

Journal of Psychotherapy and Counselling Psychology Reflections

Reflections Research Centre

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Aims and Scope

The Journal of Psychotherapy and Counselling Psychology Reflections (JPCPR) is an international peer-reviewed journal, underpinned by the aspiration for a non-doctrinaire, pluralistic attitude to psychotherapy and counselling psychology. It aims to provide a forum for open debate and encourages submissions from different traditions, epistemological positions and theoretical modalities enabling the development of a more open, reflective thinking to

philosophy, theory and practice of psychotherapy and counselling psychology. JPCPR encourages critical, broad and experimental interpositions in discussions on psychotherapy and counselling psychology. It tends to transcend the methodological and meta-theoretical divisions. We welcome submissions using both quantitative and qualitative methods, including ethnographic, autobiographical, and single patient or organisational case studies.

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EDITORIAL

Two years ago a few of us associated with the Psychotherapy & Counselling Psychology Reflections Research Centre set out to develop a publication that brings together the sister disciplines of psychotherapy and counselling psychology, offering a platform for open debate. Two years later we have developed a journal that is inclusive of these two disciplines.

This is the first issue of the Journal of Psychotherapy and Counselling Psychology Reflections (JPCPR) and is a tribute to the depth and breadth of research and scholarship that goes on in the fields of psychotherapy and counselling psychology. The articles it contains capture current issues in the field and their implications for practice. The contributions are wide-ranging, both in content and in the way the authors pose their questions. Every

domain of knowledge has its object of study, means of collecting data, methods of analysing it, understanding and communicating the results.

We hope you find the journal interesting in helping you navigate through the plethora of clinical issues and theoretical perspectives contained in each contribution. Two book reviews are included in this edition. These too mirror current issues. I would like to welcome you as a reader of the JPCPR and hope that you will value its contribution. I am grateful to Professor Martin Milton for his early contribution and support in developing the journal, to Professor John Nuttall for his ongoing encouragement, to the Managing Editor, Professor Helen Cowie, for her support and to Shirley Paul for her dedication and commitment in the administrative production.

Maria Luca

EXISTENTIAL PERSPECTIVES ON SEXUALITY AND GENDER: WHAT TRANS EXPERIENCE SUGGESTS

Christina Richards

Abstract

Sexuality and gender intersect in many and varied ways, not least in terms of the identity of people who claim such terms as heterosexual, gay, or lesbian as each of these pertains to an arrangement of specifically gendered people in a certain relation. As many people from the existential cannon have argued that gender is not an existential given, this can lead to difficulties for existential practitioners working with these groups when clients assert that these sexualities (and indeed the associated genders) are a key part of who they are and indeed, to some extent, are who they are.

For trans people, that is those people not content to remain the gender they were assigned at birth, this becomes further complicated. This is because both gender and sexuality must necessarily have been considered by the trans person during transition, but are nonetheless usually a key part of their expression of their fundamental self.

This paper will therefore utilise the lived experience of trans people as a lens through which to consider existential-phenomenological philosophy and practice as it concerns the intersections of gender and sexuality. It will pay particular attention to the place of ethics in situating such experiences within the philosophical cannon.

Keywords: Sexuality, gender, existential perspectives, trans experience, therapeutic work

Introduction

Trans people are those people who are not content to remain the gender they were assigned at birth. They may identify as men (trans men), or as women (trans women), or as something outside of the gender binary of male or female. People who identify outside of the gender binary may identify as being somewhere along a notional gender spectrum (if they believe in such a spectrum) from male to female all of the time, or may move along the binary foregrounding different identities at different times. Both groups often identify as *non-binary* or *genderqueer* people. Further, some people do not identify with any gender form, preferring to identify as neither male nor female (nor any other gender) and consequently identify as *neutrois*. It is worth noting that even so conservative an association as the American Psychiatric Association recognises that non-binary gender forms are a legitimate and non-pathological form of gender (APA, 2013). In this paper we will use the term *trans* as an umbrella term to refer to all these groups of people, however, it should be noted that each group, and indeed each individual within that group, will naturally have their own specific characteristics and needs relating to gender, sexuality, etc.

All these groups of people may, of course, seek the services of a counsellor, psychotherapist, psychologist, psychiatrist or other relevant professional. While there are no higher rates of psychopathology in these groups (Cole, O'Boyle, Emory & Meyer III, 1997; Colizzi, Costa & Todarello, 2014; Haraldsen & Dahl, 2000; Hill, Rozanski, Carfagnini & Willoughby, 2005; Hoshiai et al, 2010; Kersting et al, 2003; Simon et al, 2011), however they are often subject to *minority* or *marginalisation stress* (McNeil et al, 2012). There is often distress caused by being marginalised by society; which in turn may cause psychopathology such as anxiety or depression, but where, crucially, the identity which causes the societal opprobrium is not in itself pathological (cf. Meyer, 1995). It is worth considering that forms of marginalisation stress unrelated to gender concern such things as religion, sexuality, political affiliation, race, etc., where it would be absurd to suggest that these things in and of themselves are psychopathological and this reasoning should be extended to gender. Consequently the majority of the work of the helping professionals detailed above will likely concern day-to-day matters with trans people just as with cisgender clients (that is clients who are content to remain the gender assigned at birth). Naturally, this will include such things as bereavement, relationship difficulties, substance misuse,

career opportunities etc. although these issues may be inflected with issues arising from marginalisation stress (Richards & Barker, 2013).

Some therapeutic work with trans people, however, will involve attending to issues specific to their gender status. This might involve issues around whether and how to transition for example; considerations about reproduction; matters concerning sexuality; and the like. Even here it might, perhaps, be wise to consider these as general matters which are more heavily inflected by the person's trans status - as cisgender people too may consider transitions of various sorts (for example between jobs or life stages); reproduction; and sexuality.

In considering such matters is it important to have a basic level of knowledge about our clients' lives in order not to alienate them (Langdrige, 2014; Richards & Barker, 2013). A brutal 'unknowing' can irreparably damage rapport with a client who feels misunderstood - and retrofitting an explanation of dealing with that anxiety in the therapy room is disingenuous as without rapport such work will not be able to be undertaken (Cooper, 2008; Richards, 2011). A good heuristic is to have a level of knowledge approximately equal to that found in the general population - if you know roughly what hormones do for cisgender puberty you should know this for the changes a trans person experiences on cross-sex hormones - you don't need to have published in *Clinical Endocrinology and Metabolism*. Of course the client is not the person to provide us with this knowledge - that is the place of the literature and continuing professional development. The client will provide us with information as to how such things are *for them*.

When one has such basic knowledge the next step is, of course, to engage with the client and to determine their current difficulties. This done, the person's lifeworld and attendant difficulties must be contextualised or formulated through a given theoretical modality - for example biological essentialism (psychiatry); positivism and scientific reductionism (CBT); psychoanalytical philosophy (psychoanalysis and psychodynamic psychotherapy); existential and continental philosophy (existential analysis), etc. It is the last of these, and especially existential approaches from within a phenomenological framework, which we will consider here.

Existentialism, gender, and sexuality

What extant work there is on sexuality in the existential canon often concerns the old argument as to whether such things as sexuality and gender can be considered to be 'givens' in the stable, fixed, existential sense; or more ephemeral (although still deeply felt) expressions of identity within the thrown world - which have the possibility of manifold expression. For example Cohn (2014 [1997]) argues that existential sexuality does not allow such things as a fixed identity as a gay man, lesbian woman, or indeed heterosexual person because "An existential-phenomenological perspective cannot accept the imposition of such an inflexible socio-cultural grid - without any regard for interaction, history or context - or existence." (p.66). Houghtaling (2013) expands upon this by theorising "...sexuality through an ontology of becoming that takes into account the diverse, multi-faceted nature of sexuality as a series of temporal experiences, attractions, desires, sensations, practices, and identities" (p. ii) and that; "Because both the body and the self are contingent becoming that are open to instability and change, so too is sexuality." (ibid). In a similar vein Leighton (1999) argues that existential philosophy implies that trans people should expand their idea of a given gender (which Houghtaling, 2013, characterises as a 'contingent becoming'), rather than endeavouring to transition into another gender, as seen in his statement that: "I want to see men who have 'felt they were women' challenging the boundaries of what it means to be a man." (p.160).

This suggestion that sexual identity and gender (and perhaps especially trans gender) are not coherent entities reads as an appropriation of trans (and implicitly non-heteronormative) lives in the service of a stance or philosophy - in this case existential philosophy (c.f. Richards et al, 2014). This is troubling as, while these arguments may be extended to cisgender and heterosexuality also, as cisgender and heterosexuality are culturally accepted norms such arguments do not have the effect of culturally destabilising them in the same way - and indeed such arguments are seldom made explicit. Indeed, such arguments also simply appear to ignore the lived experience of many trans and non-heterosexual people. To see why such arguments are made, however, (to understand the notation of the tunes the devil is playing if you will) it is useful to consider the underlying philosophy:

This philosophy of existential sexuality is arguably often centred within Sartre's notions of sexuality as objectification (2003 [1943]) in which one acquires and is acquired by the Other. This notion of being acquired by the Other is effectively an *inter-objective* phenomenon which appears somewhat at odds with his later thought on the influence of social context on the 'self'. Nonetheless it suggests that sexuality is an effect of this process of acquisition and is not, in itself, a *given* qua any particular individual - certainly not in the sense of the Being. Sartre also suggests that an attempt to consider a sexuality (whether gay or straight for example) is not existentially correct, as desire must be contingent and situated - one does not desire all people of a given sex for example. There are significant issues with this because the sense of having a specific identity - linked to desire - is precisely what many people report. Indeed de Beauvoir made similar complex arguments when considering being a woman - while being a woman is contingent; "One is not born but rather becomes a woman" (1997 [1949] p.301), to argue that many people are not, in a fundamental sense, 'a woman', seems specious and indeed de Beauvoir herself *identified* so and [tautologically] required the identity to be available in order to make the arguments she did about that certain group of [women] people and their desires.

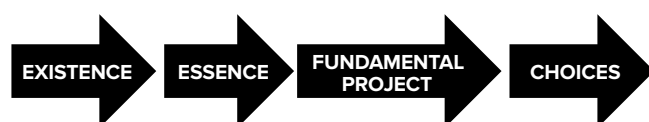
The other significant stream of existential thought on sexuality is Spinelli's (2013; 2014) work which builds upon his earlier work (Spinelli, 1996), which itself is based upon Merleau-Ponty's consideration of sexuality in his *Phenomenology of Perception* ([1945] 2002). In this, Merleau-Ponty viewed sexuality not as a biologically driven series of acts and feelings, but as a means of necessarily intersubjective [bodily] experience which was intertwined with existence. Merleau-Ponty stated that: "Even in the case of sexuality, which has nevertheless long been regarded as pre-eminently the type of bodily function, we are concerned, not with a peripheral involuntary action, but with an intentionality which follows the general flow of existence and yields to its movements." ([1945] 2002, p.181); and goes on: "In so far as a man's sexual history provides a key to his life, it is because in his sexuality is projected his manner of being towards the world, that is, towards time and other men (sic)." ([1945] 2002, p.183). Merleau-Ponty saw sexuality as fundamentally embodied, in the sense that the body was both a real thing in the world and at the same time the meaning it had for us: "...the [sexual] bodily event always has a psychic *meaning*!" ([1945] 2002, p.185) and: "The body's role is to ensure... metamorphosis. It transforms ideas into things...The body can symbolize existence because it realizes it and is its actuality. It sustains its dual existential action of systole and diastole." ([1945] 2002, p.190). Spinelli (2013; 2014) largely agrees noting that [embodied] beings are necessarily intersubjective through sexuality, in the sense of sexuality being an existential phenomenon, rather than being solely an act of biological reproduction. He states that: "[Sexuality's] importance lies in its ability to 'awaken' each of us to our inter-relational

1 Italics in the original.

being” (Spinelli, 2013, p.302), in line with Pearce (2011) who describes sex as “...expression of an interacting dialectical process...between our given and our becoming, between interiority and exteriority” (p.238). This is similar to Clarke (2011) who comments that “In the sexual relationship the individual goes out from himself (sic) to the other in a unity of being-with-the-other” (p.247). Presumably the authors are considering partnered sex, or solo sex with a partner in mind (as Pearce, 2011 explicitly states), but not the, perhaps less common, sexualities which do not involve partners.

In recognising sexuality as an existential and inter-subjective phenomenon *a priori* labelled genders and sexualities are therefore naturally drawn into question as being fixed and at risk of creating a sedimentation, and subsequent bad faith, of what is a matter of unfixed Being (c.f. Acton, 2010). For example, Spinelli states that: “It becomes evident that the correlation of sexual acts with the construction of a ‘sexual identity’ (be it heterosexual or LGBT²) imposes significant restrictions and divisions upon the human experience of being sexual.” (2013, p.305). He makes the same point regarding gender stating that “...the basis for the maintenance of such constructs [as male or female] is nothing more or less than *existential choice*”³ (ibid). Rodrigues (2014) agrees stating that “While we cannot even imagine existence without being temporal or embodied for instance, we can perfectly imagine it, without contradiction, without sexuality, simply because sexuality belongs to the ontic, not the ontological realm” (p.46).

However I, for one, cannot imagine *human* existence without sexuality – we would be so different as to not be the beings which we are – in this way I assert sexuality belongs to the ontological *human* realm. Du Plock, however, appears to situate his argument concerning this somewhere in the middle - with sexuality somewhere downstream of Being and associated Givens, but still with a quite fundamental flavour: “...sexual orientation may originate in a pre-reflexive manner as part of an individual’s fundamental project *and then*⁴ become expressed via a myriad of quotidian choices” (du Plock, 2014 [1997], p.153) which might be depicted as something like:



However Medina disagrees, arguing that “...an individual may experience their sexual preference as a natural given and furthermore something that has always been and will always be fixed” (2008, p.13) and that “...self labelling, emanating from a feeling of fixedness, provides a platform upon which each individual, despite uncertainty and doubt, can meaningfully and authentically engage in the personal challenge of being here.” (Medina, 2014, p.132). Rather pragmatically with regards to what this means for clients Hicks & Milton (2010) note that “We need to recognise that there is a difference between the hallows of academic enquiry and people’s experiences ‘on the street’” (p.262).

The difficulty with these arguments concerning essence is that there is some neuronal evidence which supports the notion of fundamental brain differences for trans people. How these differences are expressed is, of course, a different matter – but that some trans people are thrown into an embodied self which is *a priori* trans can no longer be in doubt. For example post mortem neuronal numbers in the central subdivision of the bed nucleus of the stria terminalis in the hypothalamus (BSTc) of trans

women has been shown to be in the cisgender female range (Zhou et al, 1995; Kruijver et al, 2000; 2004) and white matter in various brain regions of trans men has been shown to be in the cisgender male range (Swaab & Garcia-Fulgeuras, 2008) and grey matter sexually dimorphic regions of both male and female trans adolescents have been shown to be aligned with the gender of identity rather than birth assignation (Hoekzema, et al, 2015). Similarly, many other studies have similar findings in which brain regions have shown statistical similarity to the participants’ gender of identity, rather than birth assignation (e.g. Bao & Swaab, 2011; Cheung et al, 2002; Garcia-Falgueras & Swaab, 2008; Saraswat, Weinand & Safer, 2015). These brain regions will interact with the [social] world epistemically and so existential arguments about gender and sexuality should hold within them the current evidence of a biological aetiology of trans for some people.

Conclusion

We can see that existential theory and theorists posit a variety of views around [the intersection of] sexuality and gender; few of which (although with notable exceptions) consider either sexuality or gender to be existential givens. This is at odds with most people’s [hard fought] self conception of these things as fundamental to themselves (Richards, 2014a,b). We might engage in Sophistic arguments concerning the nature of ‘fundamental’ reality and Being as above; but those arguments are almost universally at odds with the lived experience of our clients’ fundamental reality. This smacks of philosophical arrogance and (to borrow from psychiatry) a lack of insight on our part. After all, our philosophy is imperfect. We have no total epoché, yet rely on it in many of our claims regarding phenomenology; We consider freedom and choice, yet have to situate that within a thrown social world; And lastly we make a philosophical step change in considering such things as a *leap to faith* where we necessarily eschew logic and embrace faith as a philosophical standpoint. How is it that we can allow such contradictions within our cannon, but cannot allow the contradiction of people’s lived experience alongside that of [flawed] philosophical theory? Who are we if philosophy trumps lived experience, not just for one client, but for millions of people? I assert that we have an ethical imperative which acts on a meta level to such considerations. And that ethical imperative is to be respectful of the millions of LGBT people who fight, even die, in pursuit of their fundamental selves and attendant rights. If our theory is ethically flawed, then it is fundamentally flawed.

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2 Lesbian, Gay, Bisexual, and Transgender.

3 Italics in original.

4 Italics in original.

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TREATING TRANSGRESSORS: MENTAL HEALTH PROVIDERS AND LGBT ISSUES

Markus P. Bidell

Abstract:

The mental health professions have a long, complicated, and often contradictory relationship with LGBT issues and individuals. Initially, psychology, psychiatry, and counselling professionals viewed LGBT individuals as transgressive and mentally disordered. In a historic reversal, all of the major mental health and medical professional organizations in both the United States and United Kingdom now reject such biased and prejudicial conceptualizations; affirming LGBT people have a sexual orientation and/or gender identity that is normal, healthy, and legitimate. Furthermore, the American Psychological Association (2012) and British Psychological Society (2012) recently developed clear professional guidelines for the ethical treatment of LGBT individuals. These standards of care represent monumental advancements, but considerable work remains to redress LGBT mental health disparities. My research efforts have raised concerns about practitioner and trainee competence with LGBT clients, especially for those holding conservative religious and socio-political beliefs. As such, we must continue developing more effective ways to advance ethical and competent LGBT psychotherapy vis-à-vis theory, assessment, and training, along with innovative ways to spark the personal growth and development of mental health practitioners. This article is based on a keynote address (Treating Transgressors: Mental Health Providers and LGBT Issues) given at the 2015 Regent's University London Conference, and draws on both my professional and personal experiences.

Keywords: LGBT, counselling, psychotherapy, competence, education

As the 2014-2015 Regent's University London Fulbright Scholar, I've been on a fellowship leave from my academic position at Hunter College of the City University of New York. During my year at Regent's University London, I have lectured and conducted research throughout the United Kingdom and European Union focused on mental health providers' lesbian, gay, bisexual, and transgender (LGBT) competence and professional training. This article draws on these experiences and on the keynote address I gave at the 2015 Regent's University London Conference. The conference theme emphasises the complexity of sexuality within a psychotherapy practice. For me, the conference theme provided a vantage point to examine the emergence of competent and ethical LGBT mental health care within a personal, professional, and socio-historic perspective. The very recent genesis of LGBT clinical and counselling competency guidelines and professional standards of care (APA, 2012; BPS, 2012) represents a profound change

from the earlier and longstanding perceptions of mental health professionals that LGBT individuals were morally transgressive and mentally ill.

The work to rid LGBT bigotry and malevolence within our professions was no small feat and exemplifies the strong social justice values that are now commonplace amongst almost all Western mental health professional organizations. While our LGBT social justice work is laudable, much remains undone for mental health professionals, especially efforts that redress the serious psychosocial and mental health disparities negatively impacting the wellbeing of LGBT individuals living in the United States and the United Kingdom (Elliott et al., 2015; Institute of Medicine, 2011; King et al., 2008; Warner et al., 2004). In this article, I weave past with present as well as personal with professional to underscore the continued need for advancing competent and ethical LGBT mental healthcare.

The personal is professional

Like most LGBT people born in the United States during the late 1950s and early 1960s, my life began with a relatively intact religious, legal, and scientific triumvirate that socially constructed LGBT people as immoral, criminal, and mentally disordered. I grew up in Ohio, a socially conservative state, where homosexuality was criminalised up until a 1972 legislative repeal. The first edition of the DSM (American Psychiatric Association, 1952) was still in use, categorising homosexuality as a serious mental illness within the sociopathic personality disturbances. Codification of homosexuality within sociopathy strongly reinforced a view that lesbian, gay, and bisexual individuals were not only highly pathological but also extremely dangerous to society. Coming to terms with my sexual orientation in such an environment was challenging to say the least.

By the time I entered graduate training in the 1990s, LGBT social attitudes and policies were in flux as the old triumvirate began faltering and struggled to remain a cohesive front against emerging LGBT civil rights activism. It was not uncommon to be confronted with past prejudices alongside emerging LGBT advocacy and public policy gains. It was within this fluctuating milieu that I experienced the most defining moment of my professional career when beginning doctoral training in combined applied psychology (counselling/clinical/school) at the University of California, Santa Barbara. At the time, I couldn't have known this experience would profoundly shape not only my dissertation, but also my future scholarship and professional work. My efforts to operationalise LGBT counsellor competence can be directly traced back to this pivotal experience.

A professor with ardent beliefs that being LGBT was morally wrong taught my first doctoral course. For one of the assignments in this professor's class, I needed to write a research paper on a topic and population of my choice. My proposal focused on LGBT adolescent career development. After I submitted my topic, the professor pulled me aside, outlined his religious fundamentalist beliefs about LGBT individuals, rejected my proposal topic, and prohibited me from selecting any LGBT issues for the assignment. While not the first time this issue had surfaced within the program, waves of controversy and discussions ensued. What I found most disquieting was witnessing how some students' beliefs about LGBT individuals and issues were bolstered by the professor's declaration of his conservative religious views. My concerns generated questions regarding the role of education and training in addressing LGBT mental health disparities. In response, I created and psychometrically established the Sexual Orientation Counselor Competency Scale for my dissertation research (SOCCS, Bidell, 2005). Drawing on the ternary multicultural counsellor competency model (Sue, Arredondo, & McDavis, 1992), the SOCCS is one of the first published self-assessment scales measuring a counsellor's LGBT-affirmative attitudinal awareness, clinical skills, and knowledge.

In over 20 peer-reviewed research papers, the SOCCS has been a basis for not only my scholarship, but also for other researchers (see, Bidell & Whitman, 2013). Moreover, LGBT clinical and counselling competence has developed into a viable, reliable, and valid construct based on the resolute rejection of the historic and biased notions stigmatising LGBT people as immoral, deviant, and mentally disordered (American Psychological Association, 2012; British Psychological Society, 2012). Instead, it asserts the fundamental legitimacy and equality of LGBT people. Based on this foundation, LGBT competent mental health

practitioners examine and advance: (a) their attitudinal awareness of personal and societal LGBT biases, stereotypes, and prejudices; (b) their understanding and knowledge of LGBT life stage development, mental health disparities, and psychosocial issues; and, (c) their clinical, counselling, and psychotherapeutic skills grounded in professional ethics and LGBT psychological standards of care (APA, 2012; BPS, 2012; Bidell & Whitman, 2013).

Social justice efforts in the United Kingdom and United States continue to transform and advance the legal, social, and scientific landscape for LGBT people, ushering previously unimaginable human rights, policies, professional standards, and societal avowals. Both the American Psychological Association (2012) and the British Psychological Society (2012) have been instrumental in these efforts, especially by rejecting pathology-based perspectives and developing professional standards of mental health care for LGBT individuals. Considering such progress, we might reason that our LGBT professional work is done or nearing completion as we witness numerous past wrongs being righted. Emerging research contradicts such notions and underscores that critical gaps remain, calling us to continued action.

Social scientists are documenting that LGBT individuals living in the United Kingdom and United States share strikingly similar types and rates of mental health disparities and psychosocial problems. Across the developmental spectrum, LGBT people in both countries have disproportionately higher rates of serious psychosocial and mental health problems such as depression, anxiety, smoking, substance abuse, suicidality, discrimination, and violence (Elliott et al., 2015; Institute of Medicine, 2011; King et al., 2008; Warner et al., 2004). To understand these disparities, psychologists use the framework of minority stress that views "stigma, prejudice and discrimination as producing a hostile and stressful social environment that leads to poor mental health, and eventually, physical health" (Elliot et al., 2015, p.14).

My research in the United States highlights how mental health practitioners can be part of the problem when trying to redress LGBT mental health disparities. It is not uncommon for mental health providers and trainees to report being poorly trained and feeling minimally competent to work with LGBT clients (Bidell, 2014a; Bidell & Whitman, 2013; Grove, 2009). I have also identified another complex problem regarding LGBT competent psychotherapeutic services. Not surprisingly, SOCCS research in the United States has shown that mental health professionals with more conservative religious beliefs consistently report lower levels of sexual orientation counsellor competence (Bidell, 2012, 2014b). Consider that in the United States "one in three counselors, educators, supervisors, and trainees . . . demonstrated a significant connection between their conservative religious beliefs and sexual orientation counselor competence" (Bidell, 2014b, p. 175). Discordance between personal beliefs and professional LGBT mental healthcare standards is not as uncommon as we might hope.

As the 2014-2015 Regent's University London Fulbright Scholar, I am drawing on methodology I've employed in the United States to examine LGBT competence and training in the British Isles. Preliminary findings show that the overwhelming majority of British mental health trainees and practitioners (N = 196; 76.1%) report their professional education either incorporated minimal LGBT training or none at all (Bidell, Milton, Chang, Watterson, & Deschler, 2015). Moreover, I've found that one in four British mental health providers had a relationship between their conservative religious beliefs and significantly lower LGBT clinical competence (Bidell et al., 2015).

Existing research and my initial Fulbright data underscore an imperative for mental health providers on both sides of the pond to persist in our efforts regarding LGBT professional training and practitioner competence. Lack of sensitive, affirmative, and competent clinical services has been identified as major structural barriers that can negatively impact LGBT individuals' healthcare experiences and clinical outcomes (APA, 2012; BPS, 2012; Institute of Medicine, 2011). In the United Kingdom, Elliot and colleagues (2015) recently found that LGBT individuals reported significantly lower healthcare provider satisfaction compared to their heterosexual counterparts. The researchers concluded that, "discrimination may affect the quality of care that sexual minorities receive... and some healthcare workers may be uncomfortable communicating with sexual minority patients and insensitive to their needs" (p. 10). For LGBT clients, the stakes are high. Research examining LGBT health disparities exposes how vulnerable LGBT people can be to minority stress and resultant mental health problems (Elliott et al., 2015; Institute of Medicine, 2011; King et al., 2008; Warner et al., 2004).

