

DOCTORAL THESIS

The effects of transitions on the therapeutic practice of psychologists

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**The effects of transitions
on the therapeutic practice of psychologists**

by

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**A thesis submitted in partial fulfilment of the requirements
for the degree of PsychD**

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Abstract

Transitions are an inevitable part of the human experience. This inquiry aimed to investigate how psychologists experienced some personal transitions in relation to their clinical work. The two examples of transitions investigated were a personal bereavement and the decision to live without a Christian faith. There were two purposive samples of psychologists in this inquiry, one for each transition. This phenomenological study used an adapted version of Moustakas's heuristic inquiry which emphasised co-construction. This inquiry found that transitions affected the author's and participants' therapeutic practice in each study in idiosyncratic ways. Some effects were changes in personal philosophy, increased empathy and an increased ability to work therapeutically with clients experiencing transitions. Some of the implications of these affects were on the therapists' use of personal experiences in clinical work, fitness to practise and the development of empathy. Conducting this inquiry led to the researcher's personal and professional development, comparable to personal therapy. Examples of the researcher's personal development were increased self-reflection and ability to cope with vulnerability. Examples of the researcher's professional development were an increased understanding of transition theory and its application in clinical work, and a greater focus on facilitating clients to identify specific resources and coping mechanisms during transition. The implications of the findings of this inquiry for Counselling Psychology were on the importance of therapists' self-care and its promotion within applied psychology, the role of reflexive research methods in psychology training and the content of clinical supervision. Specific areas of further research were highlighted including targeted aspects of self-care, the personal effects of leaving religious sects and the relevance of research in the personal development requirement of training. Limitations of the studies were critiqued with reference to phenomenology and phenomenological methods and the use of an adapted version of heuristic inquiry.

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Chapter One: Introduction

The present inquiry consists of two related studies, each of which investigated the effect of one transition on the therapeutic practice (also referred to as ‘clinical practice’) of five psychologists (also referred to as ‘therapists’). The co-researchers (the name for participants used throughout this inquiry) were Chartered Psychologists from the Clinical, Counselling and Educational Divisions of the British Psychological Society (BPS). Study One explored the effects of a personal bereavement (i.e. the physical death of a significant other, referred throughout as ‘bereavement’); Study Two explored the effects of a decision to live without a Christian faith (also referred to as the ‘rejection of Christian faith or ‘loss of faith’). Both studies were brought together for this inquiry which explored the phenomenon of transitions. The definition of transition and the rationale for the inclusion of both studies in this inquiry are discussed in Chapter Three.

Some chapters and sections within this inquiry were written in the first person, particularly when discussing issues pertaining to the “researcher and his role in generating the data and producing the analysis” (Coyle, 2007, p. 18). The rhetorical style was influenced by the “autobiographic’ (Moustakas, 1990, p. 15) nature of the research method used (heuristic inquiry, described in Chapter Three) and the emotional attachment that the author had with the topic of transition (discussed later in this chapter). Creswell (2007) highlighted an increased acceptance within the research community of a “writing style that is personal [and] familiar” (p. 182). This style seeks to engage and involve the reader (Etherington, 2000) in a bid to produce a more open text (Alvesson and Skoldberg, 2000). Stake (1980) suggested that research should be communicated in a way that spoke to the reader and prepared in a way that resembled natural experiences, attended in ordinary personal involvement (Myers, 2000).

My story

My personal narrative is now presented. It is integral to understanding my relationship with the phenomenon under investigation (Creswell, 2007), the emotional component in this inquiry and my motivation to do justice to the research. In phenomenological research, such as the present inquiry, presenting the author's story is a process through which the researcher's understanding and pre-judgements are made transparent so that he can "begin to disentangle something of the fusion of the horizons between subject and object" (Finlay, 2002c, p. 3).

I was initially drawn to the topic of transitions when considering research topics for an MSc in Counselling Psychology (which became Study One of this inquiry). During this time my mother was diagnosed with cancer and died shortly after. I was acutely aware of the pressures I experienced during my mother's illness, and of subsequent issues of loss and bereavement while still offering psychological therapy to highly distressed individuals. At the time of needing to choose the topic for my thesis I was consumed by my mother's death and disinterested in other aspects of life. I felt in the position of having to choose between deferring my training or using my own experience as the topic of my research, an option that was presented by heuristic inquiry (discussed in more depth in Chapter Two).

My mother's illness and death had a substantial impact upon my personal life. However despite consideration, I was unsure if it had affected my therapeutic work, which I wanted to investigate further. I wondered how the work of other psychologists had been affected by bereavement, and upon discovering that there was a dearth of literature regarding the subject, believed that such a study would make a worthy contribution to the knowledge base of

Counselling Psychology. I possessed what Freedman and Combs (1996) described as a ‘not knowing attitude’, which Anderson (2003) said was an attitude towards a phenomenon in which the therapist or researcher was willing to have their knowledge (i.e. their professional and personal values and biases) questioned and changed. Etherington (2004a) described this as an:

...ideal attitude for researchers who truly seek new knowledge, rather than trying to find knowledge that fits in with, and reinforces previously chosen theories about people and the world (p. 26).

I decided to study ‘*The effects of a personal bereavement on the clinical practice of psychologists*’ (the title of the MSc) using an adapted version of Moustakas’ (1990) heuristic inquiry (discussed in more depth in Chapter Three). Heuristic inquiry was an appropriate method to use because in addition to seeking to explore the experience of others, which was one of my aims, it engages the researcher in a disciplined and structured investigation of his own experience, encouraging a process of “self examination, significant personal learning and change” (Stiles, 1993, p. 604). Additionally, it provided a respected and established (Creswell, 2007) means of exploring the impact of transition on my clinical practice and that of other psychologists, whilst enabling me to disseminate my findings within the wider academic community.

On completion of the MSc the Counselling Psychology qualification changed to a Doctorate, onto which I transferred. This necessitated the expansion of what I had researched into a Doctorate. For the Doctorate thesis I chose to explore the effect of a second transition that I

had experienced, the decision to live without Christian faith; the title of the thesis became *'The effect of transitions on the therapeutic practice of psychologists'*.

My relationship with the phenomenon of loss of faith

I am a former member of a fundamentalist (Harriot, 2009) Christian church. I first became interested in religion at a young age, and consequently my memories of what led me to become a Christian are somewhat unclear. I remember experiencing a strong desire to attend a church, and I visited a number of different Protestant denominations. I did not find any of these particularly inspiring until I entered the church that I later became a member of. It was different in doctrine and practise to 'mainstream' churches (e.g. Church of England, Baptist) and I immediately felt 'at home'. I was attracted by the confidence of its members, and I decided to join and became an active member for many years.

I enjoyed my time as a Christian; it provided a sense of purpose, belonging and a supportive environment. However, in my late teens I developed a curiosity about the world outside of religion; I began to question the church's teachings and the existence of God. The answers to my questions became increasingly unsatisfactory and circular (Dawkins, 2007). After approximately one year of uncertainty and questioning, I decided to leave and explore life without God, which was a frightening yet exciting time.

Approximately one year after leaving church my father was diagnosed with cancer and died within three months. His death was devastating; I felt utterly lost. I returned to church, but found it to be of little comfort. The Christian notion of a loving, gracious God (Exodus 34:6) became untenable in light of my father's untimely and painful death. It was at that point that I

chose to fully reject the Christian faith. I went through a period of researching other religions and also became interested in politics; however I noticed that I was still searching for something to hold on to that would give me a sense of purpose. After a significant period of self-search and personal therapy, which helped to develop my own understanding and sense of purpose, I identified myself as an atheist. Today I do not believe in any form of supernatural existence.

Rationale for two transitions

The rationale for studying the effects of a personal bereavement and the rejection of Christian faith was that I had a personal connection with both; this in part also provided the rationale for the use of heuristic inquiry (the rationale is discussed in more depth in Chapter Three). It was not claimed that a personal bereavement and the decision to reject Christianity were more significant than other transitions; they were used merely as examples. Although seemingly different, the two transitions shared four crucial characteristics. Firstly, in the literature bereavement and the rejection of the Christian faith both involve ‘loss’; bereavement is the loss of a loved one (Weston et al., 1988) and the decision to live without Christian faith has been referred to as the ‘loss of faith’ (Dourley, 1993) or the ‘loss of God’ (Penson et al., 2001). Secondly, as discussed in this chapter, both were embedded in and related to my own narrative. Although I had left church before my father died, his death cemented my decision to live without Christianity and elicited a curiosity about atheism. My mother’s death ignited an academic interest in religion, particularly ‘fundamentalism’ (Harriot, 2009). Thirdly, bereavement and religion are related in academic literature; for example both were written about extensively by Freud and Jung (Rees, 2001), and research has explored the impact of religious belief on individual’s experience of bereavement and its

role in cultural grief (Wuthnow, et al., 1980). The literature pertaining to these two transitions are discussed further in Chapter Two. Fourthly, co-researchers in Study One spoke about religion in the context of bereavement; one co-researcher discussed how her spirituality helped her through bereavement, while another reported that bereavement strengthened their atheism (discussed further in Chapter Four).

Aims of research

The primary aim of this inquiry was to further my personal and professional development, an aim that McLeod (1999) suggested was characteristic of therapists who engaged in 'practitioner-research'. I wanted to explore the effect of transitions on my clinical work, and in the process increase my understanding and ability to form and maintain an effective therapeutic relationship; an aspect of clinical practice that is given primacy in Counselling Psychology (BPS, 2005b; Martin, 2009; Strawbridge and Woolfe, 2009) and supported by the literature that identifies a positive correlation between the quality of the relationship and therapy outcome (Bergin and Lambert, 1978; Gilbert and Leahy, 2007; Horvath, 2001; Hill, 1989; Lambert and Barley, 2001; Luborsky, 1994; O'Malley Suh and Strupp, 1983).

