miller, 2006). Finally, RCT investigators' allegiances significantly predict the results of RCTs (Luborsky et al., 1999).

In the background, there are the epistemological arguments against positivism. 18th century French sociologist Auguste Comte (1844/1988) coined the term 'positive science', arguing that all physical and human phenomena are governed by a single set of natural laws. 'Positivism' has come to be associated with a single unified methodological ideal or scientific standard, and with cause-and-effect explanations (von Wright, 1971). It assumes that the external world shapes the only view we can take of it; our subjectivity is not really involved (Robinson, 2010). RCTs privilege positivistic principles of cause-and-effect and experimental control. They have been characterised as modernist research-speak, a form of ideological colonisation and dominance (Bohart & House, 2008; Loewenthal, 2011), reflecting the assumption within mid-20th century modernism of an underlying order of deep, transcendental truths or structures (Rustin, 1989; Toulmin, 1990). However, postmodernism contests 'grand theories' of absolute truth or virtue, given our contingent, relative, and uncertain world (Lyotard, 1979/1984).

Regardless of our epistemological position, perhaps the *dominance* of RCT evidence is most at issue, since this means that some therapeutic practices, including within counselling psychology, less represented within this form of research, are increasingly disenfranchised (Bohart, O'Hara, & Leitner, 1998; Wachtel, 2010). Meanwhile, bodies such as the UK's Centre for Workforce Intelligence contribute to the re-shaping of the employment landscape and the displacement of working communities (cf. "Defining a psychological therapist" 2013, p. 12). The traditional epistemological 'gap' between academic research (and researchers)

and clinical practice (or clinical practitioners) within the outcome research meta-literature may be only half the story. Emotionally speaking:

calling it a gap is like saying there is an Israeli-Arab gap in the Middle East. It is a war, involving deeply held beliefs, political passions, views of human nature and the nature of knowledge, and, as all wars ultimately involve, money, territory and livelihoods (Tavris, 2003, p. xiv).

1.5.1 Dilemmatic responses.

How might counselling psychology respond to these issues? Sometimes, the situation seems to evoke an anxious fight-or-flight dilemma. In the UK's *Therapy Today* magazine, there was heated debate when Rogers, Maidman, and House (2011) suggested psychotherapists should reject RCTs based on incompatible values, while Counselling Psychologist Mick Cooper (2011) urged under-represented communities to engage in RCT research for their professional survival. Following Spinelli's conference presentation (2013) emphasising uncertainty within counselling psychology as a human science (1.1), questions from the floor asked how adhering to a philosophy of uncertainty might be translated into action, given the reality of employment pressures. Moller (2011) has described UK counselling psychology's engagement with the phenomenology and existentialism of continental philosophy (engaging with uncertainty perhaps) as rigid and parochial. In similar vein, Vermes (2014) proposes counselling psychologists should think bigger in the market place, welcome a natural science model, and conduct RCTs.

1.5.2 Philosophically congruent outcome research?

However, perhaps philosophical and action orientations are more compatible than it might sometimes appear (e.g., Milton, 2011). Beyond the dilemmatic, Cooper (2011) has proposed certain ways of doing RCTs that are potentially more philosophically congruent with counselling psychology's values. For instance, manuals might be more descriptive than prescriptive of practice (e.g., Busch et al., 2001; Gelman, McKay, & Marks, 2010); broader or non-symptom-oriented outcome measures exist or might be conceived for purpose; and treatment groups within RCTs might potentially be non-diagnostically determined.

Moreover, practitioners' descriptions of their involvements in RCTs can sometimes be thought provoking. For instance, schools counsellor and researcher McGinnis (2012) described her motivation to develop a pilot RCT of play therapy for children with severe emotional and behavioural difficulties as coming from a deeply compassionate wish to improve the help available to a vulnerable group. Psychoanalytic child psychotherapists previously hostile or ambivalent towards outcome research, noticed, through participating in an RCT, that 'negative capability' (Bion, 1962a) or an ability to tolerate uncertainty, seemed as central to their participation in this form of research as it was in their clinical practice (Henton & Midgley, 2012; cf. also Busch et al., 2001; Robertson et al., 2004; Taylor, 2010). Distinctions between tender-minded practice and tough-minded research (to borrow a phrase from William James, 1907/2014) may disintegrate a little in these moments. Although they are not likely to be wanted or possible for everyone or every circumstance, these involvements may represent acts of good faith (cf. Rizq, 2012a) or 'philosophical doing', usefully challenging the dichotomy between action and philosophy.

1.6 From evidence-based practice(s) to evidence-based practice

Evidence-based practice (EBP) has more than one meaning (Midgley, 2009; Olsson, 2007). Often, as above, it refers to evidence-based practices (EBPs), EBP reified as a thing or things, that is, ESTs and NICE-sanctioned treatment protocols. However, the term EBP, originally coined from 'evidence-based medicine', also indicates a process, a verb: what practitioners do with what they know. Specifically, it signifies an 'ideal' form of clinical decision-making, involving the application of best research evidence *and* 'clinical expertise' to individual needs (Reynolds, 2000; Sackett, Rosenberg, Gray, & Haynes, 1996). The American Psychological Association (APA)'s *Evidence-Based Practice for Psychology* manifesto (2006) similarly emphasises that clinical judgment, as well as the consideration of patients' characteristics, culture and preferences, are also essential within psychologists' use of what they know in their practice.

This emphasis on practitioners combining or mediating what is 'known' from research (in this case) with something else (here, clinical expertise or judgment) converts EBP not only

into a process, but into a complex process involving subjectivity and intersubjectivity, arguably far removed from the institutionalisation of EBPs (as things). Indeed, counselling psychology, encompassing, for instance, phenomenological, person-centred, and psychodynamic therapeutic practices might particularly embrace this second version of EBP, since it implies that no form of knowledge has, or should have, the last word on the therapeutic exchange (Castonguay, 2011). The question may be less about what (we think) we know or want to know, more about how we relate to whatever this is in practice: how much we can, or want to achieve negative capability, putting aside our preconceptions, mindfully to be present and listen to the other person, before 'applying' anything at all (Lee & Prior, 2012). Within UK counselling psychology, Hanley, Cutts, Gordon, and Scott (2013) have emphasised 'research-informed practice' over EBP, substituting the epistemologically broader 'research' for 'evidence', and locating research's place within practice more tentatively (cf. also Bohart, 2005).

In a similar vein, Thornton (2006) has argued that no form of knowledge (viz. evidence-based practices) can ever be fully explicit or codified; there will always inevitably be a role for tacit or pragmatic knowledge within practice. Drawing on the example of cookery, he suggests that even the most detailed normative cookbooks (such as those of the British cookery writer Delia Smith, who prescribes nine steps for making a piece of toast), will never be able to encompass everything we know or need to know at any one time about cooking. For instance, why does the temperature of our hands need to be warm when we make pastry, but not when we make toast? Whatever explicit guidelines, manuals, protocols or rules are available to guide our judgments, what will count as correctly following these will always remain implicit (cf. Wittgenstein, 1953). So perhaps, again, within psychotherapy, we do not seem to have a linear situation in which knowledge is 'simply' applied to practice.

The ground of what is applicable or relevant, whether or how this might be applied, what researchers call their products, and what practitioners call their use of these, reflects and continues a long-standing debate between practitioners and researchers about the relevance of outcome research - one site of the perceived 'gap' or dichotomy between

research and practice (Barlow, 1981). Researchers have long criticised practitioners for insufficiently using outcome research findings (Williams & Irving, 1999), or for not understanding their methodological rationale (Persons & Silberschatz, 1998). Meanwhile, seminal survey research suggested practitioners found clinical experience, theoretical literature and pure research more useful and relevant to their practice than outcome research findings (Goldfried & Wolfe, 1998; Morrow-Bradley & Elliott, 1986; Orlinsky, Botermans, & Rønnestad, 2001).

In the contemporary EBP era, survey research continues (e.g., Boisvert & Faust, 2006; Lucock, Hall, & Noble, 2006; Stewart & Chambless, 2007), but the discourses have changed. Researchers and others within policy or commissioning contexts adopt 'dissemination' or 'implementation' science to encourage the translation or "transportability" (Gotham, 2006, p. 610) of EBPs into practice (Green & Glasgow, 2006; Parry, Cape, & Pilling, 2003; Proctor, 2004; Shafran, 2011; Stirman, Crits-Christoph, & DeRubeis, 2004). Here EBP's two meanings begin to blur, since dissemination research usually serves to promote EBPs, but is often argued for on the basis that EBP decision-models are sometimes rather vaguely elaborated (Dowie, 1996; Tanenbaum, 2003).

1.7 Conclusion: Practice-applicable research ... practice-based research?

This review of EBP's meanings brings the focus back to the question of how suitable practice applicability, or clinical relevance, is as an over-arching aim, or at least, the primary over-arching aim, for counselling psychology research. I have argued that the whole notion of 'applicability' can be critiqued as belonging to a modernist framework of linear knowledge-applied-to-practice, part of the modernist era of rational policy-making and evidence-based practice (cf. Midgley, 2009). What is applicable or relevant might be highly contingent on therapist, client, and context, and how this 'applied', if that is what is happening, might involve considerable nuance. We may wish to reject a linear model of knowledge application altogether, and argue for a more complex, tacit or pragmatic relationship or arbitrage between knowledge and action (Thornton, 2006; van de Ven & Johnson, 2006).

Certainly, in the context of UK counselling psychology training, the benchmark for professional doctorates (QAA, 2008) is that these applied forms of PhD must generate new knowledge that contributes or is applicable in some way to professional practice. However, beyond this particular doctoral discourse, there are issues of economics and professional survival, and these might be equally relevant factors for counselling psychologists in deciding what kind of research to do. In relation to forms of therapeutic practice that we think are important or that we care about, what kinds of research might we need to do that would count as evidence? For now, the straightforward answer to this seems to be that we need to conduct RCTs. However, perhaps, in a more broadly conceived evidence-base (2.3.5), in which qualitative or practice-based forms of research or evidence were to take up a more significant position, there would be further possibilities to consider, and potential choices to make.

With these points in mind, the literature review below now turns to the concept of *practice-based research* (PBR), exploring what this is, and its candidacy as a potential research aim or direction, perhaps another form of philosophical doing, for counselling psychology in the UK. Practice-based research might sound a little like practice-applicable or clinically relevant research. However, PBR has rather different constructions and emphases, which I will now elaborate in Chapter Two below.

Chapter Two: Critical Literature Review

the only hope of doing significant research is to be immersed in clinical work

Carl Rogers, 1967, p. 45

2.1 Overview

This literature review examines the relationship and the fit between counselling psychology and PBR. I explore counselling psychology's research discourses and engagements, and PBR in its different forms. Issues, experiences, and practices within current counselling psychology research training, and within 'practice-based research training' (PBRT) models are reviewed. These explorations contextualise this study's central question - about counselling psychology trainees' experiences of PBRT.

2.1.1 Process and aims.

For this review, I openly searched PsycINFO and Google Scholar, and systematically researched prominent journals and authors (Table 1), building references through snowballing. Much of the literature relevant in these domains seemed meta-empirical rather than empirical. I therefore aim to reflect criticality in this review's argumentation, and its map and synthesis of a discovered terrain (Baumeister & Leary, 1997), at least as much as in its critique of particular empirical studies. Table 1 represents an outline of the main kinds of literature that formed the basis for this written study; however, the process of this research has involved considerably wider reading over several years.

Table 1

Literature Search Criteria

Search term examples
'practice-based research' 'Counsel(l)ing Psychology research' 'Counsel(l)ing Psychology research' AND 'involvement/engagement' 'Counsel(l)ing Psychology research training' and 'practice-based research training'
Field-relevant journals
Counselling & Psychotherapy Research; Psychotherapy Research; European Journal of Counselling & Psychotherapy; Psychotherapy: Theory, Research, Practice, Training
Counselling Psychology journals
Counselling Psychology Review; Counselling Psychology Quarterly; The Counseling Psychologist; Journal of Counseling Psychology
Inclusion criteria
UK, US, European Counselling/Clinical Psychology and psychotherapy literatures
Exclusion criteria
References involving particular client problems or populations; PBR and PBRT developments in non-psychology/therapy fields

2.2 Counselling psychology positions relevant to research

2.2.1 Postmodernism, mutuality, and alikeness.

Counselling psychology is a postmodern endeavour in its attention to context, discourse, philosophy, and power relations (Orlans, 2013). Valuing local or little narratives, a postmodern counselling psychology research position might advocate the primacy of practice in research, or that research should be 'practice-led' (Polkinghorne, 1992; Strawbridge & Woolfe, 1996). However, in relation to the perceived dichotomy between research and practice (1.5), postmodern '*différance*' (Derrida & Bass, 1982) might more democratically suggest that the meaning of each word is continually deferred and defined in binary opposition to the other. By emphasising the play of meaning, *différance* paradoxically implies a potential in-difference or alikeness between apparently opposing phenomena, and

perhaps greater mutuality or equity between the two than 'practice-led' or 'practice primacy' implies.

As more mutual objects, research and practice could co-exist in some form of live dialectic relationship (McLeod, 2003a). Freud expressed this perhaps in some form when he suggested that his own research and psychoanalytic practice proceeded "hand-in-hand" (1963, p. 120): "in psychoanalysis...there has existed from the very first an inseparable bond between cure and research" (Freud, 1926/1993, p. 361). Psychotherapeutic research and practice have subsequently been characterised elsewhere as a marriage, involving mutual need, for better or for worse (Elliott & Morrow-Bradley, 1994). Counselling psychology also proposes a 'marrying' of research and practice (BPS, 2006), calling for increased dialogue or relationship between these two discovery-oriented activities (Chwalisz, 2003; Loewenthal, 2006; Hanley, 2010; Spinelli, 2001).

Straightforwardly, psychotherapy research needs practice for its material; and, it has been argued, practice needs research for its explication, or as above (1.5), as one possible base from which practitioners might extemporise, like jazz musicians (Safran & Muran, 1994). Without research, ethical questions of accountability to funders, and equity for those seeking help might inevitably arise (McLeod, 2001). Additionally, even if practitioners live in a world of socially constructed meanings, there is arguably a moral obligation to listen and learn outside therapy as well as inside it. Without at least considering available forms of knowledge, including certainly but not limited to research, practitioners might arguably veer too far towards omnipotence or narcissism (although over-reliance on particular forms or understandings of 'knowledge' might equally lead practitioners in a similar direction...).

Revisiting postmodernism's second implication: what if research and practice were more alike than they are sometimes conceived? Clearly, research and practice are not equivalent in their domains or aims: for instance, research usually has wider ambitions towards knowledge, understanding, or change (McLeod, 2003a). However, in some ways, research and practice activities do seem significantly similar. Both are conceived as forms of social

action attempting ultimately to alleviate suffering (Castonguay, 2011), and as open systems of interdisciplinary enquiry (McLeod, 2003a). Etymologically, (re)search suggests repeated, mutual, exploring or seeking - processes also evident in therapeutic work (Moodley, 2001; Stratton & Hanks, 2008). Barker, Pistrang, and Elliott's (2012) 'research cycle' (have ideas, interact with the world, interpret what we find, compare with previous ideas, modify ideas) perhaps resembles assimilative processes within therapy. This model implies a mode of relating, relevant to practice and research, which is flexible (willing to absorb new information) and open (willing to modify ideas given new information). To summarise (and including from my own experiences), research and practice may each involve...helping, new knowledge creation, thinking critically, exploring patterns or relationships, telling or re-telling stories, subjectivity and intersubjectivity, uncertainty, complexity, creativity, emotion, investment, mess, difficulty, and exhaustion...

2.2.2 Pluralism, and against methodolatry.

Pluralism is another counselling psychology research position, related to postmodernism. Isaiah Berlin (1953) suggested there are two types of people: 'hedgehogs' who relate everything to a single system, and 'foxes' who pursue many paths without trying to fit them together. Pluralism is a fox-oriented epistemology, proposing, "any substantial question admits of a variety of plausible but mutually conflicting responses" (Rescher, 1993, p. 79). Compatible with postmodernism's rejection of grand narratives, pluralism is often characterised as an ethical stance, since it prioritises the other or 'otherness' (McLeod, 2003a). Similarly, methodological pluralism is methodology continually (re)negotiated in relation to its object (Slife, Wiggins, & Graham, 2005). Methodological pluralism proposes that no form of research has privileged access to truth, but equally no form should be automatically rejected.

Counselling psychology has taken up pluralism in various ways, for instance, in calling for more qualitative or mixed methodologies within psychotherapy and psychology research (Barbour, 2000; Hanson, Creswell, Clark, Petska, & Creswell, 2005; Haverkamp, Morrow, & Pontoretto, 2005; Howard, 1984; McLeod, 2003b; Pontoretto, 2005; Rafalin, 2010).

However, in emphasising negotiation with an object, pluralism also cuts across qualitative/quantitative distinctions and the enthronement of methods ('methodolatry') in psychology (Gergen, 1985). In choosing one form of enquiry over another, perhaps what is more at stake for pluralistic counselling psychology researchers is epistemology and ontology (two sides of the philosophy of science coin...“what can I know and what's out there to know?”), and values (“what might be interesting or important to explore?”).

2.2.3 Social justice and community involvement.

Counselling psychology is committed to social justice, community-based working, and issues of difference and diversity (BPS, 2014; Orlans, 2013; Orlans & van Scoyoc, 2009). However, Moller (2011) has suggested that UK counselling psychology has lagged behind its US counterpart in terms of its ideological commitments to social justice and multiculturalism. Instead, Moller suggests, UK counselling psychology has expended too much energy in engaging with the existentialism, phenomenology and hermeneutics of continental philosophy (cf. 1.5.1). One possibility is that these two areas of attention are not incompatible (Milton, 2011). Nevertheless, Moller raises important questions about how an increased engagement in issues of social justice and multiculturalism within counselling psychology might translate into a research focus for the UK profession.

The most recent training standards emerging from the BPS Division of Counselling Psychology advise that UK counselling psychology training courses pay greater attention to issues of diversity and service-user involvement (BPS, 2014). This advice raises questions about *how* trainings might further engage with those seeking help from the services in which counselling psychologists work. One candidate area to explore is the growing 'service-user involvement' movement in mental health service planning and evaluation (Thornicroft & Tansella, 2005).

Supported by UK institutions such as the Medical Research Council, the Department of Health, the NHS, the Mental Health Foundation, and the HCPC, two distinct kinds of service-user involvement initiative seem to have emerged in recent times. The first takes the

form of *service-user involvement groups* in NHS and other settings. In relation to this kind of initiative, I offer a brief anecdote from my own experience within an IAPT placement during my training. During a meeting to discuss setting up a service-user involvement group within the service, I noticed the language used to describe the potential advantages to service-users of their participation in such a group. The first site of controversy, linguistically, is arguably the word 'service-user' itself, which replaces the idea of suffering (patient, from the Latin root, *patiens*, meaning suffering) with the idea of utility or market consumerism.

However, during the meeting, benefits to service-users of attending a service-user group were framed in terms of "improving language skills" "having conversations" "contributing to something useful" and "meeting new people". For these to be the benefits, we have to make certain assumptions about service-users' lives, for instance, that they do not already contain other means of usefully contributing. Moreover, it seemed as if the proposed service-user group initiative was also serving as a form of marketing, since users could "keep up to date with what is available from our service" and "tell other people about the service with up to date knowledge".

Finally, and perhaps most questionably, in an atmosphere of increasingly brief therapy offerings to clients, the presentation during the meeting constructed service-user involvement as a potential form of CBT relapse prevention, or an alternative way to end therapy. A service-user group might "empower clients to become their own therapist" and "be set as a therapy goal, to help clients manage their anxieties about ending". These ideas did not seem really to be about listening or about asking people about what the service might do to improve. Instead, service-user involvement seemed to be part of a thinly veiled managerialism, a little like Newspeak (Orwell, 1949), a concept that has been written about elsewhere in relation to IAPT contexts (Rizq, 2012a, 2013). This is only an anecdote, but perhaps offers a caveat when considering *how* counselling psychologists or counselling psychology trainings might need to think about service-user involvement initiatives (and perhaps how not).

The second sphere of activity in which service-users might be involved is *user led research* (Faulkner & Thomas, 2002). Examples of this sort of initiative have emerged within the Institute of Psychiatry (IOP) in London (e.g., Tivedi & Wykes, 2002). IOP researchers have conducted evaluative studies in partnership with service-users, who have influenced their focus, design and content. Tivedi and Wykes comment on the increased time and cost that may be involved in user led research, but emphasise the benefits in users raising research questions, selecting outcome measures, and influencing the appropriateness of therapy interventions. User-led research seems to be a promising area for counselling psychology training potentially to explore, since it involves users in relatively meaningful ways in the design of service evaluation research.

2.2.4 Initial sense of fit between counselling psychology and PBR.

These research-relevant counselling psychology positions and engagements demonstrate an initial sense of fit with PBR. Postmodernism re-envisioned gaps or dichotomies between research and practice as a live dialectic or mutual relationship, encouraging explorations of ways in which these activities are alike. Pluralism's focus on otherness, eschewing methodolatry, supports methodologically flexible research that prioritises various-ness, particularity and context. Counselling psychology's engagement with social justice and community involvement domains raises questions about *how* to engage with clients as participants so that their voices are properly heard. These conceptions bring, to my mind at least, an image of a sensitive practitioner working with a client. Perhaps this is a fertile association: what if sensitive, thoughtful or effective practice and sensitive, thoughtful or effective research were not so different? In PBR, these qualities may come together within a lived experience or dynamic interaction between practice and research.

2.3 Practice-based research

2.3.1 Locating practice-based research in the evidence-based practice era.

Understanding what PBR is, in the context of the evidence-based practice era, is a complex matter, and likely to be unresolvable to only one position or relationship. There is a

postmodern, deconstructionist aspect to this idea - that 'things', such as PBR, are endlessly, horizontally, un-decidable, as we are bound to continue to make meaning, of meaning, of meaning. Nevertheless, however wholeheartedly we take up this postmodern position, we still need to negotiate a (broadly speaking) modernist world, a world of 'evidence-based everything' (Oakley et al., 2005). One criticism of Derrida's deconstructionism is that it might inevitably lead to a kind of moral relativism or paralysis in decision-making or action (Loewenthal & Snell, 2003). Derrida himself countered this idea, suggesting he never proposed deconstruction to mean an endless deferral of meaning; rather, it is precisely *because* a decision cannot wait that issues appear to be un-decidable. For Derrida, deconstruction was a form of ethics: un-decidability entails both that we cannot be certain what to do and, that we must do something (Moran, 2000).

So, perhaps, we may need to decide for ourselves, pragmatically, what relation to PBR we take up, even if only provisionally. My position, with these caveats expressed, is as follows: while PBR has emerged as a response to the EBP era, and has been constructed as an alternative position, its status might equally be described as 'quasi-alternative', since its terms of reference, at least in part, still reflect the demand for an 'evidence' 'base' - a psychotherapy profession 'based' in 'evidence'.

Although the reversal in the order of words (practice-based research/evidence-based practice) might seem to imply that in PBR, practice is the ground or primary basis for research, in reality, much PBR is carried out by researchers (e.g., Grafanaki, 1996; McLeod, 2003a) (cf. 5.3.4). There is a reasonably large literature on the extent to which and why practitioners, including counselling psychologists, do or more often do not, get involved in research, including PBR (2.4). Key figures in the PBR domain in the UK and the US seem mostly to be prolific researchers or academics – for instance, Michael Barkham, Louis Castonguay, Clara Hill, Glenys Parry, John McLeod and Robert Elliott. These researchers write large numbers of journal articles and books, lead clinical training programmes or practice-research networks (PRNs), and are powerful achievers of research funding.

Moreover, PBR discourse often involves terms of reference not dissimilar to those found within evidence-based practice(s) discourses. PBR researchers do not necessarily question the need for evidence; it is more about *what kind*. PBR literatures do not often explicitly question the idea that psychotherapy must be evidenced, that evidence (whatever its source) must be 'applied' to practice in linear fashion, or that practice must 'base' itself on research. The emphasis within PBR literatures is more often on making PBR evidence (more) rigorous, systematic and valid (e.g., McLeod, 2010), an emphasis that fits the epistemology of more mainstream EBP domains.

This link to the mainstream seems particularly to apply to effectiveness research (2.3.4), or 'practice-based evidence' (PBE, Barkham & Mellor-Clark, 2000), which is often constructed as the corollary of efficacy research (or experimental outcome research). For instance, PBE emerges from more 'relevant' 'externally valid' research environments; EBP emerges from more 'rigorous' 'internally valid' research environments (RCTs). It is suggested that the ideal relationship of PBE to EBP is one of 'chiasmus', complementarity, or equipoise; taken together, PBE and EBP encompass rigour *and* relevance (Barkham, Hardy, Lambert, & Mellor-Clark, 2010). Salkovskis (1995, cited in Barkham, Hardy, & Mellor-Clark, 2010) alternatively suggests an 'hour-glass' relationship or chronology – efficacy research should first establish valid treatments, which should subsequently be developed through less controlled research methods. In the play on words here (practice-based evidence/evidence-based practice), there seems to be an acknowledgement that the 'alternativeness' of the PBE paradigm only goes so far - the words are the same, after all.

However, perhaps there is another side to this: PBR need not only 'play the game'. PBR, in many of its forms, potentially offers, additionally, *something else* – the possibility of bringing the subjectivity and intersubjectivity of therapist and client, and the complex contingencies and uncertainties of therapy *into* 'evidence'. It might be possible to characterise PBR in similar terms to those in which Derrida characterised the un-decidable (Moran, 2000). Perhaps we do not have to choose *either* to engage with the terms of reference of the dominant EBP world, *or* to reject these terms of reference based on incompatible values.

Just as postmodernism needs modernism to deconstruct, so PBR *both* forms part of the modernist EBP world *and* potentially offers a means of negotiation, or one way to generate something better. PBR might be a straddling, between, or 'both-and' kind of phenomenon.

To explore this idea further, I outline some broad, working definitions of PBR, based on my reading of commentaries and literatures in this domain. Overall, PBR seems to be defined in terms of an integrative phenomenon, integrating the contexts, experiences, or activities of research and practice, making mutual things that are often considered dichotomous or separate. As discussed above, PBR often seems to refer to research within a 'business-as-usual' (non-experimental) practice *context* (e.g., Barkham, Hardy, & Mellor-Clark, 2010). In the UK, PBR might take place within the NHS, private practice, or PRNs, the latter being infrastructures in which researchers and practitioners potentially coordinate research efforts (Audin et al., 2001; Barkham, Hardy, & Shapiro, 2011; Smith, Sexton, & Bradley, 2005). Within these contexts, PBR generally refers to *basic* rather than service evaluation research. Although these two forms of research are on a continuum (Miles & Gilbert, 2005), as basic research, PBR aims to develop new, potentially more widely usable knowledge, whereas service evaluation research usually relates purely to localised decision-making (Parry & Watts, 2008).

Additionally, PBR can indicate *research conducted by practitioners*, sometimes practitioners researching with their own clients, and sometimes practicing and researching simultaneously (Bager-Charleson, 2014). However, in reality, as above, PBR takes many different forms, and researchers often conduct PBR (cf. 5.3.4). The construction of PBR as something that practitioners do may to some degree represent an ideal, a wish for more scientist-practitioners, more practitioner-researchers or more practice-research networks, an ideal that has yet to be realised (e.g., Castonguay, Barkham, Lutz, & McAleavey, 2013; 2.4, 5.3.4). Nevertheless, built into the point of PBR, arguably, is practitioner *involvement* in some form, so that this form of research somehow incorporates practitioner and client's subjectivities, even if there is an organising researcher or research process in the background (e.g., Grafanaki, 2012).

Finally, PBR incorporates wide-ranging quantitative, qualitative and mixed research methods, formed into bespoke organisations or practices (*methodologies*) such as case studies, process research and effectiveness research. These methodologies have been developed and negotiated in relation to their dynamic, evolving object - therapeutic practice (McLeod, 2013). In fact, the evolution of PBR methodologies seems to epitomise the qualitative or pluralistic concept of 'bricolage': do-it-yourself pieced-together solutions to specific problems in concrete situations (Denzin & Lincoln, 2011; Lévi-Strauss, 1966). I will now further describe and critically discuss the different methodological forms of PBR that seem to have emerged.

2.3.2 Process research.

Process research is an epistemologically diverse research domain. It explores the 'interior' processes of therapy, asking how therapy works, and why it works better some times than others (McLeod, 2003a). In the field of today, the units of analysis within process research vary. The lens can zoom wide (retrospective accounts of processes over an entire therapy gathered through interview methods) or close-up (audio and textual analyses of conversational turns or procedures within a session segment).

Process research originated in the middle of the 20th century. One of its major influences was Carl Rogers and his colleagues' programme of research into the conditions of therapeutic change (Rogers, 1957). Rogers' earliest research aimed to discover and describe therapeutic conditions such as 'non-directiveness' (Rogers, 1942) from listening to and coding recordings of therapy sessions. To analyse process data, Rogers developed innovative procedures such as the Q-sort method (O'Leary, 2006; Timulák, 2008). From these beginnings, the therapy 'events paradigm' (Rice & Greenberg, 1984) emerged and became influential within process research. Although Rogers (1951, 1961) used the metaphor of biological growth to characterise therapy as a gradual, unfolding phenomenon, with inseparable, overlapping or braided together elements, his early research efforts led to a domain of research that attempts to de-construct therapy into more concrete or separate parts. Deconstructing therapy process into significant or particular 'events' is one way of

constructing what therapy process is, and in particular, one way of attempting to understand how the processes of change within therapy might work (Timulák, 2010).

Early forms of change process research (Greenberg, 1986; Rice & Greenberg, 1984) used sequential analysis to link quantitatively measured speech-acts, episodes, and relationships with change within sessions or overall treatment change. Mahrer, Dessaulles, Nadler, Gervaize, and Sterner (1987) attempted to identify good and very good moments in therapy by analysing recordings of moments where clients show movement, progress, improvement, or change. From these early examples, conceptions of change processes, and data collection and analytic methods have continued to evolve (Elliott, 2010; McLeod, 2003a; Wiggins, Elliott, & Cooper, 2012). Elliott, Slatick, and Urman (2001) describe various qualitative change process research (QCPR) methodologies. QCPR data collection procedures include the change interview (Elliott, 2000; Elliott et al., 2001), helpful and hindering therapy events forms (Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988), and audio/video observation methods involving clients and therapists, such as interpersonal process recall (Kagan, Schauble, Resnikoff, Danish, & Krathwohl, 1969) or brief structured recall (Elliott & Shapiro, 1988). QCPR analytic procedures include grounded theory (e.g., Strauss & Corbin, 1990) and discourse or conversation analysis (e.g., Potter & Wetherell, 1987; Sacks, 1995), as well as bespoke methods such as task analysis (Greenberg, 1984, 2007), assimilation analysis (Honos-Webb, Stiles, Greenberg, & Goldman, 1998), and comprehensive process analysis (Elliott, 1984, 1989).

The domain of process research distinguishes change process research from process-outcome research (Crits-Christoph, Connolly Gibbons, & Mukherjee, 2013). Process-outcome research originally took the form of a large body of quantitative studies exploring correlations between (quantitatively measured) processes measures and outcomes measures. In a seminal review of 2000+ such studies, process variables such as the quality of clients' participation, the therapeutic relationship (as perceived by clients), consensus between therapist and client about goals, and longer treatment durations were robustly associated with outcome (Orlinsky, Grawe, & Parks, 1994). However, commentators

subsequently criticised this domain of process-outcome research for its overly-behavioural constructions, and its intensity- or volume-based measurements of process variables, as perhaps encouraging a simplistic correlational metapsychology - 'if it works, do more of it' (Stiles & Shapiro, 1989).

Many early process research methodologies developed or proceeded hand-in-hand with developing person-centered theory and practice, sharing or contributing to this theory's assumptions or paradigms, for example, "opportunity causation" – the idea that one person influences another through the offering of opportunities (Elliott et al., 2001, p. 95). However, psychodynamic process research is also a valuable, evolving field, not least because it conceptualises process beyond behavioural, observable ingredients. It includes research based on Core Conflictual Relationship Themes (CCRT, Luborsky, Crits-Christoph, & Mellon, 1986), unconscious plan formulation (Curtis, Weiss, Silberschatz, Sampson, & Rosenberg, 1988; Sampson & Weiss, 1986) and the Adult Attachment Interview (Hesse, 2008). There is little room here to do these domains justice (however, cf. Kächele, Schachter, & Thomä, 2009; Levy, Ablon, & Kächele, 2012).

Overall, epitomising how I would like to characterise PBR generally, process research reflects the complexity of therapy, while also potentially evidencing therapy's value and/or how it works (well). Contemporary process research is an innovative field of narrative, constructivist, and dynamic systems methodologies, often involving collaborative, co-constructive working with clients (Angus et al., 2012; Bedi, Davis, & Williams, 2005; Binder, Holgersen, & Nielsen, 2009; Gelo, Salcuni, & Colli, 2012; Kowalik, Schiepek, Kumpf, Roberts, & Elbert, 1997).

However, there are various issues within the field. The intersubjective nature of therapeutic process remains difficult to observe, agree on, measure, or describe. Process research often involves voluminous data and time-consuming analytic procedures. Micro-level studies lose contextual information; wider-scale studies lose specificity (Elliott et al., 2001). Finally, there may be challenges in aggregating process research into a focused programme or

format to influence policy or commissioning, at least as the system of influence currently stands (Elliott, 2010; Hill, Stiles, & Elliott, 2014; McLeod, 2003a).

2.3.3 Case studies.

The development of case study research reflects many of this review's themes about PBR's position within the evidence-base, and within counselling psychology. Freud and Breuer's early *Studies on Hysteria* (1895/1991) found precedents in Pinel's little stories ("historiettes") in the early 1800s (Midgley, 2006a). In behavioural therapy, seminal n=1 experiments included Watson and Rayner's "Little Albert" (1920), and Wolpe's work on reciprocal inhibition (1968). Carl Rogers wrote numerous case studies (e.g., 1951). These various forms of clinical case study communicated and taught new therapeutic approaches, while their authors regarded them, in different ways, inseparably, as research. However, case studies went on to achieve less influence within the psychotherapy research mainstream than group designs (McLeod, 2010). Perhaps in parallel, within sociology, classics such as the Chicago School's case studies of urban life were criticised for lacking rigour and representativeness (Midgley, 2006a).

However, case study research made a come-back to some degree within US psychotherapy research in the 1980s, including within counselling psychology (Hill, Carter, & O'Farrell, 1983; Strupp, 1980a,b,c,d), and it has been argued that case study research may offer a distinctive contribution to the current era of psychotherapy research (Fishman, 2000; McLeod & Elliott, 2011; Midgley, 2006a). While RCTs potentially offer powerful cause-and-effect explanations, they may not reflect 'everyday' practice. Qualitative accounts of therapy achieve the latter, but track patterns over time less easily. At their best, case studies capture complexity, draw on multiple sources, are longitudinally sensitive (describing process and/or outcome changes over time), and tell a contextualised story (McLeod, 2010).

Again reflecting how I would like to characterise PBR generally, case studies potentially *both* reflect the richness, complexity and variability of therapeutic work ("revering the

individual”, Barkham, 2003, p. 62) *and* are potentially evidentiary. For example, case studies might demonstrate outcomes (Turpin, 2001), particularly in new or under-researched therapies; offer specific causally oriented appraisals of how therapy helped; or highlight good or bad practice (McLeod, 2010). Case studies have always been relatively inexpensive and practical for practitioners to produce (Pugh, 1998), building pragmatic knowledge in training and practice (Fishman, 2004). However, more recently, systematic methodologies have increased case studies’ potential reach into guidelines (e.g., NICE guidelines); and prominent EBP sources have recognised their value (Chambless & Hollon, 1998; Medical Research Council, 2008).

The psychoanalytic research meta-literature has long debated the issue of recording and writing about clinical work (e.g., Wallerstein & Sampson, 1971), including issues of case study ‘systematicity’. Messer (2007) criticised traditional narrative psychoanalytic case studies’ reliance on therapists’ memory, selection, and presentation of material, and occasional fuzzy boundary between data and interpretation. Spence (1989) suggested narrative studies use rhetorical, post-hoc reasoning (‘smoothing’), to justify interpretations. Self-contained, aesthetically appealing accounts offer less space for alternative interpretations; from this perspective, narrative and research persuasiveness may not go ‘hand-in-hand’ (Tuckett, 1993).

To increase systematicity, McLeod (2010) suggests assembling a rich case-record of transcribed sessions, critically discussing alternative theoretical perspectives, providing clients’ own accounts, and including access to supplementary data. Time-series or critical events analyses, or team-based quasi-judicial elimination procedures may establish causal links (e.g., Elliott, 2002). Midgley (2006a) offers further systematising suggestions, while usefully highlighting that, depending on our epistemological position and aims, absolute comprehensiveness, accuracy, or certainty may be neither possible nor desirable: it may be more about what data answers particular research questions.

From the policy-influencing perspective, also at issue is that case study findings often seem less generalisable than group designs (McLeod & Elliott, 2011). However, generalisability comes in many forms; generalisation through statistical inference in RCTs is only one form, and not without its controversies. Generalising from group averages to an individual is notoriously difficult, if not (epistemology or philosophy depending), logically impossible (Cartwright, 2007; Lietenberg, 1973). Moreover, case studies do not always aim to generalise; they may have more local (phenomenological, narrative, pragmatic) objectives (Fishman, 2000; Flyvbjerg, 2006), which may still contribute to a (more broadly conceived) evidence-base. Some case studies aim to build, test, or modify theories (Craig, 2011; Stiles, 2010), that is, to discover what is possible, not what is common (Midgley, 2006a). Finally, if demonstrating a particular intervention's general value or outcome *is* the aim, case studies may still generalise in a canonical, heuristic, or exemplary way (Eisner, 2003; Mischler, 1990), or via naturalistically aggregating studies around a particular theme, using a generalising logic of replication, rather than of sampling (Iwakabe & Gazzola, 2009; Stake, 2013; Yin, 1994).

2.3.4 Effectiveness research (practice-based evidence).

Effectiveness research usually refers to non-experimental, quantitative outcome research, although there is a growing interest in qualitative outcome research (McLeod, 2011). Barkham, Stiles, et al. (2010) suggest that, taken together, experimental outcome or efficacy research (evidence-based practice) and (quantitative) effectiveness research (practice-based evidence) comprehensively describe psychotherapy, offering rigorous *and* relevant evidence for practitioners and policy-makers. Reflecting the 'confounding' features of practice settings, effectiveness research is often framed as less internally valid (less able to identify cause-and-effect) but more externally valid (generalisable or applicable) than efficacy research (Lambert, 2013; Nathan, Stuart, & Dolan, 2003; Seligman, 1995). However, this dichotomy is contestable, perhaps covering a more complex reality (Loewenthal, 2011). For instance, in our time, adherence to manualised treatments also occurs in 'naturalistic' settings, while some experimental research adopts an explicitly descriptive approach to operationalising its contending therapies.

Effectiveness research explicitly shares epistemological terms of engagement with efficacy research, in its group designs, and relative emphasis on controlled or homogenous procedures and statistical largesse. As such, proponents argue effectiveness research achieves greater parity than other PBR methodologies with efficacy research, by potentially providing inferential causal data, beyond the correlational (Borkovec & Castonguay, 2006). For instance, IAPT effectiveness research involves large multi-site samples (e.g., Glover, Webb, & Evison, 2010), which means that relatively small effects (e.g., rare/adverse outcomes) can become statistically significant, potentially indicating causal information (Parry, Castonguay, Borkovec, & Wolf, 2010). Moreover, with higher statistical power, these studies address questions many RCTs cannot, for example, cost-effectiveness, the impact of moderator variables (case-mix, treatment length, therapist/patient factors), and service or organisational factors (Holmqvist, Phillips, & Barkham, 2015; Parry et al., 2010).

Recently, the UK's Sheffield-Leeds PRN launched a three-year combined programme of experimental, practice-based, and qualitative research (PRaCTICED, Barkham, 2014), using a comprehensive cohort study paradigm (Barkham & Parry, 2008). An RCT assessing the non-inferiority of counselling versus CBT in treating depression will be nested within a large IAPT network of services across 93 inner-city and rural GP practices in Derbyshire, whose effectiveness data also contributes to the research. This research asks wide-ranging questions. For instance, is trial-based therapy more or less effective than IAPT service-as-usual? Do individual therapists make a difference, statistically, to outcomes? Are more therapists that are more effective also more mindful, empathic, or resilient? How do these more effective therapists talk about their work? Which clients drop out of therapy? What do clients say helped them to change (Barkham, 2014)?

This multi-layered study demonstrates, again in its own way, PBR's potential to generate nuanced 'practice-oriented' data (Castonguay et al., 2013), while also engaging with the terms of NICE's hierarchical evidence system, where cohort studies are second-level best (Table 2).

Table 2

NICE's Evidence Hierarchy (NICE, 2006)

Study type	
1	Meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs).
2	Systematic reviews of, or individual, non-randomised controlled trials, case-control studies, cohort studies, controlled before-and-after (CBA) studies, interrupted time series (ITS) studies, correlation studies.
3	Non-analytic studies (for example, case reports, case series studies).
4	Expert opinion, formal consensus.