Competent LGBT mental health services and training

LGBT professional training and practitioner competence are interwoven and represent both problem and potential solution. LGBT professional education can improve competence and competent mental health providers "can be proactive in effecting change, which ultimately will lead to improvement of quality of life and the psychological well-being of [LGBT clients]" (BPS, 2012, p. 7). However, deficiencies in LGBT professional training of mental health trainees and professionals remain. Relying on traditional generalized multicultural courses to adequately prepare LGBT competent practitioners is proving to be inadequate (Bidell, 2013, p. 305). In a study exploring relationships between required multicultural coursework and LGBT clinical competence, I conclude that a "single required multicultural counseling course is seemingly insufficient to adequately and effectively improve the attitudinal awareness, knowledge, and skills of mental health practitioners regarding LGB-affirmative counseling" (Bidell, 2014a, p. 144). Our educational gaps provide creative opportunities for "educators and researchers . . . to continue their exploration of ways to better educate culturally competent counselors and psychologists. (Bidell, 2014a, p. 144). For example, "a full credit LGBT graduate course can significantly improve counselling students' sexual orientation counsellor competency and self-efficacy" (Bidell, 2013, p. 303).

More complex work remains for mental health professionals regarding gaps created when personal beliefs conflict with LGBT standards of mental healthcare. We remain at a professional crossroads where paradigm shifts, ethical standards, and professional policies will not eliminate dilemmas that happen when conservative personal beliefs conflict with our professional LGBT ethical standards. While we cannot nor should not dictate the personal beliefs mental health practitioners hold about LGBT issues and individuals, we must search for ways to redress current LGBT mental health and psychosocial disparities by embracing and advancing competent and ethical LGBT mental health services and professional training. Various professional training modalities have been shown to be effective at improving mental health providers' LGBT content knowledge and skill acquisition (Bidell, 2013; Bidell & Whitman, 2013). The development of ways to impact and improve psychotherapists' attitudinal awareness and personal beliefs about sexual orientation and gender identity will require continued and purposeful efforts.

Personal beliefs are more complex compared with LGBT knowledge and skill competencies as "sexual orientation and gender identity issues can generate prejudice and biases, often based on deeply held personal, political, and religious views (Herek, 2009) that can negatively impact LGBT counsellor competency" (Bidell, 2013, p. 305). Mental health educators and researchers will need to develop and evaluate innovative training modalities that help providers explore their personal beliefs and also address underlying personal LGBT prejudices and biases. Education and training are obvious tools for us to draw upon. There is increasing consensus that mental health and other healthcare practitioners must engage in self-reflection about their conscious and unconscious LGBT beliefs, biases, and prejudices about sexual orientation and gender identity in order to work effectively, ethically, and competently with LGBT clients (APA, 2012; Bidell and Whitman, 2013; BPS, 2012; Institute of Medicine, 2011)

Exploring, identifying, and changing personal beliefs as well as conscious and unconscious bias is a complicated task that for many can even be daunting. Just as mental health professionals often encourage their clients to engage in self-awareness and personal growth, we must also be prepared to do the same work. Drawing on the expertise of mental health and healthcare professionals from a range of specializations and disciplines will aid in our understanding of and ability to address LGBT attitudinal awareness amongst mental health and healthcare practitioners. While often atypical, imagine how LGBT clinical competence could advance if professionals from social work, counseling, psychotherapy, nursing, psychology, and medicine actively collaborated in their LGBT research, training, and clinical care efforts. Such collaborative and interdisciplinary engagement could significantly enhance the development and assessment of LGBT educational interventions with the ultimate goal of training providers that are self-aware, effective, and knowledgeable when working with LGBT clients and patients.

We are now crossing major societal and professional thresholds as we move into a post-triumvirate era where LGBT people are no longer considered immoral, mentally disordered, or criminal. And mental health professionals can have a sense of pride and accomplishment regarding our contributions to help secure greater LGBT equality and human rights. We mustn't let professional gains and societal progress regarding LGBT equality obfuscate LGBT psychosocial and mental health problems that stubbornly remain, nor professional and ethical responsibilities to our LGBT clients. Important work remains for mental health professionals regarding LGBT psychological services, research, and training. The health and wellbeing of our LGBT clients depend on it.

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EMBODIED, CONSTRUCTIVIST, GROUNDED THEORY

Maria Luca

Abstract

Postmodern epistemology has influenced debates on Grounded Theory (GT) as a qualitative research method, led to major revisions and to the development of guidelines and quality criteria to manage researcher agency. This article begins with a reflexive position of researchers as both agents and participants in the research process. It provides an overview of post-positivist and constructivist positions, explores major criticisms and describes a modified method used for a research inquiry into clinical concepts and practices on medically unexplained symptoms (MUS), by two distinct modalities of psychotherapists, the psychodynamic and the cognitive behavioural. The author then discusses key issues and problems with the original and modern GT advocating the value of the ‘double hermeneutic’ and reflexivity for meaningful, embodied research. It explores the problem of ‘disembodied bracketing’ in modern GT, concluding that meaningful social enquiry must adopt a ‘circling of consciousness’ and ‘embodied bracketing’.

Keywords: Postmodern, reflexivity, embodied research, agency, double hermeneutic, embodied bracketing, circling of consciousness, MUS

Psychotherapists as researchers

Historically psychotherapeutic practices were studied by researchers who were not psychotherapists, hence able to adopt Glaser & Strauss’ (1967) traditional, positivistic GT with claims of dispassionate generalization based on the principle of objectivity. Today, the field is replete with publications by psychotherapists researching practices, laden with cultural values and worldviews, that today’s psychological professions strive to map and learn from. This calls for a re-evaluation of GT’s original epistemological positivistic premises. Research issues associated with the positivist movement have forced the field (Rennie, 2004) to reflect on how best to handle researcher subjectivity. Strauss & Corbin’s (1998) revised GT, acknowledged the value of researcher agency. However, their idea of bracketing researcher subjectivity led to contradictions. For example, bracketing requires researchers to set aside pre-existing understandings, knowledge, preconceptions and assumptions, particularly during data generation (Finlay, 2008). Achieving such researcher stance demands neutrality, a condition that requires researchers to divorce themselves from their own ‘self’ and treat phenomena under investigation almost naively.

The qualitative research methodology discussed in this article evolved from applying modern GT to generate data, identifying tensions and contradictions through the continuous flow of researcher reflection, (Colaizzi, 1973, Argyris & Schon, 1968, 1974), revising and re-formulating, until an embodied GT developed. Qualitative research “lends itself to understanding participants’ perspectives, to defining phenomena in terms

of experienced meanings and observed variations, and to developing theory from field work” (Elliott, 1995, cited in Elliott, Fischer & Rennie, 1999, p. 216). Qualitative researchers “generate data, which give an authentic insight into people’s experiences” (Silverman, 1993, p. 91). Therefore qualitative research methods are useful in identifying the ‘what’ and the ‘how’ of experience, contributing to more enhanced understanding and knowledge about people. What evolved as my method derived from a process of rejecting the objectivist ontology of the traditional GT by deconstructing its procedures and principles and adopting the constructivist approach, as part of reflexive action that critically evaluates researcher subjectivity and its impact on theorising. My study explored cognitive behavioural and psychodynamic clinicians’ conceptualisations and practices with the phenomenon of somatisation and it culminated in a PhD thesis.

As psychotherapists researching aspects of psychotherapy we are part of the world we study. We relate to research participants as people sharing a familiar value base. Just as we are affected by what our psychotherapy clients feel, empathising with their distress, celebrating with their joy and sharing their understanding, we relate to research participants in a parallel process. Therefore knowledge that emerges from relational research is not independent of the researcher’s involvement, does not reveal a world of pre-existing meanings, neither uncovers pre-existing understandings. Embodied research brings together participant and researcher understandings and organises these into coherent, reflexively processed conceptualisations of the lived world that enhances knowledge and understanding.

The research question and objectives

My research question developed from experience as a trainee and qualified psychotherapist working with clients who presented with unexplained physical symptoms, from reflective case discussions with colleagues of different theoretical modalities and from clinical supervision. This led to the accumulation of initial observations on practitioners' clinical formulations. These are described as sensitising concepts in GT. As a trainee psychotherapist I resonated with the idea that "In the dogma-eat-dogma environment of "schoolism", clinicians traditionally operated from within their own particular theoretical frameworks, often to the point of being oblivious to alternative conceptualizations and potentially superior interventions" (Hubble, Duncan, & Scott, 1999, p. xvii). This is an example of a sensitising concept that helped me focus on generating conceptualisations from clinicians' own experience rather than imposing these on them.

My readings of the literature on somatisation, which dated well before I embarked on this study, showed a wide range of theorising and conceptualisations linked to author-specific epistemological, theoretical and philosophical positions. The literature is replete with ideas on aetiology, diagnosis, treatment and life implications for somatisers but little is published on practitioners' lived experience and interventions they use to help clients presenting with MUS. Gaining access into people's lived world is part of psychotherapists' daily practice. I felt that practitioners hold a wealth of knowledge and finding out how they conceptualise and work with MUS, would be valuable for practice. This reinforced my interest in the topic.

As a trainee, my reflective understanding (Schon, 1983) was limited by my allegiance to my training institution. Once qualified, I developed a more independent, challenging and autonomous attitude to knowledge that was more critical of institutional theory fixatedness (House, 2008). My practice gave substance to an evolved understanding of somatic presentations and provided space for reflexive, human insight. The development of authentic insight is gradual; it demands freedom and a commitment to step back, challenge and examine personal attitudes, motives, assumptions and invested interests in particular perspectives. My view that reflective knowledge is a process evolving from pre-reflective to reflective and meta-reflective knowledge, engagement with practice, critical thought and a genuine motivation for 'embodied understanding' emerged from this testing research experience.

Research participants, context, culture and procedure

I conducted three pilot and twelve open ended interviews with psychotherapists with over five years post-qualification experience from two modalities, the psychodynamic and the cognitive behavioural. They were drawn from two distinct settings, one from London and one from Kent National Health Service (NHS) psychotherapy departments. I chose different NHS sites to control for variation in departmental cultures. In qualitative research (McLeod, 2001) this is considered a clinically relevant and appropriate population sample for this type of investigation as it places more emphasis on data-worthiness and quality of information generated than generalisability. A considerable amount of thick data was generated. I also analysed a transcript from a single therapy session with a consenting client presenting with unexplained physical symptoms. This was used to create a portrait of a personal encounter with a somatiser and provide observations from my practice with the purpose of enhancing the main investigation.

In the context of a field populated with several modalities (Bergin & Garfield, 1994), I selected the two dominant models practiced in the NHS, in order to contrast practitioner perspectives and practices. This is described as a purposive theoretical sampling method (Silverman, 1997). Choosing a relatively homogeneous group of clinicians provided consistency to the interview data. Because MUS is not commonly treated by specialists due to resource implications, participants recruited worked generically.

I chose an epistemologically subjectivist GT for its 'centrality of the researcher as author to the methodological forefront (Mills, Bonner, & Francis, 2006, p. 9) and for its popularity for researching people's lived experience. This inductive method is used for "discovering concepts and relationships in raw data and then organizing these into a theoretical explanatory scheme" (Strauss & Corbin, 1998, p.11).

Researcher reflexivity

Objectivity in researchers refers to ideas that phenomena exist out there and if we are consistent with our observations and rigorous with our methods we could discover the truth. There is now growing recognition that researchers are subjects who exercise our agency uniquely. Researcher knowledge and preconceptions are part of agency and how agency is managed has become the subject of several publications (Rennie, 1994, Rennie & Fergus 2006, Rennie, 2000, Gadamer, 1975, Finlay, 2008). It is now considered good practice for researchers to apply reflexivity by being critical of our knowledge, stepping back and considering alternative perspectives whilst revealing our agency. Informing audiences of our perspectives is one way of managing researcher subjectivity (Rennie, 1994). In line with this principle I begin by describing my personal knowledge, experience and methodological assumptions.

My case discussions with colleagues from psychodynamic, cognitive behavioural, existential, and integrative modalities led to reflection (Schon, 1983) and scrutiny of my own dogmas and false idealisations of particular modalities. Reflective immersion in the contents of my own consciousness consisting of layers of pre-reflective training knowledge and post qualification experience led to a growing internal dialogue. I refer to this as a *circling of consciousness*. I believe that experienced practitioners are more relaxed and integrated in our approach than we are led to believe by psychotherapy trainings. It is more valuable for us to develop understanding on what works for each client, than attempting to prove we belong to a superior modality.

I chose the modern GT and integrated ontological hermeneutics, to manage methodological tensions. My epistemological position is associated with "a way of understanding that views people as existing within multiple horizons of meaning, as striving to make sense of their experience, as constituted by their cultural and historical context, as engaged in dialogue" (McLeod, 2001, p. 28) and as unique. Therefore GT's idea of bracketing researcher agency posed epistemological dilemmas for me.

Whilst preparing to carry out this investigation I was aware of my perspectives, prior knowledge from practice and readings of the literature and settled with the thought that these formed the locus of my interest for the investigation. During the interviews participants were curious of my experience with MUS and inquisitive of my motivation to conduct this study. Some made explicit requests for me to send them a copy of my thesis. I revealed my experience and interest to participants without imposing my conceptualisations on them. This disclosure of my agency was sufficient for participants to class me as an insider of their world, it facilitated trust, and influenced an engaged, creative dialogue.

My psychotherapy training exposed me to various theories and provided a foundational knowledge in phenomenology, existentialism, humanism and psychoanalysis. I received most of my knowledge in qualitative research whilst studying for a PhD. As a novice researcher the systematic approach of GT appealed to me. In order to grasp the method I became immersed and loyal to it initially. I read the original Glaser & Strauss (1967) and modern Strauss & Corbin (1998), grounded theorists, struggling to grasp methodological principles whilst being aware that my knowledge lacked the experiential essence. I adopted the modern method, but this too led to tensions. In particular I questioned the usefulness of specific principles such as bracketing researcher preconceptions, then read postmodern grounded theorists and revised my method.

My pattern of learning and being creative involves dipping in and out of knowledge with the faith that I would reach moments of insight and illumination. Being a consumer, a critic and a creator of knowledge, requires participation in the world, immersion, interpretation and reflection of understandings. Knowledge remains abstract and pre-reflective until researchers engage in the circling of consciousness, which is not a linear process but one involving abstract-reflection to reflection-in-action and embodied reflexivity. It is an activity characterised by embracing knowledge tensions with integrity, truthfulness and commitment.

My immersion in the data led me to abandon Glaser & Strauss' (1967) idea of postponing reading the literature. As an insider of the world I was investigating, I already had knowledge on the topic. Likewise, Strauss & Corbin's suggestion to bracket my assumptions seemed epistemologically incongruent with fluidity, engagement with participants and authentic dialogue. I could not see the value of a method that advocates being creative, recognising that researcher subjectivity impacts on the research and by contradiction advocating the importance of bracketing preconceptions for fear of data contamination.

The revisions of my research method included integrating post-modern paradigms of inquiry (Annells, 1996) with principles of validity and credibility (Kvale, 1995, Morrow, 2005) and reflexivity and transparency to deal with problems of representation, subjectivity and agency (Rennie, 2004, 2000; McLeod, 1999; Piantanida, Tananis, & Grubs, 2002; Polkinghorne, 1994, 1992, 1983). I was aware of some issues of representation (Morrow, 2005) and used strategies, such as presenting chunks of data from the transcribed interviews in the written text and in appendices. This gives readers the opportunity to interpret for themselves participant experience viewed through the researcher's lenses. How much text from participants to include, especially for publications limited to five thousand words, is always a challenge for grounded theorists.

In line with the constructivist/interpretivist paradigm advocating that "human science involves understanding as interpretation" (Rennie, 1998, p. 134), I employed Rennie's (2000) double hermeneutic to deal with issues of agency such as the way a researcher chooses to represent, disclose and interpret their experience. The double hermeneutic advocates that "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2003, cited in Nuttall, 2006, p. 434). I consider this process as mediated by researcher impact on participants' attempts to share and understand their world.

Fluidity, creativity and engagement make up meaningful research. These depend on the researcher feeling confident and flexibly engaging in the interpretation of data in order to make sense of the participants' world. As a psychotherapist with a psychodynamic and integrative theoretical base I

had more knowledge of this than with cognitive behavioural perspectives. This became more apparent during the analytic procedure when I realised that it took me longer to code and develop categories drawn from CBT practitioner data as I did not have sensitising concepts for this modality. My limited knowledge of CBT compromised my desire to engage in depth reflection so that the essence of the clinicians' perspectives on the phenomenon could be captured in a language that best represented them. This led to more readings of the CBT psychotherapy literature which helped in the development of categories.

Reflexivity, transparency and trustworthiness in qualitative research

Postmodern qualitative research has undergone various developments that led to standards of good practice. These include trustworthiness of observations (Elliott et al, 1999) found in researcher transparency and reflexivity and trustworthiness of the researcher (McLeod, 1995) where researchers create a secure base and participants perceive them as trustworthy. Researcher transparency is a principle connected with researcher agency and subjectivity being made available to the reader through relevant disclosure. Reflexivity refers to both researcher ownership of perspective (Elliott et al, 1999) and to self-awareness and agency within that awareness (Rennie, 2004). Morrow (2005) acknowledges that the analytic processes in which researchers engage are rooted in subjectivity. The issue becomes how we manage our subjectivity rather than divorcing ourselves from the research process. McLeod (1997) added that the quality of the relationship between researcher and informant will determine how honest and forthcoming the informants are with their stories. My own relationship with participants was brief, but with a display of warmth and transparency, trust was forged early on.

A brief overview of GT

GT emerged from the work of Glaser & Strauss (1967). It challenged the arbitrary division of theory and research and proposed that qualitative research is legitimate in itself without it being regarded as a precursor to more quantitative methods. It is an innovative approach to social research bringing together data generated from the field for analysis and for developing rich conceptual models that accurately describe and are grounded in the data. As such, GT is inductive, is concerned with discovery and does not rest on hypothesis testing but on generating hypotheses imbued in the data:

The objective of GT is not verification, but theory building. Glaser and Strauss did not see GT replacing verification, but rather as supplementing the scientific process with a specific and systematic method of developing theory from an empirical, rather than a conceptual, base (Lepper & Riding, 2006, p. 118).

GT is grounded in social action, is fluid in the way it evolves and unfolds, has as its goal the "nonmathematical process of interpretation" (Strauss & Corbin 1998, pp. 8-14), and arrives at meaningful understanding of events, particularly of human action and human experience. Its aim is to explore social processes found in interaction between people and "has emerged from the symbolic interaction tradition of social psychology and sociology" (Chenitz & Swanson, 1986, cited in Merilyn, 1996, p. 2). The perspective of symbolic interactionism was that individuals have agency, and social life is fluid and dynamic (Kendall, 1999).

GT aims to demonstrate how groups of people, (such as psychotherapists), define their reality (Cutcliffe, 2000) and

its goal is to construct theories in order to understand phenomena (Haig, 1995). It is based on the principle of constant comparative analysis and saturation of data. This involves gathering accurate evidence through the generation of conceptual categories, which then lead to generalised relations between the categories and their properties. It is a method for generating empirical generalisations rather than universal facts. The analysis is essentially interpretative, a method that allows the researcher to dissect the raw data and to organise meaning derived from it in a systematic way, until all data is accounted for.

The method is concerned with building theory drawn from aspects of a lived experience that are normally taken for granted. With its 'bottom up' approach the research process and theoretical development are united. As Piantanida, Tananis, & Grubs, (2002) stated:

The procedures of GT provide interpretive researchers with a disciplined process, not simply for generating concepts, but more importantly for coming to see possible and plausible relationships among them. It is the researcher's portrayal of these conceptual relationships that constitutes a GT. Within an interpretive epistemology, such grounded theories are understood to be heuristic, not predictive, in nature (p. 3).

In the words of Strauss & Corbin (1998): "Grounded theories, because they are drawn from data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action" (p.12). This type of methodological inquiry requires a degree of rigour and grounding analysis in data.

The original work of Glaser & Strauss (1967) set the foundations for an inductive method that relied more on identifying emerging categories from data and less on imposing pre-existing conceptual frames. Their constant comparative analysis was to encourage researchers to systematically map observations from the phenomena being studied. The mapping enables researchers to engage in what the authors call 'immersion in the data' so that they become part of the process. The authors' method proceeds through various stages of engagement and observations emerging from the data. Immersion then leads to the analytic process of comparing and contrasting phenomena from which categories emerge. Categorisation requires further deliberation, so that all data is carefully considered and more categories emerge until the data reaches saturation point. The constant comparative analysis helps researchers reflect on the emergent categories and identify core categories. They described this process as 'coding'. The coding procedure is helpful in identifying potential meaning units or concept categories which help identify core categories.

Subsequent developments

GT has undergone various developments since the original collaboration between Glaser & Strauss (1967) produced what came to be known as a systematic and disciplined way of theory building. The collaboration between Strauss & Corbin (1990, 1998) was intended to sharpen and make the method more systematic. The point of departure between the traditional and evolved GT method was associated with the researcher's use of existing conceptual frames. Glaser's dictum that "there is a need not to review any of the literature in the substantive area under study" for fear of contaminating, constraining, inhibiting, stifling, or impeding the researcher's analysis of codes emergent from the data" (Mills, Bonner, & Francis, 2006 pp. 4-5), is not shared by Strauss & Corbin (1990, 1998). They believed in the fruitfulness of engaging with the literature from the start of the research process. However, their idea of bracketing

preconceptions during theory building led to criticisms on lack of mutuality between researchers and participants. Instead of being concerned with bracketing my knowledge, I focussed on reflexive engagement by simultaneously bringing together participants' and researcher's worlds for reflection. This stance validates the idea of the 'life-worlds' where truth is a contingent creation of a particular intersubjective community (Husserl, 1983).

Mills, Bonner, & Francis, (2006) employ the metaphor of a spiral of methodological development to describe "several permutations of GT (which) have evolved over time" (p. 3). They refer mainly to the traditional and the evolved GT, the former associated with Glaser & Strauss (1967) and Glaser (1999), the latter with Strauss & Corbin (1990, 1998). Any form of GT "requires the researcher to address a set of common characteristics: theoretical sensitivity, theoretical sampling, treatment of the literature, constant comparative methods, coding, the meaning of verification, identifying the core category, memoing and diagramming, and the measure of rigor" (McCann & Clark, 2003b, cited in Mills et al 2006, p. 3). The main difference between the traditional and evolved GT is their treatment of reality. Glaser's, (1978) theory is underpinned by a post-positivist tradition positing the idea of a "real" reality out there and that truths emerging from data are representative of such reality. Strauss & Corbin's (1998) theory introduced axial coding and believed reality is subject to human construction. It is now one of the most widely used approaches for qualitative research (McLeod, 1999).

GT has been subjected to criticisms for being purely descriptive (Worren, Moore, & Elliott, 2002), for not resolving issues of participant ratings of conceptual models (Worren et al, 2002) and for the tensions between theoretical sensitivity versus tools and mechanics (Kools & McCarthy, 1996) and researcher involvement versus objectivity (Marilyn, 1996, p. 5). A key problem that warrants consideration is the idea of bracketing subjectivity.

The problem of bracketing researcher subjectivity

Glaser (1999) argued that codes and categories must emerge from the data and not from a predetermined framework. He claimed that allowing processes, concepts and interactions to be seen by the analyst before applying an organising framework, captures social life more accurately. Strauss & Corbin (1990) developed axial coding to help researchers make connections between the categories around a central idea. They believed that axial coding puts the data back together after it has been dismantled and provides a structure to help "researchers construct complex and meaningful theory more reliably" (Kendall, 1999, p. 4).

Although Strauss & Corbin (1998) recognised the importance of researcher knowledge and viewed readings of the literature as enhancing, they advocated bracketing our assumptions and preconceptions, which took for granted two key problems: a) that if we follow phenomenological reduction (Husserl, 1983) we could free ourselves from pre-existing understandings and b) that if we are disciplined and put our subjectivity to one side, our horizons of understanding will not infiltrate the data during interpretation. They tried to deal with researcher preconceptions by suggesting that concepts not derived from real data "must be considered provisional and discarded as data begin to come in" (p. 205). This principle relies on the assumption that suspended preconceptions will not blend in with the incoming data. This is captured in the following critique:

Turner (1981) reasoned that in social inquiry there is an interaction between the researcher and the world they are studying' and 'Morse (1994) contends that qualitative methods (including GT) have been plagued with conflicting advice concerning the application of prior knowledge (including the researcher's previous experience and knowledge which they bring to the study). (Cutcliffe, 2000, p. 1479).

Postmodern epistemology (Kvale, 1992; Polkinghorne, 1983; Elliott, Fischer, & Rennie, 1999) denounces the belief in an objective reality where researchers are separate from the research process. They posit that "science is a value-constituted and value-constituting enterprise" (Kvale, 1992, p. 36) and researchers are agents who interact with participants both living and interpreting their world (Rennie, 2000). "In the hermeneutical account of knowing, then, a process of 'making' or construction is at work" (Shotter, 1992, p. 61).

In my own postmodern approach I adopt a model of consciousness not passively mirroring the world, but being guided by human desire and intention. I find Strauss & Corbin's (1998) postulation to read the literature concurrently with the research process a liberating activity, allowing agency to be expressed freely. In tandem with the principle of researcher embodiment I employed Patton's (2002) principle of 'embracing-subjectivity', Lincoln & Guba's (1986) criteria of 'authenticity' and Finlay's (2008) 'reflexive interrogation' during the analytic process.

By giving due consideration to culture, context and agency, especially intentions, motivations and preconceptions of all participants, the emergent meanings became products of an embodied investigation that enriches understandings. Today researchers (Morrow, 2005; Rennie & Fergus, 2006; Piantanida, Tananis, & Grubs, 2004) recognise that these criteria may not resolve the problem of agency but give quality and validity to qualitative research. The original GT guidelines and assumptions of contamination of data and the modern GT's bracketing of subjectivity remove researcher agency from the process. By implication, research becomes disembodied and risks losing its depth and credibility.

Attempts to address the infiltration of researchers' prior knowledge into the process led to suggestions that reflexivity, transparency and disclosure of how preconceptions are handled (McLeod, 1999) could at least provide a more translucent picture and distinguish researcher from participant perspectives. Phenomenologists (Finlay, 2008) support researcher involvement in the early stages of research, but suggest that preconceptions can be bracketed out from the analysis of the data. Whilst they recognise researcher subjectivity is embedded in the production of data and theory building, like Strauss & Corbin (1998) assume that we can bracket our presuppositions by remaining open to the data as if this were independent of the automatic assimilation of subjectivities and immune of value judgements. I suggest that our value constituted realities infiltrate the data irrespective of efforts to distance ourselves from it by phenomenological reduction (Finlay, 2008). Bracketed subjectivity is therefore susceptible to inter-subjective impact. I believe that researchers who openly and affectively engage in the research process without fear of contaminating the data can best rely on our commitment to sharpen our awareness and on our integrity to present reflexively formulated phenomena.