Kaufman (1996) suggested that creating and maintaining an effective relationship was dependent upon the therapist's emotional availability. He claimed that this required the therapist's engagement in personal development activities that increased his awareness of issues and conflicts that may intrude on his practice. I agreed with Etherington (2000) who suggested that personal and professional development were inextricably linked when she commented "who I am in the relationship with clients is who I am" (p. 119). Self-development for the purpose of professional development is accepted within Counselling

Psychology (Martin, 2009) and the wider therapeutic community (McLeod, 2003); evidence for its appropriateness was supplied by House (2003) and Martin (2005, 2009), who suggested that the personal experiences may have a stronger and efficacious influence on the work of the therapist than formal training. Heuristic inquiry was appropriate in this context because it involves a process of internal search (Moustakas, 1990), which can lead to “significant personal learning and change” (Stiles, 1993, p. 604).

The secondary aim was to contribute to the literature regarding the influence of the therapist on therapeutic practice. There exists a body of research that explores the relationship between the personal and the professional ‘self’ of the therapist (Baldwin, 1999; Hardy et al., 2007; Horne, 1999; Lum, 2002; Rowan and Jacobs, 2002). Studies have explored the effect of stress (Fine, 1980; Grosch and Olsen, 1994; Horton and Varma, 1997; Hellman et al., 1987; Norcross and Prochaska, 1986a, 1986b; Wetchler and Piercy, 1986) and transitions such as bereavement (Colson, 1995; Rodman, 1998; Silberberg, 1995) on therapists ‘as people’ i.e. on them personally. There exists a body of autobiographical literature written from a psychoanalytical perspective, which is discussed in the literature review of this inquiry, although not focused on in depth because of the researcher’s desire to focus on non-analytical research. However there is minimal non-psychoanalytical empirical and theoretical literature that examines the impact of transitions on therapists’ clinical practice (their professional selves). It was hoped that this inquiry would make a contribution to this area and in the process “encourage compassion and promote dialogue” (Ellis and Bochner, 2000, p. 748) within the academic and therapeutic community about a phenomenon that has thus far has not been extensively studied (discussed further in Chapter Two). The literature concerning transitions and the two investigated in this inquiry are now presented.

Chapter Two - Literature Review

The literature review is traditionally conducted before embarking on a study (Barrett, 2006) and helps the researcher identify whether:

...a need exists to add or fill a gap in the literature or to provide a voice for individuals not heard in the literature (Creswell, 2007, p. 102).

In contrast the heuristic researcher engages in a process that Moustakas (1990) called “discovery from the self” (p. 10), which begins with a question with which he has a personal connection and wants to answer (Ibid.). In a heuristic inquiry the researcher begins the literature review after the question or research topic has been chosen and evolves throughout the life of the study as he becomes increasingly aware of the phenomenon (Ibid.). The literature is drawn from a variety of sources and:

...anything connected with the question becomes raw material for immersion, for staying with, and for maintaining a sustained focus and concentration (Ibid., p. 28).

The literature reviewed was categorised into literature concerning the following three topics: ‘transitions’, ‘bereavement’ and ‘faith’.

Transitions literature

In this section the transition literature were grouped into four broad categories; ‘definition of transitions’, ‘models’ (or ‘theories’, used interchangeably) and ‘managing transitions’ and

‘transitions of the therapist’. However, the categories tend to overlap because some models (e.g. Bridges, 2004 and Schlossberg et al. 1995) also encompass managing transitions.

Literature on definition of transition

The study of transitions has a long history in psycho-social research (Sugarman, 2001), particularly in anthropology (Turner, 1969; Sheehy, 1977; Van Gennep, 1960), a discipline that has explored them with regards to ‘rites of passage’ (Sheehy, 1977). Adams et al. (1976) suggested that transitions should form a specific area of study called ‘transition dynamics’. However this did not happen and transitions have continued to be studied independently in a variety of disciplines (Lenz, 2001), such as psychology (Sugarman, 2001), sociology (Lenz, 2001) and nursing (Schumacher and Meleis, 1994).

The definitions used in this chapter were ones that were considered as more representative and that informed the present inquiry. According to Ribaupierre (1989) a ‘transition’:

...in its most general meaning implies the passage or change from one state to another (p. 297).

Moos and Tsu (1976) suggested that transition occurred after a crisis and was defined by a:

...relatively short period of disequilibrium in which a person has to work out a way of handling a problem (p. 13).

Moos and Tsu's definition, which was influenced by crisis theory (Lindermann, 1965), was broadened by Schlossberg (1984) who suggested that transitions were also triggered by events that led to gains, a position supported by Bridges (2004). Schlossberg (1984) suggested that a transition was only such "if it is so defined by the person experiencing it" (p. 44), which resonated with the social constructionist position taken in this inquiry (discussed in Chapter Three). Schlossberg et al. (1995) defined transition as:

...any event, or non-event, that results in changed relationships, routines, assumptions, and roles (p. 27).

'Non-events' referred to events that were not immediately obvious; such as the failure of something anticipated to occur (Beeson and Lowenthal, 1975). Schlossberg et al's. (1995) definition echoed Parkes' (1972) and Levinson's (1978), who both emphasised the development of the person in transition and the influence of psycho-social factors. In this inquiry 'relationships' were considered to encompass family, friends, clients and God. Using Schlossberg et al's. (1995) definition, bereavement and the decision to live without Christian faith were considered transitions because co-researchers spoke about a change in their relationships (e.g. relating to family and clients at greater depth), their assumptions (about themselves and clients), routines (hours of work, attending church) and roles (within the family and society). The specific effects of transitions on these aspects of co-researchers' lives and their implications on Counselling Psychology are discussed further in Chapter Four and Five respectively.

Schumacher and Meleis (1994) suggested that there were two "universal properties of transitions" (p. 121) that differentiated them from non-transitional events. They said

transitions were processes that occurred over time, which involved “development, flow, or movement from one state to another”, and identifiable by the nature of change, for example in “identity, roles, relationships, abilities and patterns of behaviour”. They categorised transitions into four types: Developmental (e.g. pregnancy), situational (bereavement), health-illness (HIV) and organisational (change of leadership). Although Schumacher and Meleis’s categories relate to nurses, it could be applied to transitions faced by clients of psychologists and related health professionals, given the similarity of the issues that people seeking help present with.

In summary, although many definitions of transitions exist there is some agreement in the literature that transitions are identified by two characteristics. First, they are triggered by a personally significant event or non-event and second, they involve a process of internal change, from which the individual does not return to their pre-existing state. It could be argued that transitions are at the heart of psychotherapy practice, thereby locating this inquiry firmly within the discipline of Counselling Psychology. People who seek help from psychologists and related professionals are very often experiencing “periods of instability precipitated by developmental, situational, or health illness changes” (Schumacher and Meleis, 1994, p. 119). These changes may result in alterations to their lives and to those around them. The task of the therapist is to help the individual in transition successfully negotiate these changes, through the application of psychological theory; whilst at the same time acknowledging that they are themselves affected and changed by transitions.

Models of transitions

For the purposes of this review, transition theories were categorised into two groups: 'stage theories' and 'social interaction theories'.

Stage theory

Van Gennep (1960) presented the forerunner to stage theories (Kralik et al., 2005). He described three distinct phases through which individuals move during transition: removal from normal routine, 'limbo', and re-incorporation into society. The impact of a transition on an individual across his life course has been given considerable attention within the life-span literature (Sugarman, 2001), particularly by those proposing a stage model of development (Erikson, 1968; Gergen, 1977; Levinson, 1978). Stage models began with the study of the bereavement (Williams, 1999), for example Parkes (1964) and Kubler-Ross (1969). They suggest that an individual's life course is characterised by predictable developmental stages and psychological states that overlap one another (Brammer and Albrego, 1981; Martin and Smyer, 1990; Williams, 1999).

Stage theories categorise life events into normative or non-normative events (Baltes et al., 1980), corresponding to the definition of anticipated and unanticipated transitions suggested by Schlossberg et al. (1995). Anticipated events are related to the life cycle and are age and history graded; the latter defined as events that occur unexpectedly and outside of 'normal' experience (Callahan and McCluskey, 1983). In practise, these distinctions may not be as clear cut. In the present inquiry the two transitions studied appeared to cross both categories. For example co-researchers in Study One experienced bereavement as a normative and non-normative event; one co-researcher's father died at an age-expected time, whereas another

co-researcher's grandchild was still born, an event that in 2007 affected only 5.2 per 1000 births (CEMACH, 2007).

Adams et al's. (1976) stage model developed from their attempt to understand and cope with their own transitions, a motivation that resonated with the present inquiry (discussed in Chapter One). Adams et al. (1976) hypothesised that transitions involved a cycle of seven stages: immobilisation, minimisation, depression, acceptance of reality, testing, searching for meaning and internalisation. They classified transitions as predictable and voluntary or unpredictable and involuntary, and identified four types of coping styles. Following Appley's (1978) critique, they acknowledged that their work was only a preliminary "attempt to link theory with practice" (p.5) and did not intend to present a comprehensive theory. They recommend further research that explored ways of helping people acquire new skills to manage transitions, a suggestion echoed some years later by Schumacher and Meleis (1994). Nonetheless Adams et al's. (1976) model provided a multi-faceted account that may characterise some individual's experience of transition and served as stimulus for further work (Appley, 1978).