2.3.5 Summary, status, the need for a programme?

Overall, PBR methodologies may have different epistemologies and values in relation to description, relationship, correlation or causation, group or individual designs, and generalisation. Nevertheless, and relevantly to counselling psychology, in different ways all PBR methodologies seem potentially to break down false dichotomies between practice and research, or between philosophy and action. PBR generates pragmatic knowledge, aiming to honour the richness of practice, while potentially evidencing what works, and, with specificity and nuance, how it works, and in what context.

However, to date, PBR is not influencing NICE guideline policies as much as it might (Parry et al., 2010). NICE has published quality guidance for qualitative research (2012), but such guidance is not available for case studies, third on NICE's list. McLeod (2010) suggests that few case studies are submitted to NICE, and it is currently unclear how NICE might evaluate different types of case study. Process research does not seem explicitly to appear within NICE guideline criteria or submission guidance.

It is possible that times are changing. In December 2012, incoming NICE Chair, Professor David Haslam suggested criteria for developing psychological therapy guidelines must be reviewed (BACP, 2012). This announcement was welcomed, since it offers cautious hope

for an epistemologically broader, more democratic evidence system in the future, which better reflects complexity and uncertainty, asks wider-ranging questions, and prioritises clients' voices (Dattilio, Edwards, & Fishman, 2010; Midgley, 2011).

Such a system would inevitably give greater space to qualitative research and to PBR approaches. Influential US researchers Hill et al. (2014) have recently called for a politically expedient focus both on RCTs of marginalised or emerging therapies, and on PBR, suggesting in particular that systematic theory-building research and the fine-grained study of therapist techniques may be fruitful areas to explore. Overall, it seems clear that to capitalise on future opportunities within guideline development and commissioning, more programmatic PBR efforts will be needed from both researcher and practitioner communities, including under-represented communities, and perhaps from within counselling psychology (Barlow & Nock, 2009; McLeod & Elliott, 2011). With this in mind, I now explore qualified counselling psychologists' involvements in PBR and in research more widely.

2.4 Qualified counselling psychologists' research involvement

Although research involvement is not the same as productivity or publication, arguably publication data are a starting-point, given the communicative function of research (1.2). A recent review suggested that 1.4% of qualified UK counselling psychologists published research between January 2010 and December 2012 (Gordon & Hanley, 2013). In a survey of 3000+ BPS Division of Counselling Psychology members' views on future counselling psychology research priorities, 2.8% (85 members) responded, 41% of whom were trainees (James & Kasket, 2013). Although these data do not present a full picture, they do at least imply that qualified UK counselling psychologists may be more engaged in activities such as teaching, consultancy, or therapeutic practice (the profession's predominant activity, Blair, 2010; Goodyear et al., 2008; Munley et al., 2004), than in research.

A complex picture may lie behind this. Recent mixed-methods research among qualified British and Greek counselling psychologists suggested males, practitioners with more years'

experience, and (predictably) those in academic posts reported higher research activity (Skourteli & Apostolopoulou, in press). The gender aspect is particularly striking given the relatively high numbers of women in the profession (cf. Murphy, Bishop, & Sigala, 2015). Factors affecting research activity related to presence or lack of funding, samples, instruments, support, energy, time, knowledge, skills and confidence, previous positive research experience, appreciation of or passion for research, and financial or professional benefits. Similarly, a consensual qualitative analysis of the self-reported career trajectories of the most research-active counseling psychologists graduating from APA-accredited counseling psychology programs in the US highlighted time management, passion and collaboration with mentors as key contributing factors (Duffy, Torrey, Bott, Allan, & Schlosser, 2013).

Wider survey research distinguishes between 'extrinsic' barriers to practitioners' research involvement (time, funding, competing demands) and 'intrinsic' barriers (research attitudes or personality factors) (Barrom, Shadish, & Montgomery, 1988; Favilla & Bloch, 2004; Haynes, Lemsky, & Sexton-Radek, 1987; Sandberg, Johnson, Robila, & Miller, 2002; Vachon et al., 1995). However, this distinction seems over-simplified: not having enough time, for instance, might be constructed extrinsically or intrinsically. Similarly, although Skourteli & Apostolopoulou (in press) found 'intrinsic' passion for research significantly predicted early-stage career research activity, from qualitative interviews, this passion interacted with evolving choices and opportunities in participants' lives, less easy to categorise as extrinsic or intrinsic, which either sustained the passion, or did not.

In the context of counselling research, McLeod (2003a) suggests practitioners often do not do research because it interrupts, disrupts or adds to what they are paid to do. Few settings have pre-existing expectations about research or researchers' roles, and there can be difficulties negotiating access and goodwill. Overall, from these sources and in these contexts, a picture emerges of research constructed in life and work as something additional or extra: we somehow need additional space or support if we are to do it at all.

2.4.1 Counselling psychology's engagement in PBR.

Do counselling psychologists publish PBR? In a recent international volume about practice-based evidence (Barkham, Hardy, et al., 2010), only one of 27 contributors was a counselling psychologist (Michael Barkham, who has a counselling psychology PhD). In Cahill, Barkham, and Stiles' (2010) systematic review of UK effectiveness studies, with the exception of studies involving Michael Barkham, only one of 18 studies involved a counselling psychologist (Hanley & Gibbard, 2008). There is no UK Journal of Counselling Psychology (Hanley, 2011), and although the *Counselling Psychology Review* has recently published more PBR (e.g., Frzina, 2012; Shorrock, 2012), it still seems to publish more professional or theoretical articles than research or PBR, overall. Within UK counselling psychology, with some exceptions (e.g., Timulák, 2008), there seem currently to be few textbooks on psychotherapy research that include information on PBR methodologies. Barker, Elliott, and Pistrang's often-cited textbook *Research Methods in Clinical and Counselling Psychology* (1994), containing substantial chapters on PBR, was renamed *Research Methods in Clinical Psychology* in its second edition in 2002.

As an interesting counter-point, there has been a decline in 'counseling research' within the US *Counseling Psychologist* and *Journal of Counseling Psychology* between 1979 and 2008 (Murdock, 2011; Scheel et al., 2011a). Although social justice and positive psychology related research is now more common within these journals (Mallinckrodt, 2011), counseling research remains the most widely cited (Lichtenberg, 2011). Concerns about counseling psychology's fragmented research identity have been expressed: instead of a "strong building or edifice", there is "a confusing pile of bricks" (Scheel et al., 2011b, p. 687).

One context for PBR is the PRN; however, unlike the BACP and the UK Council for Psychotherapy (UKCP), where PRN engagements are evolving (BACP, 2014; Thomas, Stephenson, & Loewenthal, 2007; UKCP, 2014), there is currently no UK counselling psychology PRN (Henton, 2012). This may partly reflect counselling psychology's bias towards practice rather than research: engaging practitioners in PRNs often seems difficult (Gard, 2003; Norquist, 2001), although perhaps central to PRNs' success (Castonguay, Youn, Xiao, Muran, & Barber, 2015; Parry et al., 2010). Overall, despite rich engagement in

PBR-relevant discourses of postmodernism and pluralism, there seems currently to be a low level of PBR activity within UK counselling psychology.

2.4.2 Experiences of PBR amongst qualified practitioners in the wider field.

It may be useful initially to review commentary and research about other qualified practitioners' experiences of learning or adopting PBR practices in the wider field. There is a small body of literature, for example, about experiences of training and implementation of Patient-Reported Outcome Measures (PROMs) (Botella, 2006; McInnes, 2006; McNaughton, Boyd, & McBride 2006; Mothersole, 2006; Sales, Goncalves, Fragoeiro, Noronha, & Elliott, 2007; Wolpert, 2014). These commentaries and studies offer a broadly positive picture of practitioners' experiences of implementing PROMs in services, although they also comment on the challenges involved in these initiatives.

For instance, from a service manager's perspective, McInnes (2006) highlights the "critical importance of winning practitioners' hearts and minds" (p. 163), and of ensuring that data is complete and of good quality. A study exploring qualified child psychotherapists' attitudes, knowledge, and self-efficacy in using PROMs following PROMs training (Ebrooke-Childs, 2014) suggested practitioners particularly valued learning about the rationale for using PROMs, and came to think that, carefully used, such practices might complement clinical judgment and promote collaborative decision-making with patients. However, from a more critical perspective, authors such as Gerry McGivern and colleagues, and Rosemary Rizq have highlighted the pressure experienced by IAPT clinicians to produce good outcomes, how anxiety about this might undermine clinical judgment, and how clinicians' sometimes feel a need to cover themselves or negotiate uneasy compromises. Within these contexts, emotional experiences and formative spaces for clinicians in supervision to discuss complex issues sometimes seem marginalised in an atmosphere of organisational anxiety, monitoring, and regulation (McGivern et al., 2009; Rizq, 2012a, 2012b).

Outside the outcome measurement sphere, there is some research among qualified practitioners about experiences of other kinds of PBR. Within a brief thematic questionnaire,

qualified private practitioners working alongside Penn State University's PRN (Borkovec, Echemendia, Ragusea, & Ruiz, 2001) reported their experiences of involvement in large-scale process research, in which they gathered information about helpful and hindering aspects of therapy from their clients. Through their participation in this project, clinicians suggested they had learned information that had both enhanced their client work and their reflections upon their work. However, they commented on the time and effort it took to integrate research procedures (Castonguay, Boswell, et al., 2010; Castonguay, Nelson, et al., 2010).

Psychotherapy researcher Soti Grafanaki (2012) carried out systematic case study research around the person-centred theme of congruence, in collaboration with six person-centred therapist-client dyads. In a mixed-methods research strategy, therapy sessions were video-recorded, and therapists collected process and outcome measures during therapy. Grafanaki also conducted semi-structured qualitative interviews and brief structured recall sessions with both clients and therapists at the beginning, middle and end of their therapy. Within the larger study, one area of focus was the impact of research procedures on therapists. Grafanaki reported that therapists found the addition of research processes constructive, helpful, and supervisory of their on-going reflections on their work. However, therapists also commented on the extra time needed for research processes, their "fleeting thinking about the research protocol during the sessions" (2012, p. 198), and their initial self-consciousness about the video-recording. Reading this research, I experienced a wish to hear about the impact of research processes on the clients involved in the study.

2.5 Counselling psychology training and research

This brief exploration of qualified counselling psychologists' (and other practitioners') research and PBR involvements generates questions about how counselling psychologists have been or are currently trained in research, or how the relationship between practice and research is constructed or experienced during counselling psychology training. Clinical and counselling psychology authors have characterised training in developmental terms, as the potential ground for the inculcation of research mind-sets or attitudes among trainees who

will develop into life-long scientist-practitioners, consuming and producing research knowledge (Castonguay, 2011; Elliott & Zucconi, 2006; Gelso, 1979, 2006; Sauer, 2006). However, this linear developmental ideal covers a reality that is likely to be far more dynamic, complex, and uncertain. Pathways from training to qualification may be better understood relationally and idiographically. In other words, pathways for different individuals will involve their relating each to their unique, interacting, intrapersonal and interpersonal contexts, with all their likely continuities *and* disconnections.

Nevertheless, it seems useful and important to explore the training domain as a *possible* ground for the embracing or further embracing of a PBR agenda within UK counselling psychology. Even if we reject linear developmental trajectories, the training domain is arguably the *sine qua non* of any future deepening of relationship between counselling psychology and PBR. With this in mind, there are useful contextual questions to ask, such as, how has the place of research within counselling psychology training evolved? How are trainees' research experiences or products currently conceived and organised? To what degree are counselling psychology trainings pursuing a PBR syllabus or agenda? Is there any potential for increased engagement with PBR within training programmes in the UK? In the remainder of this chapter, I will explore these questions through a review of commentary, research, and personal experience, in order to generate a question and scope for this study.

2.5.1 The new doctoral gateway.

While developing research knowledge has been a long-standing aspect of counselling psychology's adoption of the scientist-practitioner paradigm of training and practice,² since

² I make one or two relevant points briefly. The scientist-practitioner paradigm dates from clinical psychology's shift in 1949 from a PhD to an applied doctoral model (Barlow, Hayes, & Nelson, 1984). Its edict that practitioners should read, use and produce research has become controversial (a) because not everyone has time, energy or resources to do all three alongside practice-oriented activities (Lane & Corrie, 2006), and (b) because scientists and practitioners may be "different kinds of people...with regard to abilities, interests, cognitive styles...even the possibility of differential cerebral dominance" (Frank, 1984,

2009 (HCPC, 2012), UK trainings now involve mandatory doctoral-level research or study. However, nothing (not even research...) is essentially good; and everything needs to be argued for - the doctoralisation of training has not been universally welcomed. Loewenthal (2011) argues counselling psychology trainings incorporated research, not because it was useful *per se*, but from a pressure to 'stay in the game'. Trainees' research engagements, he suggests, may instil narrow notions of evidence or truth, or an over-valuing of particular techniques or methods, influences which, if imported into practice, might ironically diminish criticality, openness, or paying attention.

Nor have doctoral developments necessarily changed trainees' motivations to enter counselling psychology training programmes. Anecdote and research suggest most post-2009 UK trainees wish to pursue practice, not research, careers (Henton, in press; Kasket, 2011; Moran, 2011), a wish perhaps again reflecting the profession's predominant activity. Unlike students of non-mandatory professional doctorates aiming to enhance existing careers through research (e.g., in education or social care), when A (doctoral research) is a compulsory gateway for B (a non-research career), at least for some, if not many, the prospect of A may be met less with "zeal" (Lee, 2009, p. 1), more as a means to an end.

Qualitative research suggests that some UK counselling psychology trainees feel ambivalent about doctoral research, experiencing it, particularly early on, as "difficult" "lonely" and "frustrating", (Moran, 2011, p. 174). In Moran's study, trainees described

p.429; cf. Corrie & Callahan, 2000; Rogers et al., 2011). Within counselling psychology's adoption of the model (Blair, 2010; Bury & Strauss, 2008; Lane & Corrie, 2006; Vespia & Sauer, 2006; Vespia, Sauer, & Lyddon, 2006), it is proposed that we must be both reflective-practitioners (Schön, 1987) *and* scientist-practitioners. However, this seems unhelpfully and perhaps ironically for counselling psychology, to reinforce the individual differences argument, which in turn may reflect an unhelpful dichotomy between science and practice/reflection. More recently, the argument from mutuality (2.2.1) has been used to debunk this dichotomy as based on the modernist professionalisation of knowledge and a positivistic view of science (Chalmers, 1999). Instead, "psychological science as a human practice and psychological practice as a human science should inform each other" (Hoshmand & Polkinghorne, 1992, p.55).

research as something more to be feared than enjoyed; they felt ill prepared to embark upon doctoral research, and described embarkation as being like jumping off a diving board. US family therapy trainees have expressed similar feelings of aloneness and ambivalence in relation to their (similar) doctoral gateway, using poems or metaphors (Piercy et al., 2005). For instance, "Roses are red, violets are blue, research is a thorn in my side, but it will help my dreams come true" (p. 369). Research is an invasive, potentially poisonous experience, an ever-present, itching, nagging, bodily-experienced pain, until it can be plucked out, healed over, or forgotten. It is, perhaps, the central problem of these trainings' fairy-tale, whose happy ending lies not in academia, but somewhere else – the therapy room.

2.5.2 Responses: Absence, navel-gazing, hotchpotch?

How has UK counselling psychology responded to doctoral training developments? A micro-history of the *Handbook of Counselling Psychology* textbook may be illuminating. At its first edition (Woolfe & Dryden, 1996), counselling psychology had become a BPS Division only two years' before - professional entry was achieved through an Advanced Practitioner Diploma or equivalent. Yet, the handbook's first chapters described quantitative, qualitative, and service evaluation research methodologies respectively. The second edition (Woolfe, Dryden, & Strawbridge, 2003) retained these chapters, but expressed an increasing tension between counselling psychology relational practice, and the growing demand for technical expertise in healthcare settings.

By the time of the third edition (Woolfe, Strawbridge, Douglas, & Dryden, 2010) and the advent of IAPT, this tension seemed to be more urgently felt. There was a more thoroughgoing critique of positivism and the natural sciences model of psychological helping. A chapter entitled "What is evidence?" (Corrie, 2010) replaced the previous research methodology chapters. Paradoxically, one year after the doctoral criterion was established, information about doing research was absent. Perhaps this expressed an anxiety, or a feeling of being at a loss, over how to guide prospective doctoral students,

given the apparently increasing conflict between counselling psychology's values and the evidence-based agenda.

Various commentaries on counselling psychology trainees' doctoral research since 2009 have emerged. Hanley, Cutts, and Scott (2012) note that this research is rarely published. The relative volume of qualitative, experiential research, particularly about counselling psychology trainees' training experiences, has been criticised ('navel-gazing', Kasket, in press). Cooper (2008) has elaborated one potential problem and the starting-point of a potential solution:

"Obviously it is essential students are energised about their work, but the problem is, if everyone follows their own personal interests, what can emerge is a hotchpotch of findings that do not really contribute to a coherent and evolving body of knowledge. Now I am much more inclined to encourage students to start...with questions that emerge from the field, [so] students have much more of an opportunity to become engaged with the wider counselling and psychotherapy research community, to dialogue with others asking similar questions, and to produce results that can really help to take the field forward." (Cooper, 2008, p. 161)

Despite these commentaries and critiques, the nature or evolution of counselling psychology doctoral research to date perhaps becomes more understandable when various contexts are considered. The advent of the doctoral requirement coincided with calls for more qualitative methodologies in psychotherapy and psychology research (2.2.2). Given counselling psychology's short doctoral tradition and apparently low-level of research engagement, at least initially, there may have been few counselling psychologists experienced or interested in supervising or teaching research within doctoral research programmes. Again at least initially, counselling psychology research staff may have been less familiar with university research ethics and funding infrastructures. Counselling psychology trainings may also have had fewer links with NHS research procedures and structures than clinical psychology trainings (Kasket, in press).

Moreover, although qualitative research is by no means easy to teach or to do (McLeod, 2013), this form of research perhaps comes intuitively closer to the procedures and values of therapy (Midgley, 2004; Rennie, 1994), thus representing an understandable choice for

practice-oriented trainees. However, qualitative methodologies arguably tend more towards hotchpotch or singularity, given the intense stake or commitment often involved, not to mention bracketing of previous work (Frommer & Rennie, 2001). Perhaps all research development is to some degree a hotchpotch, dynamic system anyway, evolving from perceived gaps in existing threads of enquiry (Alvesson & Sandberg, 2011). Any call for a more programmatic approach to research is set against this backdrop.

2.5.3 Personal notes.

Given this complex picture of counselling psychology's early-stage doctoral research career, it might be unsurprising if, in parallel process, the prospect of doctoral research were ambivalent, and the experience difficult for trainees. I outline my own experiences, since these seem to reflect some of the issues raised so far.

During my time as a counselling psychology student at London Metropolitan University, although clinical case studies needed to be 'research-informed' and doctoral theses 'practice applicable', fundamentally, research and practice modules were separately organised. The research syllabus involved (a) qualitative and quantitative methodology teaching, and (b) thesis preparation and supervision - PBR was not on the syllabus. My peers and I all chose qualitative methodologies to explore doctoral topics reflecting our personal or professional experiences or investments, as these stood in our first-year. Many of us responded to the practice applicability consideration (Kasket, 2013; Kasket & Gil-Rodriguez, 2011) by situating our studies within counselling psychology samples. We were all, at least initially, aiming (only) for a practice-based career. We all occasionally experienced doctoral research as lonely, and, alongside other commitments, struggled to find time and energy for research. Research often seemed like yet another thing to do, the extra, on top of everything else.

2.5.4 A greater place for PBR within counselling psychology training?

In relation to wider points of tension raised so far, I have suggested PBR as one possibility to consider. First, there is the potential need for a direction within counselling psychology

research beyond 'practice applicable research' (1.7). Second, there have been calls for more programmatic efforts to build an alternative evidence-base for psychotherapy (2.3.5). Third, there is the apparent low level of PBR engagement among qualified counselling psychologists, despite PBR seeming to reflect many of the profession's domains of discourse, experience and expertise (2.2.4, 2.4.1). Perhaps issues within counselling psychology doctoral training form the final piece of the jigsaw. In 2015, six years since the doctoral criterion was established, would more of a programme for counselling psychology research training or for doctoral research, perhaps a PBR programme, be helpful? A way of integrating research in a 'live dialectic' with practice training components, making research experiences during training more meaningful or relevant, reducing the loneliness, and increasing the energy?

Notably, some UK counselling psychology institutions offer 'professional doctorates', others 'practitioner doctorates'. The QAA suggests 'practice-based or practitioner doctorates' and 'professional doctorates' are closely interlinked. Indeed, in the QAA guidelines, definitions of practice-based or practitioner doctorates and professional doctorates do seem difficult to separate, implying practice-based-ness might be central to either form. Professional doctorates "are normally rooted in an academic discipline as well as in a profession" (QAA, 2011, p. 19), whereas practice-based doctorates:

...involve practice-related materials...in clinical practice-based doctorates such as the DClinPsy, the research is likely to draw on clinical work involving clinical trials or other work with patients in the practical/clinical setting; the clinically-based and academic research are then combined in the candidate's thesis or portfolio.

In the context of doctoral study in the UK and Australia, Lester (2004) conceptualises practitioner or professional doctorates as the second-generation alternative to the PhD. Lester suggests that the traditional PhD embodies what Gibbons et al. (1994) call 'mode one knowledge', that is, it is conceived as research that can be applied to practice within a sequential linear philosophy. In contrast, second-generation doctorates are more equally rooted across academia, profession, and workplace. Practitioner or professional doctorates embody Gibbons et al.'s 'mode two knowledge' - a more constructionist, situated understanding of knowledge, and an understanding of the relationship between practice and

research that is cyclical rather than linear. In this 'mode two' understanding of knowledge generation, the doctoral research process sits 'within' practice; and practice sits 'within' research.

It may be useful to review one or two examples of PBR concepts from areas outside applied psychology. Doncaster and Lester (2002) describe a 'work-based professional doctorate' within the UK's Middlesex University - a generic doctorate designed to enhance real-world 'work-based capability' among heterogeneous professionals. This concept of 'work-based capability' moves doctorality beyond discipline-based expertise, and stable, abstract, context-free knowledge, and towards experiential learning, decision-making, and innovation. This form of learning relates to 'practical wisdom' or pragmatism perhaps, within 'the real', that is, within messy, complex, and unpredictable work environments. In this doctoral context, researchers are...particularly capable practitioners. Indeed, this development takes up one emphasis already within the QAA doctoral benchmarks (2008) - that doctoral study must enhance candidates' ability to make autonomous decisions in complex, unpredictable situations.

As a second example, Arnold (2012) describes practice-based research in the context of the arts. Often, a practice-based doctorate in this context consists of an 'artefact' and an 'exegesis' – that is a work of art or literature, with an explanatory academic review and discussion wrapped around it. Arnold characterises this process and product as 'bridging the Cartesian binary' between practice and knowledge, art and science.

As Carol Costley (2013) suggests, while professional doctorates may have emerged from systems, regulations, contexts and mind-sets designed for PhDs, perhaps they have greater potential than is yet to be realised to become part of our knowledge economy in a new way, beyond the transfer of 'pure' knowledge to 'pure practice'. Costley links practice-based or professional doctorates to ideas of heterogeneity, contextualism, social accountability, diversity, reflexivity, and transdisciplinarity. She draws a parallel between professional doctorates and Lévi-Strauss's concept (1966) of the 'bricoleur' - an engineer who begins

from what is at hand, in the science of the concrete. (I have also made a link between bricolage and the historical emergence of PBR methodologies such as process research within psychotherapy, cf. 2.3.1). Finally, Costley draws on French sociologist Pierre Bourdieu's concept of 'habitus'. In Bourdieu's seminal work *Outline of a Theory of Practice* (1977), he set out to construct a theory of practice for the human sciences that broke down dichotomies between subjective and objective, culture and person, rule and improvisation. Influenced by Aristotle, Aquinas, Hegel, and Durkheim, the 'habitus' is a durable transposable system of definitions we acquire in childhood and develop through life. In adulthood, as in sports or jazz, we improvise, in response to circumstances, in an embodied fashion (cf. Safran & Muran, 1994; Thornton, 2006).

In briefly exploring this small literature about professional and practice-based doctorates, I hope to build on a theme I have developed within this literature review linking PBR and practice-based doctorates with pragmatic rather than 'applied science' versions of knowledge (1.7). There may be a parallel contrast between postmodern and modernist understandings of the world (1.4, 1.5). The one emphasises the particular, the local, and the contextual; the other, the universal, the general, and the timeless (Toulmin, 1990). As suggested above, postmodernism both depends on and opposes modernism. Likewise, practice-based, pragmatic forms of knowledge may to some degree sit within modernist conceptions of EBP in psychotherapy, while at the same time representing a negotiation of and a means of changing these conceptions (2.3.1). Overall, this literature about practice-based doctoral developments seems to lend support to the possibility that, within counselling psychology professional or practitioner doctorates, there is some leeway, something potentially fruitful to explore, in practice-based research. With this in mind, I now describe precedents of practice-based research training within applied psychology and psychotherapy fields.

2.6 Practice-based research training

2.6.1 Practice-based research training as an Integrative Idea.

Practice-based research training (PBRT) is used here as an umbrella term for psychotherapy or psychology trainings that incorporate PBR elements somewhere within their research agenda. US counseling psychology, which has an older doctoral tradition, and a longer history of trainee ambivalence towards research, has asserted the value of research and practice integration during training for some time. Thirty years' ago, academic course leader Charles Gelso argued that counseling psychology research training environments (RTEs) did little to improve trainees' ambivalence towards research, leading to low levels of confidence ('research efficacy') during training, and low publication rates subsequently (Gelso, 1979; Gelso, Mallinckrodt, & Judge 1996). Gelso (2006) developed a proposal for an ideal RTE, designed to reduce research ambivalence and foster positive trainee research attitudes (Figure 1). Gelso and his colleagues found correlations between trainees' ratings of attributes of the ideal RTE and positive research attitudes or productivity (e.g., Hollingsworth & Fassinger, 2002; Love, Bahner, Jones, & Nilsson, 2007).

1. Faculty modelling of appropriate research attitudes and behaviour;
2. Students' research activities are positively reinforced, formally and informally;
3. Students are involved in research early in training in a minimally threatening way;
4. Students are taught that all research studies are limited;
5. Trainings value and teach varied research approaches;
6. Training shows research and practice can be 'wedded', mutually enhancing or part of the same construct system;
7. Staff mentors are supportive;
8. Peer support groups are encouraged.

Figure 1. Gelso's research training environment (2006).

Gelso's agenda perhaps reflects his position as an academic leader with a relatively uncritical scientist-practitioner attitude, prioritising research in the context of counseling psychology's academic and professional status. Although his behavioural reinforcement language may not chime with everyone, it is hard to disagree with the aim of better

supporting trainees with something often perceived as difficult or lonely, by fostering, for instance, greater research collaboration between peers and staff.

Gelso's sixth criterion ('wedding' or integrating research and practice) is a common proposal across psychotherapy and applied psychology trainings (Moran, 2011; Piercy et al., 2005; Rowland & Goss, 2000; Safran, 2001), again recalling postmodern notions of pragmatic knowledge and research/practice mutuality and alikeness. More collaborative, integrative, research experiences, less evident currently within UK counselling psychology doctoral training, are more likely in the context of PBR during training or PBRT. PBRT might require greater linkage between research and placements or practice programme elements, and perhaps overall a more programmatic framework. I review some examples below.

2.6.2 PBRT examples.

Many US universities run low-cost community counseling centers where counseling or clinical psychology trainees situate their training practice and their doctoral research. Although research in these contexts may be pure, experimental, or practice-based, nevertheless these are research-based-on-or-in-practice environments. One example is Penn State University's long-standing clinical psychology research program (Snyder, 1957). Its 'research training clinic' simultaneously provides trainees with placements and with supervised research topics (Borkovec, 2002, 2004; Castonguay et al., 2004; Castonguay, 2011). Another US example is the training clinic within the West Michigan University counseling psychology program (Sauer, 2006).

In Europe, the International Project on the Effectiveness of Psychotherapy and Psychotherapy Training (IPEPPT, Elliott & Zucconi, 2006) was established in 2004, offering a multi-dimensional PBR framework for person-centred therapy training institutions (Elliott & Zucconi, 2010). Linked to the IPEPPT, Belgium's Leuven University has integrated a substantial four-year systematic research case study protocol into its post-graduate counselling training programme (Stinckens, Elliott, & Leijssen, 2009).

2.6.3 PBRT examples within UK counselling psychology.

Within UK counselling psychology, PBRT seems to be a relatively rare phenomenon. From web-based publicly available information, it seems as though many trainings, similar to the one I undertook at London Metropolitan University, offer a research syllabus consisting of teaching in quantitative and qualitative research methodologies, and doctoral thesis support and supervision. There are few publicly available references to the teaching of PBR methodologies such as case studies, process research or effectiveness research. In the majority of courses, research and practice modules appear to be separately taught.

However, there have been some PBRT developments. For instance, Metanoia Institute, an educational charity in London running a counselling psychology programme jointly with Middlesex University, has developed a 'clinical and research service'. This is a low-cost community counselling service, providing trainees with placements and effectiveness research opportunities (Metanoia, 2014, n.d.). Cooper (2013) describes a collaborative project between Metanoia, Strathclyde University, and the West of England University on a pilot effectiveness study of pluralistic therapy for depression (Cooper & McLeod, 2010). He emphasises this PBR project's (again) dual advantages: (a) its relatively large sample size provides a good basis for larger funding applications; and (b) it offers potentially rich, wide-ranging outputs, and further research opportunities.

2.6.4 Research and commentary about PBRT experiences.

There is more commentary than there is 'empirical' research about PBRT initiatives, and within what commentary and research there is, we hear little, directly, about trainees' experiences, or from trainees' perspectives. Some programme leaders within the European and US clinical/counselling psychology and psychotherapy programmes described above (2.6.2) have written personal commentaries or accounts of PBRT developments, including the rewards, emotional challenges, hard work, effort, and obstacles along the way (Castonguay, 2011; Castonguay, Pincus, & McAleavey, 2015; Elliott & Zucconi, 2006; Sauer, 2006). Overall, the models of training described are framed as a developmental

experience, and commentaries, while valuable, seem often to reflect training leaders' emphasis (similar to Gelso) on training as developmental 'ground' for quantum of future research productivity to maintain professional status or research identity.

For instance, within European psychotherapy training, IPEPPT co-founder, Robert Elliott constructs the advantages of PBRT developmentally - gaps between practice and research post-qualification will be ameliorated "if we consciously try to build a reality where from the first steps a more integrative, bottom-up strategy is used" (Elliott & Zucconi, 2006, p. 84). Within the West Michigan University counseling psychology training context, Sauer (2006) suggests counseling psychology trainees' increasingly practice-based doctoral projects are likely to generate research-initiating attitudes post-qualification. Similarly, Castonguay (2011) expresses the value of Penn State University's research training clinic in terms of its potential inculcation of future scientist-practitioners. This form of training, he suggests, is "not a bad way to get addicted, from the get-go, to the scientific-practitioner model", potentially creating "an intellectual and emotional (hopefully secure) attachment" to this model (p. 135). As suggested above (2.5), this idea may represent an ideal. The reality of trainees' pathways from training to qualification and beyond is likely to be idiographic, dynamic, and complex.

Penn State training leaders Castonguay, Pincus, et al. (2015) have recently commented in further detail on their own and on trainees' experiences of the research clinic. These authors suggest that the research clinic program primarily benefits students because it cuts down time for them: it is efficient to combine practicum and research elements during training. Nevertheless, there have been challenges. Trainees expressed discomfort in asking clients to fill in outcome measures; authors attribute this discomfort to "a very common impostor syndrome" among trainees (p. 10). Trainees also expressed feeling taken for granted at times, even though, the authors suggest, the clinic's research contributes to students' dissertations, and not only to programme leaders' publication lists. In response to students' expressed feelings, Castonguay et al. reflected that perhaps, "we had failed to remind students of their wishes", which were to progress within the program, and to remind

students that these projects were “mostly for you” (p. 11). When reading this commentary written from trainers’ perspectives, I noticed there seemed to be a persistent question about who the research clinic’s projects were for; and I experienced a wish to hear more from trainees’ perspectives.

Some literature does seem more directly to explore trainees’ experiences of and perspectives on PBRT procedures. Leuven University course leader Nele Stinckens and her colleagues asked trainees about their attitudes to their case study involvement in mixed-format questionnaires completed before and after the case study project (Stinckens et al., 2009). Trainees expressed initial doubts or fears about research workload, complexity, and the exposure of their practice, reluctance to bother clients with extra measures (cf. Castonguay, Pincus, et al., 2015), and practical concerns about gaining ethics committee approvals. Twenty per cent of trainees were unequivocally positive about the case study project from the outset; 33% expressed ambivalent feelings, and 47% expressed negative feelings. However, towards the end of the project, although some trainees remained ambivalent, no trainees were negative, and 73% reported more positive feelings than previously.

Trainee quotations within Stinckens et al. (2009)’s study suggested research processes had intensified or deepened their therapeutic work, increased their therapeutic sensitivity and curiosity, illuminated aspects of therapy they might not otherwise have noticed, such as ruptures, and helpfully ‘anchored’ the therapy for trainees and clients. The study’s authors reflected on this educational success, while also highlighting the time and effort involved in this project. However, although there were more trainee voices in this study, and its reporting seemed very even-handed, its overall perspective belonged to trainers, who were explicitly interested and invested in promoting this form of training.

Finally, Metanoia research leader Biljana van Rijn and her colleagues explored the impact of an internship project in which a group of second-year Metanoia counselling psychology trainees combined placement practice with effectiveness research procedures (van Rijn et

al., 2008). This study's methodology, entwined with the internship project itself, was participatory mixed-methods action research. One pedagogical aim was to evaluate the internship training by comparing participating trainees' quantitative reflexivity and effectiveness scores with the scores of trainees not involved, and against qualified practice benchmarks. Although the project appeared to enhance internship trainees' reflexivity and effectiveness scores, qualitative research components highlighted systemic issues. As well as the time and effort (again) involved in the project, the partitioning of trainees into groups reportedly generated potent feelings of anxiety, confusion, helplessness, and resentment among trainees and staff.

Taken together, these commentaries and studies depict the time and effort involved, and trainees' mixed or evolving feelings in relation to PBRT projects. Van Rijn et al. (2008)'s study seems very valuable, most candidly highlighting the potentially complex dynamics of a change that links or incorporates practice, research, training, and trainee evaluation elements. However, although trainees participated in formulating this study's qualitative themes, they were not among its authors. Perhaps ironically given this study's participatory methodology, I found it difficult, reading this study written in the third-person, to discern whose voice and interpretation was at work, for instance, there were no trainee quotations. Indeed, overall, in this small body of literature about PBRT initiatives in the US, Europe and the UK, trainers' perspectives seem to predominate, while trainees' voices are relatively absent. Moreover, there appears to be no truly open-ended research among trainees about their PBRT experiences.

2.7 Summary, research question, and aims

This study is contextualised by controversies relating to the evidence-based practice (EBP) agenda for psychotherapy (1.4), which many see as a form of epistemological myopia and social exclusion (1.5), generating increasing impoverishment both for services offering psychotherapy and for those seeking psychotherapeutic help. In the currently challenging employment and commissioning landscape, many have called for a more nuanced, democratised system of evidence for psychotherapy, in which qualitative and practice-

based research methodologies, which honour the complexity and uncertainty of psychotherapy, are more influential (Barlow & Nock, 2009; McLeod & Elliott, 2011; Midgley, 2011). In the UK, within NICE, times may be changing: there are suggestions that the current hierarchy of psychotherapy research methodologies used to form the evidence base must be reviewed (BACP, 2012). However, the potential seems yet to be realised, and PBR is not currently achieving particular influence on the guideline agenda (Hill et al., 2014; McLeod, 2003a, 2010; Parry et al., 2010).

This literature review has explored PBR as an alternative field of enquiry and form of evidence for psychotherapy. PBR has been constructed as a pragmatic, postmodern form of knowledge - a 'both and' phenomenon, which both critiques and negotiates the modernist EBP era (2.3.1). I have asked about counselling psychology's relationship to, and engagement with, PBR. Currently, the PBR paradigm seems less emphasised within UK counselling psychology, despite the latter's highly compatible emphases on postmodernism, pluralism, and social justice. In its variety of forms, PBR embodies pragmatic, local forms of knowledge, and attends to intersubjectivity and complexity in therapy, generating potentially co-constructed, contextualised understandings (2.3.1). With this in mind, I ask whether a greater degree of relationship between counselling psychology and PBR might be an apposite, beneficial, and enriching direction for our profession at large.

Having reviewed counselling psychology's wider degree of relationship with PBR, this literature review subsequently turned to the training domain as an area of ground in which a greater embracing of PBR within counselling psychology might be fostered. The training domain is arguably the *sine qua non* of any future deepening of relationship between counselling psychology and PBR (cf. 2.5). Outside applied psychology and psychotherapy fields, practice-based or practitioner doctorates represent sites for the generation of pragmatic knowledge (2.5.4). Within applied psychology and psychotherapy, practice-based research training (PBRT) is a new and interesting field of development, wedding research and practice closer together during training (2.6.1). This review has explored commentary and empirical research about PBRT within therapy and counselling psychology trainings.

Since PBRT is a relatively new initiative, and a rare phenomenon within UK counselling psychology trainings (2.6.3), we know little about it, and particularly, we know little of trainees' experiences of involvement. The small volume of UK and US empirical research about PBRT, set within contexts of clinical or counselling psychology trainings, seems predominantly to reflect trainers' perspectives (Castonguay, 2011; Castonguay, Pincus, et al., 2015; Sauer, 2006; Stinckens et al., 2009; Van Rijn et al., 2008). This is arguably a significant gap in a field in which top-down researcher- or policy-oriented discourses and methodologies often seem to predominate (Elliott & Zucconi, 2006, 2010).

Why does it matter to ask about trainees' experiences or perspectives? It feels important to tap into the 'real', as it were. It would be a mistake automatically to assume PBRT (or PBR, or research, for that matter) within counselling psychology training is a good thing, or to view training solely as an engine for future research productivity or professional status. There are likely to be dynamics to explore when trainees are asked to engage in PBR (Castonguay, Pincus, et al., 2015; Skourteli & Apostolopoulou, in press; Van Rijn et al., 2008). Without exploring these at ground level, any knowledge developed may be rather limited, top-down, conceptual, or difficult to take forward. So while this study aims to fill a knowledge gap, and inform about the pedagogical viability of some form of PBRT within the context of counselling psychology doctoral training, it will focus on describing and interpreting trainees' experiences.

Based on the above review of contextual debates and literatures, **this study asks about UK counselling psychology trainees' experiences of PBRT and of PBR during training.** What are trainees' attitudes to research as they begin training? How do these change with experience of PBR, and of PBRT, if they do? What are their experiences as practitioner-researchers? What impact do these meanings and experiences have on their understanding of counselling psychology, if they do? Chapter Three below outlines the methodology and methods I will use in attempting to answer these questions.

Chapter Three: Methodology

If knowing is to be possible as a way of determining the nature of the present-at-hand by observing it, then there must first be a deficiency in our having-to-do with the world concernfully (...) In this kind of 'dwelling' as a holding-oneself-back from any manipulation or utilisation, the perception of the present-at-hand is consummated.

Heidegger, Being and Time, 1927/1978, p. 88

3.1 Qualitative methodology

3.1.1 A question about experience.

My chosen qualitative, experiential research methodology stems from this study's question (Darlington & Scott, 2002; Reicher, 2000) about participants' lived experiences of PBRT. Other methodologies might answer other kinds of question. A discursive methodology might explore how trainees' talk about PBRT was culturally or discursively constructed, or informed. A theory-building methodology might explore this new territory of PBRT experience (Charmaz, 2008), but use this to model or theorise trainees' understanding of PBRT, or how (better or worse) it worked as a social process. I felt an experiential question would contribute more to this study's aims (2.7), in particular to asking trainees 'what it was like' to experience PBRT. In the absence of other experiential data, it seemed important to ask an experiential question first; I hoped other questions might follow later.

3.1.2 Context, interpretation, discourse.

Phenomenological research describes (gives voice to) the texture of individual experience rather than claiming truths about populations (Larkin, Watts, & Clifton, 2006). Influenced by Husserl's transcendental phenomenology, Interpretative Phenomenological Analysis (IPA, Smith, 1996) emphasises discarding our natural inclination to categorise, engaging instead in phenomenological reduction, or 'leading back' to 'the things themselves' (Shinebourne, 2011). We must, as far as possible, bracket our assumptions (epoché) "to allow ourselves to become fully aware of what is actually before us" (Willig, 2013, p. 84).

I chose IPA from the stable of phenomenological methodologies for various reasons. IPA focuses idiographically on the meanings for individuals or small groups of specific experiences, particularly life-events transforming sense of self or identity, or experiences involving complexity, process, or novelty (Eatough & Smith, 2007; Larkin et al., 2006; Smith & Osborn, 2008). Since its beginnings in health psychology, coverage among applied psychologies including counselling psychology has increased (Brocki & Wearden, 2006; Smith, 2011a). Some studies have explored professional experiences interfacing with professional identity (e.g., Allan, 2014; Mantica, 2011; Rizq & Target, 2008).