The issue of bracketing in GT and the double hermeneutic

In Rennie's (2000) view the weakness in GT is that it omits the important contribution of the sociologist Anthony Giddens (1976), referred to as a double hermeneutic. The author states that: "As agents, people may choose the way in which they represent their experience, and, indeed, may opt either to misrepresent it or not to disclose it" (p. 483).

GT's bracketing is in need of revision. It would benefit from an embodied theory of subjectivity and embodied bracketing. Emergent realities are realities in interaction. It is impossible to separate the researcher from the participant. Data emerges from the interplay between inquirer and participant. If we were to apply a theory of existence to GT it would very likely verify that if different agents were involved in conducting the research, results would look different. Nonetheless qualitative research produces meaningful results, grounded in the lived experience of researcher and participant alike. Modern GT has paved the way for constructivist, embodied research. But it fails to recognize that data does not exist outside the researcher as author and with what lenses she/he gazes at the data. Refreshingly, and after some years of adopting the modern GT of Strauss and Corbin with my revisions of it to address the problem of handling researcher agency, Charmaz's (2006) revised GT was published, which addresses issues of researcher subjectivity. I have subsequently adopted this method for post-doctoral research.

As the double hermeneutic advocates, the contents of consciousness are dynamic forces, constantly at play in living in the world and phenomena are interpreted by agents involved in investigating them. GT recognizes the importance of hermeneutic engagement but naively suggests that aspects of researcher subjectivity can be bracketed. Its inevitable failure to reconcile itself to the notion that consciousness cannot be held in abeyance, poses methodological challenges. By bracketing preconceptions we risk losing the rich and meaningful generation of data typical of embodied research where the knowledge of all agents involved is brought together for mentalization and meta-reflection (Fonagy & Target, 1997). Whereas subjectivity cannot be postponed or bracketed, depth reflection can. It is within this activity that researchers can enter into a circling of consciousness, bringing to the forefront of our minds all understanding for scrutiny, processing and intellectual clarity.

Preconceived ideas of actors cannot be isolated and reduced to a sphere of forgetfulness or disembodied bracketing as Strauss & Corbin's (1998) GT seems to suggest. GT's bracketing assumes that whatever contents of consciousness we may choose to bracket these would not be fused with our perception and interpretation of the data. It also neglects the notion that researcher conceptions may be unconscious making it difficult for our intentional minds to see. As a researcher I believe in opening the gates of my knowledge and allowing the natural flow of participant knowledge to meet my own. It is within this process that minds meet and understanding becomes illuminated.

Interpretive and descriptive methods articulate human relationships with depth and sensitivity and meaning; but how can we progress in having them recognised and validated when all facets of human life consist of intangible subjectivities and interpreted realities? An answer lies in the idea of 'embodied bracketing'. This involves researchers feeling comfortable to bring into their investigation pre-existing knowledge and experience, allowing ourselves to affectively engage with the research, whilst recognising and making transparent the possible impact we may have on

the research. Embodied bracketing for me means placing my assumptions and preconceptions in parenthesis without denying their inevitable influence on the research process. This way they are constantly accessible for reflection. It is here that researchers embodied subjectivities could be seen as the 'gloss' of the entire process. The idea of 'embodied bracketing' is about wholeness and integrity of understanding. By weaving into the research researcher subjectivity for mentalization (Fonagy, Gergely, Jurist, & Target, 2002) and meta-reflection (Semerari et al, 2003), the affective vitality in the 'life world' of research is captured and the presence of researchers becomes transparent. I used these concepts as sensitizing devices to understanding the therapists' discourse.

Conclusion

Polkinghorne (1992) posits that "human knowledge is a construction built from the cognitive processes (mainly operating out of awareness) and embodied interactions with the world of material objects, others and the self" (p. 150). By revising my own GT method to integrate the double hermeneutic and embodied bracketing, it was possible to be congruent with my theory building, interpret it, scrutinize, dismantle and rebuild it until I was satisfied I had reached the illumination phase. My research experience led to my view that reflective action in interaction (Cooper, 2005) negates pre-reflective knowledge and through different levels of a negotiated and affective engagement transforms it into reflective and embodied knowledge. This is captured in the concept of mentalization. I used meta-reflection as a mediating factor to develop a meta-cognitive attitude (Semerari et al, 2003). It involved recognising my thoughts and emotions whilst simultaneously trying to comprehend the minds of research participants, within the relational world. The process required stepping outside my habitual mode of thinking, 'thinking about my thinking' and writing up a text that shows participant visibility and researcher perspective.

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MODES OF THERAPEUTIC RELATIONSHIP IN THE *ROSARIUM PHILOSOPHORUM*

John Nuttall

Abstract

Jung (1961/1995) wrote about alchemy, 'I had stumbled upon the historical counterpart of my psychology of the unconscious' (p.231). In *The Psychology of the Transference* he connects the transference relationship in psychotherapy with an alchemical text called the *Rosarium Philosophorum*. This article explores the possibility that this text describes not only the transference, but the range of relational modalities Clarkson (1995) describes in *The Therapeutic Relationship*. Following a review of Clarkson's framework the *Rosarium* is examined picture by picture, and a number of parallels are highlighted. As Jung (1946/1998) wrote, 'this venture must be regarded as a mere experiment' and this article, perhaps, goes some way to confirming Jung's view that the alchemical metaphor of relationship, the *coniunctio*, is the archetype not only of Analytical Psychology, but of relational psychotherapy in general.

Keywords: Therapeutic relationship, rosarium, alchemy, transference, *coniunctio*

Introduction

'The mystery and obscurity of alchemy pervades its two-thousand-year history in Greek, Arabic and Latin cultures' (Hale, 2006, p.107). Jung (1961/1995) believed 'that analytical psychology coincided in a most curious way with alchemy' about which he wrote, 'I had stumbled upon the historical counterpart of my psychology of the unconscious' (p.231). He considered it 'a momentous discovery' (p.231) in that it gave credibility, or at least historical context, to his ideas on archetypes and their manifestation in symbolism. In 1946 he published *The Psychology of the Transference* in which he connected the transference relationship in psychotherapy with an historical alchemical text called the *Rosarium Philosophorum*. Although he wrote 'that this venture must be regarded as a mere experiment' (Jung, 1946/1998, p.159) at the time it represented an important and novel contribution to the study of depth psychology. It may seem an 'unnecessarily obscure way of looking at the transference', (Schaverien, 1998) but what it brought to the attention of psychology is the archetypal nature of the relational paradigm; what the alchemists referred to as the *coniunctio*, in which 'the one born of the two represents the metamorphosis of both' (Jung, 1946/1998, p.85); the mystical synthesis of opposites that brings a synergy greater than the mere sum of parts. I believe the *Rosarium* constitutes a more comprehensive allegory of the therapeutic process as it manifests in the quality of the therapist – client relationship. I consider the various characters and images in the *Rosarium* are symbolic of opposing and fragmented parts of the personality (ego and objects) which emerge and are integrated during therapy, resulting in what the *Rosarium* calls the 'new birth' (Jung,

1946/1998, p.144). This analogy is convincingly elucidated by Fabricius (1994), and further asserted by Cwik (2006), who suggests that the series of woodcuts can be considered 'as the working through of the bad object relations of childhood' (p.196). Jung wrote, 'the opposites are the ineradicable and indispensable preconditions of all psychic life' (CW14, para. 206), and he developed his own nomenclatures for these parts of the self he called complexes and archetypes. He posited these as contents of a collective unconscious, and others have referred to them as innate psychological representations of the instincts (Franz von, 1980, p.60).

I should like to compare the psychology of the *Rosarium* with a recent paradigm of the therapeutic relationship – that of the five modalities identified by Clarkson in her analysis of discourses used to describe the relational process occurring in psychotherapy (Clarkson, 1995). These might be considered ideological constructs, but might equally be symbolic and manifest of something more noumenal – the archetype of relationship, which Jung elucidated in his *Mysterium Coniunctionis* (CW14). Clarkson (2002) has used the alchemical colours to describe the therapeutic process and, in this paper, I forge links between the alchemical opus, as epitomised in the *Rosarium*, and Clarkson's five-relationship framework. As Cwik (2006) asserts, 'What Jung sees depicted in the series of plates from the *Rosarium* anticipates developments in the intersubjective and relational schools of psychoanalysis' (p.190). This article is a theoretical venture, but it is one that serves a personal quest for psychotherapy integration – the *lapis philosophorum* sought by many in our profession.

Jung and alchemy

'On one level, alchemy was an early form of chemistry and an attempt to make gold. On another, it was a mystical quest for God, immortality and a "golden" state of spiritual perfection' (Cavendish, 1980, p.167). Jung's fascination with alchemy began in the early 1930's when he acquired a Chinese alchemical text called *The Golden Flower*, and then later a Latin text, the *Artis Auriferae Volumina Duo*, dated 1593. He wrote that understanding these texts 'was a task that kept me absorbed for more than a decade' (1961/1995, pp230-241). The texts symbolised the chemical transformation during the alchemist's experimentation, but Jung also believed that 'while working on his chemical experiments the operator had certain psychic experiences which appeared to him as the particular behaviour of the chemical process' (Jung 1944/1981, p245). The adept and his assistant (*soror mystica*) identified with their chemical experiments in a process that Jung might have considered *participation mystique*, which Fordham (1998, p.64) has likened to the Kleinian concept of projective identification (Klein, 1946/1997, p.8).

Jung believed that all the alchemical texts referred to one central dilemma - the synthesis of opposites - that the alchemists called the *coniunctio*, and he considered both the goal and process of alchemy were manifestations, a kind of acting out, of this universal dilemma. Furthermore, he considered the symbolism and imagery of the alchemical *opus* to be an appropriate metaphor for the relationship between psychotherapist and client, and could be used, 'in order to throw light on the transference' (1946/1998, p.x). The psychological quality inherent in alchemy is emphasised by an early adept, Morienus Romanus, who wrote that knowledge about alchemy 'is not to be acquired through force or passion. It is to be won only by patience and humility and by a determined and most perfect love' (Jung, 1944/1981, p.272). This description is evocative of the early mother-baby 'maternal reverie' (Bion, 1962/1993, pp.110-19), and there is growing consensus that this mystical quality of relationship forms the basis of effective therapeutic practice (Wachtel, 2008).

In his study of the Latin texts, Jung came across an alchemical opus called the *Rosarium Philosophorum*. It contains a series of woodcut pictures and associated text that appear to describe the marriage of a young king and queen whose copulation mystically produces at one stage a hermaphrodite, and finally a resurrected purified being, signifying the ultimate union of opposites. Jung believed it offered the most lucid, albeit symbolic and overtly sexual, representation of the psychic experiences the alchemists projected onto their experiments (Stevens, 1990, p.192). The *Rosarium*, although probably the work of one author, represents 'a working model of the average course of events' and, as such, describes the collective views of a brotherhood of mystics 'whose substance derives from centuries of mental effort' (Jung 1946/1998, p.159). The original treatise probably dates from the thirteenth century (Fabricius, 1994, p.216) but it was compiled by an unknown author around 1550 and consists of twenty woodcuts, the first ten of which Jung used to illustrate his psychology of the transference.

Clarkson's modes of relationships in psychotherapy

'More and more research studies demonstrate that it is the relationship between the client and the psychotherapist, more than any other factor, which determines the effectiveness of psychotherapy' (Clarkson, 1995, p.4). In *The Therapeutic Relationship*, Clarkson (1995) describes an integrative framework for psychotherapy consisting of five possible

modalities of relational experience. Each modality is potentially available and present at any given time but 'it is unlikely that two or more can be operative at the same moment' (ibid, p.7). These modalities are: the working alliance, the transferential relationship, the reparative/developmentally needed relationship, the person-to-person relationship and the transpersonal relationship.

Clarkson (1995) describes the working alliance as the bond that enables client and therapist to work together, 'even when the patient or client experiences some desires to the contrary' (p.31). It usually contains the necessary contractual arrangements such as the stating of competencies and boundaries, the agreement to attend and cooperate and, occasionally, to decline destructive behaviours (Stuart, 2010; Yalom, 1991). It is an alliance where the parties are 'joined together in a shared enterprise, each making his or her contribution to the work' (Gelso & Carter, 1985, p.163), and it should be free of ulterior motives that would jeopardise positive outcomes. The working alliance can be visualised as the container in which the therapeutic process takes place; the alchemical *vas* in which the *prima materia* is transformed and reintegrated into the purest of substances, gold. And, rather like the agent of this transformation, the 'philosopher's stone' (*lapis philosophorum*), the mutative agent in the therapeutic endeavour has, so far, proven elusive.

The transferential relationship was first elucidated by Freud and has been richly documented in many approaches (Jung, 1946/1998; Heimann, 1950; Racker, 1982; Clarkson, 1992; Maroda, 1994; Sandler, Dare and Holder, 1979). This mode of relationship involves a process 'in which a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the moment' (Freud, 1905). Some of these transferences will be distorted or coloured by the structure of the client's internal world, and the therapist is able to comprehend their nature by being acutely aware of their countertransference. This might originate from the therapist's inner world or might be subliminally communicated aspects of the client's inner world (Clarkson & Nuttall, 2000). Despite its ubiquitous nature it is only one aspect of the therapeutic relationship, and 'anyone who thinks that he must "demand" a transference is forgetting that this is only one of the therapeutic factors...' (Jung, 1946/1998, p.8).

The reparative or developmentally-needed relationship is that mode in which the therapist intentionally provides the client with a reparative or replenishing experience where there was a failure in the original parenting provision. This aspect of a client-therapist relationship is hard to avoid 'because most human beings come for help as a result of their *failure to avoid regressing* out of the here and now of their current adult reality' (Clarkson, 1995, p.124). This modality draws together ideas such as the holding environment of Winnicott (1965), re-parenting in Transactional Analysis (Schiff & Day, 1975), and becoming 'a new internal object' in object relations therapy (Scharff & Scharff, 1998, p.236).

The person-to-person relationship is best elaborated by Buber (1970) in his exposition of the I-Thou. It is reflected in the therapist presenting as a real person accepting the client as another real person and 'the therapist helps to heal by developing a genuine relationship with the patient' (Yalom, 1980, p.45). 'Genuine, well-judged use of the I-You is one of the most difficult forms of psychotherapeutic relating' (Clarkson, 1995, p.15) and is a modality that might not come kindly to the client as it involves resolution of the transference and, in some senses, failing the client (Winnicott, 1988, p.8). 'The extent, level and the quality of this vector can vary enormously. It can be a rare moment or a few transactions... or it can be a substantial part of therapy', and is probably

engaged mostly by the humanistic and existential schools of psychotherapy (Clarkson, 1995, p.153).

The fifth mode of relating is the transpersonal, which 'refers to the spiritual or inexplicable dimension of relationship in psychotherapy' (Clarkson, 1995, p.18). This includes the esoteric, mystical and archetypal experiences of relationship that might be couched in many different discourses from the overtly religious to the new sciences of chaos and complexity (Clarkson, 2002, p.8). This is a mode of relating that Jung was probably one of the first to acknowledge in the modern psychotherapeutic tradition (Walsh & Vaughan, 1996, p.26). Elements of the transpersonal can be discerned in the psychoanalytic concepts of *Eros* and *Thanatos*, in the actualising tendency of the humanistic school, and in the concept of schemata in cognitive behaviour psychology. The transpersonal evolved out of humanistic psychology and the ideas of James, Dewey, Jung, Assagioli, May, and Maslow (Boorstein, 1996, p.2). Maslow probably coined the term, in a letter to Stanislav Grof:

... in the course of our conversation we thought of using the word "transpersonal" ... The more I think of it, the more this word says what we are trying to say, that is, beyond individuality, beyond the development of the individual person into something which is more elusive than the individual person, or which is bigger than he is (quoted in Sutich, 1976).

This leaves considerable scope for application, which others pinpoint as 'the daily experience of that state of liberation, enlightenment, individuation, certainty or gnosis according to various traditions' (Fadiman & Speeth quoted in Boorstein, 1996, p.3). It provides us with the increased capacity to deal with paradox, ambiguity, incertitude, contradiction and simultaneity in relationships and human interaction. Jung (1961/1995) wrote, 'it is important to have a secret, a premonition of things unknown. The unexpected and the incredible belong to this world. Only then is life whole' (p.390). The transpersonal perspective differs 'not so much in method or technique as in orientation and scope' (Boorstein, 1996, p.3).

The *Rosarium Philosophorum* and Clarkson's relational model

Jung (1946/1998) wrote of the *Rosarium*, 'Everything that the doctor discovers and experiences when analysing the unconscious of his patient coincides in the most remarkable way with the content of these pictures' (p.36). He quotes a seventeenth century alchemist, Hoghlander, '*Ars requirit totum hominem*' (the art requires the whole person) and concludes, 'This is in the highest degree true of psychotherapeutic work' (p.35). Jung recognised therapeutic work requires a range of relational skills and this reference suggests that he considered the alchemical opus to have wider relational significance, beyond the transference, and to include other dimensions of relationship, such as those identified by Clarkson. Clarkson (1995) writes, 'it is important to remember these are not stages but states in psychotherapy, often "overlapping", in and between which a patient construes his or her unique experience' (p.xii). Accordingly, I have chosen, as the point of reference, the series of woodcuts chosen by Jung and discuss how the relational states Clarkson identified come into figure or ground at different stage of the opus.

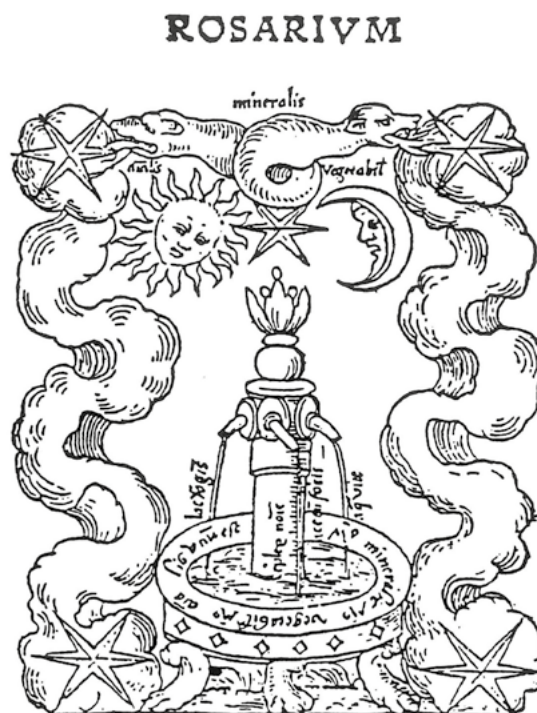


Figure 1. The Mercurial Fountain

Seen as a model of relational dynamics this picture fits curiously with Clarkson's model - the five stars correspond with the five modalities of relationship. The square of the four outer stars frame the process, as do the four ego-based modalities - the working alliance, the person-to-person, reparative and transference relationships. The fifth star represents the *quinta essentia*, the transpersonal non-egoic state of transcendence. The top, represents reality, where the working alliance and person-to-person relationship might exist, whereas the bottom, with the pool and descending dragons' smoke, represents the unconscious, symbolising the reparative and transference relationships. The two-headed dragon signifies the dual nature of relationship as being both libidinal and antilibidinal (Fairbairn, 1952); this dichotomy confirmed by the sun and moon (male and female) on either side. Thus, the quaternity of stars represents the splitting of relational experience into exciting and rejecting aspects with conscious and unconscious elements. The *quinta essentia* therefore represent ultimate individuation and integration which the *Rosarium* associates with the dove of the Holy Ghost. The fountain itself portrays the dynamic nature of the mercurial waters that flow from it within a closed loop, and 'signifies the unconscious which has been projected into it' (Jung, 1946/1998, p.47). The three pipes are labelled *lac virginis*, *acetum fontis* and *aqua vitae*, three of the innumerable synonyms given to the mercurial waters. As alchemical mediums, used to dissolve, distil, and rejuvenate (Sabon, n.d.), they curiously correspond to the kinds of internalised worlds that object relations theory describes as libidinal (*lac virginis*), antilibidinal (*acetum fontis*) and ideal or good-enough (*aqua vitae*), which are resolved in the therapeutic relationship.

The Mercurial Fountain also illustrates the omnipresent nature of the working alliance, as the scene depicts the process and environment of transformation the alchemical vas. As the *Rosarium* describes, 'it is one stone, one medicine, one vessel, one regimen, and one disposition, and know this: that it is a most true Art' (Levity, n.d.). These descriptors have their parallel in Frank and Frank's (1993)

analysis of the essential factors for healing to happen: a dedicated space – or vessel; model of intervention – or medicine; culturally appropriate narrative – or regimen; the healing relationship – or disposition. The picture lacks the human image, but illustrates the mystical synergy of the alchemical process. Jung believed the process was accompanied by certain psychic experiences, which he posited as projections, but were probably a result of the meditation, prayer, concoctions and chemical fumes, that accompanied the procedures; resulting in holotropic states of consciousness, which Stanislav Grof (1996, p.487) associates with the transpersonal. This picture therefore symbolises a dynamic structure and process of relational states which both alchemist and psychotherapist might agree upon. To quote, the alchemist, Michael Maier: 'There is in our chemistry a certain noble substance, in the beginning whereof is wretchedness with vinegar, but in its ending joy with gladness' (quoted in Jung CW12, para. 387).



Figure 2. The King and Queen

This picture depicts the union of opposites explicitly, and shows the King and Queen coming together in marriage. However, contrary to marriage custom, they give their left hands to each other which, Jung (1946/1998) thought, indicated the 'inauspicious and awkward' nature of the union. The left represents the dark unconscious side, 'the side of the heart, from which comes not only love but all the evil thoughts connected with it' (p.49). The figures represent split parts of the self and stand in relation to the sun and moon, which are now at the base of the picture and, perhaps, represent the dual nature of relational dynamics.

The right hands hold branches that cross with a third branch held by the dove (of the Holy Ghost) descending from the quintessential star. Jung believed this continued the theme of the Mercurial *triplex nomine* symbolised by the three pipes of the fountain, and represents the continuing influence of early object relations and environmental factors. The king and queen represent ambivalent relationship, transference in nature, while the quintessential star and dove indicate the idealised, spiritual, and possibly righteous aspect of relationship. Jung (1946/1998) suggested this picture illustrates the unconscious relational dynamics between the adept and his helper and their respective *anima* and *animus* (pp.59-70). The king and queen are fully clothed and disguised, and 'the figures represent contents which have

been projected from the unconscious of the adept (and his *soror mystica*)' (p.57). This coincides with the transference relationship described by Clarkson. There are also aspects of the working alliance, albeit functioning in a transference state and therefore dubious; a warning of how the transference may disrupt the working alliance. The working alliance is implicit throughout the *Rosarium*, with its specific aims of transformation and integration. The *Rosarium* reads at this point, 'And so he which knoweth not the beginning, obtaineth not the end, and he which knoweth not what he seeks is ignorant also of what he shall find' (Levity, n.d.). So, the next pictures are about stripping away the adornments of clothing and the persona and raising awareness of unconscious parts of the Self.



Figures 3 and 4. The Naked Truth and Immersion in the Bath

The *Naked Truth* shows that the relationship has 'developed into a stark encounter with reality with no false veils or adornments of any kind' (Jung, 1946/1998, p.77). This is the state in which the individual shows their shadow and moves towards wholeness. This is confirmed by the motto carried by the dove, which in one translation reads, '*spiritus est qui unificat*' and in another '*vivicat*' suggesting that some level of

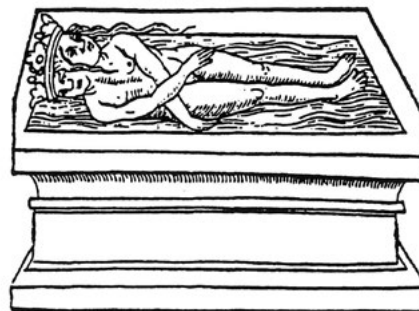
integration or revival of organismic functioning is beginning. The text alongside this woodcut says "He who would be initiated into this art and secret wisdom must put away the vice of arrogance, must be devout, righteous, deep-witted, humane towards his fellows, of cheerful countenance and a happy disposition, and respectful withal" (ibid, p.74).

This is a worthy description of the person-to-person relationship and the accepted qualities for any therapeutic relationship. The two figures now face each other and the contact of the left hands has ceased; from here on the figures remain naked suggesting that this is the beginning of a real relationship that plays a role throughout the process. The repressed relational dynamics are made partially conscious but are still cathected, requiring further self-reflection and exploration of the unconscious; which is the subject of the *Immersion in the Bath*. This goes back to the *Mercurial Fountain* and 'is clearly a descent into the unconscious' (Jung, 1946/1998, p.83). Jung referred to it as 'a return to the dark initial state, to the amniotic fluid of the gravid uterus' (Jung, 1981, p.79); a state, perhaps, like that described by Stanislav Grof (1996) as the 'perinatal level of the unconscious'. Aspects of early relational dynamics remain immersed in the unconscious, leaving the idealised and spiritual (the dove) transcendent. This represents the further process of regression and self-reflection that occurs in therapy when split aspects of internalised relational dynamics are experienced again and integrated in a conducive therapeutic setting. This picture signals a move from the transference relationship to the beginning of a reparative relationship in which the therapist models a new paradigm for relating to the world.



Figure 5. The Coniunctio

The theme of the reparative relationship is confirmed in this picture, which represents not a release of instinctual gratification but a mystical union which 'brings to birth something that is one and united' (Jung, 1946/1998, p.86). The coitus takes place in liquid and is illustrative of the chemical combination of the *prima materia* in the mercurial medium. Psychologically it signifies the start of the resolution of transference relational dynamics in the therapeutic relationship (the mercurial waters). The dove and the three branches have now been absent, indicating some integration of the splitting they characterised. This has its parallel in relational psychotherapy; when exciting and rejecting objects are worked through, then the new 'good enough' therapist is internalised and no longer needed externally. This process is illustrated by the succeeding woodcuts.