Bridges (2004) proposed a three-stage model, which subsumed many of the stages proposed by Adams et al. (1976). Drawing from the work of Levinson (1978) and Erikson (1968), Bridges (2004) suggested that transitions involved "an ending, followed by a period of confusion and distress, leading to a new beginning" (p. 8). Bridges (2004) made the distinction between 'change' and 'transition'. He suggested that transition was characterised by internal processes, whereas 'change' was characterised by external processes (Schumacher and Meleis, 1994). Bridges (2004) proposed that people in transition needed to find different ways of making sense of the world in which they reside, an idea that may be a particularly

important aspect of transition for psychologists, who assist people to find new ways of coping when faced with difficult events and subsequent changes.

Critiques of stage theories have questioned their applicability because they were all derived from research within Western cultures (Wheeler et al., 2002), and therefore the stages they propose may not be as universal as implied. For example, Fiske and Chiriboga's (1990) twelve year longitudinal study was conducted only among North Americans, yet is an "oft-cited longitudinal transitions study of people facing transition" (Sugarman, 2001, p. 43). Further research among non-Western people in transition is indicated if the stage models were to be considered applicable across different cultures. Stage theories however have proved useful because they describe many of the experiences that individuals report experiencing during transition, and paved the way for later models that explored transitions in a way that took into account individual and contextual differences, such as social interaction theory, which is now discussed.

Social interaction theory

An alternative to the stage model approach was provided by Schlossberg (1984) and Schlossberg's et al's. (1995) 'social interaction theory', which suggested that three factors influenced an individual's experience of transition: the nature of the transition, the individual's characteristics and the individual's environment. They proposed that transitions were characterised by phases, which individual's move into, through and out of. It is an integrated and process-orientated approach that incorporated context, development and life span (Boyer, 2007), thereby addressing the suggested cultural bias of stage theories.

Schlossberg et al.'s (1995) theory was aimed at therapists, which Lundberg (2004) suggested left it inaccessible to a non-therapeutic readership. However by taking into account the nature of the transition and the individual and cultural differences, Schlossberg's et al. provided a possible explanation of why variation occurs among individuals in transition, which could be positioned within a social constructionist framework (discussed further in Chapter Three). Their model has been used by professionals from various backgrounds and informed their work with clients from diverse populations (Boyer, 2007; Daniluk and Tench, 2007) and resonates with Counselling Psychology that seeks to:

Know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions. (BPS, 2005b).

Managing transitions

The second broad category of literature focuses on managing transitions. The models of Bridges (2004) and Schlossberg et al. (1995) were also located in this literature. They have categorised into 'self-help' and 'academic' literature.

Self-help literature

The majority of the literature regarding the management of transitions was located in the 'self-help' genre, indicating an interest among the general population for applied psychological theory (McGee, 2005). A wide range of issues are covered, for example divorce (Abelsohn, 2000), grief (Doka, 2007), pregnancy (Sears et al., 1997) and career change (Edwards and Edwards, 2001). Bridges' (2004) model is discussed in this review because it spans the academic and self-help literature, and has been used by many self-help guides as the basis on which they discuss transitions. He made a clear distinction between change and transition; he suggested that change was situational, whereas transition was a

psychological process that involved an adjustment to change, resonating Schlossberg et al's (1995) model discussed earlier.

Within each one of the three stages proposed by Bridges (2004) the reader is recommended to engage in various tasks, which he said facilitates the successful negotiation through the transition. For example in the 'neutral zone' (the place in-between transitions) he recommends finding a place to be alone, keeping a log of experiences and writing an autobiography (p. 143-145). Failure to complete such tasks results in psychological and emotional difficulties. Bridges' model was developed amongst people located within Western culture and therefore could be critiqued on the same basis as the aforementioned stage models, i.e. that it does not adequately take into account individual differences and variations in how transitions are experienced and managed. That said it has made a worthy contribution to the literature and our understanding of the process that people undergo when in transition, and made psychological research and theory accessible to the lay-person.

Research literature

A literature search found only two models of managing transition, namely Schlossberg et al. (1995) and Brammer and Abrego (1981). Schlossberg et al's model was intended for therapists who work with clients in transition. Their theory seems particularly useful because it can be used with individuals regardless of their cultural background, by taking into account an individual's culture as a factor that impacts on how transition is coped with. The model's focus on the specific factors of the individual and his environment resonates with the importance placed in Counselling Psychology of seeking to understand the influence of the client's context (BPS, 2005b) on their experiences and the social constructionist position that informed this inquiry (discussed further in Chapter Three).

Brammer and Abrego (1981) proposed a process model of managing transitions, in which they developed Schlossberg's (1981) theory by exploring in more detail:

...the support characteristics of the environment and competencies of the person in the form of coping skills (p. 16).

They suggested that by coping with life events individuals can learn how to manage future transitions. They proposed that transitions can:

...set in motion a renewal process characterised by new life goals and directions that lead to greater satisfactions than before the painful transition took place (p. 19).

Current research (conducted since 2009, found by a *PsychInfo* search on 15th January 2010) has generally focused on the experience of transitions by specific populations using the available aforementioned models. This may indicate that the various models discussed in this chapter are accepted by contemporary researchers as adequately describing the process of transition. Current studies have explored issues such as the transition of the adolescent from school to work (Guile, 2009; Jeria, 2009), the relationship between military service and the transition to intimate relationships (Teachman, 2009), the role of play therapists in children's transitions from residential to foster care (Kolos, 2009) and the influence of marital transitions on weight gain (Umberson et al., 2009).

Transitions of the therapist

Norcross and Prochaska (1986a, 1986b) highlight that in common with the general population, therapists experience distressing life events. They found that:

Approximately 80% of psychotherapists experienced at least one episode of high distress in three years (p. 102).

Speedy (2000) discussed her experiences of bereavement using a narrative approach. She suggested that therapists could enhance their therapeutic practice by engaging in “taking it back practises” (p. 629), a term that she used to describe the therapists self-disclosure. However her suggestion may have limited application because not all therapists would be comfortable disclosing their personal experiences, an issue that was addressed by co-researchers in this inquiry (discussed in Chapter Four).

The impact of stress caused by transitions has received considerable attention (Fine, 1980; Horton and Varma, 1997; Grosch and Olsen, 1994; Hellman et al., 1987; Wetchler and Piercy, 1986). Colson (1995) discusses the effect of ‘multiple losses’ on her ability to provide therapy, however she uses psychoanalytical concepts that not all would identify with. Jeffries (2000a, 2000b) explored the effects terminal illness had on her work, and in contrast to Speedy (2000) the ‘unavoidable’ issue of self-disclosure. Page (1999) explores what he called the ‘shadow’ side of the counsellor and discussed how life events could be incorporated into therapeutic work, an aspect of development ignored by Skovholt and Rønnestad’s (1992) broad discussion on the counsellors’ professional development.

Boice and Hertily (1982) found that when confronted with disrupting life events the psychologists in their study did not necessarily follow the steps they prescribed their clients.

It should be noted however that their participants were drawn from the academic community and thus may be unrepresentative of applied psychologists. One explanation may be found by Prochaska and Norcross (1983) who concluded from their large quantitative study that therapists viewed and treated themselves differently from their clients. However, one must be cautious in generalising from this and other quantitative studies because they do not capture individual differences, an aspect addressed by qualitative research such as the present inquiry. Nonetheless Boice and Hertily (1982) and Prochaska and Norcross (1983) provided useful insight into some of the beliefs held by some therapists and act as a reminder that regardless of training, therapists are just as likely to experience psychological distress as their clients and therefore may themselves benefit from applying transition theory.

Martin (2005) explored the impact of a range of life events on therapists, such as bereavement. His participants reported that their experiences led to positive personal and professional changes, most noticeably to personal philosophy and an increased capacity to relate to clients, concurring with research suggesting that transitions and challenging events can have a positive effect on individuals (Braymer and Abrego, 1981; Stroebe and Schut, 1999). Martin (2005) provided useful insights regarding the nuanced effect of transitions. However, as a 'stand alone' inquiry, it was not possible to make theoretical generalisations (Mitchell, 1983) about the effect of transition (discussed in Chapter Three); suggesting the need for further research such as the present inquiry.

Gerson (1996) brought together a broad collection of psychoanalytic papers exploring the effect of life events on the 'person of the therapist'. Martin (2005) highlighted that Gerson's collection was focused and planned in preparation for contributing to a book, and therefore such clear explanations regarding the effects of transitions may be harder to obtain in a

research investigation. Goldfried's (2001) collection of essays explored how therapists change. It suggested that life experiences can enrich the therapist's perspective on what it means to be human. He did not, however, address the effects of transitions on clinical work, surprising given the relationship between transition and change highlighted in the literature. Bayne (1997) discussed the effects of being a therapist on one's personal life. However, he did not explore the impact of transitions on the person of the therapist or the impact they may have on therapeutic work.

In summary, the present review indicated that although a sizeable body of literature exists which explores the effects of transitions on the therapist, there is very little that explores their effects on therapists' clinical work. What was found generally focused on bereavement and was located mainly within psychoanalytical literature (discussed in the following section of this Chapter).

The bereavement literature is now reviewed. It begins with a discussion on the general bereavement literature and is followed by an exploration of the literature documenting the impact of bereavement on the therapist.