Additionally, and relevantly to this study, IPA is distinguished from other phenomenological methods by its further theoretical influences in existentialism, hermeneutics, and symbolic interactionism (Eatough & Smith, 2007). Beyond Husserl's phenomenology, Heidegger's existentialism (1927/1978) proposes that an interpretative, hermeneutic lens is inevitable: ontologically being-in-the-world or being-there ('dasein') is an inextricably contexted, relational, discursive experience. Thus, IPA is interested in *context*, our concrete and typical daily practices and involvements - "interactions, workload, relations to others, experiences of the body, and experiences of time" (Lopez & Willis, 2004, p. 5). Symbolic interactionism (Blumer, 1969; Mead, 1934) further theorises IPA's relational and discursive elements: mind and self come into being relationally through social interactions (Eatough & Smith, 2007).

Heidegger's contextualism suggests we are "always located, always amidst and involved with some kind of meaningful context...there is no view from nowhere" (Larkin, Eatough, & Osborn, 2011, p. 8). This seems to problematise a full phenomenological reduction, since our observations, stemming from situated bodily experiences, are always intentional and always interpretations. So how can IPA aim both to describe, and to interpret or make sense (Larkin et al., 2006)? The hermeneutics of Gadamer and Ricoeur may clarify the process: interpretation involves a fusion between text and interpreter, in which the interpreter enters the text, takes up possibilities within it, and willingly changes through the process (Willig, 2012). Recent post-phenomenological ideas may also be helpful in re-envisioning phenomenological knowledge as 'multi-dimensional' and 'multi-stable', and therefore always

“contingent, proportional, emergent, and subject to alternative explanations” (Finlay, 2009, p. 17; Ihde, 2008).

Overall, IPA robustly theorises the intersection between experience, context, interpretation and discourse within a broadly critical realist epistemology (Bhaskar, 1975; Guba & Lincoln, 1994). While meanings are constructed through interactions with the world, including the discursive world, by engaging carefully with what people say, usually via transcribed interviews (Smith, 2004), we may get close to how they experience phenomena (Smith, 2011a). The space to explore interactions between experience and discourse, without adopting a purely discursive position, felt helpful given this study’s primary interest in experience, albeit experience within highly discursive domains.

IPA’s interpretative stance embraces both researcher and researched’s relation to the world (Salmon, 2003): researcher makes sense of participants’ sense-making - the ‘double hermeneutic’ (Smith, 2004). There is an open church in terms of possible co-constructed theoretical bases for interpretation, as long as these are grounded in participants’ data and preceded by a descriptive or empathic reading (Ricoeur, 1970; Smith, 2004). This positioning fits well with counselling psychology’s emphasis on relationality, intersubjectivity, and theoretical pluralism (Orlans, 2013), and with my own developing position within this (cf. opening reflexive statement). Additionally, the double hermeneutic helpfully frames the footing, stake, and interests of this study (Potter & Hepburn, 2005). My experiences were overlapping with but distinct from participants’ experiences. For instance, at the time of the interviews, we were all second-year trainee counselling psychologists; however, I was from a different training institution. Participants and I had experienced a different research syllabus; and my course reflected a CBT/psychodynamic theoretical orientation, while participants’ training reflected a person-centred/CBT orientation. I explore further intersubjective elements below (5.2.2).

3.2 Initial fieldwork

In 2012, I carried out internet research to explore the extent to which UK counselling psychology training institutions seemed to incorporate PBR training or tasks (PBRT) into their syllabus. Based on this initial fieldwork of publicly available information, it seemed as though many trainings, similar to the one I had undertaken at London Metropolitan University, offered a research syllabus consisting of two main components: teaching in quantitative and qualitative research methodologies, and doctoral thesis support and supervision. There were few references to the teaching of PBR methodologies such as case studies, process research or effectiveness research. In the majority of courses, research and clinical theory or practice modules appeared to be separately taught.

However, two UK training courses seemed to be doing something different. There were explicit references on these counselling psychology courses' websites to some form of PBR agenda. In one institution, there looked to be a programme of effectiveness research tied to trainees' placement provision; in the other institution, trainees were required to produce research case studies based on their clinical work. I made initial enquiries with both these institutions, making use of contacts I had made in recent years. The course leader in the first institution expressed an interest in my topic, but suggested that their training might not be the appropriate ground for my study at that time. The second course leader expressed an interest in collaborating with me in relation to the study I had in mind.

Subsequently, I met with this course leader, who kindly offered to introduce me to second-year trainees on this training course, so that I could ask them to participate in this study (cf. 3.5.1 Participant recruitment and briefing). The course leader also kindly provided me with some preliminary fact-based information about the structure and context of the training programme to contextualise my planned study. Figure 2 represents the field notes I gathered from this meeting.

Practice-based research training (PBRT) in a UK Counselling Psychology setting

1. PBRT includes two practice-based research coursework tasks during the first and second years of the training programme respectively.
2. These pieces of coursework do not relate directly to trainees' doctoral thesis task.
3. First-year trainees carry out a classroom-based research case-study; second-years complete a client-based research case-study.
4. In both case-studies, a research question is generated from trainees' practice and a systematic method applied (including study rationale, procedure, sampling, ethical approval etc.).
5. Methodologies can include case-study, process research or pure qualitative methods such as thematic analysis.
6. There is less emphasis on PBR as methodology, more on the provocation of an inductive mind-set in generating research questions from practice.
7. The course identifies more as a research degree than a clinical training.
8. A collegiate and collaborative research atmosphere is encouraged between staff and trainees.

Figure 2. Initial fieldwork.

3.2.1 The practice-based research coursework tasks.

As outlined in Figure 2, trainees at this UK counselling psychology institution needed to complete two practice-based research tasks during the first and second years of their training respectively. These tasks were coursework tasks, and while they needed to be of a standard appropriate to doctoral study, they were not part of the trainees' doctoral thesis, which was a separate piece of research.

The first-year PBR coursework task was a research case study based on clinical role-plays in the classroom between trainees (an 'analogue' study). The second-year PBR coursework task was a research case study based on trainees' clinical work with clients at their placements. After discussion with the course leader, I decided that the topic of the present study would be trainees' experiences of their second-year research case study coursework task, since this task most closely resembled a piece of PBR that might be done in other contexts, for instance, in the field by qualified professionals. We also agreed that this task, taking place at a later stage of the training in the second year, would be more interesting for

both researcher and participants to reflect on and to explore. Specifically, trainee participants would have had more time and opportunity to digest their experiences and understandings of PBR coursework(s) by their second year.

For the second-year research case study coursework, trainees needed initially to generate a research question based on their clinical work with one client from their placements. Support for this initial stage of the process came from classroom and individual discussions with course tutors. Trainees then needed to apply a systematic research framework to answer this question. This framework included a rationale for the study, and research procedures such as sampling, ethical clearance, the gathering of data, the application of a research methodology, and the generation of findings, discussion, and a conclusion. Ethical procedures relating to this second-year case study coursework were managed through the university's research ethics committee, and did not generally involve ethical clearance within trainees' clinical placement contexts.

The research methodology trainees used for their research case study primarily stemmed from and depended upon the research question they wished to ask. A relatively broad church of research methodologies was allowable or possible. These methodologies could potentially include bespoke PBR methodologies (such as case studies, process research or effectiveness research, cf. 2.3), more generic social science methodologies (such as IPA, thematic analysis or grounded theory), or a combination of these to suit the purpose. As the course leader explained to me in our preliminary meeting (Figure 2), this attitude towards methodologies reflected an emphasis within the training on PBR as a process of inductively asking questions of one's practice, as opposed to PBR as constituted by particular research methodologies. In parallel with this, the course leader characterised the practice-based research teaching offered within the training as more about the provocation of an 'inductive research mind-set' among trainees with regard to their clinical practice, as opposed to the formalised teaching of particular PBR methodologies.

Table 3 describes the five case studies carried out by the five second-year trainee participants of this study (for further information about this study's participants, cf. 3.3). I have anonymised the case study topics to protect and preserve participants' confidentiality and anonymity. In relation to the five case studies, the table details participants' research questions or topics, the types of data gathered, data collection methods, and data analytic strategies. In participants' second training year, all coursework needed to reflect CBT theory, research, or practice. All participants' case studies therefore reflected in some form the adding in or introduction of CBT into their person-centred work.

As Table 3 shows, **Reena**³ carried out a pragmatic case study, using Fishman's (2002) pragmatic case study methodology to investigate the experience of integrating compassion-focused CBT work into an otherwise person-centred therapy. Pragmatic case studies aim to offer a rich description of a course of therapy, and to consider this critically and reflexively in the context of the therapist's chosen theoretical stance and relevant research literatures (Iwakabe & Gazzola, 2009). In a similar fashion to the discussion above about PBR as pragmatic knowledge (2.5.4), Fishman (2004) contrasts pragmatic case studies as a form of cyclical, pragmatic 'disciplined inquiry', with linear, technology-generating 'applied science' versions of professional activity (Peterson, 1991).

Another participant, **Tom**, recorded and transcribed a therapy session with a client, and used IPA (Smith, 1996) to explore his own experience of using CBT skills during person-centred therapy. **Aisha** listened to two recorded therapy sessions, then recorded and transcribed her recollections of their processes (brief structured recall, Elliott & Shapiro, 1988). She subsequently analysed her recollections using thematic analysis (Braun & Clarke, 2006) to investigate the factors that had affected her use of planned CBT in the context of person-centred work.

Jess wrote reflexive journal entries following eight of her client sessions (four sessions with two different clients). She subsequently analysed these entries using grounded theory

³ All participants in this study are referred to throughout using pseudonyms.

(Strauss & Corbin, 1998), to explore her evolving perceptions of her therapeutic competence. Finally, **Maya** gathered data for her study by arranging a research session in which she and her client listened back to a therapy session together, and exchanged their recollections on its processes (interpersonal process recall, Kagan, Schauble, Resnikoff, Danish, & Krathwohl, 1969). During the therapy session, Maya had introduced a relaxation technique into her person-centred work with her client. Maya transcribed this research session, and analysed its data using grounded theory (Strauss & Corbin, 1998) to investigate how effective introducing the relaxation technique had been for the client.

Table 3

Participants' Second-Year Case studies [topic details anonymised]*

	Data	Data Collection	Analytic Strategy	Topic (anonymised)
Reena	Course of therapy	Recorded sessions	Pragmatic case-study (Fishman, 2002)	Integrating compassion-focused work into person-centred therapy
Tom	One client session	Recorded, transcribed session	Interpretative phenomenological analysis (Smith, 1996)	Experience of using CBT skills during person-centred therapy
Aisha	Two client sessions	Transcribed stimulated recall from recordings	Thematic analysis (Braun & Clarke, 2006)	Factors affecting the future use of planned CBT in person-centred work
Jess	Sessions with two clients (8 total)	Written reflexive journal entries	Grounded theory (Strauss & Corbin, 1998)	A trainee's perceived therapeutic competence
Maya	Interview with client based on one session	Transcribed interpersonal process recall from recorded interview	Grounded theory (Strauss & Corbin, 1998)	Effectiveness of a relaxation technique in person-centred work

3.3 Participants

Participants were five second-year trainees purposively sought from the above counselling psychology training. These trainees were due to submit their client-based research case study coursework in the spring of their second year. I asked to interview participants as soon as possible after they had written their initial case study coursework draft. From my own experiences, a first draft is often when much reflection happens, and given I was less interested in assignment submission experiences; I hoped this timing would offer a mutually helpful reflective opportunity (for a further discussion of this timing criterion, cf. 5.2.1).

IPA gathers particular data from small, homogeneous samples (Smith & Osborn, 2008). This study's sample needed to be small enough to elicit rich data, while sufficiently representing this cohort of 11 trainees to be potentially more widely useful. By the end of July 2013, nine trainees had met the first draft completion criterion; interviewing five of these nine seemed adequately representative. Participants' demographic differences (Table 4) seemed methodologically unproblematic; the particularity of training setting and stage amply and relevantly fulfilled the homogeneity criterion.

Table 4

*Participants' Demographic Details [*pseudonyms used throughout]*

Participant	Gender	Age	Ethnic origin	Employment
Reena	Female	25-34	Black or Black British (Caribbean, African, other Black origin)	P/T employed
Tom	Male	18-25	White (White British, Irish, other White origin)	Not employed outside the training
Aisha	Female	25-34	Asian or Asian British (Pakistani, Bangladeshi, other Asian origin)	Not employed outside the training
Jess	Female	35-44	White (White British, Irish, other White origin)	P/T employed
Maya	Female	25-34	Chinese; other ethnic origin	Not employed outside the training

3.4 Materials

Briefing, debriefing, recruitment and consent materials are at Appendices A-G. The semi-structured interview schedule (Appendix H) incorporated open-ended exploratory questions, and prompts about context, experience, meanings and identity. I chose interview questions and wording based on contextualising literature, published course information, my discussion with the course leader (3.2), and methodological considerations. I piloted these materials with university peers, whose comments on comprehensibility and apparent appropriateness to the task generated useful minor amendments.

3.5 Procedure

3.5.1 Participant recruitment and briefing.

The training course leader kindly introduced me to second-year trainees in March 2013, emphasising his/her independence from the study, and leaving before the ensuing discussion. I distributed a briefing document, briefly outlining my aims, and considerations of confidentiality, anonymity, informed consent, and data-protection relevant to participation (cf. also Appendices A, B, D, F). I emphasised trainees would have an opportunity to engage with and comment on confidentiality and anonymisation procedures and findings, before any external publication. I suggested that interpretative disagreement would be welcome, and expected; however, we would work together ensure participants were comfortable enough before considering external publication (Rizq, 2008). I also emphasised trainees were free to withdraw from the study without consequence up until the time I planned to begin analysing data (Appendix F). These discussions took place again with participants individually prior to the start of the interviews. Both at the recruitment meeting and at the pre-interview briefings, I invited participants to discuss any concerns and to raise any objections to the study or its procedures.

Following the recruitment presentation and discussion, to alleviate potential group pressures, having distributed a recruitment form (Appendix C) and envelopes for responses,

I left the room, suggesting participants might disperse if they wished to keep their participation decisions confidential.

3.5.2 Pilot interviews.

Two participants offering the earliest interview times agreed, successively, to act as pilots. It seemed important to pilot the interview schedule initially *in situ*, given this study's relatively specific context, to explore questions' relevance and balance further. For instance, 'PBRT' referred to both training in and doing PBR, but how would these elements figure, proportionally, in participants' experiences? Having discussed the pilot interviews with my supervisor, I reduced and re-ordered interview questions, after which the schedule seemed good enough (Appendix H) (cf. 5.2.1 for further considerations that arose in relation to the pilot interviews).

3.5.3 Interview procedure.

Audio-recorded interviews at participants' university lasted around an hour, with a further half-hour briefing, consent, and debriefing time. The room I booked through a university administrator was ideally light, quiet, and discrete. I conducted no more than two interviews each visit, allowing a couple of hours' gap between interviews to encourage inter-participant anonymity, and so I could have a break and make notes. Following further briefing and discussion, each interview began. Having memorised the schedule, I used it flexibly to guide, not dictate the conversation's course, allowing for spontaneous questioning (Eatough & Smith, 2007). I tried to listen carefully, to speak little and be slow to speak (Roulston, 2010), to elicit long, rich, experiential answers, and to explore meanings of discourse-laden concepts (for instance, 'practice-based research' itself) (Kvale 1996; Potter & Hepburn, 2005). Although interview questions were about training or professional experiences and not personal or emotional experiences, mindful of my own uncertainly experienced boundary between these two areas, I offered to pause or end the interview if needed in case of distress (Appendix G). I encouraged feedback after the interviews.

3.5.4 Post-interview processes.

After each interview, I audio-recorded my thoughts and feelings, to capture them for the analysis stage, and to bracket them off and stay as open as possible to ensuing interactions. I tried to free-associate as long as possible (Hollway & Jefferson, 2000). While ethically, interviews needed not to involve therapeutic or interpretative relating (Kvale, 2003), I envisaged a kind of therapeutic sensitivity to their process (Midgley, 2006b; Yardley, 2000), seeing the interviews as meta-communicative events and part of my research object (Briggs, 1986). There were emotional as well as methodological considerations. Rizq (2008) suggests that the research interview relationship “necessarily and primarily involves a complex intersubjective interplay of conscious and unconscious dynamics” (p. 2). She highlights how during interviews, the potential for apparent fusion between researchers and participants, given researchers’ relative silence regarding their own perspectives, may generate emotional strain for researchers (and later anxiety or guilt, cf. 5.2.2). The audio-recording process helpfully (re)introduced the “third space” of my own subjectivity (p. 6).

3.6 Analytic strategy

I transcribed and analysed interviews primarily using Smith et al.’s (2009) procedures. In transcribing, I tried to capture non-verbal information, pauses, and tone accurately (Table 5). Transcribing represented a further contact with the data, generating further thoughts, feelings and questions, which I noted, again aiming to separate these off and to continue to stay open (Willig, 2012).

I transposed each transcript into the right-hand column of table in a Word document. At the first ‘encounter’ stage, I read each transcript several times, whilst continuing to note responses. After several readings, I chose to analyse Reena’s interview first. It had stuck in my mind, perhaps being chronologically first, but I also felt drawn to her descriptions of how her understanding of PBR had evolved through her experience.

Table 5

Transcription Conventions (including conventions used in narrative of findings)

Convention	Meaning
(word)	word inaudible – best guess
WORD [emphasis]	word spoken louder or toned upwards / higher + emphasised
[emphasis]	immediately preceding word emphasised (but not louder etc.)
.....	participants' natural pauses - one dot per pause second
(...)	text removed due to word-count, perceived lower relevance, (e.g., interviewer's "Mmms"), gap over a sentence, paragraph or turn
[smile]	non-verbal act or information
(overlap)	one person speaking over other
.,?!]	punctuation provides intonation information
[this university]	anonymised identifying information, or nouns replace pronouns for clarity
[sic]	written as heard, including possible slips, errors etc
<u>underlining</u>	tonal emphasis within a word (where noticed)

In the second stage, I used the middle column of Reena's transcript to code descriptively, linguistically and conceptually. Initially I read slowly and carefully, staying close to Reena's words, condensing or copying descriptive elements (plain text). Linguistic coding (green text) followed, overlapping a little with descriptive coding. I highlighted word choices, metaphors, use or shifts of pronouns or positions, fluency, pauses, lacunae, repetitions, terminology, tone, and discursive functions (Smith, 2004). After this, more explicitly analytical, conceptual-level coding (**bold text**) brought me further into dialogue with the data as my appraisals of patterns, tensions or connections (Smith, Jarman, & Osborn, 1999) began to emerge. One influence on IPA is Merleau-Ponty's phenomenological idea

(1964/1968) that what is not visible defines what is: at this level, I also considered what participants did not say or might have said but did not.

Thirdly, I clustered the larger data set (ground data + codes) into succinct theme statements in the left-hand column, reducing volume while retaining complexity. I worked by sentence and by paragraph, trying also to hold in mind my emerging sense of the whole transcript in a hermeneutic circle where old (fore-understandings) and new (data), part and whole, are dynamically related (Smith et al., 2009). At the fourth stage, I copied left-hand column themes into a document, eye-balling these, and experimenting with clustering them using copy/paste and mind-mapping techniques (Buzan, 2006). At one point, I wrote a summary (a 'gestalt'), trying to use my writing's flow to capture and consolidate my ideas. Gradually, an organisation diagram and structured theme and quotation table emerged.

The fifth stage repeated these steps for the remaining transcripts. Finally, I reviewed each transcript's theme structure, mind-mapping possibilities for an overall structure. I considered not only themes' prevalence, but also their emphasis within particular interviews, and the extent to which they seemed to generate deeper understandings (Smith et al., 1999). Beginning a written narrative further refined the structure. I diarised this intensive analytic process, subsequently discussing it with my supervisor. A university peer kindly reviewed my initial narrative, suggesting its findings seemed grounded in the data I had selected to illustrate (Yardley, 2000).

3.7 Ethics and quality

In accordance with the *BPS Code of Human Research Ethics* (2010), London Metropolitan University's *Research Ethics Guidelines* (2012), and the *Data Protection Act* (1998), I have undertaken to respect my participants, protect relevant individual and institutional interests, identity and data, and manage the risk-to-benefit balance of this research. I have protected all data in a password-protected folder either on my PC or in a secure lock-box at my home. I have undertaken to delete all audio-recorded data and printed data containing participants' names following the (hoped-for) doctoral award and any subsequent publications.

The quality and utility of this study form part of its ethical commitment. Camic, Rhodes, and Yardley (2003) propose four over-arching quality criteria for qualitative research: (a) groundedness, (b) thoroughness, (c) clear description, and (d) meaningfulness. We can only ever review our work against such criteria subjectively, and perhaps these kinds of guidelines sublimate understandable anxieties about representing people's subjective experiences within a third-party perspective (Rizq, 2008). Notwithstanding these points, I have tried to illustrate my commitment to (a) and (b) at 3.6 (Analytic strategy), and more broadly in engaging with wider literatures and methodology relevant to this study. I hope (c) will be evident to readers; (d) might be evaluated in the discussion below (Chapter Five) of this study's potential implications.

3.7.1 Participant confidentiality, institutional anonymity, and respondent validation: Ethics, epistemology and reflexivity.

Ethical research involves continually and reflexively negotiating unforeseen challenges throughout the research process (Willig, 2012). One particularly important, on-going consideration in this study has been issues of institutional anonymity and participant confidentiality. Institutional anonymity has been important to maintain in order also to preserve participants' individual confidentiality. However, institutional anonymity may be difficult to guarantee completely, since this training's specific PBRT syllabus might be publicly known or knowable to readers of this research. Nevertheless, I have thought very carefully throughout this study about how to establish and maintain institutional anonymity. I have not named or identified the institution within which this study took place either in the written thesis, or verbally to any of my colleagues. The exception has been my discussions with my research supervisor, Dr Anna Butcher, who undertook not to disclose the name of the institution any further.

In terms of individual participant confidentiality, I advised all participants to consider carefully whether and with whom to share their decision to participate in this study. I also took steps during recruitment and during the interviews to encourage inter-group anonymity (3.5.1, 3.5.3). Throughout this written study, participants are referred to using pseudonyms,

and all potential identifiers have been carefully scrutinised, and either removed and anonymised. However, IPA methodologists such as Michael Larkin emphasise that IPA studies often need some contextualising detail in order that findings are meaningful (M. Larkin, personal communication, April 9th, 2014). I have carefully considered the balance between the meaningfulness of this study's findings and their potential to generate clear, contextual understandings on the one hand, and the ethical need on the other hand to protect participant confidentiality. After careful consideration, some demographics (3.3) and details of participants' second-year case studies (3.2.1) have been included in this study; however these contextualising details have been kept to a minimum, and anonymised in so far as it has been possible to do so without compromising meaning-making.

Overall, this study has involved particular challenges and considerations with respect to institutional anonymity and participant confidentiality. Many qualitative research studies cast a considerably wider net across a much larger potential sample initially. It is rare that an anonymised study takes place in such a very specific, particular context – one year-group of one training institution, which is doing something very specific and particular with respect to its research training procedures. I thought carefully about what I would need to do to ensure that participants and institution were comfortable if this study or part of it were published externally. Prior to any external publication, I decided there would need to be a very thorough re-engagement, both at participant and institutional level, with respect to the confidentiality and anonymisation procedures in the written up study.

I therefore plan to engage in a second round of ethical discussion and potentially clearance procedures before this study is published, if and to the extent that this is felt to be needed by any stakeholder. Within this process, I plan to offer all participants the opportunity to object to the inclusion of particular quotations, if they feel these to be a source of any kind of discomfort, or to be identifying in any way. If so, I will remove these quotations from any externally published write-up of the findings. At institutional level, I will seek to re-engage with the training course leader, and will invite him to check the accuracy of the contextual information about the training included in this study, and to comment on institutional

anonymisation procedures. Overall, my aim will be to ensure that all the stakeholders in this project, both at individual and institutional level, are entirely comfortable before external publication is considered.

Due to this particular need for a thoroughgoing re-engagement with participants and stakeholders about issues of confidentiality and anonymity, initially from a pragmatic point of view, I decided that this re-engagement might best occur after I had submitted my thesis, but before any consideration of further external publication. One important factor supported this decision, in the absence of which, I believe I would have come to a different conclusion. London Metropolitan University stores one non-removable hard copy of all doctoral theses in its library stack system, but it currently has no open repository for doctoral theses. If the university created an open repository in the future, it would still be entirely the student's decision as to whether their thesis was included within this repository. Additionally, the university does not automatically submit theses to the online British Library Ethos repository system. Again, the student decides whether to submit the title, contents and abstract pages (only) of their thesis to Ethos.

As I had made enquiries about these procedures in advance, I was in a position at the planning stage of this project to know that my thesis would not need to be published, in whole or in part, externally or online, in any form, but would reside only in one non-removable hard copy in the London Metropolitan University library stack system. I could therefore ensure that external publication would not take place until I had thoroughly re-engaged with participants and stakeholders. Had London Metropolitan University had different arrangements or requirements with respect to external thesis publication, I would have made a different decision about the timing of seeking approval of confidentiality and anonymity procedures within this study.

More reflexively, a final element involved in my decision-making about the timing of this process (and about the scope of this study, cf. 5.5.2) was my own relationship to training time. I put myself under pressure to complete my counselling psychology training on time. I

wanted to get back to having more time to spend with my family, time which training to some degree, despite my best efforts, had compromised. I also felt under pressure to start earning a living to support my family after a lengthy period without an income. These more personal elements were perhaps, on reflection, a less conscious influence on my decision pragmatically to defer what I knew might need to be a detailed and lengthy re-engagement with participants about institutional anonymity and confidentiality. While I wished and still intend, to honour my ethical commitments to participants, I have organised this process in such a way so that it has also not delayed my own progress through the training. However, overall, I hope to suggest that I have acted and will continue to act in an entirely ethical and respectful way in the context of this study and its participants.

Given this particular need for a thoroughgoing re-engagement with participants in relation to institutional and individual anonymity and confidentiality, it seemed sensible to carry out procedures relating to respondent validation and interpretation checking at the same time. Again, I had advised participants at both recruitment and briefing stages about the timing of this re-engagement. I had also made it clear to participants at the recruitment stage (3.5.1) and at interview briefing stage (3.5.3) that a two-fold procedure would be offered – that is, participants would have the opportunity both to check that they were comfortable with confidentiality and anonymity procedures and to review my interpretations or findings at the same time (cf. also Appendix A).

In IPA, there is some complexity around the issue respondent validation; it is a frequently discussed issue in the IPA literature and in the qualitative methodological literature more widely. IPA makes a claim to encompass both phenomenological description, and interpretivism and hermeneutics. I have discussed understandings of the balance or relation between these two elements within IPA above (3.1.2). As researcher, my anticipation of, and decision-making around, respondent validation seemed to have had emotional, epistemological, and ethical correlates. At times, these correlates felt difficult to unpack or to separate. I expand on these issues in the remainder of this section, and discuss some of the emotional turns in my experience as a researcher further in Chapter Five (5.2.2).

Epistemologically and ethically speaking, from what position do researchers ask participants in IPA studies to validate their interpretations? From an ethical perspective, Brinkmann and Kvale (2008) suggest that within any qualitative research, we must allow participants to object to our interpretations. Similarly, Willig (2012, p. 157) argues that, in phenomenological research, which aims to explore participants' meaning-making of their experiences, participants' endorsement is valuable and to be valued. Epistemologically, Williams and Morrow (2009) suggest that in any phenomenological qualitative research, we should always seek participants' feedback, as it represents an excellent check of the 'right' balance between participants' voices and researcher's interpretations. However, Langdrige (2007) takes up a different position, arguing that even in phenomenological research, if participants do not recognise interpretations, or consider them relevant to their worldview, it does not mean that these interpretations are invalid. In the context of IPA's hermeneutic (whether we view this through the lens of critical realism, constructivism, or a more thoroughgoing social constructionism), there is no claim to have accessed the 'real' meaning of participants' words. There is only a commitment to listen as closely as possible, and to ground any interpretations as carefully as possible in participants' data, as the researcher has listened to and heard this (e.g., Smith et al., 2009).

How can we broker a solution to these epistemological and ethical complexities? In the context of an IPA study of the personal therapy experiences of qualified counselling psychologists, Rizq (2008) highlights the underlying emotional processes involved in qualitative research, and helpfully alludes to the idea of a Winnicottian-style 'good enough' interpretation (Winnicott, 1953). This idea allows for the possibility that interpretations in IPA must be connected enough to the participants' data that they are recognisable, while at the same time they can be separate, different and 'other' to participants' own thoughts and experiences. This idea was behind my thinking when I suggested to participants, both at recruitment and briefing stages of the project (3.5.1, 3.5.3, Appendix A), that interpretative disagreement would be welcomed and expected. However, I said that I would undertake to ensure that participants were comfortable enough with my interpretations before considering external publication.

As I have outlined above, I will work with participants on this respondent validation process at the same time as ensuring that participants and stakeholders are entirely comfortable about the procedures undertaken to ensure confidentiality and anonymity. While interpretative disagreements may be a matter for gentle debate or exchange, I will immediately and entirely respect, and if necessary act upon any disagreement or request from participants or stakeholders in relation to confidentiality and anonymity matters in any future external publication.

4.1 Findings overview

This study's findings form three superordinate themes and nine sub-themes (Figure 3).

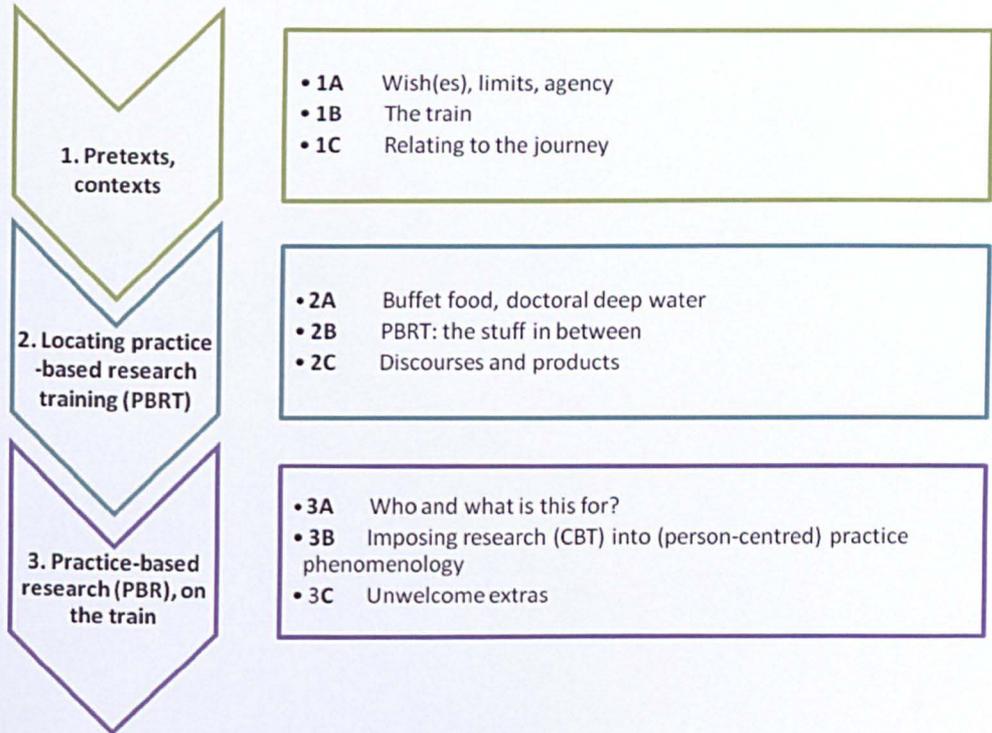


Figure 3. Superordinate themes and sub-themes.

Although each superordinate theme represents a discrete collection of meanings, these themes also act sequentially as successive experiences, meanings, and contexts contributing to the central question about PBR(T)⁴ experiences, including 'training' and 'doing' elements. All five participants' accounts converge and diverge to contribute to all nine sub-themes below. The master theme table in Appendix M reproduces all selected quotations, including quotations partially referenced below, or not referenced, due to word-count. In the first superordinate theme (1: Pretexts, contexts), participants' unique stories of embarking on their counselling psychology training are a 'pre-text', or past template, for their

⁴ In this study, PBR(T) refers to training in PBR and doing PBR in a training context.

subsequent meaning-making during training. Likewise, participants' broader training experiences are a context (text with, alongside or around), situating their research training experiences. The latter are discussed in the second superordinate theme, (2: Locating practice-based research training (PBRT)). These two superordinate themes frame the third: participants' experiences of doing PBR while training (3: Practice-based research (PBR), on the train).

4.2 Superordinate theme 1: Pretexts, contexts

I first asked participants what drew them to counselling psychology training, and what thoughts they had, if any, before they began, about their future career. A detailed portrait of their replies in the first sub-theme (1A: Wish(es), limits, agency) introduces (pretexts) each participant. The second sub-theme focuses on participants' broader training experiences, using a train journey metaphor (1B: The train), moving their stories on, as it were. The third sub-theme explores responses to the train(ing) journey (1C: Relating to the journey). Taken together, these sub-themes offer pretexts and contexts for participants' experiences of PBR(T).

4.2.1 Sub-theme 1A: Wish(es), limits, agency.

Within participants' pretexts for counselling psychology training, I noticed initially their expressing what they wanted ('want' 'wish' 'desire' are interchangeable below), whether this was one or more thing(s) (practice, research etc.), and how these wishes evolved. Participants also described limits, and the balance between their own processing (thinking, knowing, deciding) and the involvement of others, or of chance. I use 'agency' to capture this latter idea. Two participants suggested their original desire related to practice or counselling. **Aisha** began with Carl Rogers:

It was basically Rogers I began reading and I connected with it quite a bit, and I decided that's what I'm gonna do. So I had those blinkers on. I came to [University X] and I did the counselling course there, and I enjoyed it so much that I decided to do a doctorate (...). And at the time when I finished my counselling degree I just thought that if I went back [to my country of origin] and I said this is what I want to do (...) people would question my age (...) And with one Masters from God knows where in England and that I think I'm the cat's whiskers or something, so I carried on studying (...) this is the first time

I'm actually going to spell it out so loudly (...) I've always wanted to help people and that's the reason but I, I had more sort of humanitarian help ideas in my mind (...) so for the doctorate I decided to do my research on [a human rights issue] in [my country of origin]...I think that was a very deliberate way for me (...) marrying my passion for working within a humanitarian context in the future (...) with my research (...) So I think that was a very deliberate choice...just to bring about awareness, and for me research plays a big role in that 'cos if you're not producing any evidence...you can't really call for some sort of...funding or even a humanitarian intervention (...) research is what will get you through policy-makers and other institutions. So that's something very important for me to be able to build my skill enough to be able to do a decent piece of work (para.4-58)

Aisha's narrative grew from smaller decisions about counselling to larger research objectives. Initially not looking around, she focused on a narrow path ahead ("blinkers"). Her counselling ambitions then expanded into a decent, humanitarian project, integrating ("marrying") research with practice, using research to communicate or amplify ("spelling out loudly", as Aisha did here) social issues relevant to practice. Aisha's agentic account involved planful, deliberate, decisions represented by chains of contingent thinking (if x, then y, or, no y without x): no aid without funding, no funding without awareness, no awareness without evidence, no evidence without research, no research without a doctorate. In parallel, more personally, perhaps, no respect without a doctorate: Aisha suggested she needed a doctorate so others would not perceive she was improperly where she should not be ("the cat's whiskers").

Tom had an initial idea of himself as a practitioner, and this had endured:

I don't personally want to be a researcher at the end because I want to be on the practitioner side of things and [intake of breath] I s'pose thinking about the beginning of the course I had an idea of what sort of...maybe not what sort of practitioner I wanted to be but what...I would look like or where I would be as...as a psychologist (para.64)

Tom's image of himself, not entirely worked out, at least fitted what kind of a practitioner psychologist he would look like or where he would be. Unlike Aisha and Reena (below and 1C⁵), this excluded any desire to be a researcher. Elsewhere, Tom described his route into training as a "long story cut short" (para.16, Appendix M, section 1A) - something long-

⁵ For ease of reference, throughout this study, I make references to findings' sub-themes as "1A", "2B", "3C" rather than using their contents' reference headings (4.2.1, 4.3.2, .4.4.3 etc.)

standing, deep-rooted perhaps, which crystallised in a particular moment: a personal experience of CBT, which was singularly not what he wanted or expected. Subsequently, he felt drawn to counselling psychology's humanistic principles, through which he hoped to offer a different kind of therapy to others in future:

the one feeling which...came from that experience was a real sense of disconnection with her [the CBT therapist]. I didn't see it as...um...a relationship as such...she sort of made me to do that, do that in the session stuff, gave me lots of stuff to read [intake of breath]...so I thought well is that, is this what therapy is, in a way? (...) it wasn't really what I wanted or expected I s'pose? And then purely by coincidence in some of the lectures...counselling psychology came up, and from there um everything snowballed into how it's interested me in my own experience of therapy and I s'pose what I wanted therapy to be for other people [emphasis]...I didn't want people to think, feel, how I felt when I came out of those five weeks thinking...I'm not quite sure what the purpose of therapy was? So that's the main reason why I came into counselling psychology...I really liked the, I s'pose, humanistic stance...thinking of someone as a person rather than a diagnosis (para.20-26)

In Tom's CBT, "stuff", both during sessions and afterwards, got in the way of what he may really have wanted, a sense of "connection with her". Perhaps this stuff cut short his longer story, his own stuff. CBT material 'inter-ventions' (doing and reading stuff) were an unwelcome, unexpected third element, not real or really what he wanted, converting the exchange into a one-way, objectifying clinical appraisal ("thinking of someone as...a diagnosis"). After CBT, Tom's route involved chance, "purely by coincidence" he learned about counselling psychology, and then one thing built upon another, became larger, with increasing momentum and speed. This 'snowball' might imply limited or disowned agency, depending on whether Tom was inside, or pushing, the ball.

Reena expressed her initial wishes more in terms of child versus adult psychology than practice or research. Reena discarded her long-standing wish to be a child psychologist, as she "carried on", like Aisha, but in a different fashion. One thing led to another ("so"... "so"), so where she finished up was not where she thought she would:

I've wanted to be a child psychologist for a long time, so I went into uni being very open-minded so I did psychology and childhood studies combined degree, but I didn't know how that was gonna make me a child ps..psychologist to be honest so [intake of breath] I was just very open-minded and like carried on studying...and I started looking at opportunities of what do I wanna do post-graduation, is it gonna be child psychology? Or is it gonna be counselling or clinical psychology?...I didn't apply for child psychology actually [smiles, laughs]

a bit] that got thrown out of the...[ahem] window. I applied for both clinical and counselling psychology so em...yeah, so I got into counselling psychology that way!...It's not like it has been a PASSION [emphasis] of mine from like when I was little or anything but [intake of breath] you know...that's the way things work for me [laughs] (para.10-14)

Reena's particular version of agency involved open-mindedness, following multiple options and not knowing. Her phrase "thrown out of the window" and lacuna at "so em...yeah" after clinical psychology perhaps suggested a sanctioning of not worrying too much about what got lost - a relatively care-free chucking of past desires to go with things as they worked out. Emphasising not a "PASSION" perhaps implied child psychology was a passion, but growing up had meant shedding child psychology and childhood passions pragmatically, to move forward into adulthood, in parallel taking up counselling psychology's primarily adult working concerns (even if these refer back to childhood passions or exigencies...).

Contrasting with these first three, **Jess'** and **Maya's** accounts began from their wanting higher qualifications to improve job prospects. With long-standing experience of working in schools, **Jess** wanted a more significant role in this context. Like Reena and Tom, but in her own way, she emphasised chance or happenstance, and limits, as much as, if not more than, desires. She described her route into training as follows:

I fell into it essentially...I applied for educational psychology initially um, and I didn't get in, and I thought...well, okay, so maybe that's telling me something...and maybe I'm not really up for that (...) so anyway....that didn't work out (...) I just happened to...for some reason I said well it's either going to be educational psychology or it's going to be counselling...and so I, for some reason, googled counselling and then psychology in the same search and it hit this, this course and I went, "Oh my gosh!" I had no idea! Then I emailed [Tutor A] and I got an email back and I thought, "Oh, somebody actually emailed me back! [emphasis]. Well there's another sign!" (para.26-40)

It was wanting something more...wanting to have a more significant role, um yeah, starting with the more significant role in school, but thinking well if, if that's not right then I, then I definitely...I just need to go for more...to go for formal training in counselling because I actually think that's where my skills are. So that's gotta be my way forward because I don't really have another way forward, if you know what I mean? I can't like pick up a maths book and decide to take an accountancy course, it just ain't gonna happen (para.96-98)

Like Tom (and perhaps Reena), chance events followed something disappointing. When Jess applied for, but did not get into educational psychology, she thought, "maybe that's

telling me something". Her pause before "that didn't work out" suggested she might have paused in considering what to do next. "Maybe I am not really up for that", again implied it was something she no longer wanted (up for) but perhaps also felt not enough for (up to)? Then happenstance came in, with "just happened to..." and "for some reason" (repeated). Google hit on something she did not know existed; the email back may have offered timely, helpful support. At, "Well that's another sign!" I found myself thinking of a female character in an Anne Tyler novel. I am not sure which one – Anne Tyler's characters often seem to meditate similarly on the passing of time, life-choices, and happenstance, belonging, or feeling out of place. I have retained this association to refer to later.