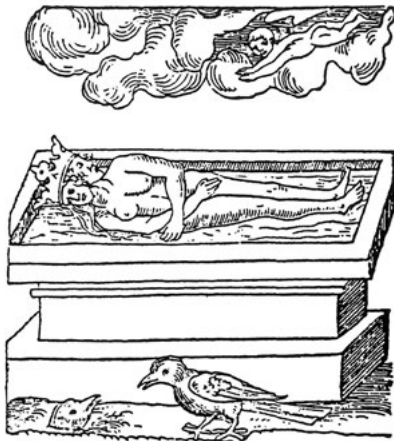
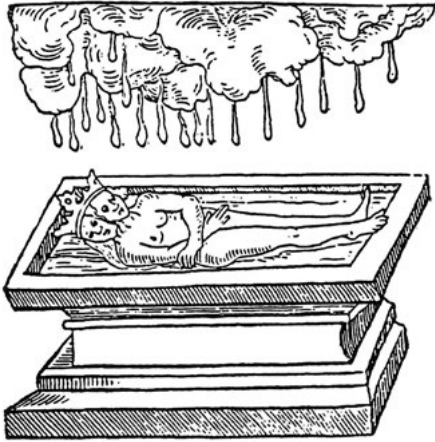


Figures 6 and 7. Death and The Ascent of the Soul

In these pictures the '*vas hermeticum*, fountain and sea, have here become sarcophagus and tomb' (Jung, 1946/1998, p.95). This symbolises a mental state in which internalised relational dynamics are decathected. The alchemists called this part of the process the *nigredo* because it signifies the dead and burnt out state of the *prima materia*; a black fused mass of material in a state of flux. Psychologically it equates to the depression clients experience at the loss of relational expectations and the parts of themselves attached. The alchemists saw this as a dangerous time with the chemical fumes at their most toxic and when experiments often exploded (Stevens 1991, p.235); psychologically, equivalent to deep melancholia or psychosis. The two pictures depict the united couple merging into a hermaphroditic being. Jung (1946/1998) describes this psychological stage, 'not that the new personality is a third thing between conscious and unconscious, it is both together... it can no longer be called "ego" but must be given the name of "self"' (p.103). The text associated with this picture reads: *Here lie the King and Queen dead. The Soul is separated with great grief* (Levity, n.d.)

The *Ascent of the Soul* confirms something is relinquished during this chemical process, as a homunculus is released from the combined couple. Jung described the soul as 'a function of relationship' (Jung, 1946/1998, p.105) and what is being relinquished is the old relational dynamic; in chemical terms, the unintegrated physical mix of *prima materia*. This unbound mix of elements is like the collection of split objects in the psyche, which antagonistically interact, and need integrating holistically. This loss of archaic internal object relations often results in a 'dark state of disorientation' (ibid.) and is the stage the client needs the reparative relationship with the therapist. This picture illustrates the relinquishing of bad object relations in the form of the homunculus and the consequential putrefaction of the old personality in the

form of the tomb. It is a stage in therapy when 'containment' (Bion, 1993) is important and a developmentally needed relationship with the therapist is required to support a fragile ego during a period of 'working through', which is the subject of the next woodcuts.



Figures 8 and 9. Purification and Return of the Soul

In the first diagram the tomb and body is cleansed with the 'waters of wisdom'. In alchemy this is the stage of whitening or *albedo* and represents the process of adding various liquids (mercurial waters) to the burnt substance, distilling away the impurities to leave some form of new and useful material. In Jungian psychology, this corresponds to the process of uncovering the different layers at which the ego is influenced by other complexes or archetypes. It is a process of 'taking back our projections' through which 'one becomes quiet and can look at the thing from an objective angle' (Franz von, 1980, p.222). The result is a lifting of the depression of the *nigredo* and emergence into a brighter state of well-being (Fabricius, 1994, p.115). Jung (1946/1998) quotes Morienus in the *Rosarium*, 'despise not the ash, for it is the diadem of thy heart' (p.121) suggesting that the putrefaction constitutes a process from which a new life might begin.

This stage represents the ascendance of the person-to-person relationship in which the client begins to see reality with some objectivity and clarity. The therapist becomes a real person and not an object of the transference. This theme continues in the second picture where the homunculus dives from heaven to revive the dead body. According to Jung the homunculus represents the combination of soul and spirit, of life and meaning, and the newly integrated self is

represented by the hermaphrodite. Splitting is still indicated by the presence of the winged and wingless ravens, which Jung (1946/1998) considered were 'banished to the sphere of the unconscious' (p.121) at the bottom of the picture. Their symbolic meaning is not fully understood (Cwik, 2006, p.204) but their presence might signify the 'real' de-catheted polarised objects now acknowledged and resting in memory as both good and bad.

The return of the soul therefore represents the internalisation of a new object relationship; 'When the new external relationship becomes a new internal relationship, the patient is fundamentally changed' (Scharff & Scharff, 1998, p.236). Splits in the personality are healed and the internal world has a new model on which to base future relationships. It is a stage in the therapeutic process when the reparative and real relationships might move from figure to ground as needed. In terms of the initial map of the *Mercurial Fountain* the modes of therapeutic relationship have moved from less conscious states (at the base of the picture) to more conscious states (at the top of the picture), signalling the ascendancy of the *quinta essentia* or transpersonal mode, which is symbolised in the final pictures of the *Rosarium*.



Figure 10. The New Birth

This shows a somewhat ecstatic rebirth of the united king and queen with outstretched wings denoting triumph and spirituality (Jung, 1946/1998, p.152). It represents a rather disturbing ending for the opus; 'a hideous abortion and a perversion of nature' that Jung felt was due to the limited understanding of the alchemists of the Middle Ages who were overtaken by their 'instinctive sexuality'. 'Nature could say no more than that the combination of supreme opposites was a hybrid thing' (ibid, pp.154-155). The picture gives a sense of the celebration of a more integrated self. Firstly, it shows the resolution of internalised relational dynamics, represented by the three-headed serpent (e.g. Freud's id, ego and super-ego) on the left, which becomes a one-headed serpent on the right. Secondly, the blossoming of the moon tree, the *arbor philosophica*, suggests mastery of the opus itself, with the sense that the 'new self' will prevail, and the process continue. However, Jung (1946/1998) warns in the preamble, 'Complete redemption from the sufferings of this world is and must remain an illusion', and the grotesque nature of the hybrid might suggest that the process has further to go; that in a therapeutic sense there is always more 'working through'

and self-reflection to be done. Jung did not pursue this in *The Psychology of the Transference* but the *Rosarium* consist of another ten woodcuts and 'its entire structure is thus seen to form a long process of transformation including four stages of conjunction and four traumatic acts of rebirth' (Fabricius, 1994, pp.230-3).

The final woodcut depicts a resurrected being as the glorified body of Christ, the alchemical *lapis philosophorum*, which Jung felt was a synonym for a fully individuated Self. In depth psychology this equates to a self-state where mature dependence on a differentiated object is possible. In Clarkson's model this is a relational state where the transference and reparative modes are ground and the person-to-person and transpersonal relationships emerge as figure. The motto to this (twentieth) woodcut states, 'After many sufferings and great martyrdom I rise again transfigured, of all blemish free' (Fabricius, 1994, p182); an apt description for the end of the therapeutic journey. Cwik (2006) describes it more esoterically as, 'emblematic of the eternal life of the spirit in its ability to overcome death' (p.210).



Figure 11. The Final Rebirth

Like the Mercurial Fountain this final picture epitomises the entire opus, which alchemists understood as both a chemical process and a secret philosophy of life and relationship. The aim was to find some kind of "wholeness" "self" "consciousness" "higher ego" or what you will' (Jung, 1946/1998, p.157). These are aspects that relate to the 'spiritual and inexplicable dimension' of being (Clarkson, 1995) and the whole *Rosarium* is couched in the esoteric and mystical. Clarkson writes (2002), 'I have come to understand that the transpersonal (however defined) is always with us. It permeates the work of creativity, healing, growth and decay wherever it occurs – particularly in all the healing relationships we call psychotherapy' (p.x).

Conclusion

In concluding the *Psychology of the Transference* Jung (1946/1998) wrote, 'The important part played in the history of alchemy...by the coniunctio, corresponds to the central significance of the transference in psychotherapy on the one hand and in the field of normal human relationships on the other' (p.159). This is recognition that *Rosarium* depicts the major issue for psychological well-being - the resolution and integration of ambivalence, of opposites, in relations with others. Jung posited the *coniunctio* as 'an *a priori* image that occupies a prominent place in the history of man's

development', as an archetype (ibid, p.5). Contemporary relational psychotherapists see ambivalence not as mystical phenomenon but as a natural psychological reaction to environmental difficulties. The infant's inability to mediate ambivalence results in the construction of internal models of relationship that may take on distorted, demonic or bizarre qualities (Fairbairn, 1952; Bion, 1993) and which, in adulthood, might be evoked by ambiguous external situations and relationships. It is this fundamental aspect of being human and its resolution that Jung discerned in the alchemical metaphor.

I think the *Rosarium* contains all those elements that Clarkson identified as invariably present in the therapeutic process. Jung (1946/1998) described it as 'a working model of the average course of events' and throughout alchemy there are a 'bewildering number of variations ...in the sequence of states' (p.159). Like Clarkson's model it represents a process in which various modalities of relationship move from figure to ground throughout. This is evident from both the pictures and the tone of the associated text. As Jung wrote, 'this venture must be regarded as a mere experiment', and this exploration has been an adventure for me, constituting my particular alchemical search for the philosopher's stone of psychotherapy integration. No doubt, like the alchemists, I have projected my own internal state onto the process.

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TRAINEE THERAPISTS' MORALISTIC REACTIONS AND DEFENSIVE HANDLING OF CLIENT SEXUAL ATTRACTION IN THERAPY

Maria Luca

Abstract

This study explored how trainee therapists react to and handle client sexual attraction in their work. Qualitative interviews were conducted with 12 volunteer trainees of counselling psychology and psychotherapy who responded to an advert. Transcripts were analysed using constructivist grounded theory (GT). The conceptual stages developed highlight the difficulties trainees experience in relation to client sexual attraction: *conflicting feelings and anxious professional beliefs encapsulated in moralistic reactions*, culminating in *defensive handling of sexual attraction*. These psychological conditions seem to be a strategy for professional survival. The trainee experience is captured in the core category: *Moralistic Responses to Sexual Attraction and Defensive Handling*, associated with a climate of fear that client sexual attraction could potentially influence the therapist into behaving unethically. The study found that trainees believe that professionalism is free of sexual feelings whether these are client, therapist or mutual.

Keywords: Sexual attraction in therapy, trainee counselling psychologists and psychotherapists, moralistic responses, defensive handling, constructivist grounded theory

Literature on sexual attraction in psychotherapy relationships before the 1980s was limited to some brave admissions by psychoanalysts who experienced sexual feelings, fantasies and desires for their clients (Rappaport, 1956; Searles, 1959). These were grounded in the erotic transference and countertransference concepts first developed by Freud in his landmark article *Observations on Transference Love* (1915). In this, Freud drew attention to the importance of neither gratifying the patient's craving for love, nor suppressing it (p.166). Sexual attraction in therapy has been, since Freud introduced 'transference love', conceptualized as erotic, erotized transference and countertransference (Blum, 1994; Bolognini, 1994; Bollas, 1994; Bonasia, 2001; Davies, 2003; Gorgin, 1985; Gould, 1994). The historical avoidance of the use of the term 'sexual attraction in therapy' may be explained from a moral perspective demanding neutrality in the psychotherapist.

Freud's papers on technique (1912/1957) set out prerequisites for professional analytic relationships designed to protect analysts from acting out unprofessionally. Abstinence, evenly suspended attention, neutrality, confidentiality and anonymity were designed to encourage the transference and help patients overcome resistance. Psychoanalysis recognised early on that psychotherapists were not immune to unprofessional

behaviour and the frame (Millner, 1952) was intended to protect therapists and clients from enactment. Physical and sexual boundaries between therapists and clients are today at the heart of a secure, professional frame and form the sine qua non of ethical codes for practice. For example, the Council for Healthcare Regulatory Excellence (CHRE, 2008) requires that: "All healthcare professionals must be self-aware and recognise behaviours which, while not necessarily constituting a breach of sexual boundaries, may be precursors to displaying sexualised behaviour towards patients" (p. 4). Transgressions from the frame can lead to serious sexual boundary violations eroding clients' trust and causing them harm (Gabbard, 1997). Therapists' sexual involvement with clients is therefore a violation of the principles of abstinence and therapists are required to abstain from using clients for their own personal gratification (Simon, 1991).

The recognition in the 1960s that sexual involvement between therapists and clients was widely occurring despite the proscription of such relationships, led to several studies on sexual attraction in therapy mostly focussing on sexual transgressions, their meaning, consequences and the harm they cause clients and therapists (Epstein, 1994; Gabbard, 1997; Gabbard, & Lester, 2003; Kernberg, 2004; Thomson, 2006).

Some literature found that sexual attraction evokes shame, guilt and anxiety in therapists (Bouhoutsos, Holroyd, Lerman, Forer, & Greenberg, 1983; Borys & Pope, 1989) with the risk of early termination and compromise to therapeutic work. Recognition of the negative impact that sexual attraction posed to therapy relationships prompted exploration of the therapeutic potential with other studies (Giovazolias & Davis, 2001; Rodolfa et al., 1994), attempting to normalise erotic feelings in therapy, by suggesting that therapy encourages intimacy and that “the content of the revelations and the process of revealing is a form of erotic, or erotically charged activity” (Shlien, 1984, p. 171) in itself.

Despite the growing recognition that erotic desire in therapy can be therapeutic, the shadow of sexual transgressions continues to render the erotic a taboo subject as Lear, (1990), asserts: “love has become almost taboo within psychoanalysis” (p.15). Green (1995) spoke explicitly of his concern over the marginalisation of sexuality and the erotic, while Kumin (1985) used the term *erotic horror* to demonstrate this taboo. He argued that it compromises both awareness of and ability to work effectively with sexual attraction.

The early psychoanalytic views, especially the importance placed on analyst neutrality, coupled with reports of therapists becoming sexually involved with their clients created an element of fear and became an obstacle to open exploration and theorisation of therapist and client sexual feelings, how they impact on the therapeutic process and how to handle them therapeutically.

Mann’s (2003) study on the erotic was significant in encouraging clinicians to work with erotic dynamics. The study paved the way for challenging some dominant psychoanalytic ideas (e.g. Blum, 1973) that the erotic transference is a form of resistance, claiming instead that it can be transformational. By arguing that love and sexual attraction are intrinsic to the human condition and feature in therapy relationships, Mann legitimized these feelings. Samuels (1985) went so far as to suggest that the absence of the erotic in therapy relationships may be an obstacle to psychological growth. Hedges (1997) too warned that ignoring the erotic from our professional domain would drive therapists “closer to a climate of incessant naïve moralizing” (p. 221). More recently Luca’s (2014) publication of sexual attraction in therapy both normalises sexual attraction in therapy and introduces new modality perspectives on the dynamic.

It is well documented that a high percentage of female and male therapists admit to having experienced sexual feelings towards their clients, (Pope, Keith-Spiegel, & Tabachnick, 1986). Giovazolias and Davis (2001) found that 77.9% of counselling psychologists were sexually attracted to at least one client. Findings from Rodolfa et al (1994) showed that 76% of psychologists felt unprepared and uncomfortable with these feelings. Of those therapists who experience sexual attraction to their clients a small number, (9.4% of men and 2.5% of women) become sexually involved with clients (Pope et al, 1986).

Pope, Sonne, & Holroyd (2000) suggested that therapists’ sexual attraction is a difficult, long neglected area because of the tendency to confuse such experiences with sexual misbehaviour towards clients. Sexual attraction, therefore, becomes “guilty by association” (p. 24) perpetuating avoidance in working with it. Pope et al (1986) found that 80% of respondents were not prepared through their training to handle sexual attraction. Ladany et al (1997) confirmed these findings.

The increase in publications on the subject in the last twenty years (Borys & Pope, 1989; Davis, 2001; Gartrell,

Herman, Olarte, Feldstein, & Localio, 1986; Ladany, et al 1997; Pope, et al 1987; Stake & Oliver, 1991) shows the growing recognition that sexual attraction and sexual desire in therapy merit exploration and understanding. Some studies illustrated how common it is for therapists to develop sexual feelings toward their clients (Pope et al, 1986), even though they react negatively and are reluctant to talk about these feelings with supervisors (Pope et al 1993). Later studies (Rodolfa et al 1994; Giovazolias & Davis, 2001) confirmed that sexual attraction is common among male as well as female psychologists and 45% normalised and reacted positively to their feelings. Despite extensive literature on qualified therapists, little is known of trainees’ reactions to and handling of sexual attraction. With the increased over-reliance on trainee therapists to provide free therapy in the UK, this area needs attention. This is what this study set out to explore.

The study

This study set out to research the experiences and reactions of trainees to client sexual attraction with the aim of highlighting implications for practice. The research method used is GT, one of the most popular qualitative methods used in the health sciences. The traditional GT of Glaser & Strauss (1967) is rooted in post-positivism. A more appropriate social constructionist paradigm (Guba & Lincoln, 1994), aiming to explore experiences, processes and meanings is therefore used. The research participants’ accounts and the ways they choose to present themselves are viewed as shaped by the research context. Research participants were interviewed individually using semi-structured interviews, developed from issues raised by the literature and the researcher’s professional experiences.

Grounded theory

The original GT developed by Glaser & Strauss (1967) was rooted in post-positivism, treating the data as a representation of reality and researchers as objective and independent of the research process. It was designed to help researchers generate categories from the data, compare and identify links between them, so that ideas could develop, sharpened through deep analytic stages (open coding, focussed coding, axial coding, selective coding) and generate theory grounded in the data. This method is inductive and researchers are guided by the data to generate conceptual frames. The GT method evolved, but remained discovery oriented. Researchers using a social constructionist epistemology use the evolved constructivist GT (Rennie, Phillips, & Quartaro 1988; Charmaz 2006). The approach is suitable for exploring people’s interactions, actions and meanings they construct of their experience, particularly in areas which are under-theorised. Henwood & Pidgeon (2003) state that the skill of all GT research is getting out of the maze of detailed and complex codings, deciding on the limits to making constant comparisons, and reaching theoretical closure or integration. GT’s essence is in exploratory conceptual and theoretical development. It involves an interplay between theoretical ideas and subjective understandings while requiring ‘fit’ with the data. It is therefore inductive, so theorising is data driven.

The constructivist GT of Charmaz (2006) treats research data such as from interviews with participants as constructed, hence not an objective representation of reality. ‘Knowing’, from this perspective is mediated through social interactions which impact on our knowledge. The positioning of the researcher in relation to participants, the context and the social situation where data is generated are taken into consideration in the final conceptual construction. Charmaz’s (2006) GT is congruent with the constructivist/interpretivist paradigm advocating that “human science involves understanding as interpretation” (Rennie, 1998, p.

134). Constructivist GT therefore, actively repositions “the researcher as the author of a reconstruction of experience and meaning” (Mills, Bonner, & Francis, 2006, p. 2). Hence it is not looking to objectively unravel truths, but to reflectively co-construct meaningful knowledge.

Trustworthy research

The qualitative researcher is interested in illumination and understanding not in causal determination or prediction (Willig, 2007). To ensure trustworthiness qualitative researchers apply standards of good practice. These include “trustworthiness of observations” (Elliott, Fischer, & Rennie, 1999) found in researcher transparency and reflexivity and “trustworthiness of researcher” (McLeod, 1995) where researchers create a secure base and participants perceive them as trustworthy. Morrow (2005) views validity in qualitative research as paradigm bound. She postulates that “criteria for trustworthiness in constructivist/ constructionist/interpretivist research consists of fairness, authenticity and meaning” (p. 250). Kvale, (1995) states that “Validity is treated as an expression of craftsmanship, with an emphasis on quality of research by checking, questioning, and theorizing on the nature of the phenomena investigated” (p.19). Reflexivity refers to both researcher “ownership of perspective” (Elliott, Fischer, & Rennie, 1999) and to self-awareness and agency within that awareness (Rennie, 2004). This study adopted (Morrow’s 2005) principles of good practice.

Participants

The inclusion criteria consisted of being a trainee of a doctoral programme in counselling psychology or a trainee of masters/ advanced diploma programme in psychotherapy with at least two years practice and to have experienced sexual attraction in their practice. 15 participants volunteered, 3 dropped out and of the remaining 12, 9 were psychotherapy (3 Masters and 6 advanced diploma) and 3 pre-doctoral counselling psychology trainees; 11 were White, 1 Middle Eastern; 7 were men, 5 women; 10 were heterosexuals and 2 gay men) who ranged in age from 29 to 52 years ($M = 39.54$); 5 were integrative, 4 as existential and 3 psychodynamic. On average trainees had from 18 months – 4 years therapy practice experience with an average number of supervised client hours of 417.5. All were in therapy at the time of the interview. Recruitment of participants was completed upon reaching theoretical saturation, when new interviews brought neither new findings nor changes in the established categories.

Ethics

The study was approved by a University Ethics Committee. Participation was voluntary and participants could withdraw at any time. They received an information leaflet explaining the nature and scope of the study and they consented to the use of anonymised extracts from interviews for publication. Pseudonyms are used for anonymity purposes.

Data collection and analysis

Semi-structured interviews were carried out individually focusing on the following domains:

- Trainees’ feelings and responses to client sexual attraction
- Trainees’ beliefs and professional attitudes to client sexual attraction
- Trainees’ handling/management of sexual attraction

The interview schedule was revised after two pilot interviews. The GT techniques of keeping a research diary and memo writing throughout the research process offer a useful format to maintain researcher reflexivity and were used to aid the analysis. The first three interviews were transcribed and texts were read several times before memos and coding were carried out. This preliminary analysis helped refine and check categories that emerged through subsequent interviews, ensuring rich data generation.

The analysis of texts began with initial coding of paragraphs from transcripts, identifying phrases to form descriptive categories. The constant comparison of these categories for similarities and differences (axial coding) enabled their relationship and paved the way for identifying concepts. Categories were clustered in groups that captured their meanings, actions and interactions and used to examine the data, further elaborate initial concepts that emerged and any links between them. The strength of GT lies in its ability to aid researchers to generate theory about processes and develop conceptual analyses of social worlds. The constant comparison of these categories and reflective questions on how they are linked enabled the emerging conceptualisation. Thus categories and their relationships with each other in terms of themes, patterns and psychological conditions were examined. The conceptualisation presented in this paper outlines the psychological conditions influencing trainees’ reactions to client sexual attraction; it illustrates the defined sub-categories capturing the meanings of these conditions. The core category emerged through rigorous analysis of the sub-categories to ensure it closely represents the context and underlying psychological process impacting on the handling of client sexual attraction.

Table 1 provides an example of the construction of a researcher sub-category of ‘**Conflicting reactions**’ from descriptive categories generated from interview extracts. These categories influenced the direction of subsequent interviews so the emerging concepts could be further explored.

Text	Codes (descriptive categories)	Researcher category
He tried to figure out whether I was in a relationship or not, and my rings confused him. He thought “You’re so kind to me. You understand me. You know what I want. You know, you’re the kind of woman I’m looking for.” And all of this, quite honestly, left me feeling quite repulsed, because I felt like was... well, I felt like I was a page in a porn magazine.	Feeling repulsed	Conflicting reactions
It was one of those sort of relationships whereby no matter what I was wearing... and with this particular guy it was neck to ankle, I felt like he was undressing me. I didn’t like that.	Feeling undressed/ exposed	
There was this client who came in and there was an immediate buzz and I thought to myself... I’m totally screwed now; it was intimidating. It was powerful; it was scary, very scary. (Athena).	Buzz & fear at the same time	

Table 1
Category construction

Guided by Quinn's (2002) idea that inductive analysis consists of identification of patterns, categories and themes emerging from the data instead of imposed before data collection, an emerging pattern from constructs was created. The example in Figure 1 shows how themes related to each other were organised and captured under a sub-category. To establish the relationship between the emerging categories and themes axial and selective coding techniques were applied (Strauss & Corbin, 1998). This procedure was repeated on all grouped themes and enabled the development of a conceptual model that represents the data and makes sense to the researcher, which is the final stage of analysis, known as data saturation.



Figure 1. Emerging pattern from constructs

How do trainees react to and handle sexual attraction?

Figure 2 captures the psychological context within which trainees reacted and handled sexual attraction. It illustrates levels of abstraction in the analysis of the data until saturation point, where the core category was formed.

The data from this research revealed that trainees' reactions to client sexual attraction begins with: *Conflicting feelings* that influence the development of *ambiguous professional beliefs*, causing *moralistic reactions and beliefs*, which then culminate in *defensive handling of sexual attraction*.

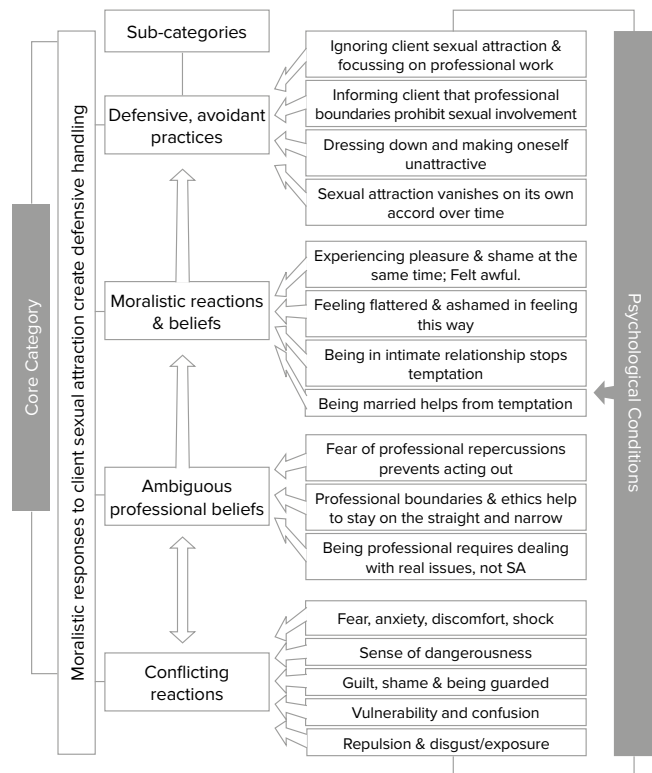


Figure 2. Conceptual model with Core category, sub-categories and themes showing connections.

Conflicting feelings

Trainees were emotionally unsettled to client sexual attraction, which influenced the development of a sense of dangerousness. They reported feeling uncomfortable, shocked, vulnerable and confused, anxious, afraid, guilty, ashamed and disgusted with a considerable number believing they did something wrong to cause sexual attraction. They feared that acknowledgement of sexual attraction would be a risk to their careers. The example that follows shows that the trainee morally judges himself by presupposing that if he were to be authentic, the client would negatively judge him and this would lead to a rupture:

Sexual attraction has a novel element to it, but it is not out there, it is behind closed doors, not talked about. To be totally myself (in his response to client sexual attraction is not appropriate. So there's tension there. What I fear is that she (client) will think me some sort of a pervert...and storm out if I focussed on it (Antonio).