Bereavement literature

This section reviews the literature derived from Western theory only, because the present study was located within Western culture. Space did not permit the inclusion of other perspectives, such as Eastern theory. However social constructionist literature (which is discussed) acknowledges the meanings given to bereavement across cultures.

Phenomenon of death and bereavement

In 1959 Feifel expressed surprise regarding the limited number of bereavement studies conducted from a psychological perspective. The so called 'dawning of the death awareness movement' in the 1960's led to a greater acknowledgement of bereavement, which was reflected in the psychological literature (Neimeyer, 2001). However, according to Rothaupt and Becker (2007) clinicians still struggle to understand bereavement.

According to Neimeyer (2001) Western bereavement theory has been dominated by the assertion that bereavement is a process involving distinct, linear stages of grief, which suggest that the bereaved must successfully complete various tasks in order to "let go, move on, recover and live a normal" life (p. 2). It could be argued that this modernist view (Davies, 2004) resonates with experimental psychology that has dominated the twentieth century (Nelson and Prilleltensky, 2005; Smith et al., 1995). This view has formed the theoretical underpinning of bereavement theory since its conceptualisation by Freud (1917). To contextualise the present inquiry, traditional bereavement theories will be critiqued with reference to social constructionist perspectives, which seek to establish how bereavement is experienced and understood by the individual, by taking into account his personal, social and cultural context.

Psychoanalytic approaches

Walter (1994) noted that Freud was the first to conceptualise bereavement, with his notion of 'grief work'. Stroebe and Stroebe (1991) suggested that 'grief work' was a necessary component of recovery from bereavement. The 'grief work' literature suggests the therapist

should assist the bereaved to acknowledge their loss, experience the related emotions and eventually detach from the deceased (Stroebe and Stroebe, 1991). Psychoanalytic theories such as Lindemann, (1978) and Feifel (1959) appears to assume that there exists a 'normal' course of bereavement, which has a universally accepted end point, beyond which is pathological (Rothaupt and Becker, 2007; Worden, 1991, 1996). However Davies (2004) and Rando (1995) argued that emotionally detaching from the deceased may not have been practised and valued by Freud, who proposed it. This suggests that conceptualising grief does not necessarily make it easier to deal with when it affects the practitioner.

Social constructionist theories of bereavement (Neimeyer, 2001) suggest that pathologising grief removes it from its social context; the 'pathology' may be the attempt by the individual to preserve meaning when faced with a major disruption. The bereaved may not actually stop grieving but learns to integrate it into their experience (Neimeyer, 2001). Despite the limitations of grief work discussed earlier, it has been a useful concept in so much that it highlights that adaption from bereavement requires the active involvement of the bereaved. This pioneered the way for subsequent bereavement theory, such as stage and task models, which are now discussed.

Stage and task models

The most influential stage theory of bereavement was proposed by Kubler-Ross (1969; 1975) who proposed that tragedy and grief were characterised by five discrete stages: denial, anger, bargaining, depression and acceptance. Although she noted that not everybody goes through these stages she believed most would and that people will experience at least two during their episode of grief. Antonas (2002) highlighted that Kubler-Ross's theory emerged during a

period when there was a distinct shortage of information and was therefore timely and educational for the public and practitioner alike.

Despite the popularity of Kubler-Ross' (1969, 1975) model, which gave rise to the subsequent stage models of Pollock (1961) and Volkan (1981), Bonanno (2009) concluded from his cross-cultural study that it was not supported by evidence. Stage models of bereavement may be open to the same accusation as the stage models of transition that were discussed earlier, i.e. they do not sufficiently take into account individual or cultural differences. That said, Kubler-Ross' (1969, 1975) model laid the foundations for vigorous research on the process of bereavement (Neimeyer, 2001) and is still used today. It serves to normalise the often distressing emotional and psychological states people experience when grieving. Parkes (1981), although proposing a stage model, acknowledged the influence of individual differences, which reflected the development of later theories that moved away from the emphasis on distinct stages.

Worden's (1991, 1996) bereavement model, which was developed from research on children aged six to seventeen, was derived from Bowlby's (1969, 1973, 1980) attachment theory (Perschy, 2004). Worden (1991) began the departure from stage theory by suggesting that the successful management of bereavement required the negotiation of four tasks. Worden's (1991) final task was the emotional relocation of the deceased (Worden, 1991), which mirrored later social constructionist notions of meaning making (Neimeyer, 2001). This paved the way for what Rothaupt and Becker (2007) referred to as the 'new wave' (p. 8) of constructionist grief research, which explored how individuals constructed and made sense of bereavement.

Constructionist perspectives

Constructionist (or constructivist) and social constructionist theories of bereavement (used interchangeably) offer a radical critique of modernist perspectives that have dominated the psychological literature (Crotty, 1998). Social constructionism is an approach that informed the present inquiry, and is discussed in depth in Chapter Three. In contrast to individualist psychoanalytic and stage theories, bereavement theories informed by constructionism suggest that:

Mourning is the transformation of meanings and affect associated with one's relationship to the lost person (Neimeyer, 2001 p. 24).

Constructionist approaches to bereavement resonate with the growing acceptance that psychological life is fundamentally embedded in relationships and interpersonally orientated meaning (Mitchell, 1993). According to constructionist theory, bereavement can lead the individual to redefine themselves and reweave how they engage with the world (Neimeyer, 2001).

Stroebe and Schut's (1999) 'Dual Process Model' (DPM) suggests that bereavement results in the oscillation between loss orientated and restoration orientated coping behaviour. Loss and restoration encapsulate what Stroebe and Schut considered were the needs of the bereaved when trying to adjust to bereavement: meaning making and avoidance of grief. In contrast to stage models that provide generalised theory, they emphasised the role that the individual plays in coping with loss, and suggests that personal development can occur after bereavement, a notion supported in the present inquiry (discussed in Chapter Four). The

DPM has received strong support (Servaty-Seib, 2004); however caution should be taken regarding its applicability across cultures because it has not been widely researched outside of a Western context.

Davis et al. (2000) critiqued constructionist theories on the ground that quantitative studies suggested that meaning making after bereavement might not be universally engaged in or as necessary as it suggests. One of the most problematic aspects of social constructionist bereavement research is the lack of a universally agreed definition of ‘meaning making’. Although Davis et al’s. (2000) outcomes were drawn from a small sample size, it nonetheless influenced Neimeyer (2001) to caution therapists not to instigate a process of ‘meaning making’ if the client did not engage in it spontaneously. That said, the DPM and meaning making models encompass cultural differences and do not presume that ‘one size fits all’. They suggested that the experience of bereavement may be influenced by individual and cultural differences, a notion that resonates with the social constructionist position (Willig, 2001) taken in the present study (discusses further in Chapter Three).

The effect of bereavement on therapists

The psychotherapist Silberberg (1995) explored his fathers’ death and how it facilitated the resolution of challenging past issues. His account was written from a psychoanalytic perspective and his extensive use of such terminology may distract from his experiences and potentially alienate non-analytic readers. Wilber (1991) discussed his experience of training during his wife’s terminal illness and explored the role of his spiritual beliefs. Rodman (1998) explored how he coped after his wife’s death and the effects of self-disclosure on his clients. He claimed that his wife’s illness led to a “greater integration” (p. 74) with one

particular client. Neither texts were clinically orientated, so whereas they would both appeal to a layperson, the effect on their therapeutic work was not discussed at length.

Givelber & Simon's (1981) research suggested that if the therapist was still grieving upon his return to work it could have a negative effect on therapy, highlighting the need for 'self-care' (discussed further in Chapter Five of this inquiry). Similar to the aforementioned literature, their paper was written from an analytical framework, and therefore the concepts may not be applicable or accessible across approaches. However, it usefully highlights the need of therapists to be aware of their emotional and psychological state before returning to work, an issue addressed by the BPS within guidelines regarding 'fitness to practise' (BPS, 2009a).

The only non-analytical study was that of Antonas (2002), who explored the effect of bereavement on humanistic counsellors using Grounded Theory (Strauss & Corbin, 1990). Antonas found that bereavement led to short term negative effects, such as a decrease in professional involvement and impaired image, to longer term, positive effects, such as increased empathy and greater reciprocity in the therapeutic relationship. His use of Grounded Theory detected a number of themes within participants' experiences; however it could be argued that the disadvantage of using this method was that it lost the richness and uniqueness of the participants' stories, an aspect that the present inquiry sought to capture. Nonetheless he makes a much-needed contribution to the literature not written in psychoanalytical language, and provided useful insight into an area that had not been extensively addressed in the literature.

Study Two of this inquiry explored the impact of a second transition on therapeutic practice, the decision to live without a Christian faith. The literature concerning the relationship between religion and psychology is now reviewed.

Faith literature

According to Wulff (1997) no other human preoccupation challenges psychologists as profoundly as religion. This preoccupation has led to the topic of religion developing into a distinct area of research with an impressive body of literature (Prest et al., 1999). Houts and Graham (1986) noted that historically the relationship between religion and psychology has been antagonistic. Psychologists have been found to be less religious in comparison to the general population (Ragan et al., 1980), which may be reflected in the literature; for example Houts and Graham (1986) suggested that Clinical Psychology “endorsed an anti-religious, secular humanist philosophy” (p. 267). That said, according to Richards and Bergin (2000):

The alienation that has existed between the mental health professions and religion for most of the 20th century is ending which has given rise to a sizable number of books on religion and clinical practice (p. 3).