Finally, while **Maya's** decision, like Jess's decision, linked to job opportunities, doing research was also appealing:

there are different reasons like for job opportunities because I'm a foreigner, so based on that the higher your qualification the better opportunity you get for a job because Masters is not sufficient (...) and doing a doctoral [sic] will expose me to...to a larger um...[tut]...research you know. So it was a bigger opportunity to explore I guess. So, but I wanted to do research and I wanted to....research gives me this er, this excitement of er discovery. Like I'm a very curious person, so I want to know (para.2-12)

For Maya, like Aisha, the doctorate linked to better working opportunities given where she was from, and again, like Aisha, research meant something larger. Research seemed like travel, involving excitement, curiosity, and discovery, something potentially expansive to explore. Maya seemed to highlight these intrinsic elements compared to Aisha's relatively social concerns. Being "foreign" seemed perhaps to link practical (job) and personal (discovery, travel) wishes together. However, differently to Aisha, was there more ambivalence or uncertainty towards research or more generally? Maya's words did not entirely commit themselves ("explore, I guess") and there might have been some (travel?) weariness in her tone. Being 'exposed' to research, as to the sun, might be nourishing, but burns too.

4.2.2 Sub-theme 1B: The train.

To my mind, participants' descriptions of their general training experiences evoked a long-distance train journey: references to speed, relentlessness, not stopping or having breaks, no time to get off or to worry about what has gone by, carrying straight on, tiredness, and long hours and days. There also seemed to be references to ways long train journeys might affect the mind: forgetting, the elision of past and present, overlapping-ness, blurring, difficulties counting or distinguishing tasks, like successive train-stops. I decided to retain this metaphor as a finding; participants were each on their own journey, but the metaphor seemed helpfully to contextualise their PBRT experiences while on the train, as it were. Some examples are below (cf. also Appendix M, section 1B).

Reena:

coming straight from under-grad you know [intake of breath] under-grad is hard [laughs]...Yes it WAS [emphasis] hard, and it's still hard...because you have to practice.....come to class....and work [sigh] [slower, quieter]...and have a...try to have a life [intake of breath]...outside of that (para.28-34)

It's so easy to just do and do and do and do and not have time to reflect (para.418)

Maya:

I've come to this foreign country and I have to do it [smiles]...I can't have critical thinking about it because there's no choice, that's the only way (para.52)

Aisha:

I wanted to carry on training (...) I just carried on (para.22)

Tom:

oh I've lost my train of thought there...and so I did almost feel rushed and...I.....almost think now, "Oh I wish I'd spent longer on thinking what is it I wanted to do" (para.50)

when you've done a piece of work you just want to forget about that...[laughs] (para.482)

Jess:

Like the first assignment is a theory assignment and the second assignment is a....I can't remember now....a practice paper and then a research case study? (para.110)

4.2.3 Sub-theme 1C: Relating to the journey.

The 'train journey' described moving in time between practice, research, and theory training components. Participants' responses to these components seemed to reflect their particular

pretexts for embarkation (1A). Reflecting his singular wish for a practitioner career, Tom suggested the training offered too much research and not enough practice:

in a weird way I came in...with a very open mind to the different components of the course and I s'pose you could almost say a very...naïve outlook? (...) and obviously when you're in the interview I just bluff myself thinking, "Oh I'm, I'm fine, I'm fine with writing" [smiles] (...) which that really wasn't [laughs], wasn't the case, the case at all really and I didn't realise the um...amount of academic work you had to do (...) I wanted to learn how to sit down and help someone overcome what they want to overcome, which yes, is what I'm doing but...in another sense it's also what I'm not doing either [emphasis], because...um, in my opinion there's not enough input on the practice-based side (...) in reality it's much more to do with...getting all the academic stuff done (para.32-34)

Possibly here again, there was ambivalent agency ("snowball"): retrospectively, Tom's open-mindedness was "weird", or others might say "naïve". He did not realise how much academic work there would be; however, later he questioned how explicitly this was made clear (para.60, Appendix M, section 1C). With a subject/object change, Tom perhaps initially aligned with me ("obviously when you're in the interview") but then took it back to himself ("I just bluff myself") – it was all his own foolery, but he fooled or deceived only himself, the joke was on him, as it were. Tom wanted to sit down and help someone overcome what they wanted to overcome: I recalled Tom's CBT experience (1A) which "wasn't really what I wanted or expected"... "a person rather than a diagnosis"). Here too, "stuff" came in, now academic work or research was the reality, the stuff getting in the way of Tom's desire, which paradoxically was and was not being realised. Overall, what Tom wished to give others was not what he got from his CBT experience, nor, perhaps in repeat, what he was getting from the training.

Tom spoke further of loss and disillusionment:

I feel as though you're two different people...and a lot of the time I feel the practitioner gets lost in that...and that makes me feel very...sometimes disillusioned (...) I feel it's almost hammering of that process of becoming what I wanted to be as a practitioner (...) you're sort of holding, holding that back it's a sense of real, real frustration...and I s'pose what it does inside is a very sort of knotted feeling of wanting, wanting to do something a certain way but not being able to. It's a very tight and clenched sort of, "No, I don't want to be [laughs] doing this sort of thing" that is sometimes what I feel in the re...in the research sort of thing in thinking about sitting down, looking at the research (para.60-64)

Here were shifts in what had been lost (“the practitioner”, “process of becoming”), ambivalence in who orchestrated this loss (“it’s hammering” “you’re holding that back”), and further subject/object shifts possibly suggesting uncertainty in how to relay and relate to this, both in our interview and outside (“I feel as though you’re two different people”). Tom described his experience in increasingly vivid, almost visceral terms: he was constrained, as if chained in torture, tightly bound with clenched fists. The message seemed clear: Tom wanted to be sitting down and helping someone, not sitting down and looking at research.

In contrast, **Aisha** perceived the training had laid equal emphasis on theory, research and practice elements, and seemed to value this. Reflecting her pre-training account (1A), there was a sense of agency, prior deliberation, and a wishing for elements to resource (“feed into”) each other. Aisha’s “fooled” below reminded me of Tom’s “bluff myself”. However, different to Tom but consistent with her own account, this possibility was a contingent one (an “if”). Aisha might have been fooled (and perhaps others were?) but she was not:

[compared to others, this course] seemed more broken down into specific theory papers, specific research papers and specific practice papers (...) I thought the layout was better (para.14)

they’ve almost laid equal emphasis on research, practice and theory (para.90)

the other thing it communicates is....all of that feeding into each other. I think if research had had a lesser focus, and practice and theory had had a lesser focus I might have been fooled....to consider that a bit less (para.112)

Unlike Aisha’s perhaps more deliberated-upon, long-standing wishes, **Reena** suggested, having begun her training, her open mind had expanded to incorporate research possibilities. She had come to identify her open-mindedness with counselling psychology itself, suggested by the shifting subject/object positions below (“counselling psychology is open to many opportunities”/“this course will open quite a lot of opportunities for me”):

counselling psychology is SO [emphasis] open to many opportunities you know, I don’t just have to be like a counselling psychologist, I don’t just have to be a therapist, I would be able to work in a university and do more research if I wanted to, I’d be able to em, I could transfer the skills like I could take this em qualification with me abroad if I wanted to...I did [emphasis] know this course will open quite a lot of opportunities for me [intake of breath] and I didn’t just picture myself, I haven’t pictured myself saying this is what I would do. I think more now I have a grounding, [lower voice] well, I know what I will do now when I finish, like would be to look for a job and get the first job that I get, ahumm

[smiles]...but I do [emphasis] know...there's almost like... there is so much more I can do? (para.70)

It was ambivalent whether Reena's unwillingness to frame or limit herself to one picture of her future career was still present in the shifting past to present-perfect tenses ("didn't"/"haven't"). Compared to a limitless flight of possibilities, her feet had now hit the ground ("get the first job that I get"). Reena's vocal tone almost seemed to lower her down, although she returned to "so much more" she could do: her feet might be on the ground, but perhaps the rest of her was still resisting for now.

Reena also identified her open-mindedness with the particular training course. Unlike Tom's retrospectively naïve or weird open mind, Reena's open mind was unequivocally valued:

I'm very open-minded and the course advocates that as well? (...) so I really love the course for that (para.76)

it's a new course, and it's developing, it's evolving and we're the pioneer of that (para.86)

Maya, like Reena, spoke about openness, but also, like Tom, of lost-ness, in a particular tone:

as a trainee you can always get lost and confused but I'm, I'm willing to um keep my options open and explore wherever...it's not to say I'm just going to be practitioner or research [sic] (...) So I want to keep my options open...It's like when you look at that mirror as a researcher and you look at the other mirror as practice, you know, you've just got to stand there and just sometimes see which one you want to pick up and I think [sighs] it's time...it's a long journey, so there's still time to decide (para.240)

As at 1A, there seemed to be a sense of ambivalence, confusion or weariness ("[sighs]...long journey") in the content and tone of Maya's words. It seemed ambivalent how Maya felt about keeping her options open: first she was "willing" to do this, then "want(s)" to, then she had "just got to" decide, but the long journey meant she didn't have to decide yet, there was still time to go (cf. 1B). Tom and Reena pictured themselves in the future in particular ways; Maya's self-image-making was different again. She would stand and choose which research or practice mirror to pick up in the future, to reflect what she wanted. I felt a sense of entrapment (cf. the train, 1B), even boredom; an image of a princess in a

fairy-tale came to my mind. Perhaps neither practice nor research felt appealing for now? However, one thing seemed clear, Maya could not look in both mirrors at the same time: like Tom, it seemed an 'either-or' – perhaps there would be no happy marriage of research and practice in this story.

Jess's relation to different course components seemed to focus more on her perceived competencies ("I don't feel at all competent as a researcher") (para.246, Appendix M, section 1C; cf. also 1A). As for Maya and Aisha, for Jess, research seemed something generally large ("the big studies"). She referred to power dynamics, identifying, as a practitioner, with nuanced, feminine ("one of the women I was reading") person-centred case studies, as opposed to powerful (male?) academic or quantitative studies (cf. her decision not to retrain in maths or accountancy, 1A):

quantitative studies, the big studies, um...there's not much nuance [emphasis] to that (...) one of the women I was reading made the point that I don't think we can really measure the therapeutic relationship (...) What we can probably do is demonstrate person-centred theory in practice through case studies, that show the nuances (...) I think there's a big disconnect between what a, what a practitioner can do and what an academic can do. Academics have far more power because they have access to more knowledge...and of course they've got the ear of...their, their things look just right and, and fit into the publishing, driven by the publishing industry (para.416-422)

Jess spoke about perceived limits (what can or cannot be done) and the out-of-placeness of the practitioner (things not looking right) in the context of politics or disempowerment. Academics have more access and influence, are on an inside track ("got the ear") and know how to present their things to fit industry-driven demands. Later in our interview, Jess mentioned she knew I had published a paper in a journal, a paper referring to some degree to these power dynamics she described. I wondered if this added further intersubjective layers here ("they've got the ear of...their...their things look just right"), implying a question about how we were relating or related.

4.3 Superordinate theme 2: Locating practice-based research training (PBRT)

The second superordinate theme explores the meanings of participants' PBRT experiences on the course. In its first sub-theme (2A: Buffet food, doctoral deep water), experiences of

doctoral thesis methodology teaching and doctoral thesis research so far serve to contextualise PBRT, located between these two, chronologically and perhaps in other ways (2B: PBRT: the stuff in-between). The third sub-theme (2C: Discourses and products) explores participants' PBR discourse(s), and their potential expression in their case study designs.

4.3.1 Sub-theme 2A: Buffet food, doctoral deep water.

Although I did not explicitly or specifically ask or plan to ask, all participants spoke about their doctoral thesis experience, which seemed to be the training's main research event. Here, further metaphors act as hooks, illustrating shared and unique elements within participants' accounts. 'Doctoral deep water' evokes something larger and potentially troubling, ahead. Before entering this water, there were choices, of topic, and of methodology. Overall, the latter choice-point seemed the less stressful of the two, although there was some uncertainty about satisfactoriness. Unlike topic choice, **Reena** suggested, methodologies were:

laid on the table for you to pick which direction you wanna go into? [intake of breath] I think if we had more than one workshop for each methodology (...) that would have been helpful to get a grasp, but we did get a taste [emphasis] of it so if you wanted to further pursue it [sighs] it's up to you...I warmed so well to IPA from being introduced to it? So I grabbed hold of IPA (...) I really get anxious around things like grounded theory? I didn't really like the input on that actually [intake of breath] or we could have had more input? But...then again I don't know how much that would make me smarter uh-huh [laughs]? (...) Or warm to it [smiles] (para.98-106)

Picking methodologies as if from a buffet table involved hands and mouth ("pick" "grasp" "taste" "grab hold of"). What participants picked and how much seemed to vary; it seemed uncertain what determined this variance. Was it opportunity (plates too few or too small?), ability ("smart"), interest (not liking or warming) or perhaps anxiety (grounded theory)? All participants' descriptions of methodology teaching seemed to reflect this buffet experience in converging, diverging ways: some things were too much, others not enough, and so on. See Appendix M, section 2A for further quotations.

Beyond methodology choice, **Maya's** doctoral experiences evoked deep water:

it's been such a struggle being...a foreigner, this is not my first language and I have to...constantly revise and rewrite and [sighs] it's, thinking about this doctoral thesis for 40,000, it's like I feel physically I'm vanishing you know because I'm quite petite and I feel like this research can overshadow me [laughs] sometimes, it's like an ocean, and I have to just somehow come up from that, you know...it's almost like you sometimes get real choke...But at the same time currently I am very happy with my research um and that's this thing, what is interesting in what I'm doing? (para.52)

As elsewhere (1A, 1C, 2A), Maya foregrounded her foreignness. Previously, research was something larger, but a source of excitement and discovery (1A). Now her thesis loomed large over her, like a mountain or perhaps a fairy-tale ogre of 40,000 words, casting a shadow in which she might “vanish” in a visceral, embodied way (“petite”). Maya's vivid, physical anxiety (“real choke”) was like drowning in a vast, endless expanse of ocean, having to recover, breathe, and continue. Yet as elsewhere (1A, 1C), there seemed to be ambivalence when Maya subsequently suggested she was currently “very happy” with her research. I felt curious during the interview and afterwards by the speedy recovery (“coming up from that”) within Maya's description, as if she vanished momentarily from my own view. Perhaps this reflected the up and down-ness of Maya's experiences; alternatively, I wondered retrospectively whether the research interview itself might have represented an unwanted mirror at that moment.

Reena was “in love” with her thesis, looking forward to sufficient time to savour it, without other work “on the side”, like a main meal. She wished to immerse herself, to enter its deep, but perhaps more friendly, water:

I'm in love with my thesis because [sniffs] I just feel like that I have so much time to do it? (...) a whole third-year to do my research, and not have to worry about like a case study on the side! or a theory paper on the side! (...) so I am looking forward to actually [emphasis] like IMMERSING [emphasis] myself in my thesis (para.310-312)

Despite this calm anticipation, Reena described rushing to choose a thesis topic in the first-year: “And the deadline and the fact that you know, the deadline in picking a topic, or you have to pick something...” (para.314, Appendix M, section 2A). Her repeating rhythm here again evoked a train, impossible to stop (1B). Topic choice involved (emphatically) a

deadline, something Reena had to like or be personally interested in, panic-like searching around for a topic, perception that interviewers expected a topic in hand, and some forethought as to what to “sell” at interview stage (para.314, Appendix M, section 2A).

Tom, who had “bluffed himself” at interview, also suggested doctoral topic choice was a decision he felt rushed into (cf. his quotation at 1B). He continued:

it's like making a commitment...you sort of start looking round thinking “Oh well that, that's sort of interesting around there”...which obviously doesn't constitute to doing good on your own research and think about, okay, throwing yourself into, into an area (para.50-52)

It is important, like a commitment to a life-choice: choosing one thing means not choosing another, one might regret not choosing differently when looking around later. More wateriness (“throwing yourself in”) but here, Tom's account evoked an image of standing on the edge of a swimming pool, looking around at others, perhaps at his peers, or at other topics (?) there too, before forcing a plunge into cold water. This seemed quite different to Reena's immersement, a more wilful soaking, as if in a warm bath.

Jess's description of topic choice elaborated these ideas, while again reflecting her own narrative (1A, 1C):

I must have fallen into this (...) maybe that's just a pattern for me...towards the end and everybody's got all these ideas and I thought to myself, “Oh my God, I don't know what to do (...) It seems like a big, a big deal...” then [Tutor A] came up with this idea of looking at what we'd been doing in class (...) and I said, “Okay, I'll do that” (para.178-184)

Jess fell into topic water as into counselling psychology. Like Tom, she looked around, this time definitely at her peers, which led her to perceive herself as lacking ideas. Like Reena, there was a sense of deadline, like Maya's ocean, or Tom making a commitment, it was a “big deal”. As when deciding on the training, Jess went with support from a tutor (“someone emailed me back” 1A), here, “okay I'll do that”.

4.3.2 Sub-theme 2B: PBRT: The stuff in-between.

PBRT was not explicitly connected to trainees' doctoral thesis projects, it was a training element situated 'between' doctoral methodology teaching and the doctoral thesis. **Tom** commented:

your thesis seemed a long way away 'cos there's so much other stuff in-between (para.50)

For Tom, this stuff (1A, 1C) seems likely to have been unwanted, something getting in the way of what he really wanted - to learn how to help someone overcome what they want to overcome.

Most participants suggested PBRT had involved individual dialogue or support from tutors (Appendix M, section 2B). However, there also seemed to be a sense, in discussing PBRT, of not-muchness, vagueness, forgetting, less-than-concreteness, and, occasionally, flatter tones of voice. This was surprising, and may have implications within this research. Here is a snapshot (cf. also Appendix M, section 2B):

Reena:

Em...in terms of support [sniffs]... it has been GOOD [emphasis] because like I talked...I could converse with [Tutor A] who's my supervisor about this case (...) [flatter voice] (para.168)

Maya:

Mmm.....so because in the first year we've got an experience of er doing a case study ready with our peer groups (...) but in terms of um... support, um... (para.76)

Aisha:

I think I missed a session on the case study that they did...(para.162)

Tom:

Mmm. Yeah. I mean I s'pose it is interesting thinking [sighs] how much, explicitly how much input have we...I s'pose got into.....how to conduct a case study I s'pose (para.86)

Jess:

So um yeah, um with...I, I don't recall any specific training on the case study (...) Um [sighs] so yeah, I don't see any spec, specific training in it (para.126)

Did this atmosphere reflect something about repeated experiences (assignments, train-stops) being easy to forget (1B)? Was it difficult to articulate, or uncertain where PBRT fitted within the training as a whole (an 'in-between-ness')? Or did this more dialogical, less didactic characterisation of PBRT reflect the training's PBR discourse(s) as taken up by participants (3.2; below, 2C)?

In this study of PBRT and PBR experiences, participants and I seemed to have little to say or to explore in relation to PBRT during the interviews. At the heart of this study, and the centre of these findings, there seemed to be some kind of 'between-ness' I needed to digest, but not to ignore or to leave out. Hence, I acknowledge, and even embrace, this relatively short sub-theme, and will reflect on it at greater length in the discussion (Chapter Five) below.

4.3.3 Sub-theme 2C: Discourses and products.

Asked what PBR meant to her, **Reena's** reply was detailed and evolving. She suggested:

Practice-based research are [sic] research that evolve from your practice?...like the idea evolved from you practicing?

PBR develops organically, emerging naturally, or evolving (rolling out) from practice or from "you practicing"; the latter verbal format suggested a particularly idiographic or dynamic basis for research.

...or research will evolve...from [emphasis] practice, or evolve [emphasis] side-by-side, to practice...

Research might evolve "from" (out of? after?) or "side-by-side to" practice (in-between, in parallel?).

...or...the research idea is generated around [emphasis] practice...

This elaboration ("generated") implied more authorship or construction than something entirely emergent or natural.

...so it would be centred around what you do?

This somehow brought to mind an image of a mother and infant, as if research somehow wrapped around the mother/infant or therapist/client dyad.

So you could be thinking about practice and at the same time thinking about a research so they will feed into each other (para.108-112)

Finally, there was a more experiential claim: simultaneous thinking about research and about practice might lead to their reciprocally 'feeding into' each other – again the image of mother and infant lingered.

For Reena, PBR was an evolving thing, defined here in an evolving way, paralleling perhaps her view of her own and the training's journey (1A, 1C). Overall, in PBR, practice seemed to come first, either chronologically, or in other ways. Perhaps practice was also natural and emergent and not to be tampered with (cf. 3B)? Reena seemed to elaborate the training's PBR discourse about inductively generating questions from practice (3.2). Notably, participants' PBR products or case study designs (Table 3, section 3.2.1) involved heterogeneous PBR and qualitative methodologies, again confirming that the training defined PBR less as methodology and more as an inductive attitude.

Evidence-based practice (EBP) came next to mind, contrasting with PBR:

Reena: What's the other one? (...) There's practice-based research and there's...

Interviewer: There's...Well there's so many, so many terms aren't there?

Reena: (overlap) Evidence-based practice [emphatically]

Interviewer: Ok...yeah. So how can you, what would you say about those two...?

Reena: So evidence-based practice is using the outcome of a research to inform your practice [spoken slowly, emphatically] (...) so you're using the outcome of like CBT being the em.....the paracetamol! [laughs] for a headache type of thing?! (para.122-132)

Reena's slower tempo, lowered tone and singular, emphatic definition portrayed EBP as a more concrete 'thing' than PBR. The drug metaphor is sometimes applied to randomised controlled trials (RCTs); here EBP, RCTs, and CBT all seemed to combine, perhaps with some disparagement, as things to do with public health, or quick-and-easy symptomatic

relief. In contrast, in this context for Reena, PBR, emerging from the particulars of “you practicing”, seemed relatively conditional, tentative, and fine-grained.

The same exchange with **Tom** began slightly uncomfortably; the interview suddenly seemed like a test, something I was trying, evidently too hard, to avoid:

Interviewer: what...does the term 'practice-based research' mean to you? Now, now I'm asking this in a very open-ended way because I completely recognise that that term is used in different ways by different people or its different terms are used?

Tom: Mmm

Interviewer: So it's, it's not a question of, there isn't a right answer [laughs].

Tom: Yeah [laughs]. You're not testing me on er...?

Interviewer: No, absolutely not! It's more like what comes to mind when, when, I say 'practice-based research'

Tom:...the first thing really which comes into my mind is um research-based practice... someone who is focused in the other way around...in embedding the practice you do in the research [laughs] (...) Um practice based...research, I s'pose in in my, in my eyes it's using, using practice in research basically [laughs], so...I s'pose using real therapy in research...I might be getting the wrong end of the stick but in-vivo sort of research (para.105-114)

Like Reena, Tom defined PBR somehow in relation to the other way round (here, “research-based practice”). PBR was research using real, live practice, perhaps like a CBT behaviour experiment (“in-vivo”, cf. also 3B). Tom seemed relatively less certain than Reena his vision was correct (“in my eyes”). However, “in-vivo research” for me was suggestive of something interesting: the lived experience of doing research and practice simultaneously.

4.4 Superordinate theme 3: Practice-based research (PBR), on the train

The third superordinate theme explores participants' experiences of doing PBR 'in the field'. As its title implies, participants' pretexts and contexts (superordinate themes one and two) seem to frame their converging, diverging PBR experiences. The first sub-theme (3A: Who and what is this for?) explores the function or usefulness of PBR during training. The second sub-theme (3B: Imposing research (CBT) into practice (person-centred phenomenology) describes how both practically and discursively, introducing research into trainees' practice seemed to intersect with introducing CBT (the training's second theoretical model) into their person-centred work (its primary model). The final sub-theme (3C:

Unwelcome (?) extras) explores layers of experience, including internal experiences, during trainees' PBR work.

4.4.1 Sub-theme 3A: Who and what is this for?

Prior to training, **Tom** questioned therapy's definition and purpose (1A). Later on, he opened up an exploration of what PBR was, and who or what it was for. He initially suggested his case study was not research at all, since it was 'for him': it was personal, specific to him, a learning tool for himself, and a means to an end during training (para.124-132, Appendix M, section 3A). In contrast:

research is something other people will find interesting and useful (...) I s'pose that's why I'm hesitant to think my case study was practice-based research.....it was something that was practice-based um, practice-based practi.i.ce [laughs] (para.138-142)

Perhaps resembling Tom's "practice-based-practice", although **Reena's** case study was unproblematically 'research', there was something shifting about what kind, or who agreed, signified by the changing stresses within her following comment: "it's not like it's a research [emphasis]; I mean they [the NHS placement] don't see it as a research [emphasis]. It's a research for you [emphasis]", (para.224, Appendix M, section 3A).

Tom's "practice-based practi.i.ce" seemed something of a gem (Smith, 2011b): a rich, succinct remark echoing his own and this study's emerging themes. Research was removed, as Tom might wish; the exercise was circular, perhaps futile, echoing his feelings about research (1C). Resulting "practi.i.ce" was somehow interrupted or broken-up (cf. also 3B, 3C). Asked if his case study would tick any research-box, Tom readily identified ethical, transcribing, and analytic procedures, leading him to reconsider its research status:

*Tom: [sighs] see....maybe it was [emphasis] research but...research to other people [emphasis] (...) in my eyes I didn't see it as a piece of research (...) if you ask the same questions to my tutor...they'd say, "Yes, of course it is" and I'm thinking no, I didn't think it was res...or I don't think of that as research and I'm thinking well what's...what's the difference between those two...ideas.....and I was just sort of hanging on that thought of the.....why? why...? I'm thinking of research is in the eye of the beho.o.ler [laughs] for some...for some reason
Interviewer: As in beauty is in the eye of the beholder?*

Tom: Yes...so it's very....subjective as to what research actually is and (...) I might be going round in roundabouts here....but it's, it's something about the intention of why I did it...which is making me think.....what is the research for, or who is the research for.....and if it's still for my own [emphasis] gain.....is it still research, if that makes sense [laughs]? (para.145-172)

Although his case study was not research *for* others (readers who might find it interesting or useful?), it may be research *to* others (his tutors): “round in roundabouts” perhaps reflected this apparent contradiction. Mindfully, Tom explored this discrepancy between research and not-research, concluding, “Research is in the eye of the beholder”. This phrase, perhaps another gem (again spoken with a laugh) linked to ‘beauty in the eye of the beholder’, resonating with Tom’s emphasis on subjectivity (“in my eyes”) here and elsewhere (2C). Is research only research if seen by others’ eyes? Or seen by others’ eyes in a journal? Tutors might see his case study, and so, see it as research, but Tom did not. Different subjectivities were involved, just as different people find different things beautiful. ‘Beauty in the eye of the beholder’ also implied that nothing is inherently beautiful, and that the beholder constructs beauty. This arguably links to ‘beauty is within’. While the case study was research on the outside, for Tom it was actually practice or practice-in-training within. I remember William Morris’ famous pronouncement (1880/1974), ‘Keep nothing in your house that isn’t useful or beautiful’. Perhaps Tom’s case study was neither useful nor beautiful to him, but he was acknowledging that others might disagree.

From the aesthetic to the moral: Tom then wondered if the case study ‘for him’ was therefore “selfishly” done (para.124-132, Appendix M, section 3A): he had to do it but felt “uncomfortable” “because I always want to do what’s best for the client” (para.268, Appendix Mm, section 3A). Having contracted to record a session for research purposes, Tom suggested, “I recorded a session according to him for research...um...but in reality you could say I was using it for...my own, it sounds really crude [smiles] but experimentation [laughs]” (para.324, Appendix M, section 3A). In Tom’s thinking world, his case study could not be both useful to him and good for the client. The contrast between “according to him” and “in reality” suggested secrecy, deception, or disconnection from the client (cf. 3C), perhaps further echoing Tom’s personal CBT (not being real therapy and involving disconnection, 1A), and the training (not being explicit about what was involved, 1C). He

suggested “experimentation” might sound crude: raw, basic, unskilled, perhaps morally unacceptable. This recalled, in a more valenced way, Tom’s original CBT-ish PBR definition as “in-vivo research” (2C; cf. also 3B below).

Contrasting with Tom’s ideas, and recalling her description of research’s communicating, amplifying, empowering functions (1A), **Aisha** stressed her case study was both for her own *and* her client’s benefit and learning. She planned to share her research findings with her client, to empower her client:

giving her and communicating to her an equal place (...) ‘Cos if I don’t give her that equal place then I’m disabling her, and I’m minimising her, and it’s become about the research, and what I think [emphasis]...and it’s not about that. The reason why this has happened is so that she can be empowered (para.236-238)

Not doing this (another contingent “if”, cf. 1A, IC) would reduce or remove the client’s power or role, it would become about the research, or more for Aisha or about what Aisha thought (Reena’s “research-for-you”). However, Aisha emphasised it was definitively not about this. Nevertheless, when she imagined her client’s response to her sharing her findings, some uncertainty, closer to Tom dilemmas, entered the frame:

But if she thinks [emphasis] I’ve given more into the relationship because I’ve, you know, taken this work away (...) I’d feel a bit fraudulent with that [smile]...because she helped me so I don’t get late with my assignments (...) I’d feel uncomfortable if she thought I gave more because I haven’t (para.304-310)

If the client thought Aisha had given more only in order to take something away (research, a training assignment), she would feel fraudulent (cf. Tom’s deception). With further “ifs”, Aisha oscillated between acknowledging her client had helped her to be on time (viz. the train, 1B), while denying her research led her to give more than she would otherwise have done (“because I haven’t”).

Finally, **Jess**’s case study was less ‘for’ her, but more explicitly ‘about’ herself: an analysis of her perceived therapeutic competence based on reflexive journal data. In straight-talking fashion, Jess also questioned ‘what is this for’:

doing a case study on myself I thought...first of all what's the point? (para.174)

Jess's perception of futility seemed directly linked to her study being about her:

it was all on my own perceptions of my own work. So she, she [the client] didn't come into it at all, I think it...not at all...nothing she said [emphasis] came into that research (para.282)

Beyond Tom's disconnection experience, Jess conveyed a sense of isolation throughout the PBR task, and perhaps some self-disparagement (?), in her repeated black-and-white phrasing ("all" "not at all" "nothing"), and later references to her case study being "just me" (para.226, Appendix M, section 3A) and "only me" (para.258, Appendix M, section 3A). Again emphasising limits (1C), her research findings had limited "explanatory power" (para.240, Appendix M, section 3A), because they referred to something people already knew. Additionally, perhaps because they came from herself, her own data, they did not seem to help others (cf. again Tom's dilemmas). While doctoral topic choice was a big deal (2A), this research's finding was "no big deal", (para.240, Appendix M, section 3A), reflecting, perhaps in a different way, Jess' previous comparison between big and little research (1C).

4.4.2 Sub-theme 3B: Imposing research (CBT) into (person-centred) practice phenomenology.

In participants' second training year, all coursework needed to reflect CBT theory, research, or practice. All participants' case studies reflected in some form the adding in or introduction of CBT into their person-centred work (Table 3). Thus, introducing research and introducing CBT into trainees' practice was happening simultaneously, and seemed to conflate in various ways. The relationship described seemed to be between [research/CBT] and [practice/person-centred]. Participants' person-centred practice seemed to represent a particular phenomenology, into which CBT, something different, entered, generating thoughts about appropriate timing, and client readiness.

Reena began:

it's a bit...forced on me [emphasis], because I am trying to em...initiate the research in a way? It's not organic? So like..I have a topic and I picked the topic based around [emphasis] the client that I'm working with YET [emphasis] (...) you never know what's gonna happen in therapy the next day (...) that's my critique [emphasis] (...) of, of this process of having to do this case study whilst you're training [emphasis] I mean if it occurred organically, like whilst I was working [intake of breath] and (...) I'd finished working with this client, that would be fine (para.160-166)

The case study felt “forced” on Reena: the train(ing) context (1B) dictated its timing (“having to do the case study whilst your training”). Reena imagined if she were qualified, a case study might have felt more “organic” (cf. 2C); she would not have had to “initiate” it. Perhaps this referred to initiating it in the room with the client, since Reena also imagined it would be easier if the work were finished. Although Reena's topic came from the client (ticking one PBR box), it was a question of timing: therapy moves on, so an idea that seemed organic one session, might feel “forced” the next, because “you never know what’s gonna happen the next day”.

Specifically, during a tape-recorded formulation session, ultimately rejected for her case study, Reena described departing from the client to pursue her research agenda. Research and CBT seem to conflate, since this session also involved a CBT agenda:

I push my agenda in, almost like letting the client go in the way that I wanted to? [intake of breath] because of my research?...I was just on [emphasis] a different planet [emphatically, slowly] with my client (para.162)

As with “forced” earlier, bringing research/CBT in felt like a dominating (masculine?) process (“pushed”); Reena was both forced and forcing. Person-centred therapy was a linear journey, with a beginning middle and end. Client and therapist travelled between definitely known places or down particular paths that could be missed: “the client wasn't...wasn't there yet (...) so I lost [emphasis] quite a lot of like em, tracks in that session” (para.276-280, Appendix M, section 3B). The intervention took Reena very far away to a distinctly different place (“on a different planet”) to where the client was. The phrase “letting the client go in the way that I wanted to” seemed to combine “letting the

client go” (losing person-centred tracks) with “making the client go in the way that I wanted” suggesting the client might have come along, or at least, it was uncertain who was where in the messy, mixed-up intersubjective processes involved.

Reena elaborated further on what got lost during this session:

being present with the client is important (...) and not letting your research idea [emphasis] take over...how you are gonna be with the client (...) they want to achieve something (...) and they need [emphasis] to...know that you're present with them and like you know, you don't wanna give them (...) I think that's very important for me in my practice, just being with the client? (para.342)

Being present with the client was something the client needed, was emphatically important, and possibly sufficient (“just being with”). Perhaps this should not be added to with CBT or research (what “you don’t wanna give”?). I thought again about a mother giving an infant undivided attention, responsiveness, and relatedness; in this context, the client’s journey (“want to achieve something”) might take on an almost developmental feel.

Reena’s solution lay in a different methodology, the pragmatic case study, which:

just...covers [emphasis] where I'm wherever I am at! (...) wherever we're at, so I am not imposing anything on the client? [emphatically] I'm just stating the obvious...it captures what you're doing (para.266-268)

The pragmatic case study converted the exercise from “wherever I’m at” to “wherever we’re at”. Reflecting Reena’s PBR definition (2C), which might represent an ideal, the pragmatic case study “covers” (wraps around, embraces) therapist and client, organically, ‘capturing’ therapy, as it is. Like a butterfly, (and like Reena not picturing herself doing just one thing, 1C), therapy is difficult-to-pin-down. The pragmatic case study did not “impose” (put in, lay on, cf. force, push etc.) – it involved “stating the obvious”. ‘Obvious’ literally means what appears, perhaps evoking the phenomenology of person-centred practice, and of the pragmatic case study, which worked descriptively, open-mindedly (1A; 1C; 2C), around whatever was being done.

Unlike Reena's feeling forced or forcing the client, the CBT/research task led **Tom** to "force himself" (para.368, Appendix M, section 3B) to pursue a CBT track further than usual, in his early work with a client. Similarly, for Tom, CBT and research seem to jar with a humanistic, person-centred world-view. He wondered whether introducing CBT later on in therapy, either again, or for the first time, would "damage the relationship" or be a "shock to the system" (para.310 & para.348, Appendix M, section 3B). As it was, re-invoking both his personal CBT and his training experiences, in writing-up his case study, he suggested:

the impact it had...which it did.....[sigh] almost.....the client getting lost in the research sort of thing (...) and I s'pose dehumanising and him just sort of becoming a name on a page rather than anything, anything else (para.326-328).

The client got lost in the research, dehumanised, a name on a page - like thinking of someone as a person rather than a diagnosis (1A), and Tom's process of becoming a practitioner getting lost during training (1C).

Aisha's case study explored planning and decision-making within CBT work (Table 5), themes salient across her account (e.g., 1A, 1C; Appendix L). Like Reena's "you never know what's gonna happen in therapy the next day", in life, Aisha had suggested, "You plan but you don't know what happens, so I'm ready for that, I make allowances" (para.54, Appendix M, section 3B). Like Reena and Tom, for Aisha, introducing CBT involved timing and readiness issues. Like Reena, Aisha characterised therapy as a journey. It was better to introduce CBT when the client was "stable" (para.470, Appendix M, section 3B). Again, like Reena, person-centred therapy seemed to be a gentler place, into which CBT pushed or entered. CBT needed sureness, confidence, and prior consideration of risks. A humanitarian therapist must be tentative, and aware; the client must be willing and ready (para.444-452, Appendix M, section 3B).

CBT and research seemed to conflate when Aisha considered when to introduce her research findings to her client, in similar terms as to when to introduce CBT. For Aisha, research might empower her client (cf. 1A, 3A), but again, like Reena and Tom, the place and time might be wrong. She would need again to be:

tentative, considerate of her, recognise that she might not be in the same place, and what matters is where she [emphasis] is. And if this stuff can help inform some of the work that we do to facilitate that change for her then great, but if it isn't, then that was a time thing, and things have changed in time (...) that happened at that particular time (para.444-452)

The emphasis on time recalled again the train(ing) journey (1B). Trainees might be passing through stations at quite different times to clients. Managing these dynamics-in-motion, in therapy, in research, in evaluation, or internally seemed to be no easy matter.

4.4.3 Sub-theme 3C: Unwelcome extras.

This final sub-theme elaborates ideas in 3A and 3B about selfishness, disconnect, and imposition, exploring the impact on participants when something extra, in this context, research, is added in, whether this is wanted, and what it gives and takes away, focusing especially on the more private or internal layers of this experience. For all participants except Jess, the addition of PBR into their work was signified or concretised by the tape-recorder, not commonly otherwise used in their work. This object figured in participants' thoughts, while practicing, about evaluation, about failure, and about who was listening. Train(ing) tasks often overlap or blur (1B): one complexity was that most participants used the same recordings for a clinical assignment as well as their case study research. I sometimes found it difficult to know which assignment was more salient in participants' minds as they talked.

In relation to questions of who and what PBR was for, **Maya**, somewhat differently to Tom and Reena, had emphasised more democratically choosing a PBR topic "benefiting the client and benefiting me at the same time" (para.154, Appendix M, section 3A), specifically so there were "walls and barriers to protect me and the client" (para.216, Appendix M, section 3A). Maya's care for clients depended on her own self-care, which must come first: "if I can take care of myself, then I, I will have the ability to take care of my clients...it comes hands to hands" (para.164, Appendix M, section 3A). "Hands to hands" suggested equality in who was caring as well as benefitting: the client held Maya's hand as she held his.

When discussing tape-recording sessions, Maya's themes of protection and care, together with possible lost-ness, confusion, entrapment, weariness or anxiety (1A, 1C) seemed to re-emerge:

this duty of care and responsibility I've developed, but [emphasis] um, oh...[sigh].. because it's a real [emphasis] client the pressure is higher because I'm thinking this is a real [emphasis] client, you know this is a real [emphasis] client and the recorder, I was being so... um careful, like almost paranoid about it because it's, it's a client's um information and I have to keep it safe. So I felt like the pressure was double (para.82-84)

Maya felt "almost paranoid" keeping the tape-recording, or the physical tape-recorder object safe, because it contained real client work. As opposed to the previous year's classroom case study (para.84, Appendix M, section 3C), now the recorder had a real client inside it, who might get lost. This was "double pressure" "because there's an actual client...and the second thing it's language, my writing skills" (para.176, Appendix M, section 3C). As she worked, Maya thought about difficulties writing up her case study later, given English was not her first language (1A, 1B, 2A): "my tutors are going to read this and what if I'm not competent enough, I'm not good enough or I said the wrong things, especially for me like er language" (para.168, Appendix M, section 3C).

Continuing his own thinking about mistakes or competence, **Tom** returned to ideas of deception or secrecy (1C, 3A), and what goes on in therapy (1A). Recording shed light on the latter:

on this course...nobody really knows how you practice..and it's almost a very secretive [smiles] thing (...) actually no one actually knows...specifically what go, what goes on in there. So obviously, yeah, I did, I selectively chose the session which I thought was alright [laughs] (...) anyway that, that was a side-note (para.212)

Therapy was an 'actuality', recalling Maya's "real" client, although Tom focused more on what was known or not known, than on safety or care. Perhaps not knowing what goes on "actually" "in there" referred in parallel to both therapy and the "side-notes" of Tom's mind. Later, as he recorded his work, his concern about whether the session was all right became "the main thing" - he became "hesitant", thinking, "now I've got this actually recorded I could

have documented a massive mistake” (para.262-264, Appendix M, section 3C). Later still,

Tom expressed this more emphatically:

it made me [emphasis] feel more vulnerab...vulnerable...vulnerability to the context here and I s'pose vulnerability as in.....I find therapy...both when I'm the therapist and when I'm the client...it's a very um.....private space really...recording it sort of impacted me because it was almost as if there was another person in the room...um...which was very...weird (...) I had to restrain myself from saying some of the things which I normally would have said? (...) if I took it to one of my er tutors who works in a different way...his reaction to that...it created a...[verbalises a shudder] (para.326-336)

Vulnerability for Tom, like Maya's "double pressure", was two-fold. It related first to the university context (making mistakes), but also to the privacy of therapy. The latter was perhaps his own 'real', as Tom connected, doubly again, to himself as both client and as therapist. As for Maya, for Tom, the recorder became an embodying object. However unlike Maya, it was not the client inside, instead, a third person, perhaps one of Tom's tutors (?) entered and viscerally estranged the atmosphere ("weird").