Ambiguous professional beliefs

Trainees who received compliments, sexual innuendos or flattery from clients experienced narcissistic pleasure associated with fear and shame resulting in moralistic attitudes.

It gave me power, confidence, excitement, feeling affirmed, but a bit ashamed, then there was fear that I might do something unethical (Antonio).

Those that felt flattered felt guilty by association:

Everything became rich and exciting, words leaped on the page; it added texture to everything.... I don't know how things can be quite so alive without some element of sexual energy; but then again that is quite a dark thought...I feel guilty saying that (Clio).

Moralistic reactions and beliefs

Trainees experienced pleasure, felt flattered by client sexual innuendos and experienced narcissistic validation in being desired; however, these reactions were equated with being immoral, believing that it is ethically wrong to have such feelings. These psychological conditions created beliefs that if a therapist is married or in an intimate relationship, they are safe from acting out unprofessionally. In their minds personal relationships were the gatekeeper regulating against potential sexual involvement with clients:

Suddenly I found myself disclosing that I was married and I think it was incredibly beneficial to the client. She reacted with sadness and displayed the desire to know how special she was to me; this was a pricking of the bubble (Michael).

I used to wear a ring, even though I'm not married and felt there was less erotic material as a result (Armonia).

Defensive, avoidant practices

Trainees' feelings and beliefs created defensive, avoidant practices. Once aware of client sexual attraction some female trainees began to dress down, making themselves unattractive as the examples suggest:

I feel uncomfortable and in the mornings I think about what to wear to make myself unattractive... you know, ugly (Armonia).

I'm mindful of my appearance and what I'm wearing because I want to try and mitigate that... sexual attraction. I make sure I am modestly dressed (not to be seen as seductress), (Danae).

Participants took control of sexual attraction through explicitly explaining ethical boundaries:

By reiterating ethical considerations and boundaries to clients, discussing these with clients who are sexually attracted to me leaves them in no doubt that the ethics will inform us that nothing can happen about the attraction. It stops the fantasy. It stops me from making the fantasy into a reality (Ralph).

With x client I said: this is a business relationship and you know that (sexual involvement) can't happen. It upset him a great deal (Natalia).

If sexual attraction persisted some trainees ignored it, hoping it would vanish on its own accord.

It (SA) gave me power, confidence, excitement, feeling affirmed, then came the fear that I might do something unethical. It affected my sleep. But I didn't say anything. We worked on the client's grief instead (Antonio).

Moralistic responses and defensive handling to sexual attraction

This research has identified segments that compose a collective interpretational portrait of the psychological conditions that influence *moralistic responses and defensive handling to sexual attraction*.

Findings demonstrate that far from feeling comfortable in working with client sexual attraction, trainee therapists felt anxious, guilty and ashamed. Their handling of sexual attraction appears defensive, manifesting in avoidance and in using interventions influenced by moralistic attitudes, e.g. giving the impression they are married. Some believed that professional work does not include sexual dynamics. Beliefs that they might have encouraged or enjoyed the attraction (guilty by association) coupled with anxiety of being perceived as fellow enthusiasts, caused tension and perpetuated defensive handling.

Findings and discussion

The results show that trainees' reactions to sexual attraction evolve from feeling emotionally shaken up, to beliefs that therapeutic professionalism, consisting of respect, ethically minded practice and appropriate boundaries, is free of sexual attraction. The model developed by this study demonstrates the fundamental stages trainees go through when they become aware of client sexual attraction. One key finding is that trainee therapists experienced conflicting feelings and felt guilty by association, believing that they caused the sexual attraction. This confirms previous literature on experienced therapists' (Kumin, 1985) conflicting feelings described as *erotic horror*.

As the data show, the process of handling sexual attraction consists of defensive strategies such as wearing a wedding band to fend off client desire, ignoring sexual attraction or telling clients that sexual involvement is prohibited. Female trainees tried to dress down, making themselves unattractive, confirming what some literature (Lester, 1985) suggests, that female therapists do not explore erotic issues with male patients due to fear of appearing seductive.

This study theorises that moralistic responses to sexual attraction, rest on trainees' notions that *good and ethically sound* therapists steer clear of any type of sexual dynamic. Beliefs that sexual attraction between client and therapist are not part of therapy permeated the minds of participants, who anticipated moral judgements from supervisors or punishment from professional bodies. The intensity of sexual attraction and lack of trust in their abilities to contain and process feelings evoked, makes trainees alert to the risk and potential dangerousness to their careers. Defensive handling of sexual attraction seems to be the implication of this moralistic response.

Pope, Sonne and Holroyd (2000) argued that therapists' negative reactions to sexual attraction are due to the subject not having been explored in the literature, thus "the taboo nature of the content provides an unfamiliar, somewhat sinister context for therapists' experience of sexual attraction, arousal or desire" (p. 79). Similarly Nickell, Hecker, Ray, & Bercik (1995) found that 52% of qualified therapists consider sexual attraction to clients unethical and only 14% normalise it. Although this study did not explore therapist sexual attraction, it found that participants consider client sexual attraction and any pleasure they experience as unethical and not belonging to the therapy relationship.

Conclusion

This study highlights a tense psychological landscape with trainees reacting to sexual attraction as if it were a contaminating force to an otherwise professional and clean therapy process. Ideas from recent literature that sexual attraction inevitably develops in intimate relationships such as therapy and its creative potential (Schaverien, 1995; Mann, 2003; Luca, 2014) were absent from participants' views. Avoidance therefore could leave aspects of clients' internal landscape un-explored and their sexuality taboo as Martin, Godfrey, Meekums, & Madill, (2010) demonstrated. Similarly, trainee therapists' perceptions, is that their own sexuality is best neutralised or separated out from therapy due to its perceived detrimental nature with far ranging implications.

Implications

Trainees of counselling psychology and psychotherapy are not well equipped to work with sexual attraction. Therefore, the process of facilitating understanding and helping clients deal with sexual desire may be compromised. Their moralistic attitudes have wide implications for training, practice and

supervision. Their reactions suggest that sexual feelings are unwieldy as to cause fear of sexual misconduct; a finding consistent with research on qualified practitioners (Nickell et al, 1995 and Pope et al, 1986) who equate these feelings with unethical behaviour, creating avoidance and a risk of early termination or compromise to therapy. Training modules enabling trainees to experientially grapple with issues stemming from sexual attraction would be a useful way of fostering confidence building. Supervisors also need to be mindful of trainees' moralistic responses to sexual attraction and adopt a facilitative approach to helping them normalise and facilitate client understanding of sexual attraction.

Limitations

Although rich and dense data were generated from the interviews, the number of participants is small and only three counselling psychology trainees participated in the study. This limits the generalizability of findings. Participants who volunteered may be those who struggle with sexual attraction and saw the interview as an opportunity to air and clarify their experiences. Larger survey type studies on trainees would elicit a more general perspective of the experience. Future studies could recruit more counselling psychology trainees.

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CAN SUPERVISION FOSTER THE PERSONAL CULTURAL AWARENESS THAT TRAININGS OFTEN MISS OUT? MY ASPIRATIONS AS A PSYCHOTHERAPY SUPERVISOR

Anne Power

Abstract

The paper acknowledges lack of attention given to diversity in supervision. It considers ways that supervisors might explore difference in both the supervisory and the therapeutic dyads. Particular attention is given to social class, how this may impact on supervisees and how they may find it very hard to bring this to supervision

Keywords: Supervision, group supervision, diversity, difference, cultural identity, social class

Some clinical material is drawn from real cases (with permission) other anecdotes are constructed from elements of real cases but fully disguised.

You are standing in the corridor waiting for the room to be free for supervision. It's the week after a half term break and there are three younger supervisees in their thirties waiting with their middle aged supervisor. All are white women. Two of the supervisees had arrived first and struck up a conversation about the week's skiing from which one has just returned. They have discovered that they have both visited the same resort at different times and they are happily exchanging comments about slopes, restaurants and comparisons to other resorts that they both know. Much as the supervisor may lack interest in ski resorts, she can't help feeling excluded and she guesses that the third supervisee, being a peer, may feel this more keenly. As they enter the room and settle down to work the two reluctantly let the conversation drop. Notebooks come out but there is a clear sense that the excitement of this bonding will be picked up later.

As you read this description where do you place yourself? Are you a fly on the wall, or identifying with one or other participant?

Introduction

How powerful are diversity dynamics in supervision? How often do they derail the work of supervision? And how could the supervision group or the supervisory couple do better at exploring difference in both the supervisory and the therapy relationship?

I will focus this paper principally on social class because other types of discrimination tend to get more space in the literature, and I have written about these in an earlier paper (Power, 2009). I was prompted to explore this after feeling on a few occasions that I would have liked to do better at

thinking through class dynamics with supervisees and I will share some anecdotes which illustrate my learning process. I write from within the limitations of my group as a white, middle aged and middle class woman.

Class

Class is notoriously tricky to define but Fouad and Chavez-Korell (2014) offer a useful definition of how it operates: 'Each social class group has its own particular way of viewing the world that is in keeping with its members' ability to access resources and benefits.' (p.146) When we realise that cultural norms set limits to what can be felt, thought and named, we can see why these tribal ways of viewing the world can impact negatively in therapy and supervision (Layton, 2006).

Qualitative studies provide direct evidence of how class difference may be operating in the therapy room (Ryan, 2006; Balmforth, 2009). One working class former client was very direct in her interview with Balmforth:

I wouldn't have thought about saying to her "What's going on here?"... because she's... upper class and so you don't challenge that (p. 380).

The contrasting experience of a socially privileged client is reported by Ryan (2006), 'She had felt that her own analysts had not been at all able to understand or help her with intense shame and guilt about her privilege.' (p. 58-9). In both studies clients said they would have welcomed discussion of the class difference but could not open that conversation themselves. As supervisors we need to have this kind of information in mind and to bring it to the attention of supervisees – to be clear that we expect presentations to include social context and thoughts about how this is impacting. Therapists need to be proactive in thinking about class with clients as supervisors need to be with supervisees.

When difference between therapist and client is not acknowledged it risks becoming the elephant in the

room and fuelling some confusing transference and countertransference. In supervision we hope to enable the therapist to pick up these signals and to name what is going on. There are many permutations of class difference which might create discomfort in the countertransference and thus undermine the therapist's attention and capacity for the work. To be looked down on can evoke shame, to be wrongly assumed to be an equal can feel like a betrayal and to be cast as the privileged oppressor can be hard to bear. Middle class therapists working with socially deprived clients may feel inadequate at the thought that they themselves could not cope with such challenging life circumstances and romanticising the underprivileged client may be an unconscious attempt to compensate for the injustice. Alongside this decoding of symbolic meaning, the reality of poverty needs to be held in mind. Clients who are economically poor are more likely to have been treated in an authoritarian way and to have reason to distrust authority; they are also less likely to name what they don't like therapy.

For therapists who themselves come from working class families, there may be guilt at having escaped or grown away from a place of under-privilege. Where client and counsellor come from similar backgrounds this may facilitate connection but it can also mean that clients feel pressure to live up to the norms of that group.

The supervisor's contribution

I propose ten supervisory aspirations. The first six collectively refer to the provision of a learning environment: how the supervisor offers containment, attunement and challenge in order to provide a resonating space where countertransference is de-coded and the understanding of the client is deepened.

1. Modelling comfort with and curiosity about our own identity and its impact.
2. Normalising and containing discomfort about difference so that reflection is more possible.
3. Being alert to the potential transference/ countertransference when the therapist and client are either very diverse, or, very alike in identity.
4. Initiating conversations about how diversity is impacting both the therapy and the supervisory relationship.
5. Supporting the supervisee's awareness of her own identity and its impact on clients.
6. Offering challenge and feedback on how supervisees respond to, or seem to avoid, issues of difference.
7. Challenging our psychological theories and becoming more sensitive to how they may be serving the dominant culture.
8. Demonstrating a priori knowledge of other cultures whilst resisting the pull to over-generalise.
9. Identifying how the setting where supervision takes place may itself perpetuate inequalities.
10. Showing willingness and skill in repairing ruptures in the supervisory relationship and using the potential of such enactments to deepen the work.

1 Modelling curiosity

A key responsibility for supervisors is to become more alert to our own identity (Ryde, 2009). This is especially necessary if we are members of the dominant group and have tended to regard ourselves as 'normal'. Hernandez-Wolfe and McDowell (2013) express this neatly: 'Privilege is usually invisible to the individual graced with it, is exercised unknowingly, and is assumed to be a natural right.' (p. 2). As

so often language is critical: by using socially dominant terms (for example white, heterosexual, neuro-typical) supervisors can increase our curiosity about what we have tended to take for granted.

An anecdote comes to mind of an occasion when I clearly did not show comfort or curiosity and as a result failed to facilitate the kind of containing thinking space I aim to provide. In this case my recently qualified supervisee was of a more financially privileged group than I am. Whilst thinking together about one of her clients I learnt that the client was paying the therapist a fee higher than I was charging any of my clients and very much higher than I was charging her. I felt first bewildered by the discovery and then angry and I enacted my confusion and envy in a resentful challenge. Whilst we were able subsequently to talk this through and achieve some repair, sadly we did not re-establish sufficient trust and the supervisee decided to move on a few months later.

Like all ruptures this was a potential learning opportunity. The episode prompted me to think more carefully about what the fee means to me aside from being the way by which I earn my living. This seems to have helped me balance my differing needs for income, status within the profession, and a wish to provide affordable therapy to a certain number of people.

Whenever two individuals have different financial circumstances there is a potential for resentment and two writers who are commendably open about their own envy, are Josephs (2004) and Bandini (2011). Josephs affirms that envy can arise in either patient or therapist. In one case he describes being given a role in the transference as the inferior and envious man and adds that he was a natural target for this projection, 'Because of my own status insecurities, it was not hard to induce me into feeling shamefully inferior.' (p. 406) Bandini also explores the therapist's social insecurities and discloses how his own struggles to establish a private practice aroused his envy of colleagues who appear to do better. This would be challenging material to bring to supervision.

2 Enabling reflection

I have sometimes underestimated how difficult this is for supervisees and how they may not be immediately convinced of the usefulness of spending limited supervision time on this. As our experiences of difference often involve shame, there may be considerable discomfort which needs containing in order for reflection to open up. Recognising the inevitability of prejudice can be enabling; Perez Foster (1998) is one of many writers who offer a normalising perspective: 'the myriad of subjective reactions that are aroused in the socio-ethnic unmatched dyad are a fact of life. They are like the air.' (p. 255).

Most types of diversity can be frightening or interesting according to our own sense of security. With an internal secure base we are free to explore the world and engage with difference; when our attachment needs are triggered (as they may be if we identify the other as a 'stranger') we are less able to be curious (Power, 2014). If a supervisory dyad has achieved a good enough alliance it will be more possible for the supervisee to access and think about difficult countertransference which will sometimes include oppressive and hostile feelings towards vulnerable minorities. Individuals will have different fears about naming difference. For white people the fear may be that they will be seen as racist, black people could fear being seen as 'playing the race card', and a working class supervisee could fear being seen as having a 'chip on her shoulder'.

3 Recognising transference/ countertransference

One of Ryan's (2006) contributors reports a very challenging transference enacted by a client from an elite social group.

In the second or third session the patient said: 'I have to say this because it's bothering me, I'm wondering if you are going to be any good, because you sound quite working class (p. 53).

In one of Ryan's interviews the therapist was able to make good use of the quasi-supervision space to be highly reflective:

I could have got very retaliatory and then it just wouldn't have worked out... or I could actually have become totally inadequate and become the useless working-class therapist that she thought I was going to be.... And again it's always the accent... I feel I have to prove myself a little bit more (p. 53).

If something is too difficult to be symbolised and thought about in either therapy or supervision it may travel via the therapist's unconscious to the other dyad, creating a parallel process. As dynamics around difference are so exceptionally hard to manage, it is likely that these will regularly travel from the therapy dyad and will arrive in the supervision room in this unprocessed form. We might hope that a more relational style of supervision, in which both parties understand that their relationship itself is very much part of the enquiry, is better equipped to think about difference in the supervisory dyad; as in therapy we expect enactments and we hope to learn from them (Frawley-O'Dea & Sarnat, 2001).

When we think about the three corners of the supervision triangle we see many more permutations of difference. There could be sameness – for example client, therapist and supervisor might all be white, middle class, middle aged women. There might be various types of pairing in the triangle: supervisor and therapist might be heterosexual women and the client a gay man or, the sameness might lie in the therapist-client dyad, with the supervisor being of a different race. The latter constellation can prompt the therapist to want to rescue the client; she may assume (or in some cases correctly deduce), that the supervisor lacks capacity to think about the client's experience.

Thomas (1992) gives a vignette which illustrates inter-racial dynamics and is a clear description of how diversity can impact in the supervision triangle. Thomas, a black supervisor, describes a white supervisee bringing her work with a young black man who was being racially abused by his boss. In this case the therapist was caught up in a strong empathic response. Although she could see the link between the abusive manager and the patient's tyrannical mother she needed help in supervision in order to have the confidence to interpret this. She had feared that to offer that link to the patient would seem to under-estimate the real racist attack from the boss. Perhaps without a black supervisor this white therapist could not have achieved as deep a connection to the client's experience.

4 Initiating conversations about difference

To open up this subject in a productive way we have to take into account the degree of insecurity which a supervisee may be feeling about diversity. Where they have had little prior opportunity to work on their personal experience of difference it will be quite hard for the supervisor to achieve that safe space. At times I have expected too much of supervisees and I have needed to offer more compassion for the challenge being faced.

Whether commenting on race (Kareem, 1992; Jones & Asen, 2000) or class (Balmforth, 2009) several writers are clear that the therapist has responsibility to initiate discussion of difference in the therapy room. Writers on supervision make a similar point – we should not wait for supervisees to voice their concerns or confusions about difference (Frawley-O'Dea & Sarnat, 2001; Falender, Shafranske & Falicov, 2014).

When questions of inequality present in therapy, the supervisor and supervisee could have different views on the therapist's responsibility. Imagine that a female therapist is working with a heterosexual couple, or an individual who is part of this couple, in which power is arranged along very traditional lines. Let's say that both therapist and clients are white middle class. The wife explains that she attends to homemaking and her husband is the only earner; he gives her money from his account but apparently with reluctance. The therapist might hold the view that she would not herself want to live under that arrangement. How does that view inform her interactions with the client? She might want to think in supervision about the relevance of exploring these arrangements. Perhaps the wife longs for the exploration but the husband sees nothing to discuss – does the counsellor find herself championing the wife? If both parties appear content with the arrangement does a feminist counsellor nevertheless want to promote questioning of the system they are using? Does a more traditional supervisor want to rein in the supervisee? As supervisor I would hope to ignite curiosity about what this arrangement means to *this* couple. The fact that they appear not to have children could be important – might this ultra-traditional arrangement reflect the couples' unconscious wish that one of them needed to be at home with a baby? Or it could be the supervisor who develops the idea that the power balance in the home is preventing a client from growing in individual therapy and the supervisee who does not see that as her business. It will be important for supervisor and supervisee to feel comfortable enough with their own ideas and beliefs that they can tolerate their differences and keep working to discern the needs of the client.

When a supervisee is from a visibly disadvantaged group there may be issues concerning the therapeutic frame that need thinking through and in order to facilitate these discussions the supervisor will clearly need self-awareness and sensitivity. A case involving a blind supervisee is written up by the sighted supervisor Stimmel (1995). At the start of supervision Stimmel asks her supervisee if they can reflect together on the meanings that her blindness would have for her patients and for herself. It seems to me important that Stimmel asked permission rather than plunging into an anxious interrogation and claiming the right of the supervisor and of the majority group to demand clarification or information. Her clarity is impressive as clearly there could be a risk of a supervisor being dysregulated in that moment by her discomfort about her privilege as a sighted person.

Stimmel seems aware of her limitations in understanding some of the specific challenges her supervisee would face and so she referred the therapist to a blind colleague 'for a consultation to discuss the very special circumstances she would encounter in initial hours with her patients.' (p. 613). One of the special dilemmas that a disabled therapist faces is the question of disclosure and this may need thinking over in supervision. A nuanced discussion of these challenges is provided by Fisher (2015), a therapist in private practice who has a diagnosis of MS and walks with one or two sticks. She describes how her visible disability can intensify aspects of the transference and mentions some projections which clients demonstrate: that she is very brave - in fact a saint; that she has special powers of insight; that she is dangerous (disability could be contagious), and that she may not be up to the job.

5 Supporting awareness

Opportunities to support deepening awareness will arise in quite mundane exchanges.

Twenty years ago I was working in East London as a counsellor in primary care. At my first supervision session I presented one client whose husband was in prison for murder, one whose son had been killed and a third case

which involved domestic violence. I expressed some shock at this and my supervisor explained that this specific white working class neighbourhood had always had a high level of violent crime. I think her words were along the lines, 'You'll be seeing a lot more of this'. She was giving me relevant information and I felt supported by it yet I think this comment served to close down, rather than open up, exploration. I now see our conversation as 'othering': we were two white middle class women bonding in our response to these patients. This was getting in the way of the need to consider the difference between these clients and myself and to ponder what it was like for them to consult 'lady bountiful'. They and I knew that since Victorian times white middle class professionals had been going to the East End to help – how was that knowledge impacting in the counselling room? I am ashamed now that at the time I carried this as a kind of trophy: 'I'm working with a tough clientele now'. Why did I want a trophy? I think I was enacting an approved role and I was also using this as a defence against experiencing intense injustice. Creating distance to protect ourselves risks limiting our usefulness, even when this is balanced by commitment and compassion.

6 Challenge and feedback

Sometimes a supervisee may say something which invites exploration of difference - she might for example make a slightly dismissive reference to a posh client. More often it is an absence of thinking which the supervisor needs to pick up on; for example a white middle class supervisee might present work with a black working class client without any reference to the way power is being experienced in the room. The task of inviting a supervisee to be curious about social class can be challenging. To help with this Harrell (2014) offers us the useful concept of compassionate confrontation:

The skill of the supervisor in normalising reactivity to the topic of race, acknowledging the emotionally charged nature of racial issues, and gently pushing the supervisee to begin making connections will have an effect on the quality of the disclosure (p. 98).

7 Challenging our own theories

This point is cogently argued by an Asian-American, Kris Yi (1995) who argues that we need a way of working that allows 'the therapist to reflect on the culture-embeddedness of his or her therapeutic manoeuvres.' (p. 313). She singles out Mahler's separation-individuation theory (Mahler, Pine & Bergman, 1975) as one which has often been inappropriately applied to Asian clients. The theory claims to identify and approve an optimal degree of independence in the child – a measurement which does not hold up across cultures.

In a similar way Storck (2002) observes an over-valuation of autonomy by middle class therapists:

Class-related behaviours are too quickly judged to be signs of illness. For example, interdependency and loyalty to family members are not bad things. If there is a daily shopping trip that must be done with mother, it is not necessarily a sign of pathological entanglement (p.440).

8 Knowledge of other cultures

Supervisors cannot know in advance about all the societies from which supervisees and clients will come, but perhaps we need to know enough to recognise when there is a need to know more. We also need to recognise intersectionality and the impact on the individual of belonging to more than one minority group. Where a client is subject in their life to more than one form of discrimination, it will be helpful to reflect in supervision how this is weighing on them. In other cases a privileged social status may serve as a counterbalance for individuals who are otherwise underprivileged since class usually trumps race, sexual orientation and other minority identities.

Sometimes historical knowledge will be critical (perhaps when a client is newly arrived from a war zone) and sometimes anthropological knowledge will be helpful. I have recently needed to understand Japanese culture a little more fully in order to work thoughtfully with a couple of cases where a Japanese woman, married to a British man, becomes depressed. Often intercultural couples will seek to deny the meaning of their difference despite its visibility; if the difference is one of social class it may be easier to hide and supervision of couple work needs to be attuned to the possibility that a status difference between partners is being overlooked.

9 Critiquing the setting

When clients are economically poor, the supervisor has an important role in helping the therapist to remain mindful of *both* the real and the symbolic. In his writing about the attachment dynamics operating in society Marris (1991) achieves this integration, demonstrating how painfully external deprivation impacts on the internal world. He describes how uncertainty is passed downwards so that the most under-resourced people live in helplessness and are additionally oppressed by the lack of meaning which that brings.

Services providing talking therapy to the public are likely to reflect the inequalities which shape our society and supervisors working in organisational settings may be able to contribute to structural thinking about access to services. We know that people from some minority groups are less likely to come for treatment and more likely to drop out (Foster, 1998). As well as being less likely to access talking therapy, working class people are more likely than the middle classes to be diagnosed with mental illness (Mental Health Foundation, 2007). In some agencies supervisors will be able to influence access to services as well as the assessment and allocation of clients. Ballinger and Wright (2007) comment on this impact of social class on diagnosis, noting that: 'the greater the social gap between the labeller and the labelled, the more serious the label that is likely to be given' (2007:158). Sometimes there is less interest in clients of low status and they might be referred to less experienced therapists who will accept a low fee; often there is pessimism about outcome; there is apprehension about over-dependency. Finally we need to remember that some clients from very privileged financial circumstances also have trouble getting help. An example of this happens when professionals are unable to see beyond the privilege and take on board domestic violence.

In addition to these societal inequalities, we need to acknowledge a hierarchy which operates within the profession itself. Wherever we see ourselves on that pecking order, we cannot deny some degree of correlation between class background and theoretical approach. Ballinger and Wright put this succinctly when they ask, 'Is being person-centred the equivalent of being a brickie, the architect the psychoanalytic practitioner?' (p.161) When we supervise across modalities with a group of supervisees drawn from different trainings, we may need to pick up on ways this professional snobbery may be enacted in the group.

Writing as a therapist and supervisor with a minority identity, Millan (2010) describes the establishment habit of expecting these students to take on responsibility for educating their peers and fielding referrals:

Ironically, even though they have not been allowed space for these discussions during training, they are often singled out as experts for the respective group they represent, getting referral after referral from that group (p.8).

10 Repairing ruptures

When the supervisee and supervisor are from different social classes there is a risk that we enact hostility from the wider society and, because shame can be triggered, the rupture

can be particularly hard to work through. In the case I will describe it was possible for the supervisee and I to achieve a repair because we had a well-established alliance and I became aware of the dissonance at an early stage. This case is from a counselling agency where clients were seen for a year at a low fee. There was a high demand on the service and a requirement that clients attend weekly with minimal absence for illness or holidays. Jean was a highly empathic therapist working with a woman whose story had much in common with her own. Both were white working class women who had under-achieved at school and only as adults found the confidence to progress in adult education.