The breadth of the body of literature concerning the relationship between religion and psychology was too vast to fully explore in this review. The literature that is discussed has been selected according to its relevance to the topic of the present inquiry, and is categorised into literature concerning the definition of religion, religion and psychotherapy and rejecting Christianity, presented consecutively in the proceeding section.

Definition of religion

There are a variety of definitions of 'religion' in the literature, reflecting the divergence of understanding in the wider society (Alexander, 1980). The literature search found that 'religion' was often referred to as a formal, public activity, such as church attendance, and was considered different to 'spirituality' which was generally referred to a transcendental, private experience. That said the distinction between religion and spirituality were not always clear cut. Hoge (1996) argued that the topic of religion and spirituality was "laden with definitional problems" (p. 21). He gave the example of people defining themselves as 'spiritual but not religious', meaning that their beliefs were not associated with a specific church or denomination; however they generally studied texts such as the Bible, which are "eminently religious" (p. 21). He proposed that the vagueness of the term 'spiritual' rendered it virtually useless and suggested a broader method of defining religion and spirituality using five 'entities'; religious preference, church affiliation, church involvement, religious belief and personal religious behaviour. Although they appear useful, these categories have not been adopted by researchers, and the distinction between the terms 'religion' and 'spirituality' remains popular in the literature.

Worthington and Sandage (2001) defined religion as:

...the search for the sacred within formal institutional structures and spirituality [refers] to the more experiential dynamics of personal meaning and transcendence (p. 473).

Brown (1988) and Radford (2006) listed various components that featured “in anything called a religion” (Radford, 2006, p. 5). Richard and Bergin (1997) said:

...religious is a subset of the spiritual...Religious expressions tend to be denominational [and] external, and spiritual expressions tend to be internal [and] affective (p. 5).

In this inquiry researchers and co-researchers in Study Two referred to religion and spirituality as related and similar phenomena, and used them interchangeably in descriptions of their experiences. Therefore Richard and Bergin’s definition was seen as the most relevant and was adopted; the terms ‘religion’ and ‘spirituality’ were used interchangeably, unless explicitly referred to as distinct phenomena by a co-researcher.

Religion and psychotherapy

According to Williams (2003) the interface between religion and applied psychology has been complicated. Nonetheless they have had a close relationship (Haque, 2001; Whitehouse, 2006), which has led to an extensive body of literature which explores it from a variety of angles, for example the influence of religion on psychological well-being (Namini et al., 2010) and of relevance to the present inquiry, the role of religion in psychotherapy practice (Bergin, 1980; Hopkins, 1995; Sims, 1994). For clarity and ease of reference the literature has been categorised into the following themes: psychological theories of religion, influence of religion on therapeutic approaches, psychotherapy with religious clients, the integration of religion into therapeutic practice and the religious therapist.

Psychological theories of religion

Palmer (1997) suggested that in the field of the psychological study of religion Sigmund Freud and Carl Jung were “the two great protagonists” (p. iii). Broadly speaking, Freud is known for his criticism of religion and Jung for its defence (Palmer, 1997). There exists a “plethora of studies of the Freud - Jung relation” (Shamdasani, 2003, p. 12); however it was beyond the scope of the present inquiry to review this literature other than to present the general theory of religion proposed by Freud, chosen because his:

...writings on religion include some of his most important inquiries into the intersections of psychology and culture (DiCenso, 1998, p. 2)

Freud’s major works on religion, *Totem and Taboo* (1913), *Moses and Monotheism* (1939) and *The Future of an Illusion* (1961) outlined his “fundamental thesis that Oedipus and God are intimately related” (Crapps, 1986, p. 73) Freud suggested that “God is a projected father figure” (Argyle, 1999, p. 6). Comparing the origins and development of religion to the largely unconscious, psycho-social development of the child, Freud understood religion to be an infantile neurosis that arose out of the Oedipus complex (Crapps, 1986) the prima facie evidence of psychopathology (Blass, 2007).

According to Wulff (1997) Freud conceptualised religion as thus: in a child’s early years the parents (in particular the father) is perceived to be an omniscient and omnipotent protector. As the child develops and undergoes transitions deep feelings of vulnerability are evoked, which find their fulfilment in the fantasy image of the caring, protective father (God). However, because of the complexity and entanglement of the Oedipus complex, the father

(God) also becomes an object of fear, resentment and guilt, which leads to an ambivalent relationship. Freud's (1961) position was that religion was detrimental to the growth of the individual and society (Rizuto, 1979), which would fade away as science became more influential (Argyle, 1999). Freud's theories of religion were related to his general theory of development and specifically incorporate his notion of the Oedipus complex. The Oedipus complex however is a notion that is not without criticism (Segall et al., 1999). Contemporary psychoanalytic theory is not as critical towards religion as Freud, and some suggest that religion can have a positive function, for example by reducing one's anxiety Chapman (1997).

God as a 'secure base'

Beck (2006) located belief in God in the attachment theory literature. Attachment theory (Bowlby, 1969, 1973, 1980) suggests that a 'secure base' (secure attachment to the care giver) facilitates an individual's confident exploration of his environment and provides a source of courage and efficacy in going about his daily activities (Kirtpatrick, 2004). Kirtpatrick argued that the notion of God as a secure based was found in the Bible, and that the believer's relationship with God provided the strength and the self assurance to manage problems. Beck's (2006) research among undergraduates provided preliminary support for this theory; he found that people who saw God in this way reported more peace and less distress during their spiritual journey. However the ability to generalise from Beck's research may be hindered by the sample being drawn exclusively from North American Christian denomination; the outcomes could have reflected their particular theological perspective, culture or community cohesion. Further research is indicated among different Christian denominations and religious faiths. It may be interesting to explore if adherents of

polytheistic religions form similar attachment bonds as those from monotheistic religions, or to explore *how* believers secure attachments impact on their ability to manage life's difficulties.

Influence of religion on therapeutic approaches

Mack (1994) discussed the relationship between psychotherapy and religion by exploring its influence on early and contemporary theories of Jung and Carl Rogers. He agreed with Ehrenwald (1966) that psychotherapy developed in an effort to fill the void left by the demise of religion, which could explain why some clinicians claim they share similar characteristics (Benner, 1988; West, 2000). Comparisons have been made in the literature between the values and practice of psychotherapy and religion (Benner, 1988; West, 2000). Golsworthy and Coyle (2001) found that "spiritual beliefs and values were implicit for many participants in the therapeutic relationship" (p. 198). Hiles (2002) shared a similar view and stated that the therapeutic relationship was "inherently spiritual" (p. 189), and suggested that all therapeutic activity was grounded in spirituality. However those who do not identify themselves or their clinical practice as 'spiritual' may disagree.

The development of some therapeutic approaches has been influenced by religious and spiritual ideas (Bergin, 1988; Miller et al., 2003; Mistlin, 2008). For example transpersonal therapy is explicitly concerned with the psychology of spirituality and the search for higher meanings in life (BPS, 2008a). The humanistic approaches of Thorne (1997, 1998, 2002) and Rowan (2005) have promoted the integration of religion and spirituality (Fuller, 1982). Cognitive therapists have also been influenced by spiritual ideas, for example Kabat-Zinn's

(1990, 2005) mindfulness (Baer, 2005), which has evolved into a distinct therapeutic approach (Segal, et al., 2002).

Psychotherapy with religious clients

There exists a body of literature that explores the influence of the clients' religious beliefs on psychotherapy (Richards and Bergin, 2000). Koltko (1990) specifically investigated the influence of Mormonism, and unsurprisingly concluded that "religious beliefs and metabeliefs can have powerful effects" (p. 139). Koltko suggested that therapists not only try to understand the specific religion of the client, but also the meaning of religion in their life. His suggestion resonates with the social constructionist position taken in the present inquiry and with Counselling Psychology, which seeks to understand the unique meaning people give to their experiences (BPS, 2005b).

Shafranske's (1996a) edited volume presents an in-depth discussion about working with religious clients. Under the "professional ideal of being culturally inclusive" (p. 562) Shafranske (1996b) called for a greater "inclusion of religious ideas in the clinical practice of psychology", advocating that therapists developed an awareness of religious issues. Contributors to this volume appear to take the position that therapists should look favourably upon religion, and failed to explore the issues that might arise for atheist clinicians providing therapy to religious clients.

Richards and Bergin (2000) also made the case for a "greater competency in religious and spiritual diversity" (p. 5). In their handbook, aimed at non-religious therapists working with religious clients, they presented "intervention strategies congruent with the faith" (p. 4) of

different clients. This echoes the conclusions of Prest et al's. (1999) study exploring the role of religion in "graduate training curricula and in the professional supervision process" (p. 60). Richards and Bergin (2000) suggested the "increased education in religious and spiritual diversity in mental health training" (p. 486). However, similar to Shafranske (1996a) they neglected to discuss the issue of therapists who were indifferent, or opposed to religion, a population that Golsworthy and Coyle (2001) noted were under-represented in their study. That said, Shafranske (1996b) acknowledged that religious clients may benefit from working with therapists from within their own faith, an issue that has been taken up by those writing from within the field of pastoral care (Colins, 2007).