Finally, transcribing his tape, Tom noticed another internal tension: "something got lost in the process of transmitting it from my brain to my mouth" (para.290, Appendix M, section 3C). Reflecting his focus elsewhere on loss, and occasional ambivalence about what is lost (1A, 1C, 2A), his thoughts got 'lost in translation' when formed into words or he was lost in his thoughts.

Asked how he found our recorded interview, Tom's sensitivity about usefulness, or not saying things right seemed to re-appear. There was a momentary feeling again of the interview as a test ("on the spot"), recalling the earlier atmosphere when we had talked about defining PBR:

as long as this has been useful I s'pose...when I'm thinking on the spot sometimes I do get lost in my own he.e.ad [laughs] and I...it's hard sometimes to finish one thought, and then I start thinking about another one...and they get sort of like lost together. So I hope it's not too hard to transcribe [laughs] (para.446-448)

Both PBR and our research interview involved someone (himself, a tutor and/or me) listening to a tape and the result being transcribed. Transcribing already begins a process of

interpretation; perhaps it was difficult to think of my listening, transcribing and interpreting at that moment.

Finally, **Reena** linked her discomfort with the CBT/research agenda (3B) with tape-recording: “I feel like it's my agenda to almost like, because I'd started recording?” (para.162, Appendix M, section 3C). Having suggested the agenda had “interfered” with therapy (para.246, Appendix M, section 3C), during the recording, in more intrapsychic terms “a research mind could interfere with your therapeutic mind” (para.278, Appendix M, section 3C). She continued:

Reena: the client doesn't care about your research, they're there to be, you know, to get help [emphasis] so...obviously for a trainee, we have to balance that. We have to be able to like be there with the client? [emphasis] as well as being able to interpret what we've done? [emphasis] using the therapeutic..[tut]..terminologies, to let our tutors know this is what we've done and achieved [intake of breath, sigh]

Interviewer: What's the feeling there?

Reena: Frustration [slowly, emphatically]...frustration, because is a very very difficult balance (...) is worse [sic] as a trainee, because you wanna be there with the client, YET [emphasis] you are being judged on how you write, how [emphasis] you are being there [emphasis] with the client...and you know...you wanna pass so there's a tension there [quietly, emphatically] (...) an inner tension of am I actually like...conveying what I've done? (...) it's just a really massive tension I think (para.278-292)

While clients might focus on one thing only, trainees had to balance or hold in mind (at least) two things. Similar to Maya and Tom, there was further doubleness: Reena needed to be there with the client, while interpreting therapy in such a way that tutors would know what she had done. Balancing what mattered to clients and to tutors was frustrating and extremely difficult, and trainees were alone in having to negotiate this balance – neither clients nor qualified practitioners were in this position (“is worse as a trainee”). A catch-22 situation or massive, inner tension emerged as Reena worked. She wanted to be there with the client, but the judgment awaiting her detracted from her ability to do this, invoking fears of failure and even greater pressure (perhaps) to be there with the client. Subsequently, she suggested, this led to “guilt” and “anger” (para.370 & para.468, Appendix M, section 3C). Reena's emphasis on the difficulty of conveying “being with” to tutors, or in the right way to tutors, reminded me of a book entitled *What Mothers Do, Especially When it Looks Like*

Nothing (Stadlen, 2004). Therapeutic work, like mother-infant interactions perhaps involves hard-to-describe 'being with' things.

Reena characterised her private or internal experiences within the pragmatic case study methodology very differently: "whether you've finished therapy or not, you can just think that there" (para.270, Appendix M, section 3C). The latter monosyllabic phrase suggested a contrasting lack of mental interference: like the client, Reena could think about one thing only, giving her client undivided attention, as a mother might. Although it was acceptable for practice to be the basis for research (2C), it was unacceptable for research ideas to be in one's head while practicing. "Whether you've finished therapy or not" suggested that pragmatic case study research fitted between or after therapy sessions, not in them. The location in time and space, and in the mind, of research and practice seemed important, so that research did not "get in the way" (para.368, Appendix M, section 3C). The pragmatic case study seemed linked to Reena's PBR definition as "side-by-side to practice" (2C).

As the interview ended, the PBR pragmatic case study and Reena's own life philosophy seemed to come together. As with the training and counselling psychology (1A, 1C), for Reena, these all involved openness to possibility:

practice-based research allows an openness in letting things happen organically? [emphasis] which is.. yeah, where my, how my head is...[quietly] yeah so it fits in with my own philosophy as well, that I wasn't aware of until now [spoken softly, smiles, laughs] (para.476-478)

4.5 Findings summary

In summary, participants' PBRT experiences seemed highly contexted by their shared and unique paths into, and journeys within, their training. PBRT was experienced as something 'in-between' doctoral methodology teaching and the doctoral thesis. Participants questioned who or what PBR was for, in the context of training, expressed complex inter-relationships between theory, practice and research experiences, and reflected on the sometimes difficult dynamics of PBR during training, concretised, to some degree, by the presence of the tape-recorder.

Chapter Five: Discussion

"Trains are relentless things, aren't they, Monsieur Poirot? People are murdered and die, but they go on just the same. I am talking nonsense, but you know what I mean."

"Yes, yes, I know. Life is like a train, Mademoiselle. It goes on. And it is a good thing that that is so."

"Why?"

"Because the train gets to its journey's end at last, and there is a proverb about that in your language, Mademoiselle."

"Journey's end in lovers meeting." Lenox laughed. "That is not going to be true for me."

(...) "Trust the train, Mademoiselle," murmured Poirot again. "And trust Hercule Poirot. He knows."

Agatha Christie, The Mystery of the Blue Train, 1928, p. 205

5.1 Introduction

In this discussion, I draw together this study's contexts and findings to explore the possible implications, contributions and limitations of this work. My findings may say as much if not more about my own subjectivity as that of participants (Willig, 2012). However, through time, mirrored by these chapters' chronology, my subjectivity has altered. In this sense, this discussion re-engages with an evolved third space (Rizq, 2008). Informed by what I have found, I re-explore questions about PBR and PBRT in the context of counselling psychology.

Heidegger (1927/1978) suggested it only through practicing with tools we have ready-at-hand, and then experiencing a problem or dilemma, that we can think or interpret, and so can apprehend what may be really be there: the present-at-hand. This seems to reflect how things might go in research, and how they sometimes went in this study. I explore further points of reflexivity and methodological choice below.

5.2 Reflexive and methodological notes

5.2.1 Time and experience.

Following the pilot interviews, I realised that participants may have experienced delays in producing their case studies. Neither pilot participant had progressed to the first draft of the write up of their case study by the time of the interviews, as my understanding of the course

timetable had suggested they might have done (3.3). After two pilot interviews, once I was happy with the interview schedule (3.5.2), a dilemma arose about further interview timings. Was my interest in participants' experiences of relating to PBRT, regardless of their progress with coursework by the interview (interview as temporal slice or cross-section), or ought they to have progressed to a particular stage (interview as narrative point)?

Qualitative research meta-literature explores various ways in which relationships between experience, change and time might be construed (e.g., Elliott, Holland, & Thompson, 2008; Neale, Henwood, & Holland, 2012; Shirani & Henwood, 2011). For example, 'change-through-time', a dynamic, process-oriented relationship, is distinguished from 'change-over-time', a before-and-after, linear idea (Saldaña, 2003). My supervisor and I eventually agreed on the interview as narrative point approach (related to change over time, before-and-after linearity), given my relatively concrete interests in PBRT as a set of discrete training 'events'.

Inevitably, this decision shaped proceedings. I contacted the remaining participants again, and asked them to ensure they had reached the point of the first draft of their case study before we met. As it turned out, this did not particularly disrupt the timings of the remaining (main) interviews. However, it did mean that I did not analyse the pilot interviews' data, to preserve the homogeneity of the sample, as IPA requires. Despite my supervisor's and my decision to think about participants' PBRT experiences in linear, narrative terms for the purposes of this study, it was interesting that main participants' interview material still strongly reflected experiences of train(ing) time (1B). Perhaps this finding might have emerged even more strongly had we chosen the interview-as-temporal-cross-section approach.

5.2.2 Psychoanalytic ideas and relational processes.

Over the course of this study, my own change-through-time has involved a growing interest in psychoanalytic ideas, which have increasingly contextualised this study's processes (3.5.4, 3.7.1) and its findings. For example, within my findings, I identified pre-training

'desires' not motivations, and drew links between interpersonal and intrapersonal domains ("research interferes" > "research mind interferes"). I let free associations (characters from novels, fairy tales, trains, buffets...) come into and influence my interpretations. When research covered, wrapped around or fed into practice, I thought about the mother-infant relationship. Overall, the threads of pretext and context in the findings' narrative broadly assume the psychoanalytic idea of the past as a template for the present. My orientation, experience and meaning-making inevitably differed from that of each participant (3.1.2), one example of the double hermeneutic shaping this research (Smith & Osborn, 2008).

As a further example of intersubjective or relational process, my published literature review about counselling psychology and PBR (Henton, 2012) perhaps positioned me during interviews as someone with particular investments. Although I had neither encouraged participants to read this, nor referred to it beforehand, this contextual factor nevertheless seemed to generate particular responses, which were perhaps consistent with elsewhere in participants' accounts. For instance, at times, linked to a theme of competence during our interview, Jess seemed to have perceived us as having different levels of confidence in research. Perhaps linked to her own emphasis on planning and decision-making, Aisha had done some planning and deciding in advance. Having read and thought about my literature review before we met, she had formed her own view of the issues it raised (cf. Appendix M, section 2C).

Intersubjectively, I may have represented something uncertain or paradoxical: being a trainee, but not known, or a researcher, perhaps to some degree known, but this was not spoken of, since generally I contributed little beyond open-ended questioning and some probes or prompts during the interviews (Kvale, 2003). Perhaps on both sides, there was curiosity about difference, in relation to what we each had or knew that the other did not? In this regard, each 'research couple' (Rizq, 2008) felt different. With Maya, the interview occasionally seemed like another research thing perhaps to guard against. Tom's occasional mixing of subject/object positions implied a wondering, consciously or otherwise, about our potentially differing relations towards research ("obviously when you're in the

interview I just bluff myself"). Reena suggested she had had an opportunity to make links (openness to possibility) not made previously ('catalytic validity', Lather, 1986). Aisha commented on the space to reflect as if in supervision (Appendix L, section 4A).

Although I explored this co-constructed intersubjectivity on tape following each interview (3.5.4), I noticed my own feelings even more later on, during analysis and write-up stages, when I began to contemplate sharing my findings with participants (cf. also reflexive statement, iv). During recruitment and briefing stages of this work, I had suggested to participants that I would re-engage with them about confidentiality/anonymity and validation issues prior to any consideration of external publication (3.5.1). My decision about when to seek participants' feedback in these areas was based on a careful consideration and balancing of ethical and epistemological issues and needs of this particular project (cf. 3.7.1 for a full discussion). However, as I wrote up my findings, I noticed feeling anxious about how participants might receive them.

Beyond ethics and epistemology, these emotional dynamics were quite unexpected. Rizq (2008) contrasts the relatively mirrored responding stance that researchers might adopt during interviews, with the researcher's re-asserted interpretative position subsequently. I have tried hard to ground my findings in the data as I received it, and to write these findings up in a tentative, respectful and circumspect fashion, acknowledging that interpretations were my own. However, despite this, perhaps I was, as Rizq suggests, experiencing the very fact of my findings Oedipally, guiltily, as relationship rupturing? In this multi-layered, complex situation, involving ethics, epistemology and emotion, I hope that the work I have undertaken, the validation procedures I have chosen and offered, and participants' responses to my findings including the possibility of their publication, will be 'good enough'.

5.2.3 Metaphors.

In engaging with participants' data, I constructed various metaphors (train, buffet, water) to evoke shared ideas or themes. Metaphors are pervasive within IPA (Robinson & Smith, 2009; Smith, 2011b), which emphasises researcher and researched's contexted-ness

(dasein) within language, the “house of being” (Heidegger, 1927/1996, p. 217). IPA positions metaphor both as a potentially deeper route, phenomenologically, towards experience, and as hermeneutic possibility, a means of sense-making, interpretation or connecting ideas (Shinebourne & Smith, 2010). Phenomenologically, metaphor is a tool “for trying to comprehend partially what cannot be comprehended totally” (Lakoff & Johnson, 1980, p. 193) and for communicating “unshared experience” (p. 232). Interpretatively, metaphors simultaneously illuminate and conceal other possibilities. Polkinghorne (2005) places metaphor between the expressive and performative functions of language: it does more than imperfectly reflect the richness of experience “instead it adds to the original experience, congealing, differentiating and perhaps amplifying it” (Willig, 2012, p. 66). These ideas illuminate how I have used metaphors both phenomenologically and interpretatively in this study.

5.2.4 Journeys, stories, ending in marriage?

Training in counselling psychology or similar disciplines is often characterised as a ‘journey’, involving stages, difficulties en route, and transformation (e.g., Reeves, 2012). Likewise, qualitative research is also often cast as a journey (Etherington, 2004; Finlay, 2002) involving uncharted territory (Finlay, 2006), adventure (Willig, 2008) or quest (Rosaldo, 1989).

A journey is a kind of story or narrative. Propp (1928/1968) seminally suggested most stories begin with a main character leaving their safe environment to embark on a dangerous journey. This character’s initial attitudes are relevant to, but not dictated by, the main story event - a threat to “an implicit canonical script” (Bruner, 1991, p. 11). That is, something anxiety provoking comes along, and we do not initially know how, or whether, we will overcome it. In the counselling psychology training journey, trainees may arrive wanting one thing (practice), but needing first to survive another (research) (Henton, in press; Kasket, 2011; Moran, 2011). This study’s participants began with varying desires: for Aisha it was practice and research integrated from the start; for Tom, it was practice only; for

Reena it was an evolving openness to what comes; Maya was unsure whether she would choose practice or research later.

Relevant to this study's phenomenological methodology, journeys imply a particular kind of lived experience, life-world of a body existing and moving through time and space, or a lived narrative (Karin, Nyström, & Dahlberg, 2007; Finlay, 2009; Langdrige, 2007; Merleau-Ponty, 1945/2012; van Manen, 1990). Journeys also recall the existential idea of 'situated freedom' (Heidegger, 1927/1978): we might freely choose our journeys, but this freedom is never absolute because these choices, and our responses to them, are inextricably contexted by our lived world.

The concept of journey or narrative is therefore present in various ways in this study, not least because one of its main findings is about *time* in counselling psychology training – in the idea of a train journey (the on and on-ness, from stop to stop, no time for getting off, the tiredness, etc.). I have tried to show how participants' experiences of their shared train(ing) journey may each have been uniquely contexted by their own story. For Reena, perhaps this was openness to future possibilities; for Aisha, a deliberate journey towards a planned ending; Tom was snowballed onto possibly the wrong train; for Jess, it may have seemed the only journey given perceived limits; for Maya, perhaps there was no getting off the train now she was in a foreign land. Onwards, this train(ing) journey seemed to context how participants understood their PBR task (what PBR was, and what or whom their PBR case study might be for, 3A); the mixing of theory, practice and research experiences (3B); and complex dynamics given the PBR task's involvement with participants' progress and evaluation (3C).

Overall, these findings' themes are a storied sequence or journey, adding cumulative layers of contexted meanings to participants' PBR(T) experiences. The emphasis on context in this study expresses a value within counselling psychology (Orlans, 2013) and within IPA (e.g., Larkin et al., 2006). Another context is my own subjectivity - this study's story is the one I have sculpted (James, 1890/2013): its presentation of themes may reflect my personal

investments in narrative or resolution (cf. opening reflexive statement). I note my previous qualitative work also constructed storied themes, albeit perhaps more paradigmatically (Henton & Midgley, 2012; Polkinghorne, 1995).

Methodologically, although IPA and narrative analysis are different methods (Griffin & May, 2011), they are considered to have an affinity (Eatough & Smith, 2007; Smith, 1994; Smith et al., 2009), and some composite methods have emerged (Frost, 2011; Robinson & Smith, 2010). For instance, in their IPA study of narratives of transformative crisis, Robinson and Smith (2009) highlight the formative relation of fictional plots (e.g., Booker, 2005) to the telling of human lives. Overall, drawing on these ideas, I believe this study remains IPA work: narrative elements form part of my ready-at-hand interpretative repertoire.

Whatever the dangers along the way, most folk-tales end in a wedding (Propp 1928/1968; Hercule Poirot may have agreed...). What of the ending of participants' journeys within these findings? Is this the marriage of research and practice a.k.a. PBR? Perhaps this study and these research interviews, in participants' and my own middle training year reflect a middle rather than an end of a story, referring as they do to grappling with difficulty, complexity and in-betweenness (cf. Rizq, 2006; 5.3.3).

5.3 Findings: Contexts and implications

5.3.1 Practice-based research, in the eye of the beholder.

What is practice-based research? It might be an object, which, like other objects, is "in the eye of the beholder", bound by subjectivity, context and discourse, onto which we project our own material. In the context of this study, PBR, whatever else it was, was also primarily a piece of coursework for participants, and any findings drawn from participants' experiences and meaning-making must be seen in the light of this. Tom's PBR object had to be seen, and useful, or beautiful, to others, before it could be research. Jess defined PBR in terms of something nuanced or feminine, contrasting with powerful EBP or the big academic studies. Overall, it seemed as if each participant defined PBR in the context of their own

meanings and experiences, reflecting Mead's idea that our symbols are shaped relationally through social interactions (Eatough & Smith, 2007; Mead, 1934).

Reena and Aisha's version of PBR referred to the training's discourse (3.2, 3.2.1): PBR relates to a practitioner's attitude of mind or process. It starts with practice, with a question or idea evolving, or generated organically (inductively) from practice. This understanding of PBR in a training context perhaps recalls the postmodern idea of the 'primacy' of practice in generating knowledge or of research being 'practice-led' (Polkinghorne, 1992; Strawbridge & Woolfe, 1996). Within Metanoia's counselling psychology and psychotherapy training, this PBR discourse has been further elaborated (Bager-Charleson, 2014). PBR begins from a critical incident within practitioners' work, and a 'need to know'. It is mostly qualitative research, capturing the messiness of real-world practice. Reflexivity is a central aim within this version of PBR (du Plock, 2014).

Arguably, postmodern *différance* might re-cast the research-practice relationship more ecumenically, so that neither 'leads' the other (2.2.1). However, this reflexive, practice-led definitional frame for PBR, reflected among participants' accounts, does seem helpful in the context of counselling psychology or psychotherapy trainings, or for qualified practitioners considering doing PBR, perhaps for the first time. It may be important to start inductively from something one already does, knows, or wants to know, so that research might represent less of an anxiety-provoking foreign object or thorn in one's side, and might become more integrated or metabolised (2.5.1; Henton & Midgley, 2012). In other words, this PBR discourse may be a form of persuasion, seduction even, at one level, of the anxious or the ambivalent towards research (e.g., Barker et al., 2002).

However, this practice-led discourse is not be incompatible with definitions of PBR relating to methodology (case studies, process and effectiveness research) (2.3; Henton, 2012). These latter definitions, perhaps representing a more observer, researcher or collectivist perspective, reify PBR as a thing (or a-thing-in-a-context), as opposed to an individual process or attitude. Indeed, these two apparently contrasting perspectives may reflect

something within PBR that I have characterised as its core strength (2.3.1). PBR potentially breaks down false dichotomies between practice and research, or between philosophy and action. Its various forms embrace the complexity, richness, nuance, and variability of practice, while also being potentially evidentiary, potentially capable of influencing current or future evidence systems, through demonstrating the processes, value or outcomes of particular therapies (what may work, how, and in what context, McLeod, 2010). Overall, this study has offered a synthesised understanding of PBR, which I hope might be useful to some degree across training, practitioner, or researcher contexts.

5.3.2 PBR(T): The good, the bad, and the ugly.

Prior literature I reviewed offered a mixed picture of PBR experiences in training and qualified contexts. Practitioners or trainees sometimes experienced PBR as anchoring, informative, and illuminating of therapeutic work (Castonguay, Nelson, et al., 2010; Stinckens et al., 2009), potentially enhancing shared decision-making (Edbrooke-Childs, 2014). Trainers emphasised the hard work and effort involved in implementing PBRT (Castonguay, Pincus, et al., 2015; Sauer, 2006; Stinckens et al., 2009; Van Rijn et al., 2008). Some trainees expressed initial doubts or fears about workload, complexity and exposure of their practice (Castonguay, Pincus, et al., 2015; Stinckens et al., 2009). Other trainees experienced anxiety, confusion, helplessness, and resentment when PBR innovations added to multifarious practice, learning and evaluation demands already there to meet (Van Rijn et al., 2008).

In this study, participants also described their PBR(T) experiences in terms of workload (“so much other stuff in between” “the deadline...and the deadline”), complexity, as practice, research, learning, and evaluation combined (“is harder as a trainee”), and anxiety about exposure of their practice (“secretive” “vulnerable...to the context here” “walls and barriers to protect me and my client”). I explore the potential strain for trainees in mixing multiple elements, interpersonally and intrapersonally, particularly when research (as coursework) links to evaluation and progress during training (“we have to be there with the client, as well as letting our tutors know what we have done and achieved”) further below (5.3.3).

5.3.3 In-betweenness, unwelcome thirds.

Counselling psychology training involves pluralistic learning about theory, practice and research (McAteer, 2010). As above, participants' understandings and experiences of PBR(T) were contextualised by this complex, demanding journey (1B), leading to a mixing or blurring of elements (e.g., CBT/PBR), and various more or less welcome 'third' or 'between' elements. PBRT seemed to be a third between methodology teaching and doctoral thesis (2A, 2B). CBT, PBR and trainees' thoughts about the subsequent evaluation of their work were further third elements between therapist and client (3B, 3C).

It is interesting to recall that counselling psychology is often characterised as a 'between' discipline, bordering, as it does, the orthodox and the critical or creative (Davy, 2010). Some participants' entering of the discipline involved falling, accidents or gaps in agency as if falling between two stools, for example, between something unwanted and chance. After considering further training in educational psychology, Jess fell between Google's counselling and psychology search terms. After CBT, and a chance idea in a lecture, Tom snowballed in. According to the online Oxford dictionary, falling between two stools often reflects ambivalent situations such as (perhaps suitably...): "the work fell between two stools, being neither genuinely popular nor truly scholarly". Perhaps there was some ambivalence about embarking upon counselling psychology training for Tom, Maya and Jess? Participants sometimes described engaging in research in physical, visceral, emotional ways ("choke" – Maya, "knot" – Tom, "love" - Reena). Descriptions of doctoral thesis experiences also seemed to reflect ambivalence - the up and down-ness (Maya), the unwanted extra in-the-way thing (Tom), and the aloneness (Jess) - found in the literature (Kasket, 2011; Moran, 2011; Piercy et al., 2005).

In relation to PBRT as a third, I was curious about the apparent opacity (the not much-ness, non-concreteness) in participants' descriptions of their training for PBR – their PBRT (2B). I wondered if difficulties remembering PBRT were part of a more general phenomenon in which repeated training events (weekly teaching, assignments etc.), like successive train-stops, led to memory distrust (e.g., van den Hout & Kindt, 2003). Tiredness, overload and

anxiety might also affect the memory? Alternatively, perhaps PBRT's in-betweenness or third-ness signalled something particularly difficult or unwanted – something too much, too difficult to take in or have room for? It seemed clear that participants' thesis was the main research event, object, or attachment. Topic choice was "the big deal", "the commitment" and methodology teaching another, more "laid on the table" choice-point. Overall, the lack of a place for PBRT found in participants' narratives, reflected in the findings above (2B), for me, begged a question. If PBR were to find a place within UK counselling psychology research training, should it become the main event, or the "big deal" via a practice-based research programme in which PBR formed the doctoral thesis itself (cf. 5.4 1 below)?

In a further example of third-ness, research and CBT seemed to blur or conflate to form another third entering person-centred practice between trainee and client. It seemed as though participants expressed the addition of PBR and of CBT into their person-centred work in terms of a particular natural order. Person-centred practice was primary: it needed to come first, and was unquestionably valuable. PBR (and CBT), questionable additions, came second. It was fine for practice to be the base for research, but research needed to wrap around and not interfere with practice. Practice was precious, to be protected, a gentle phenomenology, modernist perhaps, a linear journey or development flowing naturally through time and place. The therapist-client relationship meant being present, genuine, spontaneous, responsive to clients' "tracks", like mother to infant, even if there was a predicted trajectory ahead ("the client's not there yet") (3B). Without careful timing, therapist sensitivity, and client readiness, research/CBT might be potentially intrusive, forceful, pushing, shocking, even masculine or penetrating (?) (cf. Mantica, 2011). Research again seemed to be the extra, the unwanted intrusion (cf. Moran, 2011; Piercy et al., 2005). Many things got lost or might get lost: therapeutic presence (Reena), spontaneity (Aisha), client tracks (Reena), or genuineness, the client, the therapist or the therapist's words (Tom) (3B, 3C, Appendix M).

Finally, perhaps the most striking example of unwelcome third-ness seemed to lie in participants' experiences of the tape-recorder research object within therapy. The presence

of the tape-recorder generated thoughts among participants about evaluation or possible mistakes, and sometimes led to further feelings of disconnection from clients. The tape-recorder seemed to introduce both CBT/research and the possibility of evaluation into the therapy room. Emotions included embarrassment (“silly that” Reena), anxiety (“paranoid” Maya, “vulnerable” Tom), guilt, and anger (Reena). There was doubleness (Maya, Tom, Reena): therapist and client on one hand, and the university context on the other. Participants tried to be there with the client (Reena), preserve the privacy of therapy (Tom), protect the “real” client (Maya), while letting tutors know what had been achieved using the proper terminology or language (Reena, Maya).

Similar anxieties appear in the psychoanalytic research meta-literature, since in this community, outside research contexts, tape-recording has not been traditional (Wallerstein, 2003). Freud (1916-1917/1991) suggested patients only gave information on condition of a special emotional attachment to their analyst, which would brook no listener, or witness, and would fall silent otherwise. Even note taking (only an ‘ostensible’ form of exactness) was detrimental both to the analyst’s even-hovering attention and, in counterpart, to the patient’s free association (Freud, 1912/1991).

Since Freud, psychoanalysis has engaged with psychotherapy research issues of observation, tape-recording, and subjectivity further, and subsequently, psychoanalysis has incorporated or integrated the idea of tape-recording into its thinking about clinical work, supervision, and research (Aveline, 1992; Busch & Milrod, 2010). In a study I was involved in, psychoanalytic child psychotherapists’ attitudes to tape-recording changed through experience, as concrete research concerns (“what if the patient turns it off?”) became metabolised, clinical curiosities, something to work with in the process (“what would this say about the patient?”) (Henton & Midgley, 2012, p. 7).

In further research about tape-recording experience among qualified practitioners, Brown, Moller, and Ramsey-Wade (2012) suggest that both qualified UK therapists (of differing orientations) and their clients soon forget about recording devices, and both groups

perceive that the benefits of recording outweigh the challenges. However, trainees' anxieties about evaluation or failure might arguably be more concrete than the anxieties of qualified practitioners using tape-recorders in research or practice. Aveline (1992) suggests that trainees' resistance, anxiety and perceived vulnerability relate to the evaluation function of recordings, and their potential to damage their self-image. Tape-recording anxieties may link to stressors or 'hardships' commonly experienced by trainees, including performance anxiety and the scrutiny of gatekeepers (Skovholt & Rønnestad, 2003).

Gossman and Miller (2012) explore counselling students' perceptions of the effects of recording on themselves, clients and the therapeutic process. While more experienced trainees reported feeling more relaxed and authentic using tape-recording, and (consistent with Brown et al., 2013) settled into and soon forgot about it, early-stage trainees had different experiences. These latter trainees noticed more nervous, more self-conscious, and less typical practice during tape-recording. Tape-recording influenced their genuineness (Tom) and ability to 'be there' with clients (Reena), altering or even jeopardising the therapeutic relationship. Timing (Tom, Reena, Aisha) mattered for recording too – therapeutic relationships should be established first before considering recording. Most vividly, this study's trainees also described a "third person" present during tape-recording (like Tom's "weird"): "it's like somebody standing there, watching you, listening to you" (Gossman & Miller, 2012, p. 29).

In relation to the present study, it is interesting to expand on possible understandings of these unwelcome thirds intruding into the client-therapist dyad in terms of an Oedipal dynamic (Freud, 1923/1991), a conflicted triangular constellation of two, with a third entering. Originally related to mother/child + father, this dynamic may fundamentally imprint the organisation of mind, experience and action in adulthood (Loewald, 2000). At times, the Oedipal third in this study seemed to be an intrapsychic phenomenon – a critical superego, for instance, when participants' research mind interfered or got in the way of their therapeutic mind (Reena), or there were side-notes of worry about massive mistakes, experiences of losing thoughts in translation, or of losing oneself in thought (Tom).

Rizq (2006) has explored Oedipal issues in the context of counselling psychology training, where trainees' connection with a primary theoretical model might be 'broken' or interrupted by the introduction of another model. This is particularly likely to occur during trainees' second year: both participants and I were in our second year of training, albeit in trainings where primary and secondary models were different organisations (mine – first CBT, then psychodynamic; participants – first person-centred, then CBT). We were all likely to have had different primary attachments, to different degrees, and different responses to the introduction of another theory.

From a psychoanalytic perspective, Freud's Oedipus complex (1910/1991) also links to the idea of observation in different ways. The child develops a capacity to be in an observer position, on the outside of the relationship they observe between their two parents. This triangular situation also necessitates being observed by a third, or tolerating observing oneself, seeing oneself interacting with others, or entertaining someone else's perspective, while retaining one's own (Rizq, 2006). In the present study and its contextualising literatures, participants' tape-recording anxieties seemed to have this quality, or to relate to this domain of feeling observed, or imagining another observing.

Klein (1928) moved Oedipus into infancy, locating the 'Oedipal situation' within the infant's move towards the reparative depressive position, when good and bad are reconciled in one and the same person, a position often to be returned to and re-negotiated in adulthood. Developing Klein's ideas, Segal linked the Oedipal situation or the ability to adopt or tolerate a third position with our capacity to symbolise through rational thought or language (Segal, 1955/1988). Bion (1962b, 1970) further proposed symbolic links in the mother–infant relationship, between food, nourishment and digesting on the one hand, and psychological digesting, understanding or knowledge on the other. In the Oedipal situation, he suggested, maternal containment helps infants to tolerate the frustration and disappointment of their mother's absence, and accordingly to conceptualise it, and develop the capacity to think and to know, a process similar to ego-formation (Klein, 1930) or the reality principle (Freud, 1911/1991).

It is possible to 'bring in' these ideas only very tentatively in the context of the situation of the PBR task in this study, as one of many ways in which this might be reflected upon, and only as a set of loose associations. It is the themes of the *situation* that are of interest here, rather than interpretation of participants as individuals. With this caveat in mind, there did seem to be a link within participants' responses between preserving the good of the therapeutic dyad (while feeling observed or evaluated by a less welcome third), and their capacity to think ("you can just think that there"), or rather the lack or loss of this capacity ("is worse as a trainee").

Finally, in relation to participants' emphasis on therapeutic dyad's real quality and on 'research third' concerns as often linguistic (e.g., Tom, Maya, Reena – "my language" "thoughts translating into words" "terminology" "writing skills"), I venture, again very tentatively, into Lacan's ideas of the registers of subjective experience. Lacan (1959-1960/2013) characterised subjectivity in terms of a developmental and ongoing negotiation between three registers of experience– the Real, the Imaginary, and the Symbolic. He considered anxiety to be central to subjectivity, and in turn, subjectivity to arise out of anxiety, as we move between these registers. Initially, we are born into the Imaginary register, which works as a fantasy, as its name implies, of a mirroring relationship with our mother, and involves a fantasised self, obtained through a (mis)identification with our own mirror image.

We lose these fantasies when we make contact with the Real register. For Lacan, the Real relates to the reality of our relationship with mother (as opposed to our imagined mirroring relationship). Our mother is the 'real other', the source of all-important love, present and absent, who, over time, becomes the forever unattainable vanishing point of all desiring, or the thing (das Ding). Our contact with the Real register generates anxiety, since the Real can neither be represented in words nor ever fully captured (Johnston, 2014).

Recalling Segal and Bion's ideas (described above), Lacan located the Oedipal situation at the point we enter into language or into the Symbolic register. Through the Symbolic

register, we try to regain our Imaginary mirrored experience, lost in the face of the Real (Loewenthal & Snell, 2003). Lacan's Symbolic register was associated with structuralism: socio-linguistic structures, intersubjectivity, authority, power, knowledge and the Oedipal father, or the 'Other' (with a capital 'O') (Johnston, 2014). The father was the prohibitor and the castrator, the symbolic "no" or word of law (Lacan, 1977).

These ideas seem to enrich the interpretative repertoire for the complexities and thirdnesses found in this study. Within this repertoire, the Oedipal third entering the therapy room might be linked to the Symbolic: it involved the evaluation or disruption of participants' linguistic ability or capacity, the potential for (mis)interpretation, and the power of the tutor or marker to decide (Reena, Maya, Tom). The situation in therapy had the 'feel' of the Imaginary: the special dyadic quality of the therapist-client relationship, akin to mother and child, the location of the secret, the private, the genuine (Tom), the spontaneous (Aisha) and the being (present) with (Reena). The loss of the Imaginary seemed to recall the realm of the Real: the fear of potentially losing a real client's tape-recording (Maya), or the way that the 'being with' of therapy was almost impossible to express or capture in words (Reena, Tom). Overall, it seemed as though the *dasein* or the 'being there' of uninterrupted, dyadic practice work was at the heart of participants' desire.

5.3.4 Ethics-in-training, and beyond.

Tom's PBR project was a lived experience, vividly described ("in vivo" research), linking to his concerns about who or what the exercise was for ("crude experimentation") (3A). PBR was neither useful nor beautiful to others, it was 'for him', for his learning and progression through training. Thus, it was practice-based-practice, something circular within training and not like real research at all. This idea of 'for self' linked to 'selfish', and an experienced deceptiveness: the client considered it research, but in the context of training, it was really for his own gain.

This sense of disconnection from, and occasional deception towards clients (Aisha's "fraudulent" 3A) in participants' descriptions of their PBR coursework task reminded me of

Sartre's idea of 'bad faith'. Bad faith is a knowing deception, an uncomfortable conflict between values and action, a lie to oneself at the time "hiding a displeasing truth or presenting as truth a pleasing untruth" (Sartre 1943/2009, p. 72). Bad faith might occur when our subjectivity falls, perhaps suddenly, out of kilter with the demands or pressures of our surroundings, arguably likely to happen, at some point, to anyone on a counselling psychology train(ing) journey. Indeed, participants' moral dilemmas relating to their PBR coursework task within training were clearly at least in part founded on the train journey context and contingencies (1B), which linked PBR to a particular timings, and to progress and evaluation in a way that, as Reena observed, would be less likely to happen off the train, post-qualification (3C).

This study explores doing research with a current client as a lived experience in the particular context of training; the moral dilemmas trainees raised mark the complex ethical issues potentially involved when practitioners conduct research with their own clients. However, ethics and morality are not the same, although they may sometimes be closely connected. Morality usually refers to a subjective stance taken in relation to someone or something, while ethics usually refers to thinking at a higher level of principles, virtue, or philosophy (Olsen, 2010). In training or qualified contexts, questions of function, in other words, for whom or for what research or practice is for ('qui bono' in law), seem clearly to be moral questions, which mark wider ethical considerations.

The PBRT literature echoes participants' reluctance to bother clients with the 'extra' of research, or to impose research on clients (Castonguay, Pincus, et al., 2015; Stinckens et al., 2009). Castonguay et al. have suggested that trainees experience "a very common impostor syndrome" (p. 10), as if they feel they are imposing themselves or their inexperience inappropriately on their clients. However, in this commentary set within US clinical psychology training, there seemed to be a broader theme of imposition, and a broader question about who the PBRT project was for – in particular, was it for trainees or trainers' benefit? For instance - trainers had to remind trainees that research in the clinic was "mostly for you" (p. 11). In the present study, participants expressed similar forms of

moral questioning about imposing extra upon clients or adding to their load (“the client doesn’t care about your research, they’re there to be, you know, to get help”), and at times, perspectives split off from tutors (“research...in my tutor’s eyes”). Something unwanted, research, seemed to be imposed perhaps both on trainees and on their clients (cf. 5.3.3).

Despite the particularity of these experiences of PBR as coursework within training, nevertheless, participants’ remarks offer a starting-point for exploring the role of ethics within PBR and PBRT in wider contexts among qualified practitioners. In qualified contexts, issues of ‘who or what is this for?’ remain central. Unlike practice, which serves only clients’ best interests, research’s helping, communicative function aims more widely; its benefits and risks must be considered in balance between its participating and consuming communities.

In starting to consider PBR ethics, a first point to make is that PBR does not always involve practitioners researching their own clients: various constellations of practitioners and researchers may be involved in PBR. For instance:

- ❖ a qualified practitioner or practitioner-researcher in private practice might produce a research case study for publication based on their own work with a client (e.g., Shorrock, 2012);
- ❖ case studies or process research might be carried out via a collaboration between a researcher or researchers, a practitioner or practitioners, and their clients (e.g., Balmforth & Elliott, 2012; Craig, 2011; Grafanaki, 2012);
- ❖ practitioner-researchers working in a service in both roles, or in an integrated role, might conduct interview research with service clients who are not their own (e.g., Thompson & Russo, 2012);
- ❖ effectiveness research might be carried out within a third sector organisation, in a collaboration between a researcher or researchers and practitioners collecting data (e.g., Winter et al., 2003);

- ❖ NHS practitioners or practitioners in other contexts might join and contribute data to a PRN led by a steering group of academics or researchers with particular research objectives (e.g., BACP, 2015; Castonguay, Youn, et al., 2015); and
- ❖ large numbers of practitioners take part in effectiveness research every day, since sessional outcome monitoring in IAPT services contributes to vast data sets analysed by researchers at local and national levels (Parry et al., 2010).

In only the first of the above examples - a qualified practitioner producing a research case study for publication based on their own work with a client – is the practitioner also in the role of the researcher. It is more usual in qualified PBR contexts to find practitioners practicing, while separately, there is at least one researcher involved, if not more than one (Grafanaki, 1996; McLeod, 2003a). In the other examples offered above, practitioners are involved in research, but with the exception (sometimes) of data collection, they do not themselves also carry out the research part. Instead, researchers who are also involved in the project might in some way observe or in analyse their practice.

Perhaps this partly explains why relatively little has been written about the ethical dilemmas for practitioners involved in research with their own clients (i.e., for 'practitioner-researchers' or 'practitioner research'), which is a specific ethical situation, and arguably more likely in the context of PBR tasks within training. Some suggest, with little further comment, that most qualified practitioners avoid such research for ethical reasons (Bager-Charleson, 2014), primarily role conflicts from dual relationships with clients (Pope, 1991). This form of research involves wearing too many professional hats, and is a situation to guard against, or at least to consider very carefully (Seider, Davis, & Gardner, 2007).

Without minimising the complexity or the magnitude of ethical considerations in relation to practitioner research, I do find it interesting *how quickly* this idea seems to be rejected, in conversations or in the literature, on the basis that it leads to dual relationships. At these times, to me, research feels like something definitely unwanted - the foreign body, the unintegrated, un-metabolised, thorn in the side of practice or practitioners or trainees

(Piercy et al., 2005). I think this is a phenomenon to 'look at'. After all, research is not the only "third" that practitioners might entertain internally. There are other thirds too – the need for practitioners to earn a living, to meet the needs of their managers, or to satisfy their own needs. There is also the third of theory. Although theory is there 'for' the client or to 'serve' therapy in a more singular or integrated sense, nevertheless, theory helps the practitioner to make sense, and at times, arguably to withstand the pain they might feel themselves in response to the raw, vulnerable experience of therapeutic work (Holmes, 2014). The straightforward conclusion that research cannot be done at the same time as practice because 'research' is (also) 'for' other(s), while everything else that goes on in therapeutic work is (only) 'for' the client; surely covers over a far more complex reality.

Nevertheless, there will always be difficult moral dilemmas and ethical hurdles to overcome with respect to practitioner research, that is, practitioners researching with their own clients. For instance, if research and practice are in some way happening at the same time, what if the researcher 'within' needs more information, but the practitioner 'within' thinks the "client's not there yet"? Which part guides what happens next? One might argue for a guiding principle that the practitioner's primary allegiance must always be to the needs, therapeutically, of the client, as far as the practitioner understands these. The findings of this study and contextualising literature are suggestive of such a guiding principle. For instance, Reena contrasted PBR that interferes with practice (letting the client go in the way that you want them to) with the pragmatic case study methodology, which somehow fitted around and between. Practice and the needs of the client and of the therapeutic dyad needed to come first or somehow to remain intact ("you can just think that there").

Although Freud commented that in psychoanalysis, treatment and research proceeded "hand-in-hand" (1963, p. 120; 2.2.1), he also suggested that analysts should not attempt to do treatment and research at the same time, commenting that cases devoted from the first to scientific purposes would suffer in their outcomes (1912/1991). Perhaps similarly, Winship (2007) argues for 'reflective' case study enquiry, conducted post-hoc or after therapy has finished, in contrast to 'prospective' case studies planned and conducted before

or during clinical work, suggesting the latter carry more risk of harm, because they have a greater capacity to change therapy.