A few months before her exams, the client arrived asking and expecting to reduce her sessions to an occasional basis in order to focus on her revision. The counsellor had given an affirming answer to this request, and had brought this back to supervision as a *fait accompli*. In my eagerness to impress the various reasons for respecting the frame, I took up a contrary position and showed too little evidence that I too valued the client's impressive commitment and discipline. Unsurprisingly Jean moved into a more protective position, identifying even more strongly with her oppressed client and feeling betrayed by me. Fortunately Jean was willing to look with me at what had happened between us and underneath her projection of disparagement, she was aware at some level that I was not 'against' the client; we were able to think about the particular respect she felt for this client and the way that could have clouded her normal respect for the boundaries. We also thought about the meaning of this demand coming from this client. Jean continued to doubt whether I could *really* grasp this and I had to recognise that I only had a theoretical understanding of the challenges which Jean and her client knew first hand: working in a minimum wage job, raising two children alone and putting themselves through evening classes. I was able to help Jean negotiate an adjusted boundary with the agency so that the client could take a month off from sessions and Jean was assigned to doing assessments during the gap so that her availability and that of the room were not wasted.

Conclusion

There is a widely held feeling that most courses do not do well enough at diversity training and are not enabling students to deepen their awareness and sensitivity around difference. I would argue that supervisors therefore need to be ready to address this gap. Even where diversity training has been very effective, we still need supervision as a safe space to bring the painful and sometimes shameful countertransference that difference can evoke. Whether in individual or group supervision it will be vital to establish a culture which is conducive to that exploration. Without that normalising of the discomfort and initiating of conversations about difference, clinical work with minority clients will suffer.

An important part of this enabling work is helping supervisees from dominant groups to become more curious about their identity and its impact. Often this is the first step and often it is resisted but we need to find a way to interest these supervisees in what Perez Foster (1998) calls 'the ethnocentric oxygen which we cannot see' (p. 257).

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STRESS IN THE CITY: BEHIND THE SCENES OF THE CORPORATE MACHINE A PHENOMENOLOGICAL INQUIRY

Sarah Stanley and Desa Markovic

Abstract

This study uses Interpretative Phenomenological Analysis (IPA) in exploring the experience of working long hours with elevated stress levels in the context of corporate organisations. This approach contrasts the abundance of quantitative and solution-focussed literature on workplace stress. The concept of stress and its evolution in modern corporate life is reviewed through psychoanalytic and existential ideas, arguing that it could precipitate virtual trauma. The findings illuminate largely unconsidered themes around the debilitating impact of the experience on the self and relationships; work being experienced as an alternate reality; the meaning that participants ascribe to the experience; and coping. Psychoanalytic theories such as attachment patterns and ego development, and existential ideas around the significance of authentic being and finding meaning in suffering further elucidate the findings.

Keywords: Work stress, corporate organisations, phenomenological analysis

Literature Review

An estimated 15.2m working days are lost annually through stress in the UK at a cost of £70bn according to the Office for National Statistics (Groom, para. 8) and the UK government has pledged £400m to improve the nation's mental health, including placing an emphasis on prevention of workplace stress by employers. Criminal implications of stress at work have also become more apparent since a landmark case, *Walker v Northumberland County Council* (1995), which focussed court attention on workplace stress for the first time and in which the plaintiff was awarded £500k in damages. Since then there has been a 90% increase in civil claims for psychological damage through workplace stress (Stranks, 2005).

Endocrinologist Hans Selye brought the concept of stress into mainstream psychology in the 1950s, theorising that the same stressor could produce an adaptive response in one individual and a maladaptive in another and that, in the face of a prolonged stressor, one's adaptability eventually runs out, causing neurological and physiological exhaustion (Selye, 1978). Subsequent studies have shown the stress response to be more complex, with stressors being not only tangible, but "mentally-evoked threats" involving one's perception of control over a situation and its impact on self-image, values and beliefs (Taverniers, Smeets, Ruysseveldt, Syroit & von Grumbkow, 2011). Indeed, modern life stressors tend to involve persistent work-based pressures rather than the short term threats for which the stress response was designed. Continued arousal of the sympathetic nervous system, our "call to fight", depletes the biological system whilst the

psychological effects of chronic stress include a gradually reduced ability to withstand and resolve stressful situations (Kellet, Brain Damage, para. 3) and distorted and intrusive cognitions (Benight, 2012).

Not all stress is bad; we need some positive stress to enhance wellbeing and performance (Stranks, 2005). Indeed some people thrive on working long hours - The Harvard Business Review (2006) explores the advent and rise of 'extreme jobs', where people are working upwards of 60-100 hours per week under immense pressure. Rather than being burned out, bitter victims, their holders "wear their commitments like badges of honour" (Hewlett & Buck Luce, 2006). But for others, sustained anxiety and extreme demands cause an imbalance that leads to detrimental stress (Stranks, 2005). Increased global competition demands that individuals adapt quickly to a rapidly changing environment (Schabracq, Cooper, Travers & van Maanen, 2001) and yet often, adequate organisational support for performing to increasing expectations is lacking (Cooper, 2013). Organisational evolution is often experienced by individuals as "a horrible, evil event that is being forced on them" (Lewis, 1994). Given that a main component of stress is one's perception of the stressor (Selye, 1978), where organisations are not transparent or inclusive in their decision making, workers experience increased instances of absenteeism and depressed mood (Cooper, 2013). There is often an "organisational reality" in terms of values and norms to which workers must adhere as well as "unspeakables" that must not be challenged (Schabracq et al, 2001) leading to a feeling of powerlessness. Compounding this, organisational injustice such as bullying or favouritism can

incite a feeling of inability to predict the behaviour of the organisation or the occurrence of the stressor, which in turn increases stress levels (Stranks, 2005).

Given that so many people seem to spend more time at work than with their own family (Lewis, 1994) the workplace can be likened to a mother figure, a safe, containing environment on which some become unconsciously dependent. Lewis (1994) asserts that an unexpected crisis at work can leave people feeling “threatened, abandoned, vulnerable, unprotected and betrayed”, suggesting that workplace stress is not only damaging from a neurological and biological perspective, but destabilising from an ego-structural and existential standpoint. Considering the potential shattering of the worldview (Spinelli, 2007) through an organisational injustice for example, trauma related research becomes pertinent in that part of the cognitive adaption to the trauma is to form a conclusion about the ultimate purpose the event had in one’s life (Benight, 2012).

Corporate culture seems to largely conceptualise stress as a problem with the individual, and modern corporate literature heralds ‘resilience’ as a necessary character trait. Resilience is increasingly seen as being teachable through, for example, mindfulness, to improve emotional regulation and cognitive capabilities disrupted by stress (Wolever et al, 2012). Some corporate organisations have taken lessons from the US army, which spent US\$145m on teaching soldiers psychological skills that helped them feel they had grown from a traumatic event. This approach is filtering into wider industry in the form of resilience training (Seligman, 2011). Resilience literature simplifies Frankl’s (1963) Logotherapy into a set of solutions for coping with adversity: one must remain positive, find meaning in one’s suffering and project oneself into a future where that suffering has proven invaluable. Finding meaning becomes more problematic however should one feel that stressful circumstances, perhaps due to poor organisation or unjust treatment, were avoidable. Societal shifts and changing expectations mean that long hours and overwork are increasingly the norm and, while some are able to cope with the increased demands, others suffer. One’s priorities and attitudes can conflict with those of the corporate machine, meaning that resilience is not just about managing stress, but about protecting one’s constructed identity and meaning.

Research process and findings

A small purposive homogeneous group was recruited to enable a detailed examination of the experience (Smith, Flowers & Larkin, 2009). Three participants of similar seniority levels in City professional services firms, who have experienced a period of working 12+ hours per day for a minimum of four months, took part (see Table 1).

Pseudonym	Age	Gender	Ethnicity	Relationship & family status	Length of time at organisation	Duration of the experience & how long ago it occurred
Layla	34	Female	White	Single, no children	4 years	4 months, 9 months ago
Rachel	33	Female	White	Single, no children	5 years	4 months, 4 months ago
Veronica	35	Female	White	Single, no children	2 years	6 months, ongoing

Table 1
Participants’ characteristics

Semi-structured interviews intended to enter participants’ lived worlds, ‘eliciting detailed stories, thoughts and feelings’ (Smith et al, 2009) covering three core areas: work stress and its effects: physical, emotional and spiritual; its meaning and how participants coped. Each interview transcript was analysed, allowing immersion in the data, recording initial thoughts and observations. Descriptive, linguistic and conceptual comments were then made and notes were analysed to identify emerging themes. Similar themes were then grouped, under which related sub-themes were clustered. Finally, connections across cases were identified. Eventually six superordinate themes were obtained, each with two to four constituent themes as summarised below:

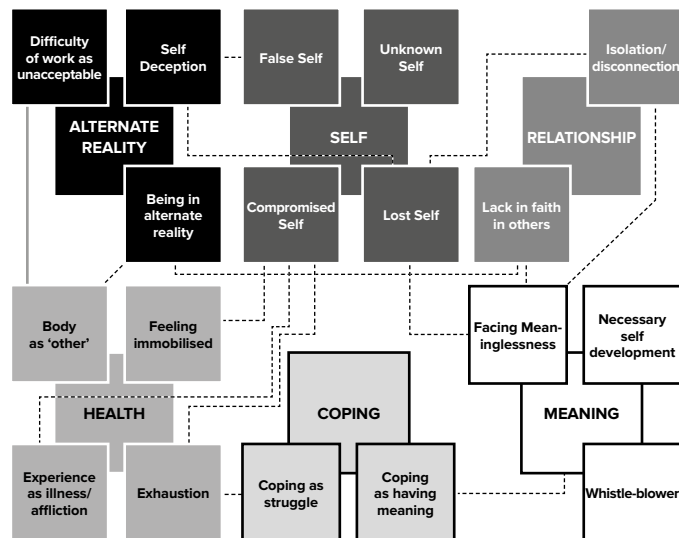


Figure 1. Super-ordinate and constituent themes

Figure 1 illustrates the dynamic relationship between constituent themes. The six superordinate themes (Self, Relationship, Meaning, Coping, Health, Alternate Reality) are positioned in the centre, indicating a gestalt rather than a hierarchy. Constituent themes cluster around their superordinate theme; some of them relate to other superordinate themes as will be described. We focussed on five superordinate themes; ‘Health’ will not be discussed separately as its constituent themes help elaborate other superordinate themes and is discussed therein. However, we showed Health as a superordinate theme as the physical health of all participants suffered.

1. Focus on self

Work occupies a central role in participants’ lives, but nonetheless, the experience of an intense work period seems to lead to their experiencing a self that is enfeebled.

1.1 The compromised self

All participants feel increasingly marginalised and controlled by work. Rachel ‘let it expand to take up more time than [she] would like it to’, whilst Layla reflects that she ‘sometimes thinks the lines are getting blurred’ between work and home. Veronica uses particularly violent imagery suggesting she feels dismembered by work:

It’s going in with your armour and there’ll be a day when you end up losing an arm and leg.

Work progressively mutilates her:

Somewhat, you get over it, you move on and you get back to war until the next time someone throws a knife and it hits you in the heart.

Rachel experiences the compromised self thus:

I'm sitting at my computer for so many hours. Now I can't do some yoga postures I love because my shoulder hurts.

Strikingly, two participants feel 'consumed' by work, suggesting a self that is devoured:

Your mind is consumed by work and you can't think about anything else. (Veronica)

I don't do the things I want to because work consumes all my time. (Rachel)

The experience of an intense work period gradually removes choice and agency, eroding the self. Veronica and Rachel report feeling immobilised by the experience, and Layla disables herself through overeating. Consequently, she feels simultaneously saturated by work and a 'massive void'. Through eating, she lives and locates herself; 'I'll eat my way through New York'. Exhaustion is something all participants experience and is expressed as an affliction or illness:

I don't feel healthy. (Rachel)

My boss said to me 'Layla, you look sick'.

1.2 The lost self

Participants seem to experience a self that is progressively side-lined to the extent of it being lost. Layla paints a vivid picture:

You're walking home at 11pm or midnight and you're thinking... who in the world knows where I am?

This sense of being lost is reinforced by her identification with her office desk:

Look at me; I'm alone, working ridiculously long hours. I'm more familiar with my office desk than I am with any other part...

For Layla, the experience has alienated her from herself and made her identify with physical objects and places. Much like Rachel's 'inhabited' shoulder, Layla's desk is now part of her. For both, there is a blurring of boundaries that leads ultimately to a lost self. Veronica positions her loss of self through others:

I haven't really got much else to give. I suppose friends have been like 'Oh, where's she gone? She's gone off the face of the earth.'

Her use of the third person conjures an image of friends talking about her rather than with her, and drifting in space is a profound way to be lost.

1.3 Realisation of an unknown self within

All participants imply a split self and the realisation of an unknown self through the experience:

I can't understand...if I enjoy it so much, why do I treat myself so badly in the process? (Layla)

As the difficulty of work increases, participants seem to awaken to confront an unknown self that has been propelling them whilst they have not been fully conscious:

Why have I been wasting my life? What have I been doing? How did I get here? (Veronica)

Participants seem to awaken to an unpalatable reality, relating to the major superordinate theme of work as an alternate reality.

1.4 Adopting a false self

Veronica feels 'happier to separate real life from work':

It's like becoming someone different, like shelving your real life for those five days.

For the others, the false self leads to self-erosion. Layla's work

identity takes her by surprise:

I looked at myself in the mirror and was like 'who are you?

She feels powerless when this work identity becomes redundant:

I'd spent three weeks just...deadline deadline... when that was taken away and I had to live a normal flexible life again, I didn't know how.

During an intense work period, the body seems to be experienced as somehow 'other' leading to a self that is undermined. For Rachel, 'everything just felt awful because the whole body's disaligned'. Veronica and Layla seem to consciously change their bodies during the experience; one could see this as a way of coping – perhaps making the body 'other' makes the 'otherness' of the experience more palatable.

I've put on weight and I'll continue to put on weight whilst I do whatever I need to survive this. (Veronica)

2. Focus on relationships

All reported feeling alone during the experience, relationships seeming somehow lost, unreachable or avoided.

2.1 Isolation/Disconnection

Aloneness is described emotively and precipitates profound questioning around the meaning of the experience. Layla seems ostracised from humanity, the situation is 'ridiculous'; seemingly futile, a process with no foreseeable end or reason.

For Rachel:

Physically and spiritually the disconnectedness is overwhelming.

Veronica describes feeling victimised in her isolation:

You're down a hole and there's no way out ... someone's turned the lights out and there's no ladder and....That's the most lonely, isolating, horrific place to be.

2.2 Lack of faith in others/communication

Participants shun communication with others during the experience. There is a certain wariness toward people at work:

You don't really know who you can trust... It's better to just hide, and whilst it feels lonely, it feels better. Because you're not feeling like you're being judged. (Veronica)

Rachel and Veronica censor their communication with their partners. Although she feels disconnected and disempowered, Rachel feels powerful enough to damage others:

I must have been putting my partner under a huge amount of strain, needing that much support and being that absent.

She describes herself simultaneously as being absent, yet also a pressure. She inhabits a sort of limbo, neither absent nor present. Veronica conversely feels unheard, her words having no impact on her partner, simply passing through him. Layla's relationship to others is altered, a by-product of her being drained by relentless work:

...you don't have the energy to talk to anyone and end up developing superficial relationships...for an escape sometimes you'll just look for people who are just fun... then you completely lose meaning.

Unlike Veronica and Rachel who yearn for meaningful communication but cannot seem to attain it, Layla avoids it as a victim in a sort of existential demise; she seeks escapism, yet it leads to a point where all meaning is lost.

3. Work as an alternate reality

Participants seem to inhabit and accept an alternate work reality and engage in self-deception.

3.1 Existing in an alternate, skewed reality

There is a sense of seeing the abnormality of work as normal:

It's a habit to be stressed and ... this feels normal to me.

Working long hours is so expected in this environment that return to normal working patterns seems undesirable.

Leaving at the end of day, my contractual hours, having my job done will be perceived as slacking-off. (Rachel)

That having one's job done should be unacceptable is a particularly difficult double-bind. The threat of judgement is omnipresent; each participant is overly concerned with others' potentially negative perceptions. Rachel does not want to be 'perceived as rubbish' and Veronica feels that showing emotion will be seen negatively. Layla's consciousness of others' judgement is slightly different:

When I first got back I felt more pressure that I had to do this again or I'd be forgotten.

3.2 Self-deception in alternate reality

Participants seem to deceive themselves to cope with this alternate reality. Veronica describes anti-depressants as a 'booster', allowing her to 'continue to perform'. Eating aids Layla's self-deception in an existential way:

Last night's binge was the only thing that made me feel like I actually had something in my life.

Rachel also denies her limitations:

I'm not resting. I haven't rested for a few years realistically.

In pre-empting others' negative judgements, Rachel gains the illusion of being in control, of being protected from surprise and impervious to negative judgement. However, she admits 'I do it to protect myself but in doing it I'm destroying myself'.

3.3 The difficulty of work as unwelcome/denied

Seeing the difficulty of work seems to be unpalatable and threatening, each participant somehow preferring self-deception and acceptance of the alternate reality.

If you stop and think it's actually quite scary ... you might work out how unhappy you are! (Layla)

Veronica survives through living in a 'bubble', yet it is fragile, easily burst:

When you address the reality, that's when it really hurts.

4. Focus on meaning

The experience prompts profound questioning around its meaning, and eventually, having a wider goal in imparting a message.

4.1 Questioning meaning/facing meaninglessness

Participants' isolation during the intense work period precipitates profound realisation of the extent to which they feel damaged and unhappy. Veronica and Layla both question the point of the experience; the sense from both is that relentless work wastes life. Rachel is the only one to seek counselling, looking for 'strategies to affirm herself'. Conversely, Layla and Veronica avoid facing meaninglessness through self-medication and self-deception. Both create the illusion of meaning through these behaviours.

4.2 The experience as precipitating necessary self-development

Rachel and Layla feel that the experience ultimately forced awareness of an existing problem:

Going on secondment and realising I have an eating disorder was the start of me trying to fix it. (Layla)

Having this time of intense difficulty has made me think, 'Right, let's sort it now, because if I don't sort it now I will drag this forever.' (Rachel)

Veronica, who is still going through the experience, has not made such a self-realisation, though she does feel she is gaining something as yet unknown.

4.3 Having a message/'whistle-blower'

Participants seem to want to convey a message of injustice. Veronica is the most overt:

If I could... find a way to influence someone and for it to change, then I would have achieved what I need to.

Having suffered, and becoming martyr to a cause, gives her suffering meaning. Rachel seems to feel there is something slightly sinister about the work environment that pushes her so hard. Layla describes an ongoing pressure, embodied particularly by her boss who she feels is 'living vicariously through [her]'. Veronica is frustrated, attacked and destroyed by a lack of control at work and Rachel similarly feels at the mercy of others. It seems that in this alternate reality, the self is disempowered, the other is all-powerful and one has no choice but to accept the status quo.

5. Focus on coping

5.1 Surviving/ coping as having meaning

A large part of the meaning participants ascribe to the experience is the realisation that they have coped, indeed survived. Veronica and Layla place their faith in this survival and seem proud of coping.

What I learned, my personal journey since then has ... made me a better person. (Layla)

For Rachel, coping is an achievement that has meaning in itself:

No matter how you actually cope, I think, it's ... the realisation that there is something you can do to cope.

5.2 Coping as an ongoing struggle

All felt they were continuing trying to cope. Veronica is still experiencing the intense work period and, in contrast to her pride in coping, it also represents a struggle:

I try to... I try to... help myself. (Veronica)

Similarly, Rachel and Layla are still affected by the experience. Both imply an elusive resolution:

I'm still not there. (Layla)

By far I haven't got everything solved. (Rachel)

The quotes imply a sense of something being lost; it seems that the experience has profoundly affected them, possibly in an enduring way.

Discussion

Participants' experiences seem to corroborate Selye's ideas that stress gradually depletes the system and its coping ability (Selye, 1978). Participants were exhausted by the intense work period and originally helpful coping mechanisms became inadequate, indeed, destructive. The possible impact of stress in distorting one's cognitive capacities (Taverniers et al, 2011) seems to manifest in intrusive thinking and flashbacks that characterise Post-traumatic stress disorder (Friedman, DSM-5 Criteria for PTSD diagnosis, para. 3). Participants' accounts suggest a harsh environment where expectations are subverted, where hard work is rewarded with more work and pressure, and where one is perceived negatively for leaving on time. Some participants' emotive language suggested a

traumatic response to this pressure – perhaps the corporate environment with its increasingly challenging deadlines can, for some, precipitate a virtual trauma.

Participants conveyed progressive feelings of being compromised by feeling invalidated at work. Possibly, this invalidation precipitates participants' lack of faith in themselves, others and the environment, and perhaps the employment of a false self for self-protection (Winnicott, 1965). Ultimately however, work destroys their sense of self as it necessitates self-destructive behaviour to cope. This dichotomous experience could be linked to Bowlby's (1988) ideas around the anxious resistant attachment style, whereby the child experiences the parent as unpredictable: sometimes available, sometimes unresponsive, absent or even threatening. The resultant uncertainty toward the authority figure could be seen as paralleling participants' ambivalence toward work, demonstrated by their dissatisfaction with, yet inexplicable need to continue in, their situations.

Participants seem to experience something reminiscent, perhaps, of Sartre's (1943) ideas that we employ 'bad faith' constructs to annihilate the unknown void that humans are doomed to experience at our very core. Could it be that participants' crisis of meaning around their work-related self-constructs is partly a realisation of the 'bad faith' under which they have been labouring and its futility in terms of filling this ontological void?

Participants have heretofore constructed a worldview (Spinelli, 2007) placing great import on work, but the experience has forced cognisance of its inadequacies; they see meaninglessness and inauthenticity in their current existence.

The analysis revealed a major theme around work as a skewed reality in which the management of others' perceptions is crucial, echoing Sartre's ideas around the other as an isolating factor in human existence. He talks of 'the look', our experience of a disconnect between self and other, where disconcertingly, a previously unknown aspect of ourselves is revealed (Sartre, 1943) engendering shame and existential isolation.

Implications for psychotherapeutic practice

We have suggested links with attachment theory (Bowlby, 1988), for example, someone who feels compelled to extreme working could be enacting a maladaptive attachment pattern (Bowlby, 1988). It could therefore be useful to explore work-related anxiety in terms of fears of abandonment, punishment or rejection. Some participants felt for example they had to work intensely for risk of being forgotten, and some worried that working normal hours would be perceived as failure. Could psychotherapy explore how these fears might connect to fear of abandonment or an earlier experience of not being heard, mirrored or attuned to unless they continued to 'perform' or please? One might work psychodynamically with this experience to explore potential points of failure in the primary relationship.

Considering affect regulation theory (Schoore, 1943), the therapeutic relationship itself could be a healing tool. The analysis revealed major themes around isolation and a lack of trust. From a psychoanalytic perspective, these could relate to early attachment distortions. Bringing in developmental neuroscience, attachment relationships continue to play a part in how the brain develops and regulates emotions (Bateman & Fonagy, 2004), suggesting that empathy and attunement in a secure therapeutic relationship can make up for earlier failures. We propose that this therapeutic dynamic is relevant beyond the attachment perspective. The analysis revealed participants' experience of relationships as

subverted and their decreased ability to trust. If one interprets this lack of trust as a revised 'worldview' (Spinelli, 2007, p. 26-27) triggered by the experience, the therapeutic relationship could help rebuild trust, potentially also combatting the sense of isolation that seems to accompany stress. Furthermore, if the capacity for affect regulation promotes resilience, the neurological effects of psychotherapy could help recover from burn-out and build resilience to stress.

Another interesting angle for psychotherapy practice is helping these clients see some of their defences as positive. Strikingly, participants are seemingly rendered unconscious by the experience, propelled by an unknown force. This seems a disturbing discovery all round, precipitating questioning about who has done the propelling. One might conceive of this as positive splitting, an adaptive coping response whereby one splits-off and preserves a 'good' self (Eisold, 2005). Arguably, this splitting is interpretable as part of healthy personality organisation and resilience rather than as a pathological defence. Similarly, working with the idea of work as an alternate reality wherein self-blame as a result of skewed perceptions is rife, it might be useful to help clients accept their chosen coping mechanisms – such as projection, introjection and projective-identification – as constructive within the circumstances. This approach would benefit psychotherapists with a theoretical insight into the dynamics of an esoteric environment, and would help people in it to feel heard and understood where perhaps, as the analysis revealed, they currently do not.

Another useful perspective considering this esoteric alternate reality could be the existential phenomenological approach of Daseinsanalysis, which takes Heidegger's 'Dasein' (1962, p. 153), or being, as its departure point to help one see more fully their possibilities of being-in-the-world. Psychic defences are eschewed in favour of the idea that existence is challenging the individual, that something seeks admission to his/her awareness. Beneficially, this approach, accepting the client's reality rather than pathologising it, could combat the self-blame that seems to accompany experiences of chronic stress in the corporate environment, i.e. that stress is construed as a fault in the individual, thus reinforcing the problem. Instead of perpetuating an attitude that further erodes confidence, psychotherapy could explore the possible existential meaning of the perception of the work environment. The therapeutic relationship could aid their search for meaning in being 'a co-creation of novel meanings via a mutual dialogue' (Spinelli, 2007, p.77), a form of honest communication that steps toward authenticity. This experience might be meaningful in helping individuals to reassess their worldview and realise a latent life goal.

Limitations

As a study of three participants, we cannot make general claims about the phenomenon; rather this is a snapshot from a particular frame, influenced by the inherent reflexivity of IPA and the researcher's bias. IPA relies on language which, according to Willig (2008) is a limitation in that it constructs rather than describes reality. Indeed, one's narrative recall of an experience can become sedimented, the story being repeated through the language initially ascribed to it. However, although language may obfuscate in terms of accessing direct experience, it can illuminate the individual's sense-making of it (p. 67).

Arguably, because IPA focuses solely on people's perceptions of experience without considering preceding conditions, it cannot facilitate complete understanding of the phenomenon (Willig, 2008). Indeed, a common unforeseen factor emerged that a relentless work period triggered latent psychological

difficulties. It was outside the scope of this study to pursue in detail each individual pre-existing condition, however, the semi-structured interview style allowed us to explore some of these 'pre-existing conditions' and place them in the context of the experience.