Golsworthy and Coyle's (2001) participants reported that formal training provided an inadequate framework for working with religious clients. They acknowledged that further research was needed to understand how psychological therapies can attend to religious issues; although like much of the literature discussed in the present review, they appeared to make the assumption that this was a desirable aim. Mayers-Claire et al's. (2007) qualitative study was particularly interesting in light of the debate regarding whether the therapist's beliefs should be matched to the clients (Beutler et al., 1994) or whether the therapist should acquaint himself with the client's religion (Richards and Bergin, 2000; Shafranske, 1996). Mayers-Claire et al. (2007) found that the religious affiliation of the therapist was unimportant to whether the religious client perceived that they benefitted from therapy, a conclusion that Worthington and Sandage (2001) tentatively reached. Worthington and Sandage said the shared *values* of client and the therapist were more influential on the clients' perceived outcome of therapy than shared religious beliefs or affiliation, an interesting finding in light of Wyatt's (2002) suggestion that when therapists are clear about their values and beliefs, they can "listen to clients" (p. 182).

Integrating religion into therapeutic practice

Sollod (1993) discussed the implications of integrating religion into therapeutic practice. Similar to those recommending that therapists take into account the beliefs of religious clients (Richards and Bergin, 2000; Koltko, 1990) Sollod (1993) suggested that psychotherapy had lost sight of the client's religious experiences. Dueck and Reimer (2009) call for Western therapists to critically reflect on the undermining influence of American-style psychotherapy on non-Western cultural practises and traditions. They propose therapists adopt 'peaceable' psychological practice, grounded in early Christian values, which they suggest are radically different to those of the Western world today.

Drawing from his own experience and that of other spiritually orientated therapists, West (2005) explored how therapists safely integrate spirituality into their therapeutic work. Gubi (1999, 2000, 2002, 2007) explored the integration of prayer in counselling practice. Building upon the work of Foskett and Lynch's (2001) study of the meaning of using the client's spirituality in therapy, Gubi (2007) recommended that secular therapists learned how to be more open towards the use of spiritual interventions. Although he addressed the concerns of non-Christian therapists, like other authors reviewed in this chapter, he did not address the issue of therapists who were opposed to introducing religion into clinical practice.

Religious therapist

Johnson and Sandage (1999) posited that psychotherapy was an inherently value-laden activity, and it is widely believed that the values of the therapist influence his therapeutic

work (Curry, 2008; Haque, 2001). However, regarding the influence of religious or spiritual values, Worthington and Sandage (2001) observed that there was a:

...surprising lack of research investigating ways in which therapists' own religious and spiritual values affect their work (p. 475).

This literature found a small number of studies that explored the influence that the therapist's religious or spiritual beliefs had on his work. Mack (1994) found that therapists who considered religion to be important in their own lives were more likely to perceive it to be relevant within their clinical work. Unfortunately he did not explore specifically how therapy was affected by the therapist's religious beliefs. Gregory et al. (2008) investigated how prospective clients were influenced by information presented by a psychologist at the outset of therapy regarding their personal religious background. Their participants reported that they were more likely to see psychologists who described themselves as having an affiliation to a major religion than a psychologist described as atheist. This was stronger for participants who considered themselves high in religiosity. Houts and Graham (1986) found a relationship between the therapist's religious beliefs and attributions made about clients:

The religious therapist was more likely to make more internal attributions for the non-religious clients than did non-religious therapists (p. 267).

Bilgrave and Deluty (1998) found that the religious beliefs of psychologists influenced the therapeutic approach that they employed in their work. They surveyed two hundred and thirty seven clinical and counselling psychologists, and reported that "72% asserted that their

religious beliefs influenced their practice of psychotherapy” (p.329). Their investigation found that:

“Psychologists who affirmed Christian beliefs tended to endorse the cognitive-behavioral orientation, and those who affirmed Eastern and mystical beliefs tended to endorse humanistic and existential orientations” (p. 329).

West (1998) investigated the impact of Quaker therapists’ beliefs on their therapeutic practice. Using a heuristic method of inquiry (Moustakas, 1990) he found that his participants’ faith underpinned their clinical work. They reported that “having a sense of their own spiritual journey helped them to understand their clients’ spiritual journey” (p. 365) and gave them “something extra” (Ibid.), such as inspiration and prayer.

The present literature review failed to locate any studies that explored the affect that the therapist’s rejection of his religious faith had on his or her clinical work. However, a number of studies and autobiographical accounts were found that explored the experience of the non-therapists, rejection of Christian faith and its impact.

Rejecting Christian faith

Martin (2000) informed his former Quaker fellowship that he rejected his faith, which he said was because he had begun to do something that he no longer believed in (p. 9). The psychological effect of leaving fundamentalist religious groups was explored by Moyers (1990); participants reported a variety of negative effects, such as low self-esteem and a lack of trust. Many former Christians have shared their story of leaving Christianity. Lobdel

(2009) and Mark (2008) explored in detail their reasons and their embracement of atheism. Loftus (2008) described his transition from preacher to atheist. Barker (2008) told a moving account detailing the internal struggle he experienced after he rejected the religion he was preaching. Barker (2008), a former Minister, emotively described the difficulties and challenges he faced leaving behind something that he had invested in since the age of fifteen. Like many before him he found meaning in a life without God. In some ways it could be argued that Barker (2008) replaced Christianity with atheism, which he began to 'preach'. That said, in contrast to Dawkins (2007) for example, Barker presented a deeply personal account, to which many may relate.

Borrowing Coupland's (1991) notion of '*Generation X*', Lynch (2002) used his own experience of rejecting evangelical Christianity to explore how people made sense of their world without religion. Taking a position that resonated with the constructionist epistemology that underpinned the present inquiry, Lynch suggested that the search for meaning was:

One that places a higher value on lived experience than on abstract concepts, that judges ideas about the world on what feels personally authentic rather than by deferring to some external authority (p. 119-120).

Relationship between bereavement and religion

Wortmann and Park (2008) conducted an extensive review of the literature that explored the relationship between religion and bereavement. Resonating with the social constructionist position taken of Neimeyer (2001), Wortmann and Park (2008) explored the role of religion

in the meaning people gave to bereavement. Overall they found that the literature suggested that relations between religion and adjustment to bereavement were positive, but inconsistent and varied depending on how religion was measured and defined.

Frantz et al. (1996) reported that 77% of their sample said religious beliefs “were of considerable help in their grief” (p. 151). In contrast, Gilbert (1992) discovered that religion can negatively influence parents’ experience of bereavement; some of her participants reported that their beliefs had either no impact on grief (and therefore did not help) or reported that religious beliefs had hindered. On reviewing the literature, Stroebe (2004) called for a more rigorous, empirical method of investigating the mechanisms through which religion affected bereavement. She suggested that researchers needed to be more open to the possibility that religious belief can have negative effects on an individual’s ability to cope.

In summary, the literature that was reviewed in this inquiry regarding the relationship between religion and psychotherapeutic practice generally suggested that introducing religious or spiritual ideas should be encouraged because it enriches clients’ experiences of therapy. Stroebe (2004) observed that the negative impact of religion was often overlooked by researchers; the literature review supported Stroebe’s observation; there appeared to be a distinct lack of current research regarding the negative impact of introducing or integrating religious ideas onto the clinical arena. It is suggested there may be reluctance among psychologists to discuss religion unfavourably. The reasons for this would require further investigation, possibly using Grounded Theory (Strauss and Corbin, 1990, 1994), which would facilitate the development of new theory regarding whether this was the case.

Chapter Three – Methodology

Epistemology

According to Holloway (1997) and Mason (1996) the method used in a study reflects the epistemological position of the researcher. It is necessary therefore that the researcher outlines his epistemological position for the reader to gain an understanding of the rationale for the type of knowledge that was being sought and the method that was used (Creswell, 2007). The epistemological position that informed the present inquiry was social constructionism (Gergen, 1985, 1999; Knorr, 1981, 1999; Luckman and Berger, 1991; Searle, 1995).

Darlaston-Jones (2007) suggested that the basic contention of social constructionism is that “reality is socially constructed by and between the persons who experience it” (p. 19). Social constructionism provides a critique of realist approaches that take the position that truth, or facts are “out there” (Guba, 1990, p. 19) waiting to be discovered, existing independently of theories or human observation (Ayer, 1959; Maxwell and Delaney, 2004; Popper, 1959; Schrag, 1992). Constructionism therefore suggests that there are “‘knowledges’, rather than ‘knowledge’” (Willig, 2008, p. 7), privileging ‘personal truths’. Burr (1995) identified two key assumptions of approaches (or worldviews) that are identified as social constructionist. The first assumption was that they take a critical stance towards the theory of knowledge by questioning commonly held assumptions about the world and ourselves. He highlighted that constructionist approaches propose that because:

...the various things we have to access are our representations of the world, they cannot be judged against 'reality' for their truthfulness or accuracy (p. 2).

Reality is seen as being constructed through dialogue and narrative (Weingarten, 1995). Language is considered by social constructionists to be an important aspect of constructed knowledge (Luckman and Berger, 1991; Shotter, 1993); however whether it constructs or reflects reality, and to what extent, is debated (Coyle, 2007; Willig, 2008). In the present inquiry dialogue and narrative were seen as the mediums through which co-researchers described the effects of transitions. The position was taken that although their use of language *influenced* their understanding of transition it also *reflected* their understanding, in so much as they were able to "describe, more or less accurately, 'what [was] going on' in a particular setting" (Willig, 2008, p. 11). The second key assumption identified by Burr (1995) was that constructionism suggests that knowledge is culturally and historically specific and relative:

All knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within essentially social constructs (Crotty, 1998, p. 42).