In the context of psychiatry, Yanos and Ziedonis (2006) offer an alternative, perhaps more integrative ethical starting-point for practitioner research. Recalling this study's 'double pressures', they describe practical and ethical challenges for practitioner-researcher 'double agents', including clashing agendas, tasks, ways of being, and even accepted attire (researchers, apparently, dress more casually...). These authors propose that practitioner-researchers must "examine their allegiance to an underlying moral or service principle to guide their work, and develop an awareness of the importance of both research and clinical service delivery to serve this principle" (p. 5). Elliott and Morrow-Bradley (1994) have also argued that ethical integration is possible, suggesting that when researchers are also the therapists, they are more likely to experience any discrepancy as an internal conflict, and to be more motivated to pay attention to each side. In different ways, these authors seem to point to the possibility of a 'both and' situation, in which the objectives of a research enquiry, and the objectives of working in therapeutic service of a client, do not need *necessarily* to be regarded as opposing (or as an 'either or').

This ethical 'both and' fits with the way I have tried to characterise PBR – as a potential holding ground for both therapeutic and research ends (2.3.1). It is not that there are no ethical issues involved in practitioner-research – this is clearly not the case. As highlighted above, practitioners researching their own clients are perhaps at the extreme end of an ethical spectrum when it comes to PBR. However, a straight or instant rejection of these situations on ethical grounds may be precipitous, and perhaps predicated on assumptions this study has sought to question of a dichotomy between research and practice. Research and practice are similarly conceived as social responsibilities (Castonguay, 2011), and may involve similar ethical issues or dilemmas (cf. below; McLeod, 2003a). Ethical issues in practitioner research clearly need very careful consideration, but are perhaps no reason ultimately not to consider such research, which is potentially enlivening and important for practitioners, clients, and politically (Flyvberg, 2006; McLeod, 2010).

More generally, PBR is important because it allows for, embraces, and privileges the subjectivities of therapist and client, offering a view 'from within' into the complexity and nuance of therapeutic work. At the same time, PBR potentially evidences forms of practice that might need to better representation within the evidence-base for psychotherapy (2.3.1 - 2.3.5). This valuing of subjectivity in the context of psychotherapy research reminds me again of the long-standing debate within psychoanalysis about the gap between research (and researchers) and practice (and practitioners) (cf. 1.5). American clinical psychologist David Shakow famously described psychoanalysts or psychotherapists as "handicapped" "limited" participant-observers (1960, p. 18), suggesting that therapists' subjectivity gets in the way of 'objective' research: "love, cherish and respect the therapist, but for heaven's sake, don't trust him" (Shakow, 1959, p. 108). On the other hand, analysts have long felt misunderstood by researchers, and have regarded researchers' striving for systematicity or exactness in psychotherapy research as misplaced (Wallerstein & Sampson, 1971). There has been a kind of mutual distrust or "peevish" relationship between the two sides (Greenberg, 1994, p. 2). However, relevantly to the various constellations of PBR described above, psychoanalyst Greenberg has argued for a 'both and' dialogical position, in which both participants' and observers' perspectives are equally valued in psychotherapy research. He has suggested, "a fish will be the last one to discover water, but who knows better than the fish what it is like to live in the ocean?" (1994, p. 16).

To summarise, practitioner research, or research in which practitioners are also researching their own clients is perhaps the most difficult 'kind' of PBR to negotiate from an ethical standpoint. However, given the value of the practitioner's subjectivity in the context of research, perhaps we need not reject even this form of research 'out of hand'. It might be a question not of what or whether, but of *how* this research is conducted, and guiding principles such as 'the client (work) comes first' (Freud, Winship, above) or the development of an integrative ethical position may, in theory, be possible.

Referring to ethical dilemmas of practitioner-researchers conducting qualitative research, not necessarily with their own clients, but with other clients within shared healthcare

settings, clinical psychologists Thompson and Russo (2012) argue that the dilemmas of the dual researcher/practitioner role frame all other ethical issues in this domain. However, these authors emphasise that it is possible to conduct research in this context in such a way that (a) does not harm client-participants, and (b) enriches the overall service offering to client-participants. In negotiating ethical dilemmas in this context, these authors refer to the *BPS Code of Ethics and Conduct* (2009), which suggests that when it comes to ethics, 'thinking' is not optional. In other words, the sensibilities guiding ethical research might be the same sensibilities required in any therapeutic practice context (cf. 2.2.1) – and may revolve around thinking critically, reflexively, and sensitively (e.g., Etherington, 2007; Guillemin & Gillam, 2004).

Counselling psychology seems well placed to contribute to understandings of ethics in PBR and PBRT. Ethics are considered central to the valuing within counselling psychology of relationality, pluralism, phenomenology, context, complexity, power relations and social justice (Olsen, 2010). There are three particularly relevant points of reference, perhaps, within the counselling psychology literature on research values and ethics. First, counselling psychology prioritises *reflexivity* in research (Kasket, 2013; Willig, 2012, 2013), that is the bending back towards ourselves to look our own contributions to our research in the face, and the acknowledgement of these contributions, however difficult and painful this may be (Finlay & Gough, 2003). The practice of research reflexivity supports and encourages higher quality in research, and guards against self-interested or self-centred bias or action.

Second, counselling psychology often adopts a pragmatic position in research ethics, a position that is sometimes characterised as *virtue ethics* (Jordan & Meara, 1990). In contrast to principle ethics, virtue ethics involves thinking on the ground about each decision afresh and in all its particulars, as opposed to applying a principle (deontological, teleological or otherwise) without thinking (Brinkmann & Kvale, 2008). Counselling psychology acknowledges forms of tacit, implicit knowledge involved in relationships between practice and guidelines (Thornton, 2006; Schön, 1987; Wittgenstein, 1953). Virtue ethics involves navigating the many "fields of uncertainty" and "dilemmas in the milieu"

(Brinkmann & Kvale, 2008, p. 265) likely to arise from the start to the finish of any research project. The idea of virtue ethics stems from Aristotle's *Nicomachean Ethics*, which argued that the particulars of context must always have primacy; rules can only be 'rules of thumb'. We must engage in *πραξις* (praxis) - we must 'act well', and we must use our thinking capacity (*φρόνησις* or *phronesis*) to determine how to do this. Early 20th century pragmatic philosopher and psychologist John Dewey similarly suggested, "a man's duty is never to obey certain rules...but always to respond to the nature of the actual demands which he finds made upon him" (cited in Brinkmann & Kvale, p. 272). Again, this thinking attitude contributes helpfully to navigating the ethical dilemmas likely to arise in the context of PBR.

Finally, counselling psychology considers ethics from *a relational position*. Gabriel and Casemore (2009) define relational ethics in the context of a helping relationship, which is a "a co-constructed ethical and moral encounter, with associated relationship experiences and processes that both influence and in turn are influenced by the complex and multidimensional context in which the relationship occurs" (p. 1). This stance or frame seems important in any research that aims to explore the subjectivity and intersubjectivity of its participants. Engaging with the ideas of the philosopher Emmanuel Levinas, Cooper (2009) suggests that Levinas' version of relational ethics (1969) may epitomise counselling psychology's values. Levinas' ethics rested on embracing 'the Other' in all their otherness, as irreducibly and unchangeably different and unknowable. Putting codes of conduct before the other would be fundamentally *unethical* (Loewenthal & Snell, 2003). This is a form of relational ethics based on difference, on 'heteronomy' or 'alterity'. The idea is in a similar domain to 'dialectical pluralism', a version of pluralism that emphasises difference, tension, discomfort, and 'multi-coloured-ness' (McAteer, 2010).

To summarise, it is these engagements with ethical theories as 'philosophical tools to think with' that makes counselling psychology robustly placed to meet the ethical challenges involved in conducting PBR, or in establishing PBR or PBRT as a programme of work within the profession. PBR and PBRT may involve widely varying organisations of researchers and practitioners from very small to very large group projects. Constructions of PBR in training

and qualified contexts in which research is a third perhaps *beyond* the (unwelcome) Oedipal third, a third that is shared and co-constructed by therapist, client, and researcher, may be helpful. A shared, intersubjective third might be or become benign and useful to therapist and client (and beyond) - a transitional space in which each can think, and negotiate both connection *and* difference in therapeutic work (Benjamin, 2004).

5.4 Future research directions

This study is contextualised by background questions about what might constitute an appropriate evidence-base within counselling psychology and more widely. Many have called for a more nuanced, democratised system in which PBR is more influential (Barlow & Nock, 2009; McLeod & Elliott, 2011; Midgley, 2011). In this regard, a greater degree of engagement in PBR within UK counselling psychology communities might bring benefits during challenging employment and commissioning times. PBR might also be an apposite, enriching direction for counselling psychology. Its postmodern, pluralistic qualities reflect counselling psychology's philosophical positions or values (2.2.4, 2.3.5); its involvement with clients' subjectivity is compatible with the valuing of social diversity (2.2.3); and its research object, therapeutic practice, reflects counselling psychology's mainstay of expertise (Munley et al., 2004).

However, while holding these broader ideas about PBR in mind, it is important to emphasise that the contribution of these findings can only be seen in the light of the sample and context of this study (5.3.1, 5.5.2). How might these findings about counselling psychology trainees' experiences of PBR coursework be helpful? I discuss two possible areas for future consideration, development or research below: (1) the framework for PBR within training, and (2) the ethics of PBR in training.

5.4.1 Practice-based research in training: Issues of time and limits.

First, in relation to the possible framework for PBR within counselling psychology training, this study finds that doing PBR when this is not your doctoral research thesis may be too much "stuff" to fit in. Issues of time and of limits within training form one of the key findings

in this study; these findings place the timing and tiring-ness of the PBR coursework undertaken by participants in the context of the train(ing) journey as a whole (1B). It seems as though it would be important to consider issues of time and of limits carefully in any change to counselling psychology training programme design in the future, including a change incorporating further engagement with practice-based research.

One way forward might be if PBR and the doctoral thesis element of training were to become the same task. Might this resolve the too-muchness, and allow more time? Other issues with doctoral research might resolve too, such as the “big deal” of doctoral topic choice, problematised elsewhere (hotchpotch, Cooper, 2008; navel-gazing, Kasket, in press). Experiences of doctoral loneliness, frustration, difficulty and weariness (Moran, 2011; Piercy et al., 2005) might reduce, if, within counselling psychology trainings, the task of the doctoral thesis was linked to practice-based research, since this might also link the doctoral thesis to more systematic forms of support or collaboration, perhaps through supervision clusters or greater linkage with placements. Research might seem less of an extra, scary thing, the last thing in the day, week or month to have time for; there might be a chance for a genuine integration or metabolisation of research within counselling psychologists’ developing practical skills.

I have already noted that, some counselling psychology institutions offer ‘professional doctorates’, others offer ‘practitioner doctorates’ (2.5.4). From the perspective of the QAA (2011), these two forms of applied doctoral qualification are closely interlinked; practitioner doctorates are also known as practice-based doctorates. I have also explored links found in the literature between practice-based doctorates and pragmatic knowledge formation. Authors such as Lester (2004) and Costley (2013) discuss ‘doctorality’ as a quality, process or work-based capability, as opposed to pure context-free knowledge applied in linear fashion to practice (2.5.4). Perhaps there is room, therefore, conceptually, to consider PBR further in the context of counselling psychology professional or practitioner doctorates.

Further research would be informative in this regard. It would be useful to revisit the context of this study and seek the perspectives of the trainers involved. It would be interesting to hear their thoughts about this study's findings, about the benefits and challenges of their PBRT programme, and their ideas about its future direction(s). Secondly, a framework analysis, exploring wider UK counselling psychology's trainers' or course leaders' views about the place of research, and of PBR, within current and future counselling psychology research and training programmes would also be helpful. Framework analysis (Ritchie & Spencer, 2002) is a suitable approach for research that aims to inform, influence or guide policy and practice (Gale, Heath, Cameron, Rashid, & Redwood, 2013). It is often considered useful in contexts where there are already considerable debates or a priori issues, but where research aims are more pragmatic than discursive or exploratory of experience (Srivastava & Thomson, 2009).

5.4.2 Ethical work to do.

Capacities to manage ethical issues and to conduct research within an appropriate ethical framework are central to research competence (McLeod, 2015). There is a broad social consensus, enshrined in law, that researchers must work ethically (Bond, 2009). Research needs to obtain ethical approval from ethics committees in academic and healthcare settings, such as from the National Research Ethics Service within the NHS (Department of Health, 2005; NRES, 2011); journals will only publish studies that have received ethical approval. The findings of this study suggest that an ethical framework for practitioner-research or for PBR in the context of counselling psychology training would be supportive and useful. A valuable starting point for this framework might perhaps be an initial literature review of the ethics of PBR and practitioner research within training and wider contexts. One pertinent issue is that the varied contexts of PBR (5.3.4) will inevitably throw up varied ethical issues; it is perhaps beyond the remit of this study to synthesise detailed guidelines for PBR in every context of qualified or 'real world' practice. However, I offer an initial overview below of the kinds of issues that might emerge within a literature review.

Beyond guiding principles such as that the client's therapeutic needs must always be put first (Winship, 2007), or that an integrative position between practice and research must be developed (Yanos & Ziedonis, 2006) (5.3.4), how might we begin to consider, specifically, what the ethical issues in the context of PBR during training might be? What specific ethical guidelines are available for PBR in training or perhaps more broadly? A starting point would be to consult professional, ethical and research guidelines, such as the *BPS Generic Professional Practice Guidelines* (2008), the *BPS Code of Human Research Ethics* (2014), the *BPS Code of Ethics and Conduct* (2009), and other ethical guideline texts (e.g., Bond, 2009; Corey, Corey, & Callanan, 2014).

From a brief review of these texts and guidelines, it is interesting to note that ethical principles governing research seem to show considerable overlap with the ethical principles governing therapeutic practice (cf. 2.2.1). For instance, utilitarian and deontological principles such as maximising benefit and minimising harm, respecting autonomy, acting justly, obtaining informed consent, and protecting confidentiality (Wing, 1991), as well as considerations of power, relationship, contract and endings (Bourdeau, 2000) are common to both therapeutic practice and research. Research, like therapeutic practice, must be conducted at a local level in such a way as to give itself a good name (McLeod, 2015), and must benefit or empower its participants (Meara & Schmidt, 1991), as well as its wider communities, readers, or stakeholders.

The *BPS Code of Ethics and Conduct* (2009) proposes four guiding ethical principles for psychologists' practice as a whole, across research, practice or other professional activities. These principles – *respect, competence, responsibility, and integrity* - might be useful to elaborate upon in turn, in order to explore the ethics of PBR within counselling psychology training. This context is likely to involve trainees in negotiating multiple roles, and potentially in conducting research exploring sensitive issues (such as therapeutic interventions) with vulnerable participants (such as therapy clients) in healthcare settings (BPS, 2014).

Respect in research links to ensuring participants' autonomy and self-determination, for instance, their right to participate voluntarily, and to withdraw their participation from the study. Participants' consent must come from an understanding of the nature, purposes, and consequences of the study proposed (Thompson & Russo, 2012). In particular, researchers can ask participants about their assumptions in relation to the future consequences and potential impacts of their involvement, as part of the informed consent process. Researchers might also inform participants in advance about the level of detail they plan to report in the study, and show participants examples of how information might appear. Participants can be invited to read and comment on the draft report, to stipulate the deletion or disguise of material for confidentiality purposes, and to write a personal response to be added to the finalised report (McLeod, 2010).

In the context of practitioner-research, or practitioners for instance involved in case study research with their own clients, McLeod (2015) comments on the issue of the therapeutic relationship. In an accepted or understandable way, the client and therapist's transference relationship may reduce the client's autonomy in deciding whether to take part in the research. The client may wish to please, or not to please their therapist in the context of the therapeutic relationship. Seeking consent either during or after therapy involves ethical difficulty – the former violates autonomy or self-determination; the latter may cause harm if it re-invokes memories, difficulties, or desires in participants that might not otherwise have emerged (McLeod, 2010). To mitigate these possibilities, McLeod (2015) advises that participant consent should ideally be obtained through a process that is external to therapy, and separate from the therapist and the therapeutic relationship. Clients should not feel under any emotional or moral obligation to participate, and should suffer no disadvantage (for instance not receiving therapy) for declining to participate (McLeod, 2010).

Ongoing 'process' or rolling informed consent arrangements (Grafanaki, 1996; Rosenblatt, 1995) are also likely to be important. Although there is evidence to suggest that client-participants often find participation in research procedures meaningful (Marshall et al., 2001; McLeod, 2015), it is also difficult to predict entirely, in advance, the impact of participating in

research. With this in mind, researchers may give participants the power to terminate an interview (for instance) at any time without having to give a reason. Following data collection, researchers may wish to involve participants in deciding which data excerpts can be reported (Thompson & Russo, 2012). Researchers must ground their data in data they have received from participants, and not in data from other sources. In writing up their findings, researchers must pro-actively consider what it might be like for participants to read their work, or to see it in a completed form (Graves, 1996). Ongoing consent processes are likely to mean that researchers must be prepared to lose or give up research data gathered at multiple stages of the project, right up until the publication stage.

Respect towards participants must be central at every stage in research. Ongoing consent is part of a *relationship* between researcher and participants that extends from the planning stage to the dissemination stage of any research project (Rizq, 2008). Respect in research also links to working sensitively with diversity: reflexively and critically considering how the researcher's knowledge system may have influenced research choices, and taking up a thoughtful, democratic stance towards 'otherness' (Thompson & Russo, 2012).

Another domain of respect within the BPS code (2009) relates to respecting participants' confidentiality and anonymity. PBR in training contexts may involve small or single person samples, for instance within case studies or a case series. Protecting participant confidentiality within case studies is a sensitive and difficult ethical domain, potentially involving "crippling moral dilemmas" (McLeod, 2010, p. 55). Case studies are an inherently specific and personal form of research, describing someone's life, and likely, in particular, difficult aspects of it, in a product that might identify them or their significant others, for public consumption (McLeod, 2010). Client-participants may potentially be negatively affected by reading a view of their therapy experience that is not entirely their own; they may learn information they did not know about their therapist's perspective; and they may be personally affected by what has been written and included, or by what has been left out. Researchers may also experience feelings of dread, shame, or guilt in relation to these prospects (Josselson, 1996).

Even if pseudonyms are used, it is complex and difficult to anonymise small or single person samples completely. Some clinical and contextual background information is necessary in order that findings are meaningful; avoiding lengthy excerpts or unnecessary demographic information may be helpful (Thompson & Russo, 2012). There is a small literature on the relative merits of disguise versus informed consent in small-scale psychotherapy research, with some authors suggesting that disguise is insufficient to cover all the ethical issues in this domain (Ellis, 2007; Lindsey, 1984). Author guidelines within the *Pragmatic Case Studies in Psychotherapy* journal (n.d., cited in McLeod, 2010) offer comprehensive guidance in this regard. These guidelines include more or less effective ways to disguise demographics, and suggestions regarding deleting material, the hybridisation of composite cases, and validation checks or audits from colleagues or suitable others in relation to issues of harm or identification (cf. also Miller, 2004).

A second ethical principle (BPS, 2009) is *competence*, a broad term that might encompass recognition of the limits of our competence as researchers, working reflexively, appropriate use of supervision, and continuing professional development (Thompson & Russo, 2012). Competence may also relate to ethical thinking about dilemmas as they arise (Brinkmann & Kvale, 2008), and to keeping stakeholders and ethics committees informed of changes or new challenges as they emerge. Ethical decision-making should be as collaborative with participants as possible (Etherington, 2000). Additionally there should be a robust ethical relationship between practitioner-researcher or researcher and a research supervisor. This collective approach to ethical competence seems important, and is perhaps particularly suitable and expected for PBR within training contexts.

In relation to the third principle of ethical *responsibility* (BPS, 2009), again, this broad term revolves around the avoidance of harm, maintenance of continuity of care, and prevention of misuse of psychology or psychological research in society (McLeod, 2015). As well as providing appropriate information before data is collected, researchers must offer participants as a minimum a debriefing process, and information about sources of help. However, it is important not to assume vulnerability in participants – McLeod suggests that

many research participants willingly manage the difficulties of their participation in a 'trade-off', if they think that a study is worthwhile and will make a difference. In circumstances where during the course of research, researchers learn from participants about a psychological or physical problem that may require assistance, it is their duty to inform participants, and arrange for assistance if needed, while exercising caution about offering advice (BPS, 2009, p. 19). Researchers are responsible *to* participants in the context of a study, but perhaps are not in a straightforward sense responsible *for* participants: if participants choose freely to participate based on (rolling) informed consent, taking responsibility for participants might involve inappropriate use of power (Shillito-Clarke, 2010).

The fourth and final ethical principle in the *BPS Code of Ethics and Conduct* (2009) is *integrity*. This covers principles such as honesty, accuracy, and clarity as well as the area of dual relationships that has emerged from these findings. It is important for researchers to be clear with participants in advance about what their role is, and what it is not, and for whom and for what research is for (McLeod, 2015). Counselling psychology trainee researchers may find themselves in positions where their roles directly overlap (practitioner research with their own clients) or indirectly overlap (if they are in a dual role as trainee therapist and researcher in the same service). Boundary issues may be subtle, emergent, and difficult to predict in advance (Thompson & Russo, 2012).

One commonly cited boundary issue is the issue of establishing a rapport in the context of qualitative research interviews (Brinkmann & Kvale, 2008; Kvale, 2003). Therapeutic and qualitative researcher roles may seem rather close together: trainee researchers, even if they do not intervene therapeutically to address difficulties or elicit change, may use their therapeutic skill, consciously or not, to elicit information participants may not wish or have planned to disclose. However, therapeutic and research encounters are different – one is building block for longer relationship, the other is focused on gaining information rather than on the needs of the participant (Thompson & Russo, 2012). To avoid role confusion, either

internally or externally (Yanos & Ziedonis, 2006), it is important for researchers to clarify the nature of these different roles in themselves and with participants in advance of their work.

The above discussion offers only a starting point for consideration. As discussed above, an extended experiential and empirical review of literature relating to PBR in psychotherapy and counselling psychology training contexts would be supportive, and would help to extend the aims and reach of this study's findings.

5.5 The strengths and limitations of this study

5.5.1 Strengths.

The study has interpretatively explored counselling psychology trainees' experiences of PBR(T), a relatively new paradigm or emerging possibility within UK counselling psychology training, about which there is little research, particularly from trainees' perspectives. I believe this study has achieved its aim, in contrast to research in this domain to date, of tapping into PBR(T) as an *experience* for UK counselling psychology trainees, and positioning this experience squarely in the context of other aspects of the counselling psychology training experience.

This study's central finding relates to the challenges trainees seemed to experience within PBR(T), particularly in the context of the train of other tasks ("so much other stuff to do"). Issues of time and limits within counselling psychology training have come to the fore, generating a question about what kind of framework, if any, might be helpful or possible for learning about and doing PBR within counselling psychology training (5.4.1). Could PBR tasks be married with the doctoral thesis task itself, so that practice-based research was the same task as the doctoral thesis? In support of this idea, I have explored connections between professional and practice-based doctorates, pragmatic knowledge, and practice-based research in this study (1.6, 2.3.5, 2.5.4, 2.6.1, 2.7, 5.4.1). In particular, I have drawn a contrast between pragmatic understandings of knowledge and more linear, applied or

rational understandings – the latter are found both in traditional PhD and in EBP contexts (1.3, 1.4, 1.7).

This study has highlighted the moral complexities, dilemmas, or ethical issues participants experienced in their engagement with PBR as a coursework task. These complexities and dilemmas perhaps largely reflect the coursework context of participants' PBR experiences, which linked PBR to particular evaluation, progress and timing contingencies. However, at another level, this finding has allowed for a preliminary consideration of and engagement with the potential ethical coordinates involved in PBR within this study (5.3.4, 5.4.2).

Finally, both this study's findings and in its contextualising literatures have highlighted the issue of definition, of *'what is practice-based research?'* In the literature review, I explored possible definition(s) of PBR, and PBR's positioning in the context of the EBP era. In a postmodern situation, definition is perhaps a misguided or thankless exercise at the best of times; however, bearing in mind a need to stake a claim or make a decision, I have presented a synthesised understanding of PBR (2.3.1). I have suggested that PBR might have the potential to embrace and reflect the context-bound processes of practice, while offering research outcomes or evidence of policy-influencing impact. This study's participants, engaging with PBR in the context of their training, also asked what PBR was, who it was for, and in some fashion, the extent to which it might honour the therapeutic quality of their work, while evidencing or evaluating it at the same time (for example, Reena).

I will further explore the links and the disconnections between the findings of this study and its wider contexts below (5.5.2 Limitations, and about limitations). On reflection, both the strengths and the limitations of this study might revolve precisely around the same area – research scope. This study has limited itself to understandings and experiences of PBR solely in the context of counselling psychology training. However, the strength of this study is in this limitation; this limitation is one of its strengths. This is a study about limits - the limiting factors of training, and of training time. As above (5.4.1), it would be very important

to consider issues of limits and of time in any change to counselling psychology training programme design incorporating practice-based research.

More generally, the very particular context of this study has allowed me to find or construct something very particular, in the manner of an IPA study. As IPA methodologists have suggested, something particular (or idiographic) may also be something general, universal, or important (e.g., Warnock, 1987). Here again, there need be no 'either or' – reference is made within the IPA literature to Harré's cautious climb up the "ladder of generality" (1979, p. 137), and Heideggerian 'facticity', which is both contingent, and worldly. For instance, facticity involves "the particular, concrete, inescapably contingent, yet worldly, involved aspect of human existence" (Moran, 2000, p. 223; cf. also Lopez & Willis, 2006). In writing about the value of PBR case studies (2.3.3), I have elaborated on various forms of generality. Perhaps, in a sense, this study *is* a case study in its own way: the same reflections on the value of case studies (above) might also apply to this study.

It remains my view that PBR is a highly apposite and potentially useful field of enquiry for counselling psychology. In a sense, PBR and counselling psychology might both be conceived as located in between, or straddling, the orthodox and the creative (1.1, 5.3.3). I believe an increased engagement with PBR represents an opportunity for counselling psychology, in the context of wider issues facing the profession, the psychotherapy field at large, and those it serves (2.5.4, 2.7).

However, if this is the case, increased engagement with PBR within counselling psychology will arguably only be possible if this begins during training. In other words, any increased engagement will need to start from training, as the ground, or the *sine qua non*. This study suggests that any future change to the training curriculum or programme design would need to take place in full appreciation of the training context itself. This context, as anyone involved in counselling psychology training will not be surprised to hear, involves multiple layers of difficulty and demand, and a timetable. For instance, there may be Oedipal struggles, perhaps evoking anxiety, guilt, anger, and envy, particularly in the middle years of

training. At this stage, counselling psychology trainees may feel challenged by the entry of another theoretical perspective into the ring, a third element breaking their bond or relationship with the primary modality of training (Rizq, 2006).

Overall, this study has attempted, in a modest and preliminary way, to engage with the training context as a potential beginning for a closer relationship between counselling psychology and PBR. I hope that the emergent understandings from the literatures and findings of this study will encourage further questions about this relationship, in the training context and beyond.

5.5.2 Limitations, and about limitations.

Balanced against these contributions, are this study's inevitable limitations. I re-iterate my fundamentally limited, contingent ability to listen and to interpret; as such, I make no claim to have accessed the real meanings of participants' experiences. Focusing phenomenologically and interpretatively on participants' PBRT experiences and understandings has offered some useful insights, and a starting-point for further investigation or activity. However, perhaps a more thematic or theory-building study in the context of this study's institution and participants, exploring the helpful or unhelpful aspects, benefits or challenges of their PBR(T) experiences, might have provided (and might yet provide) more concretely useful data.

As I have started to suggest above (5.5.1), the strength of this study in focusing on the context of *training* with respect to counselling psychology and PBR is also one of its most important limitations. In so far as the PBR task explored was a piece of *coursework* within training, there are perhaps certain particular elements within participants' experiences and meaning-making, especially in relation to issues of time, limits, evaluation, progression, fatigue and anxiety, which are not really 'about' PBR at all. They are its context within training, and an important one (5.5.1). However, while context is important, it is not the 'text' of PBR in a pure sense.

More specifically, this study is limited by its relatively modest sample: a group of five trainees within one year-group of one counselling psychology training institution. Arguably, I might have asked multiple cohorts from other counselling psychology trainings about their experiences of PBR during training. I might also have researched what PBR elements exist in other training contexts such as clinical psychology or other counselling/psychotherapy trainings, and considered potentially situating a study in one of these contexts.

As I have outlined above (3.2), my initial fieldwork and enquiries as to what was happening in other trainings was limited to desk-based research about counselling psychology training programmes, and one or two tentative enquiries to follow up on this research. From web-based publicly available information, it seemed as though most counselling psychology trainings offered a research syllabus similar to the one I undertook at London Metropolitan University, consisting of teaching in quantitative and qualitative research methodologies, and doctoral thesis support and supervision. I could find few references to the teaching of PBR methodologies such as case studies, process research, or effectiveness research. In the majority of counselling psychology courses, research and practice modules seemed to be taught separately.

However, two courses appeared from published information explicitly to be incorporating some PBR elements. One course leader from these two expressed an interest in collaborating with me, while the other course leader was less clear that there was a possibility of collaboration at that time. The results of my research and enquiries therefore led me towards one and only one institution. This clearly does not equate to a robust enquiry into what might be happening within other training institutions, and this gap in knowledge strongly suggests a need for further work. As suggested above (5.4.1), it would be useful to seek the wider perspectives of counselling psychology training course leaders about the place of research, and of PBR currently in training programmes, and about what might be wished for (or not), or needed (or not) in the future in this regard.

The decision to 'go with' a single cohort was based on the opportunity I found, but on reflection and perhaps less consciously, it was also based on my sense of my own limits and limited time to complete my training. I put myself under pressure to complete my own counselling psychology training on time (3.7.1). While I believe my findings about 'training time' are grounded in the data I received, equally, I know this finding is an intersubjective, co-constructed product in which I was also very much involved. My own subjective experience of training has involved paying close attention to time, and to making progress in 'good' time. Perhaps therefore to some degree, my own feelings about time and my personal limits influenced my decision to opt for a study of relatively modest scope and design.

Overall, this study is a modest contribution, and further studies would be valuable in continuing to explore understandings and uses of PBR within counselling psychology. Spreading an enquiry across multiple cohorts might have led to broader findings, and this approach may yet be extremely useful. It would also clearly be beneficial to investigate experiences and understandings of PBR among qualified counselling psychologists. In 2012, while writing the literature review of this study and exploring possible contexts of this research, I did consider and investigate various significantly different beginnings for an enquiry about counselling psychology and practice-based research. I considered trying out a practice-based research methodology for my own thesis, and perhaps writing about this in some form as auto-ethnography. However, I rejected this idea at the time, because I was unsure if I could obtain the supervisory support I might need within the training context I was in – I was not, myself, in context, 'PBR-ready'.

Another possibility I considered in 2012 was conducting a study in the context of a practice research network (PRN). I made contact with various PRNs in the UK, thinking that perhaps I might be able to get involved in the PRN in order to carry out some form of action research about the process. The leader of one PRN kindly invited me to join a steering committee of researchers involved in the project, and I took him up on this. However, at this time, the focus of the steering committee was on choosing an outcome measure for PRN

practitioners to use, and on establishing an infrastructure through which to collect and synthesise data. It was a busy time, and an early stage in this PRN's development - a 'way in' for a study of the process at that time did not seem very clear. For instance, I wanted to find out what being involved in PBR was like for practitioners 'in the field', but it seemed unclear how I would make contact with these practitioners or what yet they would have to tell me at this early stage.

There would be clear benefits in future studies of PBR experience among qualified practitioners who wilfully or willingly, depending on the context, become involved in PBR. As highlighted above (5.3.4), qualified practitioners are likely to be involved in very differing ways in PBR. Further studies might explore, in a local fashion, the value, viability, intersubjective experience, or ethical issues involved in PBR in qualified contexts, without the unwelcome 'third' of training contingency potentially clouding the message or muddying the ground. It is not that in qualified contexts, there might not be other 'thirds', other complexities or layers to research/practice relationships and experiences. However, clearly further research into these areas in qualified practitioner contexts would be valuable.

On reflection, within this study's findings, it has at times been difficult to unpack which challenges or difficulties 'belonged' to PBR and which 'belonged' to the fact that participants PBR task was also carried out in an evaluative training context as a piece of coursework. Although I have argued that this allows us to reflect on something important about the (potential) training context for PBR, it is also the core limitation of this study's scope. To conclude, the findings of this study can only be seen in context. This study is about trainees' experiences of PBR as coursework, and as such, it does aim or claim to cover everything we might need to know about what PBR is, what its uses might be, who it might be for in the wider context, and what counselling psychologists might want to do about this in the future.

5.6 Final word: Πραξις (praxis) and pragmatism

This study offers a tentative contribution rather than a conclusion, aiming to stand in middle spaces, appropriate to counselling psychology, between action and philosophy (Milton,

2011; Safran, 2001). Here, a final return to concepts of praxis and pragmatism may be helpful. William James's pragmatism (1907/2014) combined tough-minded fact with tender-minded religion. McLeod (2010, p. 94) characterises pragmatic knowledge beyond the abstract, as "a capacity to take effective action in a specific context". Similarly, praxis is a process through which a theory or a skill practiced, realised or embodied (Parry, 2008). This study has challenged the idea of linear 'practice applicability' within counselling psychology research and within EBP, and has conceived of PBR in contrast, as a praxis or pragmatic enterprise, involving a rich and productive cycle between practice and research.

Aristotle's Πραξις was about living or practicing to be good (Aristotle, trans. 2004). Unlike Plato (Plato, trans. 2007), but like William James, Aristotle did not argue for absolute forms of goodness. Instead, we each need to discriminate and discern what the right thing to do might be, in ever-shifting and uncertain circumstances (Evans, 2012). Likewise, pragmatism involves critical focus on the object in hand (Hoben & Tite, 2008): "you can just think that there" as Reena suggested. However, as in this study, we all respond differently to our different objects - one person's pragmatism may be another's oppression (Spinelli, 2013), and, in therapy as in life, "you never know what happens the next day". The marriage of PBR and counselling psychology is not where everyone's head will be, or what everyone will want to carve out (James, 1890/2013). It is offered here in this study in the context of uncertainty.

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Appendix A: Participant briefing document

An interpretative phenomenological analysis of counselling psychology trainees' experiences of practice-based research training

Thank you very much for considering or agreeing to participate in this study. Please read through this briefing document, and ask me if you have any questions or concerns.

Aims of this research study

This qualitative research study will be conducted using Interpretative Phenomenological Analysis (IPA; Smith, 1996). The study explores counselling psychology trainees' experiences of practice-based research training. The focus is trainees' understanding of the place of research in their training, their experiences conducting research on their clinical work during their training, their meaning-making about the relationship between research and practice during these experiences, and the impact of these experiences on their current / future professional identity as counselling psychologists.

Conduct of the research interview

The research interview will be audio-recorded and will last one hour, with further time allowed for briefing and de-briefing. Unless there are exceptional circumstances, could you please switch off your mobile phone for the course of this interview, and I will do the same.

In the unlikely event that you become distressed as a result of the interview process and would like to pause or halt the interview, please let me know and I will comply with your wishes immediately.

Following the interview, there will be time set aside for a debriefing. You will be offered an opportunity to ask questions and to give me feedback. All feedback is very welcome. You will also be provided with a debriefing document. This will include my name and contact details, procedures for withdrawal from the study, including up to what time this will be possible, and where to go for further academic or psychological support, or if you would like to make a complaint.

Confidentiality and anonymity

All data you provide during the interview will remain entirely confidential. I will not tell anyone that you attended this interview today or disclose what was spoken about, except on an anonymised basis with my research supervisor. I will make every attempt to ensure that your data cannot be identified with you. Transcripts of interview data will be anonymised, and will not contain name references within their content. Instead pseudonyms will be used throughout. Neither your name, identifying details, nor the name of your participating institution will be included in any part of the data analyses or written-up study. I suggest you might consider carefully disclosing your participation to colleagues. Should the findings of this study be considered for submission to any external publication, you will be given a prior opportunity to engage with, comment on and discuss the written up study, particularly its findings and anonymisation procedures.

Data protection procedures

I will take careful steps to protect all documentary and audio data pertaining to this study. All digitally stored documentary/audio data will be held on my personal computer in a secure location and will be password-protected. Audio-recorded data will not be permanently stored on mobile data storage devices. All documents including your name (e.g., your recruitment and consent form) will be stored in secure lock-box at my home and in a separate location to your anonymised data. Data file names will be anonymously tagged. At the end of this project (following doctoral award or any publication opportunities), all audio-recorded data and materials containing your name will be permanently deleted.

Questions and contact details

This project received ethical clearance from London Metropolitan University Research Ethics Committee in January 2013. My research supervisor at London Metropolitan University is Dr Anna Butcher. Please do not hesitate to contact Anna at [removed] or myself if you have any questions. My contact details are [removed].

**Meeting Year 2 Counselling Psychologists at
XXX**

Tuesday 12th March, 2013

Overview

- Who am I?
- What am I doing here?

My research interests

- Relationship between research and practice
- Experiences and contexts where this gets negotiated
- In Counselling Psychology discourse but also in ...
 - Practitioner involvement in research
 - Practice-research networks
 - Practice-based research
 - Practice-based research training
 - **Practice-based research training in UK Counselling Psychology ... ?**

IPA methodology

- There is a something to research...
- Lived experience...
- Including professional experience...
- ... and its impact on professional identity
Eatough & Smith, 2007

What participating involves

- One hour and a half of your time
- Informal (semi-structured) interview
- Convenient location
- Room-booking
- Convenient time to you
 - Early mornings, Mondays, Tuesdays, or Fridays?
 - Tuesday afternoons?
 - Mondays, Fridays after 4pm?
 - Other?

Rewards and re-imburesements?

- Experience of participating in an IPA interview
- A cup of coffee
- Travel expenses paid
- A timely and opportune reflective space
- An electronic copy of your transcript

Ethical considerations

- LMU ethical clearance (January 2013). My LMU research supervisor is Dr Anna Butcher (anna.butcher@londonmet.ac.uk)
- Participation is entirely voluntary
- Briefing document
 - Independence
 - Confidentiality
 - Institutional anonymity
 - Privacy
 - Disclosure
 - Data protection
 - Opportunities to withdraw
 - My contact details (and Anna's)

Thank you for your time.

Any questions?

Recruitment procedure

- Document
- Envelope
- 5 minutes
- Disperse?

Appendix C: Recruitment form

An interpretative phenomenological analysis of counselling psychology trainees' experiences of practice-based research training

Please tick as appropriate:

- Yes, I would like to participate in this study
- No, I would prefer not to participate in this study
- I would like **more information** before deciding whether to participate

Your contact details (please write clearly):

Name:

E-mail address:

Phone number(s):

Preferred mode of contact:

- E-mail Phone call Text Any

Best time of day to contact you:

- Day-time Evening up to 9pm Evening 9pm-10pm Anytime (up to 10pm)

Convenient interview dates and times:

	Please tick	Time?	Preference?
Tuesday 16 th April	<input type="checkbox"/>		
Friday 19 th April	<input type="checkbox"/>		
Tuesday 23 rd April	<input type="checkbox"/>		
Friday 26 th April	<input type="checkbox"/>		
Monday 29 th April	<input type="checkbox"/>		
Tuesday 30 th April	<input type="checkbox"/>		
Friday 3 rd May	<input type="checkbox"/>		
Please contact me to arrange	<input type="checkbox"/>		

Thank you very much in advance!

Appendix D: Participant consent form

An interpretative phenomenological analysis of counselling psychology trainees' experiences of practice-based research training

Participant's statement

I have been informed of, understand the purpose of this study and its procedures, and I wish to participate. I understand that the interview that follows will be audio-recorded for the purposes of this research and I give my consent. I understand there will be a de-briefing in which I will have the opportunity to ask any questions about this study, and give any feedback. I understand that all the data collected for this study is strictly confidential and I will not be identifiable in any report of this study. I also understand that I may withdraw from this study freely and without consequence and that I will be informed about up to what point this will be possible.

Print name

Signature

Date

Researcher's statement

I have informed the above named participant of the nature and purpose of this study and have sought to answer their questions to the best of my ability. I have read, understood and agree to abide by the British Psychological Society's Code of Human Research Ethics (2010) for conducting research with human participants.

Signed:

Date:

Appendix E: Demographic questionnaire

An interpretative phenomenological analysis of counselling psychology trainees' experiences of practice-based research training

Please provide the following demographic information, which will be reported in the Methodology section of this study.

Your gender Male Female

Your age 18-25 25-34 35-44 45-60 60+

How would you describe your ethnic origin?

- White (e.g., White British, Irish, other White origin) Black or Black British (e.g., Caribbean, African, other Black origin) Asian or Asian British (e.g., Pakistani, Bangladeshi, other Asian origin) Mixed (e.g., White and Black Caribbean, African, Asian, other mixed origin) Other (e.g., Chinese, other ethnic origin)

How would you describe your employment status (outside university attendance, study and placement commitments)?