Conclusion

We hope this research, through detailed examination of experiences of working long hours with elevated stress levels, offers the reader a valuable insight into the profound impact of this world, which can be inaccessible for those outside it. As an IPA study, these particular cases and the hermeneutic dynamic are valuable in illuminating something about the universal experience of the phenomenon. It is in this context that we have presented possible psychotherapeutic conceptualisations and interventions around the phenomenon. We hope psychotherapists will gain an insight into some of the more elusive elements of this experience and the corporate environment; equally we hope readers from the corporate world will find value in the psychotherapeutic exploration of this phenomenon, which has arguably been largely unconsidered.

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BILINGUALISM AND COGNITIVE ANALYTIC THERAPY: THE ROLE OF LANGUAGE IN THE DEVELOPMENT OF SELF

Jessie Emilion

Abstract

The focus of this paper is on the vital role that language plays in the development of self. The article centres on understanding the complex nature in which different aspects of self are internalised. This arises when meaning is communicated or co-constructed in one's own primary language in early life and how it links to the use of second language in later life. The paper also delves on the issue of the use of both primary and secondary languages and its impact on the quality of therapy and the therapeutic process from a Cognitive Analytic Perspective. The paper aims to explain this complex matrix of the triadic relationship so that this could be better understood by clinicians and interpreters.

Keywords: Primary language, secondary language, reciprocal roles, dialogic, linguistic

Language and words which are the tools of communication are generally considered to be intertwined with cultural, political, historical and societal values. These values are internalised along with aspects of self through dialogue and language in early life. The meaning of words and the value systems that are internalised are not just in relation to the individual, but also in relation to the wider socio-historical context. This differs in different contexts, countries and regions. Hence words in one's own mother tongue can play a central role in triggering different aspects of self, roles, affect and personalities in the individual in relation to the context and culture.

Language and words play a vital role in communicating, understanding and creating new meanings with our patients. This process is made more complex when therapy is conducted in two languages through an interpreter or in a second language. What has come to focus through the experience of the writer and working through interpreters is the complex relationship between primary (mother tongue) and secondary language (acquired after the age of 5) and emotions.

In Cognitive Analytic Therapy (CAT) the different aspects of self are understood as reciprocal roles. Roles are internalised from early experiences. They include thoughts, behaviours, feelings and dialogues and are described as self- states. They are relational and dialogic both as self to self and self to other and two or more roles can be in operation at one time. This offers the possibility of understanding how and why different aspects of selves are triggered in relation to the word and language in a more concrete, relational and direct manner. The quality of and the intensity of the affect varies depending on which part of the self or role is engaged when therapy is

conducted through primary or secondary language. Different dialogues emerge from different roles at any one time.

In this paper the term primary language is the term used to refer to a person's mother tongue.

CAT, in particular the concept of reciprocal roles (Ryle 1985) and dialogic sequence analysis (Lieman 1993,1997), offers a deeper understanding of the development of self both in relational, inter and intra personal context. Self in CAT is not a unitary but a cluster or a mosaic of reciprocal roles created through interaction with others.

Further development of the model emerged through Bakhtin's Dialogic Theory and Leiman's Dialogic Sequence Analysis, and it offers clear insights into how one relates when therapy is offered in primary or secondary language. Introducing the theories that underpin the Cognitive Analytic model, this paper will explore how this model could be used to understand the process of therapy when therapy is conducted through the mother tongue or primary language.

Leiman's Dialogic Sequence Analysis, highlights how different voices and internalised roles often emerge in a conversation or dialogue with an individual. Sometimes these voices are echoes of intergenerational dialogues and roles both on an individual and societal level, have many addresses and super addresses and are loaded with meaning and affect. This is particularly relevant when working with bilingual patients as it opens up the possibility that certain dialogues and internalised voices could only emerge when one is using the patient's mother tongue in therapy as we are forever relating and engaging in a dialogue to the various aspects of the self in us and in others at one particular time.

An eminent voice in the field of bilingualism, de Zulueta (1995) has discussed the role of language and culture in therapy. Languages in particular, the second language can be used both as a powerful defence against unbearable feelings or as vehicle to articulate unbearable experiences without having to get in touch with the painful feelings at least initially. The mechanics of this intra psychic process is very well understood and explained as relational and dialogic CAT concepts and it is explored in detail later.

On a personal note, as a child growing up speaking three different languages, the importance or the complexity of being able to communicate with more than one language was not apparent to me. However now as a therapist, it is possible to reflect on the nuances and the meaning each language had when communicating with different people. As part of ongoing work as a bilingual therapist, it has come to recognition of the importance of language within a linguistic and psychotherapeutic context.

Personal experiences of working and teaching in India, over the last six years have enabled me to learn how the construction of self is highly influenced by the language we use and also recognise the variations of how self is understood, related to and conceptualised when an individual is operating in a multi-lingual society.

This paper offers some understanding as to why sessions when conducted through an interpreter in one's mother tongue are more affectively charged than therapy conducted in a secondary language. It also goes to hypothesise that when therapy is conducted through an interpreter, whose voice enables the development of a new role or an aspect of self in the patient. Is it the interpreter's or the therapist's voice?

Introduction to CAT - Theories and philosophies that underpin the model

CAT is an integrative psychotherapy that was developed initially by Ryle (1984, 1991, and 2002). It was research based and was particularly aimed at providing time-limited psychotherapy with complex patients within the NHS. The model in its early stages of development integrated Kelly's Personal Construct Theory (1955), Cognitive and Developmental psychology and Object Relations theory. Though the first formulation of reciprocal roles had its roots within psychoanalytic concepts, the further development in CAT in the 1980s led to the inclusion of the work by Vygotsky's Activity Theory (1991) and the integration of Bakhtin's work on dialogic self by Leiman (1993), thus making the model relational and dialogic.

Ryle (2002) postulated the concept of reciprocal roles by offering an understanding of the infant's world through the use of Attachment Theory and Object Relations Theory. According to Ryle, the reciprocal roles are learnt first through the interaction with the caregiver. The relational experience with caregiver, be it nurturing or abusive is internalised by the infant as roles. As the child grows up and learns to internalise these interactions this 'inter relational' process soon becomes 'intra relational' to self and others. Children learn many roles in their early life and these roles are loaded with meaning, affect, thoughts and behaviours. These early roles and relationship patterns become the template from which future relationship are tried and tested out.

Vygotsky's work focussed more on the development of the personality and the individual. He paraphrased Vygotsky as, "What a child does with an adult today she will do on her own tomorrow" (Ryle 2002, p.41). Vygotsky's formulation of the general law of development (1978) states that "any function in a child's cultural development appears twice, first

between people and then inside the individual" (Vygotsky 1978) Though this is in some way similar to the formation of reciprocal roles it also describes a higher mental process that occurs at the same time as when the roles are being learnt through the interaction with the caregiver. This mental process is influenced by context and culture, including language, words, affect and signs that are mediated through the interaction.

Vygotsky's sign mediation theory also suggests that signs learnt during an interaction often mediate meanings to the individual and hence become 'meaning making tools'. Vygotsky (1962, 1978) described the human mind as a cultural and historical product. One of his key concepts states that language also has tool like qualities and helps us to understand the process as to how meanings are made and changed.

As Vygotsky's theory suggests, roles and procedures are created in the interaction with the other within a social context. Hence cultural norms and values within a society play a central role in the development of self. The meaning of an experience is mediated through the words and language, within a particular cultural context, and the sense of self begins to emerge as reciprocal role or roles in relation to the self, others and the wider society. The 'self-states' thus created have emotions, language, words and culture embodied in them, and they relate to a particular experience within a linguistic and cultural context.

As a result, words become powerful triggers to certain reciprocal roles or states. If the communication is in one's primary language then the meaning of certain words and the cultural values attached to those words are internalised along with the reciprocal roles. Such roles are Primary roles and they carry the raw emotions associated with the experience and can be triggered by certain words or dialogues in Primary language.

This really strengthens the argument that language, words and emotions along with a particular experience are all internalised as part of the reciprocal roles or aspects of the self and primary roles are much easily accessed through primary language.

Dialogic model of self - Added value in CAT

The introduction of Bakhtin's understanding of the role of interpersonal and internal dialogues into the work of Lieman (1993) and Ryle (1991) slightly altered the understanding and the purpose of the reciprocal roles within the model. Roles were no longer seen as just an enactment from the early templates but also as relational and dialogic. This raises the question as to in what language is the dialogue occurring if the person is bilingual, as the dialogue varies with different roles. Is the individual able to switch languages based on the dialogue and role positions one is relating from?

In 1997 Leiman proposed the 'dialogic model of self' and went on to explain and expand on the meaning of speech and the inner dialogic and on the relationship between speech and thoughts. He said that all mental activity is directed towards something or someone and that all activities are intentional, and that there is an object, whether external or internal, at which the activity is being aimed. Expanding on this further the culture could also be the other especially if the dialogue is within a cultural context in the primary language.

Leiman (1997) suggested that for every addressee there is also a 'third voice', which is the super addressee. According to him every utterance has a meaning and every utterance has an addressee and a super addressee. The client or the

author can take multiple positions with aspects of self and other voices. He added that every utterance conveys the speaker's evaluative stance and that the evaluative stance indicates role positions. He cited that every utterance is a response to the previous utterances or positions and that each word has a 'tool like' quality. This idea was further developed as the dialogic sequence analysis in CAT.

This concept is very useful in understanding the therapeutic process and in the strengthening of the alliances, especially when working with Interpreters with bilingual patients. This understanding also opens up a whole new dimension to relating especially when there is more than one language in play. The evaluative stance in relation to the words described by the interpreter in the patient's own mother tongue and the thoughts that are there as a response to the cultural context of the words, language and the person, make the process far too complex world to be described just as words alone. If the therapist is not attuned to the whole process including the cultural, racial, political and historical context and role positions from where the dialogue is emerging, then the words lose the real meaning of what they were intended for, like the empty beautiful shells on the shores but missing the vital life force within them.

Language and self

Language and culture are inseparable and play a crucial role in the development of self. As described above the role of language and the culture within which speech is learnt every day at an early age, actively develops self-states and roles which embody a rich tapestry of meaning and values weaved into each other. To add to these complexities, in some languages the understanding of self is built into the structure of words and sentences. While working in India, in a multi-cultural, secular and multi linguistic society it became evident that in some Indian languages 'We' and 'Us' is always used even when addressing in the singular as opposed to 'you' or 'I'. This clearly indicates that the other is always present in the dialogue sometimes consciously at other times hidden behind the words. This other could be the parts of the self, addressee and the super addressee or the members of the community or role positions and self -states within a class or a caste system.

Language and the words used to create these roles are embedded within a cultural context. Roles are thus embedded within a linguistic and cultural context. Some roles are culturally sanctioned and accepted as norms but they might be in contradiction to another aspect of one's self or a role. This complex matrix of how roles are formed and the cacophony of voices and dialogues that originate in both primary and secondary languages from these roles have to be taken into consideration when providing therapy, be it in Primary or Secondary language. It has huge implications in therapy especially when working across cultures and language.

The language we use and the words we use play a crucial role in the development of self. The meaning of an experience is mediated by the language, and the words we use within a cultural context is internalised as a role or an aspect of self. For example; a young boy in rural India when he sees a snake would believe that it's the Naga Deva that has come to offer him blessing, and so would treat it with respect and offer some milk. Here the nurturing and respecting roles have been evoked in relation to what has been taught and internalised in his social context. The word 'Naga Deva' means snake God, the protector and carer. Another boy living in the city or town would often be fearful and would strike to chase or kill the snake. Here the fearful and poisonous aspects of the snake

is internalised and the attacking/attacked reciprocal role and that aspect of self is active. Though these examples are fairly generalised the main point here is the fact that experiences can be interpreted and understood differently through language within a social and cultural context. The words used along with the feelings and meanings are also internalised with aspect of the self

The emphasis on individuation and self empowerment are not the most useful or helpful concepts to address in therapy, at least initially when working across culture and language. Whose voice are we hearing and what dialogues are emerging from which role and in which language, and whether this is in relation to the culture or the individual or both, would be the most appropriate and useful elements to consider in therapy.

Self in CAT

Self being defined as plural is so much in line with Ryle's understanding of self. There is no such thing as true self or a false self and that at certain times depending on circumstances and situations different roles and self- states come into play in relation to the other.

Ryle (1975) describes how self in CAT is understood as divided self. It's not a unitary self but a cluster or mosaic of selves. We are forever relating to ourselves and others. Ryle's point of how one aspect of our self is in relation or doing something to another aspect of our self is crucial in understanding the processes that occur when therapy is conducted in different languages. It compliments bilingual work and work through interpreters.

Self-states are relational, whether it is positive or negative one positions oneself always in relation to another role or role position. I am good, bad or special, is always in relation to someone else in a particular situation or a cultural context. These positions can shift endlessly in dialogues and interaction and can be understood in the dialogic sequence analysis. As a result certain words can trigger certain roles, states and behaviour. Many words used to describe different colour, immigration status, class or caste have also got the power to shift states and evoke certain roles and role positions.

Different aspects of self can emerge in with different dialogues based on the context and language used. Language embodies both individual and cultural identity

Case study

I would like to discuss a more detailed case study to highlight how different aspects of self emerge in relation to the language used. Mrs T was referred to me in Primary Care and her presenting problem was Depression. Mrs T was in her late 30s, divorced recently after 15 years of marriage. She had been living in the UK for over 10 years but had not learnt to speak much English. She lived within the Turkish Community and had very little contact with the English community or culture. She was dressed traditionally as a Turkish woman. Her husband had divorced her as she had been unable to have a child. He also had had an extra marital relationship for last five years and told my patient that he was leaving the marriage because there was no child and that she was no longer slim and attractive. At our first session the interpreter, though booked, did not turn up. The client agreed to meet with me and still managed to tell me her story and informed me that her husband had divorced her and that she was a divorcee and single. Though she looked distressed she told me the story in a more contained manner. I was struck by the emotional and physical cruelty she had experienced in her marriage and early life and in particular the lack of affect

as she described her story. We agreed to meet again and at the second session we had a Turkish interpreter present. The patient described the same story with tears, wailing and beating her breast at times. It felt as if there was a different person in the room with me. She went on to talk about the failure of the marriage and what it meant in her community to be divorced and be told that she was unattractive and barren. The session was heated, painful and alive. The interpreter also explained to me the shame in not being able to have a child or be labelled as a divorcee in relation to the culture and community. The word divorcee (Ayrilmis) in Turkish did have a derogatory negative tone to it and positions women in a shameful and powerless role position.

The experience when described in Turkish in the presence of another Turkish woman put the patient in touch with a different aspect of self. The word itself positioned the patient in a primary role position and the dialogue was from this position where the word 'divorcee' in Turkish evoked feelings of shame, failure and powerlessness, as internalised in the primary role position within the context of language and culture. The patient was able to access the affect. There were perhaps different addressees and super addressees present in the room in relation to the past, present, language, culture and society. Bakhtin (1984) describes open ended dialogue as essential and most valued basis of human consciousness: "To live means to participate in dialogue: to ask questions, to heed, to respond, to agree and so forth. In this dialogue a person participates wholly and throughout his whole life: with eyes, lips, soul, spirit, with his whole body and deeds". The patient was able to participate wholly in the dialogue with the interpreter in Turkish. Bakhtin (1986) also adds a highly significant idea of a third voice or a super addressee which could be representing the wider culture or some part of it.

The word divorcee (Ayrilmis) in Turkish was value loaded within the Turkish culture and context. The same word when described in English by the Turkish client did not bring out the same response, as the meaning ascribed to the word for this patient was different within the English context and culture. The patient also described her experience from an observing role position which did not put her in touch with the shameful feelings of the primary role. The dialogue emerging from the observing position had different values and meaning within the context of the language used for the patient.

The same word when used in English by a feminist in the UK would have a different meaning and value attached to it. It could mean independent and strong. The meaning of the word changes based on the cultural context and would evoke a different response in different languages.

As the work with Mrs T continued, the sessions were highly emotional and they were conducted through an interpreter. It became clear that the patient could understand some English as she had lived in the UK for over 10 years. She explained that she could never feel comfortable speaking in English. As we completed our work Mrs T, had begun to feel better and was thinking of volunteering to gain some work experience. I later saw Mrs T, at the three months follow up with the interpreter. She was now working in a shop. She appeared quite confident with some make-up on and a western outfit. She spoke mostly in English and in some Turkish.

Discussions and conclusion

The above case highlights that language within a cultural and societal context plays a crucial part in different aspects of the self emerging in different languages and dialogues.

In therapy the patient sometimes discusses painful experiences not in their mother tongue but in a secondary language. Here the patient relates from one role position about another role position without having to access or be in touch with the painful feelings internalised in the primary role. The dialogue or where the person is relating from could be understood as an observing, coping or surviving role position internalised later on in life be it in secondary language.

We often see this when working with refugees, asylum seekers or bilingual patients. Patients sometimes communicate in English about some very painful experiences as a matter of fact. The intensity and severity of psychological distress is not evident in the interaction.

At times difficult experiences are disclosed initially in English in the absence of an interpreter. This perhaps could be linked to the patient wanting to disclose something only to the clinician and not the interpreter and there is a different way of conceptualising this change in the therapeutic dynamics. The psychological distress and the language associated with the painful experiences are internalised within a different primary role position. The dialogue that occurs with the therapist without the interpreter is in a second language and is from an observing or surviving role position and a different aspect of the self is engaged in this process. Here the distress internalised in a primary language within a primary role is defended at least initially by the use of a different language, and the heated raw emotions are often not visible in this therapeutic encounter.

By communicating the distress in a second language the patient not only tests out the responses and reactions of the clinician but at the same time also tests out the survival or coping strengths within themselves. The containing aspects of the therapist, along with the experience of being heard, accepted and acknowledged in a second language enables the patient to co construct new meaning to the distress, and learn new roles of being contained and accepted through the inter personal interaction within a different linguistic and cultural context. These new roles and experiences are later tested out intra personally in relation to the distress internalised in the primary role as self to self dialogues. These new role positions and the internal dialogues later give strength to the patient to articulate the distress internalised in the primary language in therapy. The powerful primary roles and the psychological distress associated with these roles loses its grip on the patient and the new positions experienced and internalised in therapy enable the development of new procedures by which the patient is able to create change feel strengthened and empowered. Patients begin to feel better.

If the patient is unable to express the distress in their primary language or therapy is only provided in a second language there is a possibility that the silenced voices and distress from early life internalised in the mother tongue never emerge. They remain lost and silenced in an alien culture and foreign language. The sense of belonging and the value systems internalised from early life also remain hidden or lost until the person comes in confrontation with someone who speaks their mother tongue. In therapy, the severity of the psychological distress and the intensity of the affect could be missed, resulting in misattunement to the patient leading to therapeutic rupture or damage and risks possibly not identified. The silenced roles and the distress

associated with the primary roles can present themselves as physical symptoms with no real sense of connection to the life experiences of the patient in the present. Addressing these aspects in therapy in their primary language often leads to resolution and relief.

It is said that using the second language can profoundly alter the individuals' sense of cultural and individual identity. (de Zulueta .F 1990). Language can be used as a defence against painful positions.

In therapy, if the patient engages after many years with this aspect or the primary role within themselves the affect locked within the roles are released. The magic of the emotions, connections and heat fuels the therapeutic interaction and the sessions become powerful and alive and another aspect of the patient becomes free. In such encounters the patient is often surprised that even after many years certain experiences can have such a powerful impact on them. The therapist, patient and the interpreter who has facilitated this process will often sense the intensity of the emotions expressed in the session and experience the power and magic associated with words and language. In therapy the experience of being listened to and contained even in a secondary language offers the patient an opportunity to develop new reciprocal roles within a different linguistic and cultural context. These new roles lead to new adaptive procedures enabling the patient to feel empowered.

In CAT the understanding that the self is not unitary and is made up of a cluster of roles as self -states offers an unique insight into the process of therapy, especially when the change from primary to secondary languages occurs in the therapy. The shifting between two languages can also be understood as shifts between two self –states and that different dialogues emerging from different role positions. These unconscious processes can be mapped collaboratively with the patients as roles, procedures and diagrammatic maps. This offers a concrete visual and cognitive recognition of the internal processes for the patient and an insight into the intra personal interactions between the roles, language, affect and self -states.

Many bilingual clinicians who were present at the conference when this paper was presented were able to recognise how they have often behaved differently when they were in their own country speaking their mother tongue. They also shared how certain aspects of self-associated with the cultural value system often affected their behaviour and role positions in the interactions and reinforces the belief that language and aspects of self or primary roles are inseparable.

Some studies in neuroscience now indicate that memories, values and even personality can change depending on which language one is speaking. It is as if the bilingual brain houses two separate minds. All of this highlights the fundamental role of language in human thought, feelings and behaviour. "Bilingualism is quite an extraordinary microscope into the human brain" (New Scientist, issue 2863 de Lange)

In conclusion language is not just about words and sentences. Reciprocal roles are not just about feelings and behaviour. It's much more about the complex relationship between the two that gets internalised simultaneously during an interaction to create a self-state or a role. A reciprocal role or a self-state in CAT is intertwined with words, affect, culture, values and identity which operate partly or fully in dialogue and in therapy.

Languages not only evoke emotions within one's self and others but it also creates a shared sense of self -'us', a new personality, new roles and relationships. Learning a new language is like acquiring a new aspect of self or a role

especially if the cultural values and the meaning of the words within a cultural context are learnt, understood and internalised within that role in societal context. This can only be empowering for the individual.

The latest studies in neuro science indicate the role of 'cognitive reserve' in the functioning of the mind and wellbeing of the bilingual individual. Providing therapy through an interpreter enables the patient not only to express in their own language, access and voice the silenced hidden parts of themselves and feel empowered but enables the patient to understand the distress or the difficulties within another cultural and linguistic context thereby creating a space for a new role position. The more roles one has the easier it is to move between them when in contact with intra or interpersonal distress. This perhaps is also the beginning of a process of learning a new language, culture and values through an interpreter and at the same time internalising the sense and feelings that are partly created by the clinician. Here perhaps the aspects of the clinician, clinicians' values and culture are internalised during the work there by creating new roles, a potential for 'cognitive reserve'. Further research in this area is highly needed to understand this process.

In conclusion, the experience of empathy and understanding from the therapist through a secondary language opens up for the patient a new medium for learning, understanding and positioning their own psychological distress within a different cultural, linguistic and societal context. Working through the interpreter offers the clinician an opportunity to learn, understand and sense the patient and position the patient's distress within the patient's cultural and linguistic context and visualise and sense the real impact of the distress within the patient's world. This perhaps also offers us the resilience and cognitive reserve needed to work across languages and cultures as competent clinicians.

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“HOME, HOME, BITTERSWEET HOME” AN EXPLORATION OF THE EXPERIENCE OF VOLUNTARY MIGRATION

Anil Kosar and Desa Markovic

Abstract

This research explored the lived experience of voluntary migration employing Interpretative Phenomenological Analysis. The findings suggest home exists as an ever-shaping multifaceted matrix of emotions, interactions, experiences and environments. Notions of belonging and identity emerged as fluid and flexible – morphing through shifting contexts and changing situations. The journey of migration is often perceived as a transitional experience through which loss and disorientation give way to gradual adaptation, accomplishment and self-actualisation – revealing its non-pathological nature. A variety of approaches and perspectives are reviewed, embracing contradictions and similarities alike to reflect a notion inherent to the phenomenon of migration – diversity.

Keywords: Voluntary migration, home, belonging, multiple identity

Introduction

This research set out to explore the lived experience of voluntary migration via two key strands of enquiry: ‘what does it mean to choose to leave home for settlement in a different country’ and: ‘what is the experience of living in a foreign land’?

Our interest in this topic stems from our own migration experience; over the years the questions of belonging and multiple homes have occupied our thoughts. We both voluntarily left our respective countries of origin at different stages of life and for different reasons yet the similarity of the migration experience often felt striking such as, sometimes feeling confusion of having multiple homes, and other times, feeling home was neither here nor there. We remain fascinated by the bewildering nature of the migrant journey and the various ways meaning can be found in its complex contradictions. Besides evoking a sense of thrill, this also raised ambiguities, a subtle sense of insecurity through a continuous process of self-contrast. This research, rather than nostalgic self-reflection is a method for extending ours and the readers’ learning about this phenomenon.

Literature review

The literature review is divided into two sections: The first compares classical views with new theories within migration research, reflecting the interconnected dynamic of home, belonging and identity. The second part considers motivations behind migration within psychoanalytical and existential theories.

Home, identity, belonging and the experience of migration

The notion of Identity in migration studies seems divided into a theoretical dichotomy. In classical psychoanalytic theory, identity is understood through internal processes and drive mechanisms. In Attachment and Object Relational Theory, the quality and nature of maternal bonding is central to the formation of self (de Zulueta, 2006). In cultural theories, culture is seen as a chief determinant of identity development, rooting the individual in society (Matsumoto & Juang, 2008). The problem with these definitions is that identity becomes characterised by fixity, structure and cohesion with an emphasis on psychopathology. Attachment theory highlights loss due to a disruption of the migrants’ social and physical bonds, whilst viewed psychoanalytically, identity comes under threat from internal struggles such as depressive anxieties, guilt and split mechanisms (Grinberg & Grinberg, 1989, p.27). In the light of cultural theories, the migrant’s identity becomes disorientated through alterations in shared meaning and cultural boundaries. Cross-cultural studies (Matsumoto & Juang, 2008) explain the migration experience as initial culture shock, followed by stress, illness, lack of personal worth and the possibility of cultural assimilation. Some authors even argue that culture shock can be likened to a disease (Pederson & Hernandez, 1997). Contemporary researchers, including post-modern perspectives, imply that the migratory condition is neither pathological nor permanent, and is characterised by in-betweenness, multiplicity, movement and negotiation (Stopford, 2009). Home is seen as a holding space where values and views can be mirrored, practiced

and integrated, providing a foundation for personal growth and leading to the development of identity (Papadopoulos, 2002). Home incorporates emotional, social, physical and cultural meanings - where such disparate concepts can be experienced as a unified whole (Despres, 1991). These views suggest that settlement in a new country can provide an individual with the contours of a new space for belonging and a renewed sense of self.

From a cultural theory perspective, the terminology used to define migration has shifted over the twentieth century, from 'assimilation' to 'acculturation', onto 'melting pot' and in recent years included 'pluralism' and the notion of a 'multiple identity' (Eleftheriadou, 2010). Accordingly, home is not set within the traditional confines of order and sameness but is instead conceptualised as a multicultural space that allows for fluidity and heterogeneity. Home and identity can also be found in the tension between these two points (O'Hara & Anderson, 1991).