In the present inquiry co-researchers reported that they interacted with a variety of people (e.g. family, friends and work colleagues) and described a number of different contexts (e.g. family and work) during their transition, which may have influenced how they made sense of it. For example in Study One, one co-researcher, whose grandchild was stillborn, said that she was acutely aware of her daughter's reaction. A social constructionist perspective would

suggest that this co-researcher's interaction with her daughter, and her circumstances and environment influenced how she understood and responded to this event.

Critiques of relative epistemologies such as constructionism suggest they contains internal contradictions (Stam, 2001), i.e. if everything is socially constructed, nothing is 'real'. Maze (2001) argued that this renders social constructionists incapable of asserting anything. This may pose problems for social constructionist psychological researchers in so much as a 'strong' relative position, so called by Johnson and Onwuegbuzie (2004):

...may hinder the development and use of systematic standards for judging research quality (p. 16).

Alvesson and Skoldberg (2000) addressed this critique by suggesting that it is not a case of whether reality is socially constructed rather *how much*. Similarly Nightingale and Cromby (1999) argued:

Diverse features as racism, marriages and marriage guidance, government policies, governments themselves, child abuse, crime, disease, psychology including social constructionist psychology, buildings, people and cities (to name but a few)...None of these things are any the less real for being socially constructed (p. 9).

Crotty (1998) highlighted that not all constructionists claim that the world and things in the world exist independently of one's consciousness. For example Nightingale and Cromby (1999), Willig (1999) and Harre (1990) have maintained some concept of reality existing

outside of discourse and texts (Burr, 1995), a stance that Johnson and Onwuegbuzie (2004) referred to as ‘soft relativism’, which suggests:

...subjective states (i.e. created and experienced realities) that vary from person to person and that are sometimes called ‘realities’ should probably be called (for the purposes of clarity and greater precision) multiple perspectives or opinions or beliefs (p. 16).

In the present study a ‘soft’ constructionist position was taken, which seemed appropriate given its aim of exploring how co-researchers’ perceived the impact of transition on their clinical work, rather than searching for ‘facts’ regarding the relationship between transition and clinical practice. The present inquiry was concerned with:

...understanding and depicting individual and social group differences (i.e., their different perspectives) and a respect for democratic approaches to group opinion and value selection (Johnson and Onwuegbuzie, 2004, p. 16)

There are a variety of approaches to the study of human experience that take a constructionist position regarding how and what we know (Creswell, 2007; Willig, 2008), and are interested in ‘local stories’ (Etherington, 2000) and seek to explore how individuals make sense of their world. One such approach, which informed the method used in the present inquiry, is phenomenology (Creswell, 2007). A discussion of phenomenology is now presented, and followed by a description of the specific phenomenological method that was used, heuristic inquiry.

Phenomenology

“Phenomenology is an umbrella term encompassing both a philosophical movement and a range of approaches” (Finlay, 2008) that are concerned with the study of human experience. It began with the work of Husserl’s (1967, 1970) ‘descriptive’ (Balls, 2009) or ‘transcendental’ phenomenology Moustakas (1994). It grew out of a growing discontent with a philosophy of science that was based on the study of material objects “on the one hand and an indefensible subjectivism on the other” (Eagleton, 1983, p. 54). Husserl’s phenomenology sought to discover the essences of human experience (Hammond et al., 1991) through qualitative methods that facilitated the disciplined reflection on subjective acts (Moustakas, 1994). Moran (2002) highlighted that Husserl’s (1975) approach directly engaged the researcher’s subjectivity and self-knowledge through:

...the unprejudiced, descriptive study of whatever appears to consciousness, precisely in the manner in which it appears (p. 1)

Descartes (1977) suggested that knowledge gained in this manner “could be depended upon unequivocally” (Moustakas, 1994, p. 44). Phenomenology therefore seeks to examine and clarify experiences as “they spontaneously occur in the course of daily life” (von Eckartsberg, 1998, p. 3), captured by the slogan the “return to the things themselves” (Eagleton, 1983, p. 56; Moustakas, 1994, p. 26).

Phenomenology privileges ‘tacit’ knowledge (Polanyi, 1962, 1967, 1969), which Etherington (2000) said was knowledge that was carried from within a person such as hunches and guesses. Husserl (1970) suggested that tacit knowledge often involved things that were

‘common sense’ or taken for granted (Laverty, 2003). Hodgkin (1991) proposed that tacit knowledge could be critically interrogated and used to make sense of or discover something that could be brought together, which could help form a new model or theory, as opposed to the validation or refutation of theories and models. To explain tacit knowledge, Polanyi (1969) gave the example of our ability to recognise a face among strangers, which involves many facets and qualities that one cannot fully explain. For Moustakas (1990) tacit knowledge “guides the researcher into untapped directions and sources of meaning” (p. 22) enabling him to sense the wholeness of something from the individual qualities or parts.

McNamara (2005) highlighted that phenomenology dissolves the ‘Cartesian distinction’ between subject and object (Crotty, 1996; Paley, 1998), a notion held by positivist methodologies, which Smith et al. (1995) and Valle and Mohs (1998) argued have dominated psychology. In contrast phenomenology suggests that meaning cannot inhere in any object independently of any subject (Moran, 2002), and therefore seeks to explore an individual’s lived experience (Greene, 1997; Holloway, 1997; Kvale, 1996; Maypole and Davies, 2001); not the world or reality as something separate. Finlay (2002c) highlighted that phenomenology has been accused of being overly concerned with the subjective experience of the individual through introspection. However, she argued that phenomenology actually seeks to understand the “person’s situation and their being with others” (p. 2), in the context of their lives, i.e. ‘lived experience’, which entails the:

...rigorous description of human life as it is lived and reflected upon in all of its first-person concreteness, urgency, and ambiguity (Pollio et al., 1997, p. 5).

Groenewald (2004) explained that ‘lived experience’ was studied by using methods that enabled the researcher to describe a phenomenon as accurately as possible and refraining “from any pre-given framework” (p. 5) through an activity called epoché (Husserl, 1931; Moustakas, 1994). Epoché refers to the suspension of the ‘natural attitude’ (Spiegelberg, 1982), which Sokolowski (2000) claimed was the “default perspective” (p. 42) that one takes about the nature of reality. Creswell (1994) remarked that the researcher who engages in epoché must suspend all judgements about what is real, which according to Rolls and Relf (2006) lets the “phenomena speak” (p. 290). Moustakas (1994) claimed that epoché enabled one to be:

...completely open, receptive, and naive in listening to and hearing research participants describe their experience of the phenomena being investigated (p. 22).

Husserl suggested that epoché (also referred to as ‘bracketing’) was the means by which the researcher accessed the “true meaning” of an individual’s experience or understanding of a phenomenon (Lavery, 2003, p. 5), a notion that was adopted by Moustakas (1990) in his search for ‘essence’ (discussed later in this chapter). Epoché, and more fundamentally Husserl’s claim that it was possible to access the “ultimate structures of consciousness” (Moustakas, 1990, p. 5) has been critiqued by hermeneutic phenomenologists. In contrast to Husserl’s ‘foundationalist’ phenomenology (Allen, 1995), Heidegger (1962) proposed that it was impossible to bracket one’s experience (Annells, 1996) because of one’s position of ‘Being’ in the world. Heidegger suggested that the individual and his experience were co-constituting and therefore unable to exist without the other, which rendered it impossible to “stand outside of the pre-understandings and historicity of one’s experience” (Lavery, 2003, p. 14). The use of epoché in the present inquiry is critiqued in Chapter Five.

Phenomenology was an appropriate approach from which to investigate the effects of transitions on co-researchers' practice because it suited the aim of exploring, describing and understanding the experience of individual psychologists, without searching for a generalised theory or 'facts' concerning the relationship between transition and clinical work. It facilitated the exploration of co-researchers' "lived situation and social world" (Finlay, 2009b) and privileged the detailed exploration of the various factors that may have influenced their experience and how they understood it (discussed in Chapter Four). The specific phenomenological method that was used was Moustakas' (1990) heuristic inquiry, which is now discussed.

Heuristic inquiry

'Heuristic' originates from the Greek *'heuriskein'*, meaning to discover. Moustakas (1990) suggested that it referred to a:

...process of internal search through which one discovers the nature and meaning of experience (p. 9).

Douglass and Moustakas (1985) proposed that a heuristic study began with the researcher's desire to understand an experience or phenomena with which he has a personal connection. According to Polanyi (1969) this was the basis of true scientific research. Moustakas first introduced heuristic research in a study on the experience of 'Loneliness' (Moustakas, 1961), and presented his approach as a systematic and organised method in 1985 (Douglass and Moustakas, 1985) and later as a book in 1990. In 1994 he made further clarifications and included a more detailed method of data analysis. Heuristic inquiry has been applied to the

study of a variety of subjects, such as the effect of life events on therapists (Martin, 2005), working with adult, male survivors of abuse (Etherington, 2000); the effects of absent fathers on practice (Stephenson and Loewenthal, 2007); psychotherapy integration (Nuttall, 2006) and religion (Sponholz, 2006).

Heuristic research explicitly encourages the use of the researcher's intuition, indwelling and focusing. Moustakas (1990) described indwelling as the process by which one dwells on an experience. Gendlin (1978) said that focusing involves clearing an internal space that enables the researcher to bring into consciousness an aspect of an experience that would otherwise be overlooked. Moustakas claimed that through these techniques the researcher gained a deeper understanding of the phenomenon under investigation. Although Moustakas incorporated these into his method, they may be techniques that researchers adopting different methods also carry out to some degree. Nonetheless, by making them integral to his method he actively encouraged the researcher to focus his attention on what was 'essential', an established characteristic of phenomenological approaches (Stewart and Mickunas, 1974). Before a discussion of how heuristic inquiry was adapted and applied in the present transition studies, the rationale for using a qualitative method, and more specifically heuristic inquiry and its relevance to Counselling Psychology is presented.