- P/T employed Freelance work Parent Not employed outside the training Other (please specify below)

Appendix F: Participant debriefing document

An interpretative phenomenological analysis of counselling psychology trainees' experiences of practice-based research training

Thank you very much for participating in this research study, which aims to explore counselling psychology trainees' experiences of practice-based research training. I hope it has been an enjoyable and interesting experience.

It is not anticipated that taking part in this study will have caused you any physical or psychological discomfort or distress. However, if do experience any discomfort or distress as a result of your participation in this interview, you could consider seeking further support or information from an appropriate source if you wished.

Possible sources of support might include:

- Your personal tutor
- Your University student counselling service
- British Association of Counselling & Psychotherapy (www.bacp.co.uk)
- The British Psychological Society (<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>)

If you have any questions, comments or concerns about any aspect of this study or would like to request a copy of your transcribed interview data, please do not hesitate to let me know. I can be contacted by [contact details removed].

If you would like to withdraw from this study, you are entirely free to do so without consequence up until the point that I plan to start analysing the findings –in July 2013. If you would like your data to be destroyed during the withdrawal process, please confirm this with me at the point you withdraw from the project.

If you would like to make a complaint about any aspect of this study or its procedures, please contact, in the first instance, the research supervisor overseeing this study, Dr Anna Butcher at London Metropolitan University. Anna can be reached at [contact details removed].

Thank you so much for participating in this study!

Appendix G: Participant distress protocol

The following distress protocol was adapted from a distress and risk management protocol used in London Metropolitan University research projects. This protocol was available during the course of the interview procedures of this study. This protocol was devised to deal with the possibility that some participants may become distressed during their involvement in a research study. There follow details of signs of mild and severe distress that the researcher should look out for, as well as action to take in each case.

Mild distress

Signs to look out for:

- 1) Tearfulness
- 2) Voice becomes emotional/ difficulty speaking
- 3) Participant becomes distracted/ restless

Action to take:

- 1) Ask participant if they are happy to continue
- 2) Offer them time to pause and compose themselves
- 3) Remind them they can stop at any time they wish if they become too distressed

Severe distress

Signs to look out for:

- 1) Uncontrolled crying/ wailing, inability to talk coherently
- 2) Panic attack - e.g., hyperventilation, shaking, fear of impending heart attack

Action to take:

- 1) The researcher will intervene to terminate the interview.
- 2) The researcher will recognise and acknowledge the participant's distress.
- 3) Techniques will be suggested to calm breathing / reduce agitation.
- 4) The debriefing will begin immediately including details of possible sources of support.

Appendix H: Semi-structured interview schedule

Pre-training context

1. Can you tell me what drew you to counselling psychology in [this training institution]?
2. How did you think or feel about engaging in the different components of the course, before you began?
 - What did you think or feel if anything, about doing research, at that stage?
3. What thoughts did you have, if any, about your future career at that time?

Experience of research training and support

4. How have you experienced the training and support you have received in research so far?
 - What aspects have been positive for you, if any?
 - What have the challenges been for you, if any?
 - What might have helped, if anything?
 - How would you describe the place of research within your training?
5. What does the term 'practice-based research' mean to you, if anything?
6. What can you tell me about the training and support you have received in relation to this year's case study based on your client work?
 - What has helped you with this assignment, if anything?
 - What has held you back if anything?

Experience of practice-based research

7. Can you describe your experience of doing the case study this year?
 - What choices have felt important, if any?
 - What have you valued, if anything?
 - What issues have you faced, if any? How have you addressed these, if you have?
8. What has it been like to research your clinical practice?
 - What impact, if any, have research procedures had on your clinical work?
9. What has it been like to write about the experience in your assignment?

Impact of practice-based research experiences

10. What is the place of this research experience in your training experience so far?
 - And in your hopes for your future career?
 - What might influence your future involvement, or not, in practice-based research?
11. Beyond the training context, what use(s) do you see, if you do, for practice-based research?

Closing questions

12. Is there anything you would like to elaborate on, or add?
13. What has it been like to talk about this here?

STEP 3: chronological emergent themes	STEP 1: initial encounter STEP 2: initial phenomenological + linguistic + conceptual/ interpretative coding	PARA.	TRANSCRIPT
Interviewer (I): Isabel Henton; Participant: Participant 5 (P5); Interview date: 29th April 2013; Length: 1:27:08 (hours/mins/secs); Transcript date: 18 th June 2013			
		1	I: Thank you very much for coming...
		2	P5: My pleasure.
		3	I: ...and um so we're going to start the questions with just a bit of background about what drew you to this course. So what drew you to Counselling Psychology in [this university] ? Can you tell me a bit about that?
<p>humanistic practice as connection</p> <p>singular experience to singular desire</p> <p>focused on one route ahead, not looking around</p> <p>enjoyed counselling course</p>	<p>psychology degree in country of origin came across counselling then connected with Rogers (humanistic practice as connection) decided that's what I am gonna do (singular desire, from reading) blinkers on (focused on 1 route ahead) work horse, not looking around decision to do doctorate because enjoyed counselling MSc</p>	4	<p>P5: I did my Psychology degree back in [my country of origin], and I came across Counselling then. I think it was basically Rogers that I began reading and I connected with it quite a bit, and I decided that's what I'm gonna do. So I had those blinkers on. I came to [University X] and I did the Counselling course there, and I enjoyed it so much that I decided to do a doctorate BUT [emphasis] the undergrad in Psychology is not accredited by the BPS, so I had to do another degree to be able to be eligible for the doctorate in the first place.</p>
		5	I: Okay.
another degree M.Ed in psychology for GBC		6	<p>P5: So I did the M.Ed. in Psychology of Education at [this university], and I was based here. I applied everywhere, but then I tried to get through [this university's] doctorate and er it was convenient for me, I was already settled here</p>
		7	I: Mmm
<p>not random choice of institution</p> <p>course better than others</p> <p>close detailed deliberation</p>	<p>not random choice of institution this course better than others structure, clear lay-out, broken down clearly laid out, presentation</p>	8	<p>P5: and it seemed like a lovely course as well. It seemed, it seemed quite clearly laid out in terms of the other doctorates that I had seen as well. It seemed more broken down.</p>
		9	I: Can you say more about that?
interview, trainee to trainee	<p>UK city Y = city of ler's course</p> <p>didn't hear positive things about other course lay outs each year in comparison</p>	10	<p>P5: Er...I've had some friends from [University X] who went on to do their doctorates in different universities, in [UK city X] and [UK city Y] and er...I didn't hear very positive things about some universities, and how um..things were laid out to do each year</p>

Appendix J: Chronological list of left-hand column themes (Aisha)

1. humanistic practice as connection
2. singular experience to singular desire
3. focused on one route ahead, not looking around
4. enjoyed counselling course
5. not random choice of institution
6. course better than others
7. close detailed deliberation
8. interview, trainee to trainee
9. a whole course broken down into detail (like life plan)
10. the importance of clear presentation (course, research, self)
11. heard tutors supportive
12. tutors better vs. other institutions
13. less expensive – last reason
14. wanted to carry on, just carrying on (beginning and end)
15. specific singular ultimate goal
16. goal blends research with practice
17. relationship to future – not knowing but wanting and thinking eventually will
18. contingent thinking, conditionality, links past and present decisions to future
19. need for credentials otherwise scorned for thinking better than others (cat's whiskers)
20. need to prove self in home culture
21. Rogers, humanistic, well-being, beside the medical model
22. desire and opportunity
23. driven, desire + others' sanction, opportunity
24. developmental coming of age
25. not what others expected
26. not academic sort, problem child, labelled?
27. academic qualifications embraced because of desire from connection to Rogers, humanitarian motives (M.Ed. only because had to)
28. ready for not knowing about the future - parallel with therapy, contrast with client
29. grades matter (decent points, passing but not well)
30. desire for counselling became desire for training
31. desire higher than academic ability
32. proving self to others' (parents?)
33. want vs. can (not should)
34. singular desire
35. not thinking, weighing up then
36. close detailed deliberations/decisions
37. self-critical re what gets lost or forgotten, not thought about/considered/weighed up beforehand
38. previous quantitative research experience as good exercise, gave academic confidence, improved academic work
39. conditionality, contingent thinking in crisis
40. post-crisis more confident contingents
41. continuity/comparison with previous experiences
42. experience as preparation
43. conditionality – help of random others
44. relation to singular, vs. multiple objectives/desires
45. single desires in a chain leading to singular goal
46. past as template
47. experience as preparation
48. research as pain and pleasure
49. caring about academic standards
50. previous practice paper as poor academic work
51. vivid previous research crisis - time running out, crash
52. previous research crisis - landing up, role of luck, randomness

53. conditionality – help of random others
54. previous research crisis - extreme quantitative research in a hurry
55. previous research crisis - from crash to distinction: a tale of wild, extreme, academic bravery, luck, and success
56. past as template
57. extreme experiences as confidence, preparation
58. openness to research (welcome)
59. role of others, conditionality, peers
60. always wanted to help people – humanitarian help
61. what is on paper (spelling, research, writing it down, this interview) is loud and clear
62. Interview as parallel process?
63. choice of thesis topic very deliberate, no sense of rushed
64. close, detailed deliberation, decision-making
65. “I found” self-determination
66. marrying humanitarian passion with research
67. research plays part in future credibility
68. research as permission
69. parallel streams: getting older, qualifications, building research skills - all contributing to credibility towards clear ultimate singular goal
70. language, detail, codes
71. conditionality – help of random others
72. new, exciting = getting permission (previously not got it, or not expected to get it?)
73. deference to, proving self to others as evaluators, sanction, authority (parents)
74. gaining credibility over time
75. place for creativity in research AND in humanitarian context
76. communicating to an audience
77. conditionality - help from random others
78. planning but being ready for not knowing about the future - parallel/contrast life and therapy
79. future ideals vs. realities, practicalities (family?)
80. stability = when things can be done
81. family/context as destabilising, displacing the plan
82. stability valued
83. wounded healer?
84. research plays part in future credibility
85. credibility based on evidence
86. chains of contingents, conditionality - Thucydides battle scene
87. building enough skill to do something decent
88. single track from small decisions/tasks to large ones
89. Aisha as humanitarian, egalitarian, equality of theory, research and practice, equality between client and therapist...ish, social justice
90. methodology teaching wanting more
91. variance amongst group
92. some plates ok, some too small
93. not wanting to blame course
94. values course's equal emphasis on research practice and theory
95. course as equality, balance of elements, nice, proportioned
96. course elements - singularity-multiplicity
97. course elements - fragmentation - integration
98. previous practice paper as poor academic work
99. self-teaching role
100. course as equal emphasis on three elements – no Oedipal issues
101. course elements feed into each other (triadic feeding system)
102. course elements - deception – but contingent, if they had not been made clearly equal, I could have been fooled into considering one a bit less, unlike others picked up signs?
103. Course elements - father figure just as important as mother (paternalism, authority)?
104. Course elements - equality as mitigation against neglect, if something is smaller, it gets less attention, like neglected child? Or distant father? Who is who?
105. CBT part of requirements in all three papers this year

106. theory, practice, research
107. CBT integrating the second year modules
108. interview and interviewer
109. tension between my paper and course approach to PBR
110. process reports vs. process research
111. crap, rubbish, just your reflections, messy, qualitative research, therapy, client context, family, process reports, practice papers, not research, unstructured, MSc counselling, poor academic work, not given as much regard VS. structured, quantitative, clean, clean-slated, neat, okay, strong, clearly laid out, presented, broken down, evidence, M.Ed. psychology, mainstream, credentials, credibility, decent
112. deference to, proving self to others as evaluators, sanction, authority (parents)
113. PBR = researching issues that arise in your practice
114. PBR=process research not given as much regard (irony, her case study method is a actually process research method!)
115. PBR=case studies as credible research
116. PBR=effectiveness research too distant to be PBR
117. process research too personal to be research
118. what is research
119. what is good research
120. passionately identifying with course perspective
121. PBR=noticing longstanding issues in own practice (not one off mistakes), practice-generated, okay – fishy -Scooby Doo – who is the culprit, not what it seems..., inductive: how can I do this
122. deference to interviewer
123. PBR =questions generated about your practice through your practice
124. PBRT - in-between the buffet and the main meal, forgettable, missable, not convincing
125. PBRT - ambiguity, many possibilities, many questions
126. PBRT - tutor need to repeat session
127. Buffet - methodology teaching on the side
128. PBRT - sessions forgettable missable?
129. PBRT - what's on paper helps self/other understand
130. PBRT - self-teaching
131. PBRT - initially just the formulation or design of case study difficult
132. PBRT - little decisions (turn into big ones, like life)
133. Write up - presenting findings and discussion together, changing the presentation, reason for changing presentation, distancing yourself into a paragraph
134. write up - written presentation to readily make sense to someone else
135. write up - word limits, details
136. write up - decisions re what included and left out
137. write up - importance of argumentation (persuasion, rhetoric?)
138. write up - order of decisions
139. write up - importance of decision-making in writing
140. case study with client with traumatic background including abuse, violence
141. case study topic matters personally
142. case study topic re decisions re use of CBT, timing and what kind
143. case study topic re- therapeutic decision-making (contingent thinking)
144. case study topic re decision-making theme
145. long-standing client
146. case study client - mix of CBT and person-centred language
147. therapy as a place
148. therapy as a journey from one place to another (instability > stability)
149. stability valued (self, client) parallel life and therapy
150. long-standing unsafe unstable chaotic context stopped CBT
151. stability = when things can be done
152. family/context as destabilising, displacing the plan
153. wounded healer? cannot heal if still wounded?
154. Case study findings close, detailed deliberate decision-making means prepared for what find – no surprises? This time not prepared

155. Method audio-recorded 24th and 26th session
156. Method stimulated recall
157. method involves writing down everything you are thinking
158. method naturalistic unmediated by another person method? others as mediating, messing?
159. others as pushing
160. case study findings unprepared, shock, surprise, humility re practice after confidence with M.Ed. research
161. research pushes, forces
162. case study findings therapist related factors: who feels unsafe and unstable?
163. CBT as challenging vs. humanistic as rescuing
164. therapy must feel safe/stable before CBT challenge can be used
165. other (research, CBT) pushes
166. parallel with research and CBT
167. therapy as linear journey
168. CBT, when is good time to introduce?
169. therapist-related factors not helping the client, my responsibility to do best for client, not do disservice
170. wounded healer, still wounded cannot heal?
171. supervisor not experienced enough
172. humanistic therapy as calm non-violent place (female) which CBT pushes into (male?) (violence? sexual feel?)
173. CBT as penetration
174. right time, responsibility of experienced male to do best he can, be sensitive
175. what is on paper is loud and clear
176. therapeutic planning, decision-making vs. messiness is dicey dangerous
177. planning but being ready for not knowing about the future, parallel/contrast between life and therapy
178. deference to others as sanction, authority (parents) in decision-making (mum, dad?)
179. CBT requires confidence (sex?)
180. self as teacher - setting little tasks, grading little tasks
181. small tasks reduced anxiety build up to big tasks
182. CBT over-tentative, making sure, raising risks, not pushing
183. CBT as penetration
184. CBT close, detailed, deliberation, decision-making
185. CBT when is good time to introduce?
186. CBT is client ready
187. other (research, CBT) pushes
188. case study findings therapeutic mistakes seen in context of doing client a disservice
189. case study findings surprising re own involvement
190. what got missed out of, lost in supervision
191. structure, agenda (like research) prevents losing things, bias
192. critical of self/others if things get lost/missed out (research themes, disassociating small things)
193. expects self to hold onto it all
194. supervisor's book/protocol as ground/land that dropped away in face of rough seas (context)
195. what got missed out of, lost in supervision
196. self-teaching re I need to be ready for not knowing got lost, parallel/contrast between therapy and life
197. critical of self/others if things get lost/missed out
198. competence is holding it all in mind
199. what is lost (own stuff, vs. clients)
200. need to watch (observe, guard against) self
201. we all disassociate (de-link) from little thoughts/things every day
202. crisis: trying to do CBT, putting it aside, managing, to and fro
203. not knowing what to do, have to manage, CBT vs. client battling for attention, what gets lost, small things
204. little things, vs. big things – prioritising, managing crises (cf. manage crisis mode) above

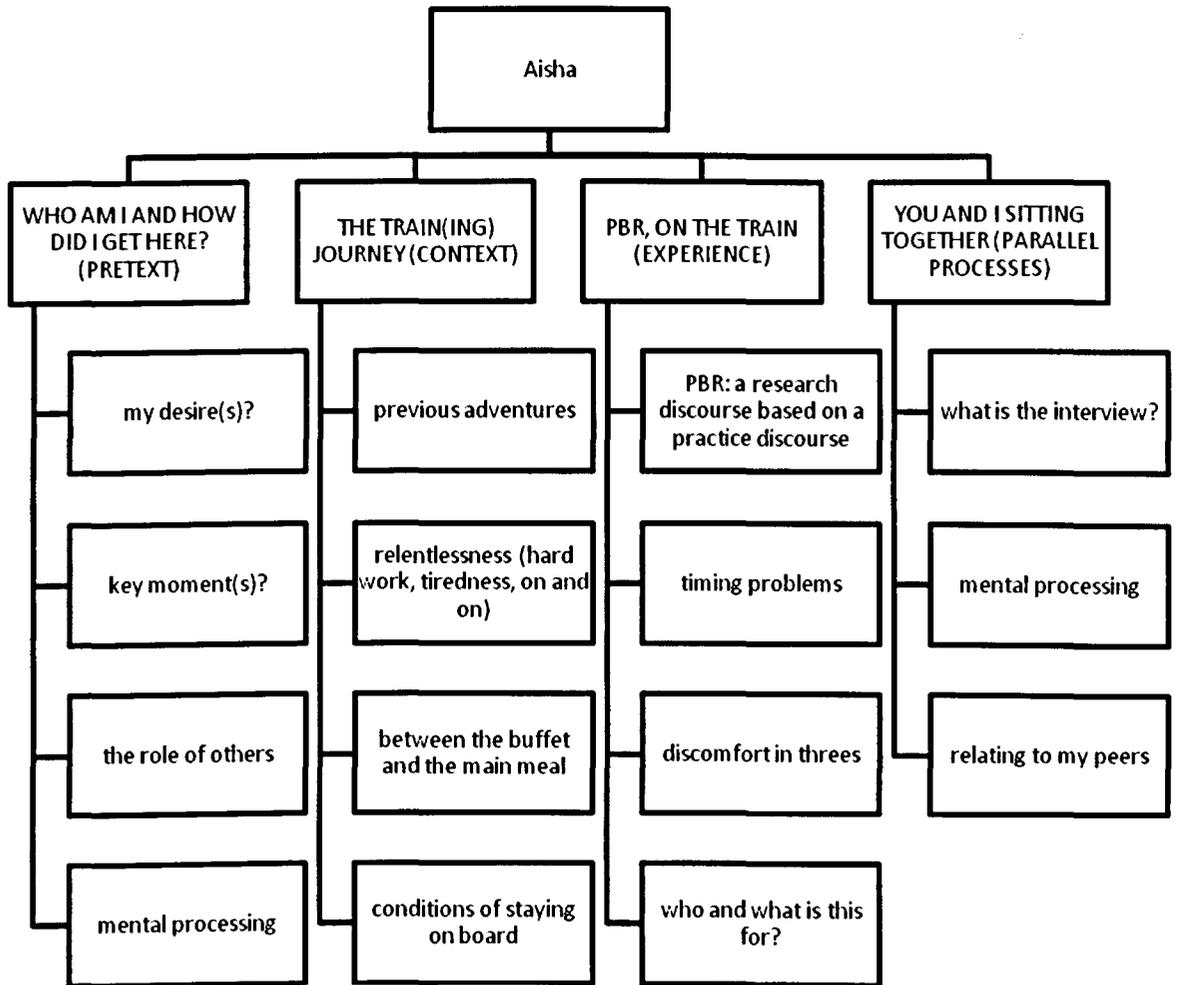
205. self-critical re what gets lost or forgotten, not thought about/considered/weighed up beforehand
206. timing of pieces of work
207. tiredness
208. gutted: losing guts, confidence, being more humble
209. repeated self-criticism
210. keeping close eye on everything
211. hard work
212. thinking case study was crap
213. anticipating failure
214. fear of clinical evaluation?
215. research (method) as armour against clinical weakness?
216. research method as bread and butter, basic, most important
217. presentation/lay out vs. what's below
218. case study crap because unsatisfying
219. case study unsatisfying because didn't help me understand my own processes? (or own processes perceived to be crap?)
220. thematic analysis, inductive then deductive, coding, thematic map, codes fitting together, frameworks, codes
221. analogue case study satisfying because showed herself in satisfactory light for her – holding processes together
222. case study- need to be respectful to client's experience
223. wounded healer, not healed, wounds?
224. case study not just about me, what is playing out between client and me
225. something about having her in this case study...my version of what's playing out
226. version pre-case study focused on client/context factors, but findings showed she was also involved, so perhaps had not respected client? OR client may not agree with her version? OR client has given her version?
227. client must be ready for CBT and receiving research
228. infantilising client
229. taking back to, giving back to client
230. client must be ready (stable) for CBT and receiving research
231. stability = when things can be done
232. deference to others as sanction, authority (parents) in decision-making (mum, dad?)
233. others (CBT, research) push, destabilise
234. taking research back there
235. gave more to the relationship because researched it?
236. would be fraudulent to give more to relationship because of research - what if client thought this
237. deception of client - not caring but researching , only given more because taken work away - not true of AISHA
238. true that client helped me to get on with, not be late with my assignments
239. therapist must give and client must take away and not vice versa
240. fraudulent, uncomfortable, within a contingent, contingency
241. recording for research, not normal practice, additional thing introduced
242. recording client said she was shy
243. recording extent of collaboration re agenda for recorded session
244. recording extent of collaboration/notice re which session used
245. recording all sessions recorded or only ones for research?
246. research re factors affecting whether planned CBT is used, re how things may or may not go according to plan (CBT, research, therapy, life) (meta-level)
247. of course – when session came, something happened during the week, planned CBT had to be pushed back (push and pull of CBT and context)
248. tension of trying to do CBT, research according to a particular timetable, parallel CBT and research
249. other (research, CBT) pushes
250. oh it's got all that there: recorder=external physical embodiment of research, negotiated VS practice, swearing, upset, angry, life-events (what's inside)
251. recording needs to be (brutally) honest to admit that recording affected her process
252. recording curbed spontaneity, humanistic elements

253. recording research causes or highlights dilly dallying sentences?
254. Recording context of training puts thoughts in mind
255. Recording thinking about how normal practice would be received by trainers and trying to do it differently
256. Recording/research introducing 3rd element
257. Recorded practice vs. normal practice, aims to develop more spontaneous humanistic relational skills, Yalom
258. Recording fearful of judgment (3rd element)
259. Recording not everyone will hear my recordings but not everyone would understand
260. recording as presentation of yourself, vs. being present with the client, therapeutic presence, presenting to the client, presentation in writing, presentation of yourself on tape
261. recording fearful of clinical evaluation? concern is not fear of clinical evaluation but doing disservice to client?
262. Case study topic - sessions not going to plan – and true of research (and all) sessions
263. CBT agenda gets lost to crisis, regulation
264. case study topic re therapeutic decision making
265. CBT usual for client and trainee's work to not go together vs. switching to humanistic, not going in with anything vs. going back to therapeutic plan and the decisions
266. CBT and context/humanistic - push and pull = tricky, dicey, edgy, dangerous technically difficult, deceiving, complex?
267. self-critical re what gets lost or forgotten, not thought about/considered/weighed up beforehand
268. course ideology (research questions generated from practice) is fulfilling re: case study (fills personal dissatisfaction?)
269. case studies for clients - as information re work with clients that can be fed back into work with them
270. case study topic - choosing topic (RQ) after got recordings – panic, tears, like previous research experience
271. conditionality, contingents, all the things resting on this
272. case study initial findings - finding one theme which didn't fit re research question, concern re not structured enough
273. conditionality – help of random others
274. crap, rubbish, just your reflections, messy, qualitative research, therapy, client context, family, process reports, practice papers, not research, unstructured, MSc counselling, poor academic work, not given as much regard
275. VS. structured, quantitative, clean, clean-slated, neat, okay, strong, clearly laid out, presented, broken down, evidence, M.Ed. psychology, mainstream, credentials, credibility, decent
276. losing a theme means not so clean-slated, biased, crap? life, therapy, research parallels
277. deference to, proving self to others as evaluators, sanction, authority (parents)
278. hierarchy of methods
279. confidence, ability, psychological battle re is this good research, will I pass, have I got it right?
280. concern more re research quality vs. clinical evaluation?
281. case studies are not so clean? (which side of the fence are they on??)
282. clean, neat, okay, strong....enough
283. case study findings, lost theme - biased
284. case study finding s- someone, people tell off, scorn, not clear – vs. credentials, someone, people (critical other from past?)
285. deference to authority - that's the truth (positivistic)
286. meeting standards, meet the standard of your work , self-teaching, building up standard for self?
287. case study – nice, doable but scary, like heuristic research – enjoyed painful
288. case studies – lots of factors, questions, possibilities unlike straightforward effectiveness research protocols (PBR vs. EBP)
289. case studies come across unexpected things causes anxiety, threat
290. fear of failure because of what rests on this - is it going to crash all of my work? conditionality, contingent, contingency,

291. research supervision important but absent for case studies
292. contingent: if you tick research boxes you will be fine
293. research (tick boxes) as armour against clinical weakness?
294. conditionality – help from random others
295. deference to, proving self to others as evaluators, sanction, authority (parents)
296. hierarchy of methods, credibility
297. research generated from your practice –more difficult because come across unexpected things
298. interview - what is interview?
299. interview as speed, further facilitation, almost supervision
300. recording, it's her in there – client presence in work, in tape-recorder, practice on inside of research
301. case study for client - main concern not for self but for client
302. Aisha as humanitarian, egalitarian, humanitarian as self-less, invisible or striving to be
303. ethics of interpretation - respecting the client's experience
304. interview as parallel process?
305. Taking research back to client need to think beforehand about how to bring research to client
306. Taking research back to client giving client an equal place, voice, democracy, humanistic, humanitarian
307. research as interpretation (vs. positivism of earlier)
308. if client not given an equal place, then disabling, minimising client and it's become about the research
309. ultimate aim is not about research/interpretation, but about empowering the client
310. contingents IF it was all about research (= interpretation), THEN client would be disabled/minimised HOWEVER research motivated by empowering client, giving client best service.
311. client might not be in same place as research, what matters is where she is
312. therapy is a place, client in a particular place
313. CBT/research when is best time to introduce?
314. if research doesn't help her then timing is wrong (I feel critical of this – surely there is not definitive truth about client at any time) , client's moved from that place
315. if research helps her to move forward, that's great, research as empowerment, but shouldn't hold onto it, that happened at that particular time, P-B-R-while-training: timing issues
316. case study findings useful for me, because realised feeling incompetent, need specialist supervision and training, my responsibility
317. case study findings useful but surprising unexpected and difficult, insightful if you can embrace it
318. equal stuff about me: equality of good things for client ok, equality of difficult things for AISHA not so easy
319. Aisha as humanitarian, egalitarian, humanitarian as self-less, invisible or striving to be
320. Taking research back to client - parallel with doing CBT with client - few months possibly but who knows - research and CBT go together, and the one (research) could be an intro for the other
321. Taking research back/doing CBT has to be done when client in stable place
322. research as evidence, awareness raising, creative, sensitising, spelling it out, public, health professionals, policy makers
323. interview as insightful and useful facilitative (like research, supervision), making something easy to do
324. interview taken to places in her mind , interview as parallel process, interview as a journey from one place to another, like therapy?
325. interview making better sense of things, interview as catalytic validity
326. case study findings - emotional finding therapist related factors: not doing your job well (for client)
327. interview - things emerging in supervision and in dialogue, way, media, mechanisms - different forms of dialogue
328. critical of unstructured clinical supervision

329. internal supervisor, self-teaching, research as better than supervision because contains evidence, supervision missed something big about my practice, picked up by research
330. what is on paper (spelling, research, writing it down, this interview) is loud and clear
331. interview given new ideas for practice?
332. deference to others as sanction, authority (parents) in decision-making (mum, dad?) supervision

Appendix K: Organisation chart of superordinate and sub-themes (Aisha)



Appendix L: Theme table and quotations (Aisha)

Superordinate theme 1: Who am I and how did I get here? (pretext)	
sub-themes	quotations, line numbers
<p>1a. my desire(s)? [What? how many? process over time, key moments, continuous? agency]</p>	<p>It was basically Rogers I began reading and I connected with it quite a bit, and I decided that's what I'm gonna do. So I had those blinkers on. I came to [University X] and I did the counselling course there, and I enjoyed it so much that I decided to do a doctorate (....) [sighs] And at the time when I finished my counselling degree I just thought that if I went back [to my country of origin] and I said this is what I want to do (....) people would question my age (....) And with one Masters from God knows where in England and that I think I'm the cat's whiskers or something, so I carried on studying (....) this is the first time I'm actually going to spell it out so loudly (....) I've always wanted to help people and that's the reason but I, I had more sort of humanitarian help ideas in my mind (....) so for the doctorate I decided to do my research on [a human rights issue] in [my country of origin]...I think that was a very deliberate way for me (....) marrying my passion for working within a humanitarian context in the future (....) with my research (....) So I think that was a very deliberate choice...just to bring about awareness, and for me research plays a big role in that 'cos if you're not producing any evidence...you can't really call for some sort of...funding or even a humanitarian intervention (....) research is what will get you through policy-makers and other institutions. So that's something very important for me to be able to build my skill enough to be able to do a decent piece of work (para.4-58)</p>
<p>1b. the role of other(s) [opportunities, luck, limits, sanctions, lack, should]</p>	<p>I think um that really drove me and my mum was very willing for me to carry on. She didn't expect it 'cos I was never the academic sort when I was in school. I was quite a problem child (smiles), as you could probably say, but I think it was very unexpected for everyone but I just carried on (para.22)</p>
<p>1c. mental processing [now and in past, deliberation, planning, thinking ahead]</p>	<p>and it seemed more broken down into specific theory papers, specific research papers and specific practice papers. Each semester was more broken down [intake of breath]. And er I thought the layout was better cos they had a lot more assignments to do with fewer words and here we had chunks of 5000 word assignments each. (para.14)</p> <p>I think I was very uncertain about that in terms of um...I knew that I'd only understand how I'd feel about it once I was in those specific positions to carry out the specific tasks with the different modules. So I was ready for that (para.26)</p> <p>It's one of those things like you plan but you don't know what happens. So I'm ready for that. I make allowances that I might plan this is what I want to do, but equally I don't know where things might turn out (para.54)</p>
<p>1d. previous (research) adventures [as template]</p>	<p>When I came to do, to do my research for my M.Ed. the topic that I was gonna do didn't work out and I had three days left to submit...and my whole research proposal had crashed and my tutor didn't give me an extension. So I had to come up with a research proposal in three days and I landed up...this was crisis mode, absolute crisis mode. But I landed up finding a questionnaire, and this was a bit different for me because I wanted to do an extreme quantitative methodology, and er the method, analysis that I had to do, it was on perceptions of bullying for pupils</p>

and teachers in [my country of origin]. And the analysis that I had to use for that was something that was beyond the scope of the M.Ed. and was not taught. But..I think I'm lucky, I found someone who'd written a paper on that in Iceland and he helped me through Skype to work out how I should do the analysis. And I did it and I landed up getting a distinction in that, and I don't know how I did that. But I think it's about being in those extreme situations, I don't know how, but getting through them, and then sort of feeling a bit more confident (para.40)

Superordinate theme 2: The train(ing) journey (context)

2a. relentlessness
[tiredness, hard work, conditionality]

And to be honest during the course of that research, you will c...come across some unexpected things that will cause anxiety. And there's always that threat, is it going to crash all of my work? (para.416)

2b. relating to the journey

they've almost laid equal emphasis on research, practice and theory (para.90)

the other thing it communicates is....all of that feeding into each other. I think if research had had a lesser focus, and practice and theory had had a lesser focus I might have been fooled....to consider that a bit less (para.112)

2c. between the buffet and the main meal

There are times that I wish [the methodology teaching] was more in depth (...) but I know that there's a fair amount of variance with that, because different people will connect more with different methodologies and want more input on that. (...) The methodology input that we've had is... It's been sufficient for some...methods, but it's been a bit of an overview for others (...) so I think there's an element for that, of that, for me...as well (para.62-70)

I think I missed a session on the case study that they did (...) I know they repeated a session 'cos people felt er...quite ambiguous about where they stood...(para.162-164)

this is the first time I'm actually going to spell it out so loudly (...) I've always wanted to help people and that's the reason but I, I had more sort of humanitarian help ideas in my mind (...) so for the doctorate I decided to do my research on [a human rights issue] in [my country of origin]...I think that was a very deliberate way for me (...) marrying my passion for working within a humanitarian context in the future (para.42-48)

2d. on condition I am not travelling alone
[strangers, staff]

I think I'm lucky, I found someone who'd written a paper on that in Iceland and he helped me through Skype to work out how I should do the analysis (para.40)

And what I concluded was, that I have to get supervision with someone who's more experienced in doing this sort of work? (para.240)

Oh I was surprised. It's one of those...and I think this is where sometimes supervision does need to be a bit structured. You do need to have a general agenda for your supervision. And I think I miss that right now, especially through my work with her, because you can miss out a lot of things (para.252)

Exactly! And um....so then I asked myself...a friend helped me actually to focus it down. She said, "What's happening? What's happening with this client? What are you struggling with that you want to research?" and I was like oh...(para.390)

I had my second supervisor for my thesis who was helping me out. And I know I can defer to him in that respect because he's experienced in that methodology and he's really good at

explaining...things to you in a way that you understand, you can go back and do your work on them. For the, for this one I took some, I had discussions with a friend of mine, and she's great, she enjoys methodology, but in the way that she explains it, confuses the shit out of me (para.420)

Superordinate theme 3: PBR, on the train (experience)

3a. PBR: a research discourse based on a practice discourse

But for me [emphasis], and I might be wrong with this, practice-based research....or maybe it's just because I feel more passionate about this...would be researching issues that arise in your practice. I wouldn't have thought effectiveness research was practice....it is practice-based research but it's a bit distant (...) but 'cos the way that I write my two case study questions was through my own practice, through issues that I started to notice were being, were quite prevalent. So it was all practice-generated (...) You know based on that, okay there's something fishy, how can I do this, sort of thing. (...) So for me....maybe a purist version of it (smiling, laughing a little) might be questions that are generated about your practice through your practice (para.148-152)

3b. timing problems

you plan but you don't know what happens, so I'm ready for that, I make allowances (para.54).

our collaborative goal has been (...) to get her stable (...) er where she feels safe and where we've got some more coping mechanisms And then (...) getting more CBT-focused. BUT [emphasis] her life has been absolutely chaotic (...) so we haven't been able to do any (para.212)

her context is so....unstable, that the decision making process in trying to build a therapeutic plan for her is very dicey (para.244)

my own lack of confidence and possibly even avoidance [voice higher] of er.....getting, pushing to...it was...[higher voice...] it still feels like it's not the right time to get into CBT-focused work and she's regressed even more over the last two weeks now (para.244) I tend to be over-tentative sometimes to sort of make sure [laughs] if I'm not sort of pushing them to do things that they don't really want to or are not ready for, just raising all the risks and like the pros and cons of things and raising awareness. So...but sometimes I wonder to what extent my own lack of confidence is being filtered into that tentativeness (para.250)

I was suggested a book. I did read it. I was planning a whole protocol, and things became rough and that just subsided (para.254)

you go in with one agenda and then you have to leave that, because that's not important anymore and you actually have to work on the crisis (...) so it's usual not for our work not to go together and sometimes I sort of switched to, "What's happening this week? How have you been?" and actually not gone in with anything (para.256)

I...[would need to be] tentative, considerate of her, recognise that she might not be in the same place, and what matters is where she [emphasis] is. And if this stuff can help inform some of the work that we do to facilitate that change for her then great, but if it isn't then that was a time thing, and things have changed in time (...) that happened at that particular time (para.444-452)

I think I might...what I might do is when she's more stable and when we come to a place where we sort of start initiating the more structured protocols (...) I don't think it's going to be any time

	soon, it'll still be a few months possibly but then who knows (para.470)
<p>3c. discomfort in threes [inc. tape-recorder, fear of clinical evaluation, it's her in there, the additional, selfish, findings, self-criticism]</p>	<p>And when I got the audio recorder out she was like, "Oh my God, I'm going to feel shy" sort of thing. Eer... and those weeks, and this is...I was supposed to...we had a few things that we had to...so we'd sort of negotiated to cover during those sessions and of course when the session came something had happened during, er over the week,. And actually that had to be pushed back and that happened and she was really, really upset and angry on both the sessions 'cos two different things had happened on the, between that three week gap thing. And she was swearing a lot as well. And initially she was a bit...when she first started out she was a bit sort of apprehensive about the recording being there and her swearing (...) but as she started to talk she forgot all about it and actually it was towards the end when I said, "Okay, I think we can shut that now" that she was like, "Oh, it's got all of that there". But she was okay with it but she... switched off that the recording was there at some point as well (para.330-332)</p> <p>I think it curbed my spontaneity [laughs, sighs], I'm being brutally honest now I (...) It curbed my spontaneity... it did (...) [intake of breath] Er.....there was some elements I think where I began...I noticed in myself that I began to phrase some of my sentences in a more, not careful, but in a more...not even planned!, 'cos...in a less spontaneous, still planned, manner than I would have. I might have said something more simplistically, feeling a lot more comfortable in myself, saying things more straightforward, because I have that relationship with her, and that feels okay, rather than doing a bit of a dilly dally (para.336-340)</p>
<p>3d. who is it for, what is it for</p>	<p>when I share this stuff with her, how I share that... giving her and communicating to her an equal place (...) 'Cos if I don't give her that equal place then I'm disabling her, and I'm minimising her, and it's become about the research, and what I think [emphasis]...and it's not about that. The reason why this has happened is so that she can be empowered in as best way as she can (para.236-238)</p> <p>I'm curious how she might respond to...me actually taking my...case study back there. (...) I don't know if (...) she's going to think maybe in some ways I gave more to the relationship because I researched it. And that feels a bit fraudulent to me because I haven't (...) In fact she helped me to be a participant so I could get on with my assignments (...).But if she thinks [emphasis] I've given more into the relationship because I've, you know, taken this work away (...) I'd feel a bit fraudulent with that [smile]...because she helped me so I don't get late with my assignments (...) I'd feel uncomfortable if she thought I gave more because I haven't (para.302-310)</p>
<p>Superordinate theme 4: You and I sitting together (parallel processes)</p>	
<p>4a. what is the interview?</p>	<p>You know these, these questions in this dialogue is surprising me. I ma...I make better sense of things if I'm talking to someone rather than on my own (...) I do on my own but I'm a lot slower but if someone can sort of ask me questions it facilitates that even more. So even now I'm quite surprised by the sort of almost supervision things (laughs, smiles) that are coming out you know (para 428-430)</p>
<p>4b. mental processing</p>	<p>It's been, it's been really, it's been really insightful and useful for me. And I think you facilitated that really well as well. Er, I've enjoyed, I've enjoyed talking to you (...) It's taken me to places in my mind where...and I hadn't thought this through! Like I said! I make better sense of things if I'm talking to someone in conversations (para.486-488)</p>

4c. relating to my peers

Er...I've had some friends from [University X] who went on to do their doctorates in different universities, in [UK city X] and [UK city Y] and er...I didn't hear very positive things about some universities, and how um..things were laid out to do each year (para.10)

There are times that I wish it was more in depth (...) but I know that there's a fair amount of variance with that, because different people will connect more with different methodologies (...) and want more input on that (para.66)

I think the other thing, having that equal focus, what the other thing it communicates is....all of that feeding into each other. And I think if research had a lesser focus, and practice and theory had a lesser focus I might have been fooled....to consider that a bit less (para.112)

Appendix M: Master table of themes and quotations (all participants)