The motives for migration

There has been little research on voluntary migration in psychotherapy literature. Grinberg and Grinberg (1989) reference Balint's terms of the 'philobatic' and the 'ocnophilic' to clarify motivations for voluntary migration. Whilst ocnophiles are characterised by an attachment to stability and certainty, philobats are likened to voluntary migrants, individuals who seek out independence, new adventures and avoid strong attachments. Grinberg and Grinberg argue that the desire to leave can, in certain cases, constitute an escape from persecutory experiences. In a similar vein, Akhtar (1999, p.15) suggests that individuals who lack rootedness (schizoid), possess great ambition (narcissistic), seek newness (antisocial), as well as those who wish to escape from persecution (paranoid) are all prone to migration. Denford (1981) proposes anxiety or persecution in relation to early childhood memories as reasons for migration.

Madison (2010) framed voluntary migration within existential and philosophical terms. An act of movement from one's country is motivated by binary opposites; the anxious 'unheimlich' (uncanniness) and the positive potentials of homelessness (p.230, Madison). Heidegger's notion of uncanniness refers to "not-being-at-home", a feeling of unsettledness and alienation, a fundamental feature of existence with the potential for authenticity (1962, p.233). Through uncanniness, one may find pure and naked existence; a state of being that lies hidden beneath the veneer of everydayness. Heidegger understood the experience of "not-being-at-home" as Dasein's 'call of conscience' (Heidegger, 1962, p.314) and Madison argue that the migration decision can be an existential response to this call towards authenticity. The voluntary departure, in this context, is a 'chosen' attempt at confronting the alien and the non-ordinary, leading to authenticity and self-growth (Madison, 2010).

From a psychoanalytical perspective, the choice of relocation can be seen as a process of acting out and a result of specific traits. However it is important to also acknowledge migration as the expression of a spiritual, existential journey. The choice of relocation can be guided by an "inner calling", the manifestation of an intuitive connection to a journey of self-growth and the attainment of self-autonomy.

Methodology

The subject of voluntary migration has been mostly explored through sociological, historical and demographical research. We employed Interpretative Phenomenological Analysis (IPA) in search of an alternative and in-depth understanding focusing on the participants' personal and lived experience and engaging with their subjective perception. IPA acknowledges that the individual's world is social, where subjectivity is affected through interactions with others as well as sociological factors (Willig, 2001). The flexibility of analysis, afforded through IPA, has permitted contemplation of the participants' personal narratives whilst illuminating implications for migration in a manner that embraces themes of multiplicity and diversity – which is revealed to lie at the core of the voluntary migrant's journey. The research data consists of four in-depth interviews with participants (see Table 1) who left their country of origin to settle in the UK.

Pseudonym	Age	Gender	Country of origin	Duration of stay in UK	Occupation
Gulliver	40	Male	New Zealand	8 years	Counsellor
Mia	37	Female	Italy	12 years	Trainee psychotherapist
Asya	50	Female	Turkey	25 years	Psychologist
Kinga	32	Female	Poland	9 years	Beauty therapist

Table 1
Participants' background

Interview schedule

Participants were interviewed individually via semi-structured interview on two areas: motivation to leave and the experience of living in a foreign land. The main questions were:

- How did you begin to think of leaving your homeland?
- Can you describe the experience of your initial arrival to the UK?
- How would you describe your sense of home? Has there been any change in this perception since you have been living in the UK?
- How has living in a different country impacted on your sense of self?

Analytic procedure

The analytic process was spread over five key stages to ensure rigour and reliability (Smith, Flowers & Larkin, 2009):

1. Reading each transcript several times to get closer to the text.
2. Identifying emerging themes.
3. Transforming the initial notes summarising the content of the participants' accounts into more succinct and theoretically oriented statements.
4. Identifying new connections between themes and re-ordering these into an analytical sequence. Themes were compared and contrasted leading to the formation of groups of super-ordinate and sub-ordinate themes.
5. The final stage involved searching for patterns across the themes.

Table 2 reflects the experience of the group as a whole:

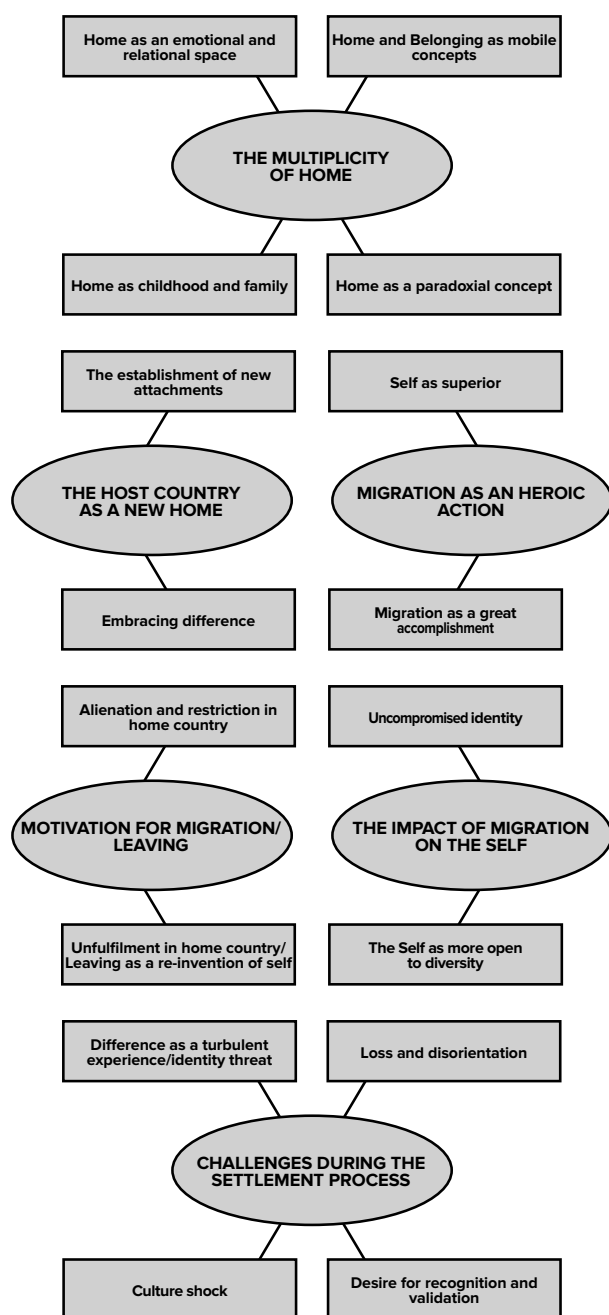


Table 2

Data Analysis: Super-ordinate and Sub-ordinate themes

Data analysis

Six super-ordinate themes, each with their sub-ordinates, emerged from the analysis.

The multiplicity of home

Participants described the concept of home with varying levels of meaning.

Home as an emotional and relational space

Home was quintessentially associated with relationships and emotions and seen as an experiential phenomenon. Home represented a place where they could be themselves 'without any restriction'; providing 'protection', 'security', 'affection', 'warmth' and 'comfort', and a relational space of genuine connections and interactions.

Home and belonging as mobile concepts

The value of relationships and shared meaning appeared to provide an unfixed notion of home. For Mia, Kinga and Gulliver, the world can be seen to constitute their sense of home. *I can go anywhere and create that feeling, anywhere can become home* (Kinga). Similarly, belonging emerged as a fluid, changeable and complex phenomenon, often described as an ambiguous concept. Participants suggested a multi-dimensional allegiance to space, such as, Mia's account expressing a form of in-betweenness: *I want to stay here, and belong here; I also deeply belong to Italy*.

Home as childhood and family

Despite its mobility and flexibility, home also appeared to be fixed by a shared evocative, idyllic and romanticised vision of the past, origin of self, childhood and family dynamic. These early home memories often focussed on tangible shared memories of food, tradition and togetherness. While feeling at home with her husband in England, Mia described this as an alternate sense of home whereas her original country provides a fuller feeling of 'at home-ness', due to its intimate association with family roots. For Asya, home can be found where her mother lived, suggesting a deep connection between union, belonging and space - stating that her "mother's chest was like a nest in a way, like a container".

Home as a paradoxical concept

Some perceived the theme of return as ubiquitous, sensing a powerful call for return to a rooted state of origin that lay in conflict with great reluctance to do so. Gulliver felt "at home" in England "more than any other place", however he perceived it as transient and temporal. He felt "torn" between the desire to remain in the host country and the magnetic "pull" to his homeland. Mia's sentiment expressed a conflict between the host country as a place chosen for living whereas the home country becomes a place of physical and spiritual ending. Although she chooses not to be grounded in her native country in life, she does wish to be buried there. Asya was never able to "establish the sense of home" in England. Despite a twenty-five year long yearning, she never returned, as if trapped in the conflictual vacuum between staying in a place of no home and leaving for a home that may no longer exist. In Gulliver and Asya's statements, the return home became imbued with uncertainty, the risk of no longer belonging, the fear of the unknown and the dread of becoming a stranger in one's own country.

Motivation for migration

Participants reported a lack of affiliation with their native country, where cultural conventions were seen as stifling self-potential.

Alienation and restriction in the home country

The participants felt "trapped", "bored", "suffocated" or "compromised" in their home countries, and incompatible with conventional expectations. A sense of "being different" was a recurrent theme in their decision to leave. Asya became "rebellious" towards conventional career choices, and felt "different from the crowd". Mia's and Kinga's migration constituted a move away from rigidity and conformity. Gulliver felt a pressure to conform to social norms he did not feel connected to – resulting in a compromised self. His departure offered the possibility of making his own choices, and living free from racial and cultural stereotypes.

Unfulfillment in the home country and leaving as a re-invention of self

The decision to leave was connected with a sense of unfulfillment, and lack of possibility of exploring self-potential; it also served as an opportunity for self re-invention. For Asya, the main motivation to live in another country was "self-

growth”, seeing it as an “existential” naissance. For Gulliver, leaving was a trigger for an almost apocalyptic change to identity. Kinga’s migration appeared to constitute an escape from painful childhood memories and a desire to resolve family issues.

Challenges during the settlement process

Although migration led to positive developments, participants acknowledged the tumultuous challenges faced upon arrival and during settlement in the UK.

Difference as a turbulent experience and identity threat

The initial encounter with the unfamiliar world was described as an affliction – “illness”, “nothingness” and “handicap”, leading to confusion, identity threat, loss and disorientation. Mia was concerned her accent might isolate her, condemning her as being ‘foreign’: she perceived her difference to those around her as a handicap which generated feelings of inadequacy, shame and inferiority. Asya painted a vivid picture of her existential threat - her very existence at peril in an unfamiliar world where her sense of self had become ruptured. This disturbance brought about a need to hold onto something known and reassuring which led Asya to use her national identity as a shield from feelings of annihilation: *It was like holding on to what you have otherwise it is so difficult to be no one as if you are nothing.*

Gulliver compared his new environment to a war zone, portraying the experience as hostile, shocking and intimidating:

You think you got things in common, you speak the same language, but there is a very fundamental difference between what it is like to be English and what it is like to be New Zealander.

Loss and disorientation

Upon entering the new environment, participants described a profound sense of difference and began to endure a fragile and disoriented sense of self that was at threat of expulsion and isolation. Gulliver reported feeling physically “ill” – disconnected and disempowered, while feeling a powerful urge to belong and connect with the new environment:

It made me very, very ill. I didn’t know where the hell I was and who I was anymore. I wanted so much to be part of this and that’s the other weird thing...

Asya reported feeling “thrown into a different world”, out of control and disempowered. Depression featured in Mia’s account, and Kinga described feeling ‘shaken’ by the unknown.

Culture shock

A strong sense of “shock” and “confusion” was described, caused by the lack of shared cultural values.

Even the way they drink alcohol in this country is completely different to how they drink back in NZ. The whole attitude about how your day is to go is completely different. It spun me out for a while. (Gulliver)

I struggled with diversity, I was like how does it work, where those people come from, why those guys kissing on the street so it was a huge shock. (Mia)

In this country child does not have to look after the parents, that was my first shock when I first arrived here. (Asya)

The desire for recognition and validation

The threat to self through exposure to the unfamiliar environment appeared to forge a strong desire for recognition and validation:

Almost like to say hey I am better than working behind the bar, I actually have a degree. (Mia).

Here I am university graduated woman working in a coffee shop. (Asya)

The narratives illustrated the need to be heard and seen - as if the foreign landscape necessitated a level of recognition as an antidote to invisibility within the new, barren social habitat.

The host country as a new home

The establishment of new attachments

Regardless of challenging experiences during their initial settlement, the participants’ alien environment eventually became “home” through the establishment of new attachments: *I started to feel at home here since I’ve met my current husband.* (Mia) Development of close friendships has provided Gulliver with an experience of home. Whilst Kinga never experienced a sense of home in her native country, she has created a new, fulfilling home in her host country: *I have lots of wonderful, real friends in London that I don’t have in Poland.* Asya stated she had never “established” the “feeling of home” in the host country due to a limited quality of friendships accrued during her stay.

Embracing difference

Settlement in the new country seems to have been reinforced through an acceptance of divergence and the embracing of foreignness. Here, difference is no longer experienced as an obstacle, but rather as a mediator. Mia’s experience of her difference as a “handicap” shifted from feelings of inferiority to “strength” - facilitating her integration into the host country:

Getting confidence in doing my job and integrating myself I felt much better. Now, being foreigner is my strength and I don’t have to be ashamed, I am proud of my cultural background. (Mia)

I will always feel different, I know I am not English, but we are all different in the end and I don’t mind that. Differences are good, differences are interesting. (Kinga)

The impact of migration on the self

The self as more open to diversity

Exposure to the new culture appeared to lessen self-restriction, fostering flexibility towards diversity through a process of self-review and personal growth:

I am way more tolerant than I used to be, if you asked me ten years ago what I thought about gay marriage, I would say what? Are you mad? (Mia)

I am more open, less judgemental... you meet too many people here and things used to surprise me but I learned to accept. (Kinga)

The narratives suggested that moving beyond cultural boundaries and known terrain can lead to expanded vision, an ability to accept divergence.

Uncompromised identity

Leaving home became a catalyst for self-reliance. It appeared that the lonely and self-sufficient migration journey fostered a deeper connection with personal choice and preference.

Here - if you meet somebody and you don’t make a connection, they simply drop away whereas people you feel a genuine connection with, they stay with you.

(Gulliver) Mia felt a sense of restriction in her native country whereas her new environment appeared to foster and facilitate a greater freedom for self-expression.

Migration as a heroic action

Self as superior

The participants often compared themselves to those they had left behind - feeling admired and displaying thoughts of superiority.

I became a bit of a star. I became more to everybody back home because I had left. (Gulliver)

I am more advanced than them... richer in experience. (Mia)

I improved myself I did many things, I travelled a lot, I discovered new places, I moved on a lot. (Kinga)

Here, the migration journey is experienced as an act of courage - an extraordinary achievement that differentiates the participants from their compatriots through a perceived increase in status.

Migration as a great accomplishment

Feelings of surprise, victory, elation, strength and pride were described - the rewards of great achievements and astonishing experiences. The narratives reflected that tumultuous challenges have been survived and overcome.

You become aware of this strength when you successfully manage to live in another country, you look back sometimes and go yayyy I did it, I did it regardless of all those challenges. (Kinga)

Mia associated a premature return home with personal failure - whereas the fulfilment of her migrant journey is equated with accomplishment and strength. Migration has provided Asya with a sense of completion through which she has fulfilled her potential, increased her self-worth and proven her responsible and determined nature.

Discussion

In line with Madison's work, the call to departure appears to manifest itself according to Heidegger's concepts of 'unheimlich' and 'call of conscience' (Heidegger, 1962, p.314). Participants repeatedly expressed feelings of difference, lack of fulfilment and a sense of void in their native country - themes which were intimately associated with their decision to migrate. Interestingly, each participant displayed a great affinity towards the unfamiliar world, perceiving the unknown as an opportunity for self re-invention and, in line with Heideggerian thought, the attainment of authenticity. In this context, departure can be seen as an existential response to feelings of void that were commonly experienced in the participants' native surroundings.

Grinberg and Grinberg's (1989) strict definitions of migrant motives stand in contrast to the participants' accounts, which are replete with a paradoxical interplay between longing for home and a yearning for its very separation. Resultantly it appears impossible to classify voluntary migrants under one terminological bracket. This dialectic tension around the meaning of home appears to corroborate existential notions, suggesting that the human experience is often embodied by a conflict between the known familiarities of the "home" space and the unknown possibilities of the "far away" (Valsiner, 2012). Whilst the participants' early reactions to their new environment appear to corroborate with classical psychoanalytic views as well as certain cultural studies, (Grinberg & Grinberg, 1989; Matsumoto & Juang, 2008) a key question posed in the literature review was whether this afflictive experience could lead to pathological symptoms or cultural assimilation as suggested by the above theories. Interestingly the aforementioned theories become irrelevant as the participants move away from affliction and describe

the emergence of a positive shift and a fluid negotiation, corroborating contemporary theories (Eleftheriadou, 2010; Stopford, 2009). A theme common to all participants, is that through migration, both home and belonging have been re-created.

The participants' migration journey also echoes Joseph Campbell's notion of the *hero's journey* - a pattern he observes across all religions and myths. According to Campbell, the hero's archetypal journey occurs in three transitional phases; *departure*, where the individual receives a call to leave the familiar world, followed by a phase of *initiation* during which the hero endures various struggles and challenges in the new world, leading to the discovery and proof of hidden strengths, the abandonment of old limitations and freedom from the shackles of old attachments. The final stage is the *Return*, in which the hero re-emerges from the conquered, previously unknown space - carrying some mental, physical or spiritual bounty that is of great benefit to his people (Campbell, 1949, p.237). The accounts reflect home as an ambiguous concept (Papadopoulos, 2002). Valsiner (2012, p.713) suggests that the human experience is often embodied by a conflict between the known familiarities of the 'home space' and the unknown possibilities of the 'far away'. Whilst finding comfort within the familiarity of home, people can long for the foreign and the unknown. Dovey (1985, p.46) argues, 'There is no sense of home unless there is journeying'. This statement hints at a paradoxical dimension of home. The movement away from home elevates its ambiguity on a deeper level, challenging the migrant to question the divergence between mobility and stability, beginnings and endings, rootlessness and rootedness, inclusion and exclusion. In an unstable and fluid context, home may be here and now but also nowhere. There is often a conflict between the wish to stay and the wish to escape, a need for home versus the need for something new (Relph, 1976).

The participants' accounts closely mirror this transitional journey and despite enduring turbulent experiences during the migration, each narrative expresses feelings of victory, accomplishment, completeness and self-alteration. The narratives also conjured Jung's premise of 'individuation', described as a 'deadly boredom' in the midst of which everything feels meaningless and empty (1964, p.170). Jung understood this state of mind as signalling a deep spiritual calling to discover one's unique space and life in the universe. Individuation separates the individual from conformity and thus, the collective. Hollis highlights the empowering quality of leaving one place and finding change through another, noting that a movement away from collective principles and the delving into one's own potentialities is often a laborious and painful process that requires an abandonment of the learned world and the discovery of one's inner centre, which Jung called the *Self* - signifying the unity of the conscious and the unconscious. In this light, the call to adventure can be compared with the process of individuation - through which socially constructed principles are erased and a spiritual, autonomous self can begin to emerge. Although there is much divergence between Jung, Heidegger and Campbell's theories, the participants' narratives suggest that migration compels an amalgamation of all three, when explored within the light of the positive possibilities afforded through authenticity, initiation and individuation. From a post-modern perspective, feelings of homelessness are an inevitable destiny of the contemporary world brought about through globalisation (O'Hara & Anderson, 1991; Rapport & Dawson, 1998), suggesting the question of home as not limited to migrants but a relevant topic for anyone who wishes to contemplate personal dilemmas in the post-modern world.

Whilst the migration experience can be perceived as constituting an initial form of loss and turbulence, narratives suggest that via a process of gradual adaptation, it is possible to achieve new, secure relationships within a new culture, free from assimilation, loss of origin and symptomatic outcomes. One may perceive these difficult beginnings as a non-pathological mourning for home, leading to self-liberation and positive developments. Post-modern thought stresses multiplicity at the expense of pathology and stage theories (Rapport & Dawson, 1998).

Conclusion

Two key questions explored four participants' lived experiences; the choice of leaving one home for another and the experience of living in a foreign land – revealing notions of home, identity and belonging to be the predominant themes of this research. The study revealed a tension between the participants' existential desire to express themselves as solitary, unique beings in a new space and their wish to be grouped and positioned in relation to others. They perceived relocation as a path towards newness, novelty and individuality at the expense of conformity and narrowness of their previously known world.

Whilst the notion of home began with idyllic descriptions such as comfort, security and safety, it became more complex as our discussions developed and the participants' values were further explored. Ambivalent and paradoxical self-reflection was an indispensable transmit that allowed participants to make sense of their stance between the familiar and the unfamiliar - a common paradox being that a state of not 'being-at-home' permits a fuller awareness of one's self and facilitates a deeper relationship with the world.

Migration as a chosen transformative experience appears to resonate with existential, spiritual, Jungian and social constructionist views, suggesting that stepping into the unfamiliar world is a journey towards "authenticity", "individuation", "initiation", "autonomy" and "multiple identities". There are certainly many fundamental divergences across these theoretical foundations but a key aim of this research has been to map out the points of contact, reflection and meaning within the diverse possibilities. This paper has not attempted to elicit specific theoretical frameworks at the expense of others but rather, has reflected on various approaches and perspectives and their contradictions and similarities, reflecting multiplicities of meaning that lie at the core of the migrant journey.

In keeping with the requirements of any qualitative research, it must be recognised that all data that emerged from the study is limited to the experience of four participants. Their accounts have in turn been filtered and influenced through researchers' own subjective interpretations and bias – as a result of IPA's inherent reflexivity. However, we hope that the research can lay claim to a novel integration of the diverse and multiple aspects of an experience not yet examined within the wider field of psychotherapy literature.

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BOOK REVIEWS

Luca, M. (ed) (2014)

Sexual Attraction in Therapy: Clinical Perspectives on Moving Beyond the Taboo A Guide for Training and Practice.
Chichester: Wiley Blackwell.

Review by Anne Power

This book powerfully achieves its aim of normalising and demystifying sexual attraction. The first ten chapters explore how the erotic dynamic is understood and worked with by practitioners of very different modalities, including a chapter each on family and couple work. The following five chapters have a research focus and report on qualitative studies into the therapist's experience of sexual feelings in the room. I felt the book worked very well as a whole and its spirit of integration meant that the reader is included in a respectful, thoughtful conversation between diverse colleagues. Being clear and well written this book is likely to be a useful resource for training, but I think the depth of the issues discussed means that it will be most valued by experienced therapists. It will appeal particularly to practitioners who enjoy understanding modalities other than their own.

Almost all chapters are rich in clinical material. The editor has ensured that contributors include 'close grained' clinical vignettes as well as very clear bullet points outlining how they aim to respond to erotic energy in the therapy room. All the writers subscribe to the view that sexual feelings are inevitable in the therapy relationship and that to try to deny them is harmful to the work. There is however variety of opinion on how to manage these feelings with some writers arguing that disclosure of the therapist's feelings of attraction could on occasions be appropriate.

The clinical chapters range from cognitive-behavioural therapy to psychoanalysis. A particularly clear discussion of the topic is offered by a relational psychoanalyst and a very creative integrative chapter uses Clarkson's five-mode approach to explore sexual attraction within her familiar headings. The writer offering a phenomenological perspective reminds us that "sexual feelings are a constant horizon to our existence." (2014, p.69) and offers a rich exploration of the embodied dyad in the room. I found the chapter on stalking was highly informative whilst that addressing sexual attraction in supervision was disappointing, offering very little thought about sexual feelings between supervisor and supervisee.

Whilst I anticipated that the research section would be of interest I was impressed at its direct clinical relevance. Reading first hand reports of how other therapists cope was supportive and educative and I took a great deal from these accounts that can help me in the room. As the studies use different methodologies this section has the added function of showcasing different types of research - useful for anyone who is beginning to find their way around qualitative approaches. I was absorbed by a study that used Foucauldian discourse analysis to explore the experience of heterosexual male therapists. I anticipated that this might be worthy but heavy-going. In fact it was highly accessible and engaging

and the authors beautifully map the competing tensions which straight male therapist face. Whilst society's dominant code of masculinity primes (indeed requires) them to respond to an 'attractive' woman, their role as therapists prompts them to behave ethically. If this tension is not consciously managed there may be a degree of internal fragmentation.

This is a mature integrative book where difference is treated as an opportunity to be curious and to learn, rather than to score points. With twenty contributors, there is naturally some variation in the strength of the writing but there were only two or three chapters which I felt lacked real exploration. By the end I felt I had moved closer to the aspiration voiced by the editor, that "if desire appears, we can be ready to welcome it with curiosity, interest and the will to understand, just like we approach anger, hate, shame and guilt if we as therapists become the object of these emotions." (2014, p.243).

Cowie, H. & Myers, C.A. (Eds) (2016)
Bullying Among University Students: Cross-national perspectives
London: Routledge.

Review by Dr Wendy Sims-Schouten

This is a much needed book in the largely under-researched area of bullying among University students. The book is well-structured and clearly organised under key themes, from the student experience (Part I), to the nature and social context of bullying (Part II and III), and interventions and reflections (Part V and VI). The book is comprehensive with good use of themes, drawing on the expertise of the various authors and contributors.

As such, the book is able to tackle and provide insights into a wide variety of topics and areas in relation to bullying in HE, drawing on experiences and data from undergraduate students through to research students. Here, different elements and aspects in relation to the nature of bullying are addressed. For example, by drawing on peer community integration theory and positioning theory to examine associations between peer relationships and positioning in peer groups and bullying. Notions to do with homophobic and transphobic bullying are also addressed. Furthermore, stalking and the relationship between mental health and bullying, in both bullies and victims, are discussed.

In addition to focusing on the nature of bullying, social context is also addressed. Part IV touches on cross-cultural issues and the role social context in bullying at Universities in the USA, Greece, and Argentina, Estonia and Finland – as such the book is able to provide an insight into different perspectives and viewpoints.

Useful insights into interventions and policies are provided in Part V of the book, from therapeutic interventions through to policies/procedures and legal definitions in relation to cyberbullying and rape culture. All of this is pulled together nicely in the bit on 'reflections', which marks the final part of the book (Part VI).

This is a pioneering book, which is a must-read for anybody affiliated with HE institutions!

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