1: PRETEXTS, CONTEXTS	
<hr/>	
1A: Wish(es), limits, agency	
AISHA	<p>It was basically Rogers I began reading and I connected with it quite a bit, and I decided that's what I'm gonna do. So I had those blinkers on. I came to [University X] and I did the counselling course there, and I enjoyed it so much that I decided to do a doctorate (...). And at the time when I finished my counselling degree I just thought that if I went back [to my country of origin] and I said this is what I want to do (...) people would question my age (...) And with one Masters from God knows where in England and that I think I'm the cat's whiskers or something, so I carried on studying (...) this is the first time I'm actually going to spell it out so loudly (...) I've always wanted to help people and that's the reason but I, I had more sort of humanitarian help ideas in my mind (...) so for the doctorate I decided to do my research on [a human rights issue] in [my country of origin]...I think that was a very deliberate way for me (...) marrying my passion for working within a humanitarian context in the future (...) with my research (...) So I think that was a very deliberate choice...just to bring about awareness, and for me research plays a big role in that 'cos if you're not producing any evidence...you can't really call for some sort of...funding or even a humanitarian intervention (...) research is what will get you through policy-makers and other institutions. So that's something very important for me to be able to build my skill enough to be able to do a decent piece of work (para.4-58)</p>
REENA	<p>I've wanted to be a child psychologist for a long time, so I went into uni being very open-minded so I did psychology and childhood studies combined degree, but I didn't know how that was gonna make me a child ps..psychologist to be honest so [intake of breath] I was just very open-minded and like carried on studying...and I started looking at opportunities of what do I wanna do post-graduation, is it gonna be child psychology? Or is it gonna be counselling or clinical psychology?...I didn't apply for child psychology actually [smiles, laughs a bit] that got thrown out of the...[ahem] window. I applied for both clinical and counselling psychology so em...yeah, so I got into counselling psychology that way!...It's not like it has been a PASSION [emphasis] of mine from like when I was little or anything but [intake of breath] you know...that's the way things work for me [laughs] (para.10-14)</p>
TOM	<p>So, so that's kinda right um and the reason I came to counselling psychology, um... a long story cut short was that in my second year of my undergraduate degree when I was in [University of Z] studying psychology (intake of breath) um, I, I suffered from really bad anxiety (para.16)</p> <p>I don't personally want to be a researcher at the end because I want to be on the practitioner side of things and [intake of breath] I s'pose thinking about the beginning of the course I had an idea of what sort of...maybe not what sort of practitioner I wanted to be but what...I would look like or where I would be as...as a psychologist (para.64)</p> <p>the one feeling which...came from that experience was a real sense of disconnection with her [CBT therapist]. I didn't see it as...um...a relationship as such...she sort of made me to do that, do that in the session stuff, gave me lots of stuff to read [intake of breath]...so I thought well is that, is this what therapy is, in a way? (...) it wasn't really what I wanted or expected I s'pose? And then purely by coincidence in some of the lectures...counselling psychology came up, and from there um everything snowballed into how it's interested me in my own experience of therapy and I s'pose what I wanted therapy to be for other people [emphasis]...I didn't want people to think, feel, how I felt when I came out of those five weeks thinking...I'm not quite sure what the purpose of therapy was? So that's the main reason why I came into counselling psychology...I really liked the, I s'pose, humanistic stance...thinking of someone as a person rather than a diagnosis (para.20-26)</p>
JESS	<p>I fell into it essentially...I applied for Educational Psychology initially um, and I didn't</p>

get in, and I thought...well, okay, so maybe that's telling me something...and maybe I'm not really up for that (....) so anyway.....that didn't work out (....) I just happened to...for some reason I said well it's either going to be Educational Psychology or it's going to be counselling...and so I, for some reason, googled counselling and then psychology in the same search and it hit this, this course and I went, "Oh my gosh!" I had no idea! Then I emailed [Tutor A] and I got an email back and I thought, "Oh, somebody actually emailed me back! [emphasis]. Well there's another sign!" (para.26-40)

It was wanting something more...wanting to have a more significant role, um yeah, starting with the more significant role in school, but thinking well if, if that's not right then I, then I definitely...I just need to go for more...to go for formal training in counselling because I actually think that's where my skills are. So that's gotta be my way forward because I don't really have another way forward, if you know what I mean? I can't like pick up a Maths book and decide to take an Accountancy course, it just ain't gonna happen (para.98)

MAYA there are different reasons like for job opportunities because I'm a foreigner, so based on that the higher your qualification the better opportunity you get for a job because Masters is not sufficient (....) and doing a doctoral [sic] will expose me to...to a larger um...[tut]...research you know. So it was a bigger opportunity to explore I guess. So, but I wanted to do research and I wanted to....research gives me this er, this excitement of er discovery. Like I'm a very curious person, so I want to know (para.2-12)

1B: The train

REENA 'cos I came straight away from my under-grad em onto this course [intake of breath]...I...carried on studying (para.6)

that got thrown out of the...[ahem sound] window (para.12)

going to [my previous university]... like we did I think two of those [research assignments] in first year? Three in second year? and then like we we had one in third year plus our thesis so, um, not thesis, dissertation...(para.26-27)

coming straight from under-grad you know [intake of breath] under-grad is hard [laughs]...Yes it WAS [emphasis] hard, and it's still hard...because you have to practice....come to class....and work [sigh] [slower, quieter]...and have a...try to have a life [intake of breath]...outside of that (para.28-34)

in terms of em...the deadlines.. of like you know you have to hand in this research by this date...because you have another one, pending, [smile, laughs] that you have to do! And you know you have to manage the placement and you have to like come back home from..you wanna come back home from placement sometimes and not think about your research. Sometimes I come back from placement and straight to the library..that type of life (....) it may just be the fact that I am actually TIRED [emphasis] (para.304)

you know you I'm a...I'm a sssix day a week type of person [smiles] [intake of breath] It's so easy to just do and do and do and do and do and not have time to reflect (para.418)

whatever whatever you know [intake of breath, sigh] then that's just another element.... you know, there is no TIME [emphasis] for that! (para.500)

MAYA it's a surviving thing you know because I have no choice. It's like I've come to this foreign country and I have to do it [smiles]...I can't have critical thinking about it because there's no choice, that's the only way and then um...so it's...of course it's a matter of doing, but in so far now I've realised that I value my life more, more than this programme (para.52)

AISHA I wanted to carry on training (....) I just carried on (para.22)

I did have those crisis moments, but looking back, since I've come on to the doctorate, my academic work has improved...quite a bit. Um and also I think when I'm in stressful situations now I do look back on my M.Ed. and I think if I could get

through that then I can get through this (para.28)

But there's always that threat, is it going to crash all of my work? (para.416)

TOM we were, we were told, told that at the beginning and I thought, "Oh well that's plenty of time to sort of figure out what I want to do". But that was not enough time to figure out what I wanted to do. So I almost felt... rushed into what I wanted to do my research on and, thinking back then doing your thesis seemed a long way away... cos there's so much other stuff in-between, um thinking about um the writing down, I s'pose, a proposal, then writing 40,000 words of, of the, the thing thing you want to do (sharp intake of breath). And... oh I've lost my train of thought there...and so I did almost feel rushed and...I.....almost think now, "Oh I wish I'd spent longer on thinking what is it I wanted to do" (para.50)

I s'pose it's, it's, it's quite hard because in one way or when you've done a piece of work you just want to forget about that...[laughs] (para.482)

JESS Like the first assignment is a theory assignment and the second assignment is a....I can't remember now....a practice paper and then a research case study? (para.110)

I'll tell you...Yeah, it's too bad, I daren't...(laughs) my memory isn't that great (para.130)

So um...oh wow, oh that's my research proposal, wait a minute. My first case study, sorry...(para.184)

when I did the um...I wasn't actually working on the case study when I did the recordings, or not the recordings but the ...the journal itself, the case study didn't start until after my CBT paper was finished. So what I was doing at the same time was a theory paper. (para.304)

1C: Relating to the journey

TOM in a weird way I came in...with a very open mind to the different components of the course and I s'pose you could almost say a very...naïve outlook? (...) and obviously when you're in the interview I just bluff myself thinking, "Oh I'm, I'm fine, I'm fine with writing" [smiles] (...) which that really wasn't [laughs], wasn't the case, the case at all really and I didn't realise the um...amount of academic work you had to do (...) I wanted to learn how to sit down and help someone overcome what they want to overcome, which yes, is what I'm doing but...in another sense it's also what I'm not doing either [emphasis], because...um, in my opinion there's not enough input on the practice-based side (...) in reality it's much more to do with...getting all the academic stuff done (para.32-34)

Um and like I said, that's probably my own naivety of um probably...Well thinking about it I don't know, maybe, maybe it is my own naivety but I'm, I'm not sure how...I s'pose explicitly it was made clear to us...in sort of how the amount of work versus the academic side of things and the, and the res...(para.60)

I feel as though you're two different people...and a lot of the time I feel the practitioner gets lost in that...and that makes me feel very...sometimes disillusioned (...) I feel it's almost hammering of that process of becoming what I wanted to be as a practitioner (...) you're sort of holding, holding that back it's a sense of real, real frustration...and I s'pose what it does inside is a very sort of knotted feeling of wanting, wanting to do something a certain way but not being able to. It's a very tight and clenched sort of, "No, I don't want to be [laughs] doing this sort of thing" that is sometimes what I feel in the re...in the research sort of thing in thinking about sitting down, looking at the research (para.60-64)

AISHA it seemed more broken down into specific theory papers, specific research papers and specific practice papers. Each semester was more broken down [intake of breath]. And er I thought the layout was better cos they had a lot more assignments to do with fewer words and here we had chunks of 5000 word assignments each (para.14)

I got the sense that they've almost laid equal emphasis on research, practice and

theory (para.90)

the other thing it communicates is....all of that feeding into each other. I think if research had had a lesser focus, and practice and theory had had a lesser focus I might have been fooled....to consider that a bit less (para.112)

REENA Counselling psychology is SO [emphasis] open to many opportunities you know, I don't just have to be like a counselling psychologist, I don't just have to be a therapist, I would be able to work in a university and do more research if I wanted to, I'd be able to em, I could transfer the skills like I could take this em qualification with me abroad if I wanted to...I did [emphasis] know this course will open quite a lot of opportunities for me [intake of breath] and I didn't just picture myself, I haven't pictured myself saying this is what I would do. I think more now I have a grounding, [lower voice] well, I know what I will do now when I finish, like would be to look for a job and get the first job that I get, ahumm [smiles]...but I do [emphasis] know...there's almost like... there is so much more I can do? (para.70)

I'm very open-minded and the course advocates that as well? (....) so I really love the course for that (para.76)

it's a new course, and it's developing, it's evolving and we're the pioneer of that (para.86)

MAYA as a trainee you can always get lost and confused but I'm, I'm willing to um keep my options open and explore wherever...it's not to say I'm just going to be practitioner or research [sic] (....) So I want to keep my options open...It's like when you look at that mirror as a researcher and you look at the other mirror as practice, you know, you've just got to stand there and just sometimes see which one you want to pick up and I think [sighs] it's time...it's a long journey, so there's still time to decide (para.240)

JESS That's right, no, it doesn't, it doesn't and so, and so here we go. You know I mean it's probably me thinking well okay you could even think about your competence as a researcher. I don't feel at all competent as a researcher (para.246)

quantitative studies, the big studies, um...there's not much nuance [emphasis] to that (....) one of the women I was reading made the point that I don't think we can really measure the therapeutic relationship (....) What we can probably do is demonstrate person-centred theory in practice through case studies, that show the nuances (....) I think there's a big disconnect between what a, what a practitioner can do and what an academic can do. Academics have far more power because they have access to more knowledge...and of course they've got the ear of...their, their things look just right and, and fit into the publishing, driven by the publishing industry (para.416-422)

2: LOCATING PRACTICE-BASED RESEARCH TRAINING (PBRT)

2A: Buffet food, doctoral deep water

REENA Em, I think the research input [methodology teaching] has been something that....is is being laid on the table for you to pick which direction you wanna go into? [intake of breath] I think if we had more than one workshop for each methodology (....) that would have been helpful to get a grasp, but we did get a taste [emphasis] of it so if you wanted to further pursue it [sighs] it's up to you...I warmed so well to IPA [Interpretative Phenomenological Analysis] from being introduced to it? So I grabbed hold of IPA (....) I really get anxious around things like grounded theory? I didn't really like the input on that actually [intake of breath] or we could have had more input? But...then again I don't know how much that would make me smarter uh-huh [laughs]? (....) Or warm to it [smiles] (para.98-106)

I'm in love with my thesis because [sniffs] I just feel like that I have so much time to do it? (....) a whole third-year to do my research, and not have to worry about like a case study on the side! or a theory paper on the side! (....) so I am looking forward to actually [emphasis] like IMMERSING [emphasis] myself in my thesis (para.310-312)

And the deadline and the fact that you know, the deadline in picking a topic, or you have to pick something...I could have gone with something that I completely do NOT [emphasis] like [intake of breath] like I was like oh my God, what topic, what topic?

	Because I didn't come, well I did say to them that I came with a topic in hand, when I had my interview...so I did sell it to them that I would further on my dissertation...but I wasn't interested in [that topic]! (para.314)
AISHA	<p>There are times that I wish [the methodology teaching] was more in depth (...) but I know that there's a fair amount of variance with that, because different people will connect more with different methodologies and want more input on that. (...) The methodology input that we've had is... It's been sufficient for some...methods, but it's been a bit of an overview for others (...) so I think there's an element for that, of that, for me...as well (para.62-70)</p> <p>I think one of the reasons why, and this is the first time I'm actually going to spell it out so loudly (...) I've always wanted to help people and that's the reason but I, I had more sort of humanitarian help sort of ideas in my mind but I found psychology and I found counselling and (...) I think it...for the doctorate I decided to do my research on street children in [my country of origin] 'cos they are a human rights issue and I think that was a way for me, a very deliberate way (...) marrying my passion for working within a humanitarian context in the future (para.42-48)</p>
TOM	<p>I had sort of one off sessions on certain um, um methodological things [sighs](...) I think it comes down to again because this is a doctoral course...and you, I s'pose, pick up and just you, what you are interested in (...) and I s'pose that goes on to if someone is teaching something, if you know you are not interested in that area or you know after this course it's not an area you are going to pursue(...) I s'pose, along the lines of this thing well it doesn't really interest me so I'm...we'll just leave it there, there sort of thing (...) ...because I'm...I s'pose in all honesty, I'm doing it because...like, again, I want to be a practitioner psychologist so I'm doing it because it's a means to an end (para.86-92)</p> <p>because you think...I s'pose, I s'pose it's like making a commitment...you sort of start looking round thinking "Oh well that, that's sort of interesting around there"...which obviously doesn't constitute to doing good on your own research and think about, okay, throwing yourself into, into an area (para.50-52)</p>
MAYA	<p>I would say it's really [emphasis] good, it is, because um we get different lecturers talking...different lecturers that specialise in a particular method, for instance, like IPA or grounded theory, and they talk about this um, um..stuff and I think [sighs] sometimes when you, when you when you...reading about theories like grounded theory and IPA and stuff like that can be extremely dry, it's a very dry subject, (breath in) but somehow they can...they do...some lecturers do stimulate my, my thinking (para.32)</p> <p>it's been such a struggle being...a foreigner, this is not my first language and I have to...constantly revise and rewrite and [sighs] it's, thinking about this doctoral thesis for 40,000, it's like I feel physically I'm vanishing you know because I'm quite petite and I feel like this research can overshadow me [laughs] sometimes, it's like an ocean, and I have to just somehow come up from that, you know...it's almost like you sometimes get real choke...But at the same time currently I am very happy with my research um and that's this thing, what is interesting in what I'm doing? (para.52)</p>
JESS	<p>So there might have been three or four lectures that I remember quite specifically about research... in the first year... and in the second year.....oh I don't remember one thing! (para.132)</p> <p>once again, I must have fallen into this (...) maybe that's just a pattern for me...towards the end and everybody's got all these ideas and I thought to myself, "Oh my God, I don't know what to do (...) It seems like a big, a big deal..." then [Tutor A] came up with this idea of looking at what we'd been doing in class (...) and I said, "Okay, I'll do that" (para.178-184)</p> <p>some of that's practical? (...) and so um even though I think "oh there are so many exciting things you can do", you just can't do 'em...you know, so I'm very limited in terms of a lot of stuff (para.206)</p>

2B: PBRT: the stuff in-between

REENA	Em...in terms of support [sniffs]... it has been GOOD [emphasis] because like I
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	talked...I could converse with [Tutor A] who's my supervisor about this case, and we developed like em...what could you do? What type of client are you seeing? At the moment that you could incorporate this? And talk around like [intake of breath] talk about like the methodology that I would use [flatter voice] (para.168)
MAYA	Mmm.....so because in the first year we've got an experience of er doing a case study ready with our peer groups (....) but in terms of um... support, um... I think we get a previous examples of um third years (....) like this is the structure, and it has to be a Doctoral level (....) er [intake of breath] but I think somehow um, er the tutors are very practical and they would advise you and say, "Maybe that's not the right one. What about a simple thing?" (para.76)
AISHA	I think I missed a session on the case study that they did (....) I know they repeated a session 'cos people felt er...quite ambiguous about where they stood...(para.162-164)
TOM	your thesis seemed a long way away 'cos there's so much other stuff in-between (para.50) Mmm. Yeah. I mean I s'pose it is interesting thinking [sighs] how much, explicitly how much input have we...I s'pose got into.....how to conduct a case study I s'pose (para.86) (....) I s'pose that's what I, I, I appreciate and, and value in, in thinking and talking with my tutor and things, "Well, well if you don't like this have you thought about maybe doing that or moulding it to shape it like this?"...(para.96)
JESS	So um yeah, um with...I, I don't recall any specific training on the case study. I really [emphasis] think it's about picking up (emphasis) on literature, looking [emphasis] at what other people have done thinking (emphasis) about how that applies (....) Um [sighs] so yeah, I don't see any spec, specific training in it (para.126)

2C: Discourses and products

REENA	Practice-based research are research that evolve from your practice? So..it could be like the idea evolved from like you practicing maybe? Or..it could be..that the research idea is generated around [emphasis] practice, so it would be centred around like what you do? [intake of breath] so..is always gonna be like practice..informed research, like a practice, like the research will evolve...from [emphasis] practice, or evolve [emphasis] side by side, to practice, do you know what I mean? So you could be thinking about practice and at the same time thinking about a research so they will feed into each other (para.108-112) Reena: What's the other one? (....) There's practice-based research and there's... Interviewer: There's...Well there's so many, so many terms aren't there? Reena: (overlap) Evidence-based practice [emphatically] Interviewer: Ok...yeah. So how can you, what would you say about those two...? Reena: So evidence-based practice is using the outcome of a research to inform your practice [spoken slowly, emphatically] (....) so you're using the outcome of like CBT being the em.....the paracetamol! [laughs] for a headache type of thing?! (para.122-132)
TOM	Interviewer: what...does the term 'practice-based research' mean to you? Now, now I'm asking this in a very open-ended way because I completely recognise that that term is used in different ways by different people or its different terms are used? Tom: Mmm Interviewer: So it's, it's not a question of, there isn't a right answer [laughs]. Tom: Yeah [laughs].You're not testing me on er...? Interviewer: No, absolutely not! It's more like what comes to mind when, when, I say 'practice-based research' Tom:...the first thing really which comes into my mind is um research-based practice... someone who is focused in the other way around...in embedding the practice you do in the research [laughs] (....) Um practice based...research, I s'pose in in my, in my eyes it's using, using practice in research basically [laughs], so...I s'pose using real therapy in research...I might be getting the wrong end of the stick but in-vivo sort of research (para.105-114)
AISHA	See I'm not sure now to what extent I'm influenced by reading the definitions I saw in

your paper! (laughs) (...) But for me [emphasis], and I might be wrong with this, practice-based research...or maybe it's just because I feel more passionate about this...would be researching issues that arise in your practice. I wouldn't have thought effectiveness research was practice...it is practice-based research but it's a bit distant (...) but 'cos the way that I write my two case study questions was through my own practice, through issues that I started to notice were being, were quite prevalent. So it was all practice-generated (...) You know based on that, okay there's something fishy, how can I do this, sort of thing. (...) So for me...maybe a purist version of it (smiling, laughing a little) might be questions that are generated about your practice through your practice (para.148-152)

MAYA Mmm! So I think practice based evidence for me means...er like.....so it has to be research evidence or empirical evidence where a lot of um research has done on a particular study. So it's, it's, it's, it's in a big quantity (...) it's like when you practice something it has, it has to be evidence-based, like what you're doing. So it's about questioning your practice skills or it's like supporting wh...what you're doing in the therapy (...) So I think this is my understanding but (laughs) but if it's wrong then I...maybe I'm the wrong call (para.156-164)

JESS I think I've read about it, um and I just researched that it's based in practice. Um I'm not sure whether I thought about what that really, really means...but um it's just using your practice as a way of um.....well, as a basis for, for doing research (...) Practice is the base for the research, yeah (...) So you're doing your own stuff (para.450-456)

3: PRACTICE-BASED RESEARCH (PBR), ON THE TRAIN

3A: Who and what is this for?

TOM I...personally don't think it was research (...) um.....because I think I used it in a very.....not specific way (...) Um I s'pose I used it as more of a learning tool for myself...um.... maybe selfishly? maybe not [smiles, intake of breath] (...) but I, I sort of went, went in, record it, to record the session and then almost I thought, "Okay, what can I do with this, with this session now?" and I s'pose that, again, goes with the idea of thinking um...doing it with a means to an end...rather than, than, than anything else. Um (tut) so yeah (...) I did it in sort of the um very personal stance (para.124-132)

research is something other people will find interesting and useful (...) I s'pose that's why I'm hesitant to think my case study was practice-based research.....it was something that was practice-based um, practice-based practi.i.ice [laughs] (para.138-142)

Tom: [sighs] see....maybe it was [emphasis] research but...research to other people [emphasis] (...) in my eyes I didn't see it as a piece of research

Interviewer: Yeah. Say some more about that 'cos I could see something going on

Tom: Because I'm, I'm think...if you ask the same questions to my tutor...they'd say, "Yes, of course it is" and I'm thinking no, I didn't think it was res...or I don't think of that as research and I'm thinking well what's...what's the difference between those two...ideas.....and I was just sort of hanging on that thought of the.....why? why...? I'm thinking of research is in the eye of the beholder [laughs] for some...for some reason

Interviewer: As in beauty is in the eye of the beholder?

Tom: Yes...so it's very....subjective as to what research actually is and (...) I might be going round in roundabouts here....but it's, it's something about the intention of why I did it...which is making me think.....what is the research for, or who is the research for.....and if it's still for my own [emphasis] gain.....is it still research, if that makes sense [laughs]? (para.145-172)

...um because I knew I wanted to do some things or, or bring in a um CBT-related aspect to, to my practice um but it's...I don't know, but it's difficult as to...if I rationalise why I brought that in...it's because...I, I, I wanted to or felt I had to I s'pose for my, for my...for my research um, and I s'pose that's, that's one of the things which I s'pose maybe sits slightly...? Uncomfortable with me? Because I always want to do what's best for the client, obviously...(para.268)

I recorded a session according to him for research...um...but in reality you could say I was using it for...my own, it sounds really crude [smiles] but experimentation [laughs] (para.324)

MAYA I should do a case study that will not harm my client (para.76)

something that was er benefiting the client and benefiting me at the same time because I didn't want to expose my client because I'm...I just feel like I have... um responsibility and I've got a huge duty of care (para.154)

I tried to find something to, to, to corner all each angle, my angle and the client's angle, and I think it was just the [relaxation] intervention and I'm looking at the client's experience. So there's like, there's like walls and barriers to protect me and the client and that it will not er cause a rupture between the two of us (para.216)

supposing if, if a client brought very heavy issues or, or difficult, I think I have to protect my client and protect myself too. So I don't want to do a case study that is heavy and it's not going to be safe for me you know (para.162)

So I wanted to take care of myself because (...) this is not a d...not an easy profession at all (emphasis) and it's...and as I mentioned earlier it's like I value my life more (...) and, therefore, if I can take care of myself then I, I will have the ability to take care of my clients...it comes hands to hands (para.164)

I know that most of the case study is a reflection on me rather than the client but some part you have to include the client because it's, it's two people in one room (para.172)

Well I think um, I think this particular client...was very supportive and kind...he was helping me out (para.88)

REENA I think in a way because it's not like it's a research [emphasis]; I mean they [the NHS placement] don't see it as a research [emphasis]. It is a research for you [emphasis] (para.224)

Reena: That would have been additional and that would've had to go through my...manager and she may then decide that you know...I would be asking the client to come on an additional day and even I, I wouldn't want [emphasis] to do that like at this stage yet with my client [intake of breath]? (...) because obviously like I am aware where they are in therapy, I mean you know it may be [emphasis] a good thing for them but I just don't feel comfortable YET [emphasis] (...)

Interviewer: What goes through your mind in terms of not being comfortable?

Reena: (...) Because wouldn't want it to interfere with therapy? I think..I know my client would have to find that extra day which is very difficult for them (...) so yeah, I wouldn't want to request that. I say it's very difficult for them, it may not be, it's just my assumption (...) and yeah, I'm not very good at asking [smiles] (para.246-248)

I didn't just wanna just do a case study for the sake [emphasis] of it and just rush [emphasis] my client through like a process and put it together [intake of breath] (overlap) so I didn't do that (para.156)

AISHA So it's about looking back on myself to take that responsibility to actually work it out for myself before doing her a dis-service (para.150)

when I share this stuff with her, how I share that... giving her and communicating to her an equal place (...) 'Cos if I don't give her that equal place then I'm disabling her, and I'm minimising her, and it's become about the research, and what I think [emphasis]...and it's not about that. The reason why this has happened is so that she can be empowered in as best way as she can (para.236-238)

I'm curious how she might respond to...me actually taking my...case study back there. (...)I don't know if (...) she's going to think maybe in some ways I gave more to the relationship because I researched it. And that feels a bit fraudulent to me because I haven't [...] In fact she helped me to be a participant so I could get on with my assignments (...).But if she thinks [emphasis] I've given more into the relationship

because I've, you know, taken this work away (...) I'd feel a bit fraudulent with that [smile]...because she helped me so I don't get late with my assignments (...) I'd feel uncomfortable if she thought I gave more because I haven't (para.302-310)

JESS when I first even considered doing a case study on myself I thought...first of all what's the point? (para.174)

that was just me, I wrote the journal um and then I did the grounded theory study on the journal itself (para.226)

as I say, at the end of the day it's only me [emphasis] (para.258)

Yeah, entirely on the journal (...) so it was all on my um perceptions of my own work. So she, she [the client] didn't come into it at all, I think it...not at all...nothing she said [emphasis] came into that research (para.282)

I look at the diagram now and I think, "Wow, that's really limited" [laughs]! But hey, it came from the data (...) Well I mean in its explan...explanatory er power (...) It's no [emphasis] big deal! I mean we all [emphasis] know that 'we learn from our mistakes'...it's so obvious! [emphasis]...what's the point of bothering to draw a diagram about that?! (para.240)

so it's like well how is this really helpful? Because it's not about like oh I think I'll try this new thing and it was so good for them and all the outcomes were great, you know, which is what I always think about. That's kind of like the primary reason for a case study is for that...not for what I'm using it for (para.430)

that research has probably helped me to understand a lot better what my developmental phase is myself...So um you know my research accomplishes [emphasis] something for me [emphasis]...(....) (para.242)

but [emphasis] I was thinking how it trans...it creates transferable skills...(para.430) When I say limited I, I do actually mean externally applicable when I say limited... at an interior level it's not limited... because even, even thinking about clients and thinking about well you know people, well why don't people want to change, well maybe they don't feel competent? (para.436-438)

3B: Imposing research (CBT) into (person-centred) practice phenomenology

REENA I still feel it's a bit...forced on me [emphasis], because I am trying to em...initiate the research in a way? It's not organic? So like..I have a topic and I picked the topic based around [emphasis] the client that I'm working with YET [emphasis] (...) you never know what's gonna happen in therapy the next day (...) that's my critique [emphasis] (...) of, of this process of having to do this case study whilst you're training [emphasis] I mean if it occurred organically, like whilst I was working [intake of breath] and (...) I'd finished working with this client, that would be fine (para.160-166)

Like I push my agenda in, almost like letting the client go in the way that I wanted to? [intake of breath] because of my research?...I was just on [emphasis] a different planet [emphatically, slowly] with my client (para.162), which was influenced by this research...(....) (para.162)

in this particular session that is like still onto me a bit [intake of breath] [laughs] you know, when I listen back to a recording I'm like ah no, no, no! you weren't on the same page as the client, that is silly that [smiles] [intake of breath] (...) like the client wasn't...wasn't there yet (...) so I lost [emphasis] quite a lot of like em, tracks..in that session (para.276-280)

however you write or interpret their formulation, is not what matters to [clients], how they interpret their problem at that time, is what matters to them (para.278-280)

being present with the client is important (...) and not letting your research idea [emphasis] take over...how you are gonna be with the client (...) they want to

achieve something (...) and they need [emphasis] to...know that you're present with them and like you know, you don't wanna give them (...) I think that's very important for me in my practice, just being with the client? (para.342)

[the pragmatic case study]... which just...covers [emphasis] where I'm wherever I am at! (...) wherever we're at, so I am not imposing anything on the client? [emphatically] I'm just stating the obvious...it captures what you're doing (para.266-268)

TOM

When I first introduced it...I was I s'pose a bit...hesitant to start off with...um and I s'pose that was the uncomfortable thing for, for me in going back to it in sort of normally if I say something and the client's a bit confused or, "Sorry, I'm not quite sure" it's almost that, "Oh well I don't wanna carry on...go in there because it's obviously something's not going on here or not, not happening" and I had to really force myself (...) 'cos it might be useful or you hope it's going to be useful and I s'pose that was one thing which was different...I sort of I, I carried on pursuing what I was trying to say rather than sort of reverting back into my comfort area (para.368)

it led to something which was useful and I s'pose a new area in which we explored and I s'pose a...giving him, I s'pose, an idea of um the process of why he does what he does (para.280)

actually going through [the hot cross bun model] step by step of, of what actually happened and putting him back in that moment I s'pose and I s'pose that's...something new was uncovered in thinking about well this might be a reason for doing what you're doing (para.286)

it turned out at the end, like I said, a useful, a useful encounter (para.370)

I'm scared if I, s'pose, introduce it again or (intake of breath) I don't know, that.....it.. it will damage the relationship in some way (para.310)

if the client asked I s'pose about um oh I'm suddenly being challenging or something like that I could say, "Well because these are the first few sessions it might be interesting for us to discuss different ways...in which we can try and work together and trying, trying things out sort of thing. Um (intake of breath) so in that sort of way I don't think it impacted it too much because it, 'cos it was still in an early phase we were still feeling each other out (para.344)

I think it probably would have impacted differently in if I said try this in the, I don't know, the thirteenth session or something, um...because it would be a bit of a, I s'pose, shock to the system (para.348)

the impact it had...which it did....[sigh] almost.....the client getting lost in the research sort of thing (...) and I s'pose dehumanising and him just sort of becoming a name on a page rather than anything, anything else (para.326-328)

AISHA

you plan but you don't know what happens, so I'm ready for that, I make allowances (para.54).

our collaborative goal has been (...) to get her stable (...) er where she feels safe and where we've got some more coping mechanisms And then (...) getting more CBT-focussed. BUT [emphasis] her life has been absolutely chaotic (...) so we haven't been able to do any (para.212)

her context is so....unstable, that the decision making process in trying to build a therapeutic plan for her is very dicey (para.244)

my own lack of confidence and possibly even avoidance [voice higher] of er.....getting, pushing to...it was...[higher voice...] it still feels like it's not the right time to get into CBT-focused work and she's regressed even more over the last two weeks now (para.244)

I tend to be over-tentative sometimes to sort of make sure [laughs] if I'm not sort of pushing them to do things that they don't really want to or are not ready for, just raising all the risks and like the pros and cons of things and raising

awareness. So...but sometimes I wonder to what extent my own lack of confidence is being filtered into that tentativeness (para.250)

I was suggested a book. I did read it. I was planning a whole protocol, and things became rough and that just subsided (para.254)

you go in with one agenda and then you have to leave that, because that's not important anymore and you actually have to work on the crisis (...) so it's usual not for our work not to go together and sometimes I sort of switched to, "What's happening this week? How have you been?" and actually not gone in with anything (para.256)

I...[would need to be] tentative, considerate of her, recognise that she might not be in the same place, and what matters is where she [emphasis] is. And if this stuff can help inform some of the work that we do to facilitate that change for her then great, but if it isn't, then that was a time thing, and things have changed in time (...) that happened at that particular time (para.444-452)

I think I might...what I might do is when she's more stable and when we come to a place where we sort of start initiating the more structured protocols (...) I don't think it's going to be any time soon, it'll still be a few months possibly but then who knows (para.470)

MAYA if I felt like um I was directive I would stop and I, and I said...I asked the client, "Did you find me quite directive in this thing?" he said, "No, you're not directive, you're quite...you suggest things" because I come from person centred and the [relaxation] is like, "Okay, now move your neck. One, two, three" and it was so directive language, it's a different tone, and I was getting a bit paranoid (para.140)

the main er core categories that emerged from my grounded theory was that the client found the [relaxation] technique to be effective (para.146)

I am sharing [the research back to the client] er because I think er it produced a positive result so the client should be aware of it (para.220)

it has really helped me er to improve the way I practice with evidence, you know like with research to support what I'm doing (para.232)

the client has got a lot of respect for me too because he thinks like I'm doing a doctorate and he, and sometimes he'll ask me, "So what's the research for this?" you know (...) So I told him I'll go and look, look for research and then I will find research then bring a version of like maybe sleep hygiene or something research (para.194)

JESS what affected me more was the assignment I was doing at the time, which was a theory assignment on CBT... and what I had done it on was on the therapeutic relationship. So that, that really (emphasis) marked the beginning of my work cos I was very attentive to what I was actually trying to s...achieve strategically in those first four sessions, which was establishing rapport, with the client, and, and what...and that was...so (emphasis) probably ...a lot of the research I did was based on that (para.262)

3C: Unwelcome extras

MAYA I had this duty of care and responsibility I've developed, but [emphasis] um, oh...[sigh].. because it's a real [emphasis] client the pressure is higher because I'm thinking this is a real [emphasis] client, you know this is a real [emphasis] client and the recorder, I was being so... um careful, like almost paranoid about it because it's, it's a client's um information and I have to keep it safe. So I felt like the pressure was double because it's um...you know it's like I think if it's in the first year, even if you lost it I think your colleague will um not get very upset (...) (para.82-84)

we just er said, "I know, it's, it's, it's funny because I was feeling very anxious (emphasis) actually you know to ask you questions and things like that" and he said yes, even he felt quite anxious actually when...I think it's about recording you know (para.92)

I was not myself as a counsellor (smiles), I was not, because I'm so conscious of making mistakes and that um this... my tutors are going to read this and what if I'm not competent enough, I'm not good enough or I said the wrong things, especially for me like er language (...) So that has put me a double pressure (laughs) (para.168)

Ah! The double pressure is because there's an actual client...and the second thing it's, it's language, my writing skills (para.176)

TOM thinking about um your practice on this, on this course...nobody really knows how you practice..and it's almost a very secretive [smiles] thing (...) actually no one actually knows...specifically what go, what goes on in there. So obviously, yeah, I did, I selectively chose the session which I thought was alright [laughs] (...) anyway that, that was a side-note (para.212)

I was very hesitant...for me doing it there was something about, "Oh I hope I don't get this wrong" [laughs]. Um that was the main thing for me and thinking about, "Oh, now I've got this actually recorded I could have documented a massive mistake" [laughs] (para.262-264)

it made me [emphasis] feel more vulnerab...vulnerable...vulnerability to the context here and I s'pose vulnerability as in....I find therapy...both when I'm the therapist and when I'm the client...it's a very um.....private space really...recording it sort of impacted me because it was almost as if there was another person in the room...um...which was very...weird (...) I had to restrain myself from saying some of the things which I normally would have said? (...) if I took it to one of my er tutors who works in a different way...his reaction to that...it created a...[verbalises a shudder] (para.326-336)

it was also a bit detrimental because....it almost for me took away some genuineness?...of, of, of the practice and um...and maybe sort of restrain myself from saying some of the things which I normally would have said? because I'm thinking, "Oh, well I'm alright saying this, I'm comfortable saying this" and.....but...say if I took it to one of my er tutors or something who works in a different way than I perceive myself to work in, sort of him, his reaction to that...and sort of it created of a... (verbalises a shudder) (para.336)

In trying something new, I always feel as I'm doing it in a haphazard way...(....) there was one thing going on in my mind but then there was something got lost in the process of transmitting it from my brain to mouth out into actually...into, into words...it was very hard translating or translating those thought processes into a therapeutic response into something which I wasn't used to (para.290-292)

that was very hard for me to listen to (laughs) because I, I thought in a way my responses were quite, (...) I s'pose coherent and simple in what I was, what I was saying (breath in) um but unfortunately sometimes that wasn't the ca.a.a.se (laughs) and I started off a sentence and then I sort of changed it around a bit...I could hear myself getting lost in my own thoughts [emphasis] (para.298)

as long as this has been useful I s'pose...when I'm thinking on the spot sometimes I do get lost in my own he.e.ad [laughs] and I...it's hard sometimes to finish one thought, and then I start thinking about another one...and they get sort of like lost together. So I hope it's not too hard to transcribe [laughs] (para.446-448)

REENA I feel like it's my agenda to almost like, because I'd started recording? (para.162)

so em, yeah, that's a way in which a research mind [emphasis] could interfere with your therapeutic mind (para.278)

Reena: the client doesn't care about your research, they're there to be, you know, to get help [emphasis] so...obviously for a trainee, we have to balance that. We have to be able to like be there with the client? [emphasis] as well as being able to interpret what we've done? [emphasis] using the therapeutic..[tut]..terminologies, to let our tutors know this is what we've done and achieved [intake of breath, sigh]

Interviewer: What's the feeling there?

Reena: Frustration [slowly, emphatically]...frustration, because is a very very difficult balance and I find this even writing mine up sometimes, almost trying to capture my process [intake of breath](....) I struggle to actually like put it down in a way that another practitioner would be able to like get it (....) Sometimes I read my note and I'm like..ok, so it captures it, but it didn't really like..it doesn't have the richness of what the therapy session had.

Interviewer: Yeah...so when you say frustrated, are you... is that um in relation to where you are now with the case study that you're at this writing up stage, is that what you meant?

Reena: Yeah! Yeah in relation to that and as well as like in relations to [intake of breath] you know, when you do therapy the other things that are request, that are required of you like, generally... Maybe as a trainee is worse.. um.. is worse [sic] as a trainee, because you wanna be there with the client, YET [emphasis] you are being judged on how you write, how [emphasis] you are being there [emphasis] with the client...and you know...you wanna pass so there's a tension there [quietly, emphatically] (....) an inner tension of am I actually like...conveying what I've done? (....) it's just a really massive tension I think (para.278-292)

it's given me insight [emphasis] into the tension that could potentially occur or like the challenges, or the difficulties or how it could really like go south [emphasis] [intake of breath] you know, if you trying to..if you have a research head whilst you're doing therapy [intake of breath] (....) knowing that.....when you have a research in your head...whilst you're doing therapy, it could affect [emphasis] your presence [emphatically] (....) (para.322)

[in the pragmatic case study] whether you've finished therapy or you you haven't finished therapy, you can just think that there [intake of breath] so it is not like my research idea in a way is not going to affect the therapy that I'm gonna give (....) so it's what I have that I am gonna put there (para.270)

Reena: So now [emphasis] like I'm writing my research and I'm presenting for therapy and not having like my research idea [intake of breath] in my head whilst I'm there doing therapy. Whatever outcome of the session I take from..whatever whatever outcome I take from that session feeds into like..my research

Interviewer: Yeah, yeah. So it doesn't feel like (overlap) the research is...is is is ...er, is (overlap) kind of

Reena: (overlap) getting in the way.

Interviewer: Getting in the way.

Reena: Yeah it's getting in the way and interfering with that and...I don't have this guilt on me [intake of breath] because my research is one and like you know...my practice is informing that (para.362-370)

[it] did make me...did anger me a bit and did make me get tense (....) when my research was almost dominating my practice? So you know so if you pick a research idea and say ok (....) the next client that walks through I'm selling them compassionate-focused therapy to be able to look at that, do you know what I mean? That would have just been mmm-mmm [i.e., no] because you don't know what that client is gonna bring, so [intake of breath] practice-based research allows an openness in letting things happen organically? [emphasis] which is.. yeah, where my, how my head is...[quietly] yeah so it fits in with my own philosophy as well, that I wasn't aware of until now [spoken softly, smiles, laughs] (para.476-478)

AISHA I think it curbed my spontaneity [laughs, sighs], I'm being brutally honest now (....) It curbed my spontaneity... it did (....) [intake of breath] Er.....there was some elements I think where I began...I noticed in myself that I began to phrase some of my sentences in a more, not careful, but in a more...not even planned!, 'cos...in a less spontaneous, still planned, manner than I would have. I might have said something more simplistically, feeling a lot more comfortable in myself, saying things more straightforward, because I have that relationship with her, and that feels okay, rather than doing a bit of a dilly dally (para.336-340)

JESS Jess: I think the scary part's probably more the writing. So um, knowing what the tutors want and how to, how to use their language correctly (....) but it, it's really...it's almost double reflexivity. So it's like you're looking at what you're (emphasis) doing

and then you're looking at yourself and looking at what you're doing and that's the bit that's the Doctoral part (...) And that's what I guess at first I was like, "What is this (emphasis) er doctoralness?!" but I think, I think it is the, the, the being able to step back, and step back again, and use the language from out here, from, from the outer part of like the literature that's up here...

Interviewer: Yeah, so, so, "What's behind me?" kind of thing when you're, you're doing that and your body language is quite interesting because, "What, what am I talking, what's coming through me here?" type of thing?

Jess: Yeah, abso...yes...(....) fitting it into, as I say, fitting it into the literature but you're also watching yourself watch yourself (para.136-144)

If I had been doing both of them [the clinical work and the case study]...directly next to each other...which just wouldn't happen in real life...on a, on a course (...) if all you ever do is a research, if you're just a person in practice, say for example, and you, you've decided, "Okay, I'm going to do a bit of research on this thing that I'm doing in my practice now" um then (emphasis) you could, you know then you could...it would be much easier to isolate that...but when you're, d dealing with doctoral students I think it's quite hard to (para.304-6)

the question you ask...almost presupposes that I was doing them [research and practice] both at the same time (...) Yeah and I wasn't, no...well yes and no. What I was doing was writing the journal. Is the original...the question then is, is the original data...um is that when the research starts. When does the research start? (para.318-320)