Creswell (1994) highlighted that qualitative methods are employed when the researcher wishes to understand the particular sample under investigation (the generalisability of qualitative research is discussed in Chapter Five). Heuristic inquiry was an appropriate method to employ within the constructionist approach taken within the present inquiry because it shares its aim of seeking to understand and communicate how individuals perceived and understood the meaning of their experiences (Douglass and Moustakas, 1985;

Moustakas, 1990). Chapter One introduced the motivation for the present inquiry, i.e. the desire to understand the impact of transition on my therapeutic practice. Heuristic inquiry was appropriate because it specifically requires the researcher to have had a “direct, personal encounter with the phenomenon being investigated” (Moustakas, 1990, p. 15). It privileged the exploration of the researcher’s experiences and that of others in a disciplined and structured manner in a way that could be disseminated within the academic community (Creswell, 1994; Hiles, 2002). This was particularly important in light of the wider aim of this inquiry of contributing to the relevant literature.

Relevance of heuristic inquiry to Counselling Psychology

Coyle (1998) claims that the characteristics of qualitative research methods “overlap considerably with Counselling Psychology” (p. 56). He highlighted several similarities; they were both concerned with exploring an experience from the individual’s perspective, they both seek to obtain detailed, contextualised descriptions and they both focus on process. Counselling Psychologists seek “to know empathically and to respect first person accounts” (BPS, 2005b), which corresponds with the aim of Heuristic inquiry to obtain “qualitative depictions that are at the heart and depths of a person’s experience” (Moustakas, 1990, p. 38).

The relationship between heuristic inquiry and Counselling Psychology extends to the emphasis both place on subjectivity and inter-subjectivity. They are considered distinctive characteristics of Counselling Psychology (BPS, 2005b; Martin, 2009; Rizq, 2006), and phenomenologists accept that subjectivity is implicated in the research (Creswell, 1994, 2007; Willig, 2008). According to Finlay (2009a) many would say that phenomenology is characterised by the “inter-subjective connectedness between researcher and researched” (p.

11). Moustakas' method explicitly embraces the researcher's subjectivity (Douglass and Moustakas, 1987) and the process of intersubjectivity between the researcher and co-researcher (Hathorn and Machtmes, 2009; Moustakas, 1994). In the present inquiry, intersubjectivity was evidenced during the process of co-construction of the individual depictions, an aspect of this inquiry that is discussed later in this chapter and illustrated in Chapter Four.

Heuristic inquiry is a qualitative method. Non-experimental research methods are increasingly used in psychological research (Giorgi, 2006; Smith et al., 1995), which McLeod (2003) suggested takes psychology back to its phenomenological origins that began with the work of William James (1890). The move towards 'post-positivist' research design and methods has been embraced within Counselling Psychology (Strawbridge and Woolfe, 2009; Woolf, 1996), which explicitly "draws upon and seeks to develop phenomenological models of practice and enquiry" (BPS, 2005b, p. 1). Contributors to this paradigm shift (Polkinghorne, 1983) suggest that phenomenological methods involve dynamic social interaction in which the therapist draws upon his personal involvement with the research method used (Smith et al., 1995), the case in the present inquiry (see Chapter One and Four), which "restored the place of the researcher" (McLeod, 2003, p. 83).

Smith et al. (2002) suggested qualitative methods were particularly useful when:

...the research is concerned with either a novel domain or where the issues are complex or dilemmatic (p. 132).

Transitions were referred to as 'complex processes' by Schumacher and Meleis (1994, p. 121), and as highlighted in Chapter Two, there were very few studies that explored how or if they impacted on therapeutic practice. The current inquiry sought to understand the

experiences of a specific sample; a qualitative method was appropriate because according to McLeod (2003), they seek to “uncover and illuminate what things mean to people” (p. 73).

For the purpose of this inquiry Moustakas’ (1990) method was adapted. Adapting methods to meet the aims of a study is an accepted practise (Anderson, 1998; Creswell, 2007; Etherington, 2000). Moustakas (1990) himself advised the researcher not to follow a pre-ordained procedure but to allow a natural unfolding. Douglass and Moustakas (1987) said that each heuristic study was unique, requiring “methods that fit the particular investigation” (p. 42). Freedom is permitted on condition that every procedure relates:

...back to the question and facilitates [the] collection of data that will disclose the nature, meaning, and essence of the phenomenon (p. 44).

One aim of the present inquiry was to describe the particular in the manner of studies such as Ashworth and Ashworth (2003), Finlay, 2003 and King et al. (2008). This inquiry sought to explore the idiographic meanings that each co-researcher gave his or her experience of transition and how the influence it had their therapeutic practice was perceived, which may have resonated with other psychologists and discussed with reference to their wider implications (see Chapter Five). This was in contrast to Moustakas’ (1994) method which sought to provide a “unified statement of the essences of the experience” (p. 100) of his co-researchers as a group. Quoting Husserl (1931) Moustakas understood ‘essence’ to be “that which is common or universal”. Martin (2005) argued that Moustakas’ search for essence ‘aped’ positivist approaches and implies that reality is objective and stable.

In the present inquiry a hermeneutic position was taken regarding Moustakas’ search for essence; it was suggested that it was not possible to reach a definitive understanding of an

experience (Kvale, 1996). The descriptions of co-researchers' experiences and perception of the effect of transitions were understood to be subject to continual revision, i.e. "when we narrate our experience we offer one version – an interpretation – which seems to work for that moment" (Finlay, 2002c, p. 5). The meaning given by co-researchers to their transition was viewed as something that would change over time and may have changed as a consequence of participating in the present inquiry. This proved to be the case, for example some co-researchers reported that participating enabled them to gain a different understanding of how transition had impacted on their work. Therefore this inquiry sought to explicate individual experience; in other words the essence of the experience of *the individual co-researcher as told in the interview*, not of the essence of the phenomenon or the experience of the group of co-researchers, as suggested by Husserl (1977), Moustakas (1990) or Giorgi (1995, 2006). This issue is discussed further in Chapter Five with reference to 'theoretical generalization'.

Method

Moustakas' method and how it was applied in the present inquiry is now presented. The similarities and differences between them are summarised in Table 1: Points of convergence and departure from Moustakas' method.

Moustakas (1990) described six phases (p. 27) of heuristic research, in which Sela-Smith (2002) said the researcher engaged in a process of 'self-dialogue' and became fully open and receptive to tacit knowledge. Douglass and Moustakas (1985) proposed that when the researcher paid attention to his subjectivity, each stage spontaneously unfolded, in contrast to the planning and controlling of stages they said were characteristic of scientific methods

(Ibid.). These phases are now described; the adaptations made for the purpose of the present inquiry are given alongside the original description.

Phases of heuristic research

Initial Engagement

Moustakas (1990) said that heuristic research began with a question “strongly connected to one’s own identity and selfhood” which stimulated a “passionate desire to know” (p. 40). In this inquiry, this phase was characterised by periods of discussion and self-reflection on relevant issues, a literature search and the recruitment of co-researchers.

Immersion

During this phase Moustakas (1990) said the question pervades every aspect of the researcher’s life in “waking, sleeping, and even dream states” (p. 28). He suggested that during ‘immersion’ the researcher became intimate with the question and alert to all possibilities of meaning. To facilitate immersion Moustakas recommended the researcher kept a journal. In this inquiry during this stage the literature review was written and co-researchers were interviewed.

Incubation

Etherington (2004a) said that during ‘incubation’ the research is “put on the back burner” (p.111), which according to Moustakas (1990) enabled new insights to emerge. To describe

incubation, Moustakas cited the example of mislaying a key; if one stops thinking about it, its location is remembered.

Illumination

Moustakas (1990) suggested that 'illumination' was characterised by a breakthrough in the researcher's awareness of the data. Sela-Smith (2002) said this brought new insight or the correction of previously distorted thoughts; Etherington (2004a) said that the researcher begins to recognise structures, patterns or themes in the data. In the present inquiry, during this phase the interviews were listened to, reflected upon and analysed.

Explication

The researcher enters into a more detailed examination of the data, which Sela-Smith (2002) suggested occurred in the tacit dimension. Moustakas (1990) said that by through 'focusing' and 'indwelling' the researcher could create an inward space for new constituents and themes to emerge. Moustakas suggested that this helped the researcher organise the data into "a comprehensive depiction of the essences of the experience" (p. 31), referred to as individual depictions. Each depiction tells a 'story' (Moustakas, 1994, p. 13) that achieves:

...layers of depth and meaning through the interactions, explorations, and elucidations that occur between the primary researcher and the other research participants (p. 19)

To communicate co-researchers' experiences the use of creative writing such as poetry, storytelling, drawings and paintings (West, 2001) is encouraged. Each depiction should be written in a way that retained:

...the language and includes examples drawn from the individual co-researcher's experience of the phenomenon (Moustakas, 1990, p. 51).

In the present inquiry the form of each depiction was drawn from a naturally occurring theme that presented itself during the interviews (the form of each depiction and their rationale are presented in Table 2 and 3, Chapter Four).

Co-construction

In Moustakas' (1990) method, during this phase the researcher alone constructs each depiction without the active involvement of the co-researcher. Moustakas said that researchers 'may' return individual depictions to co-researchers for their "affirmation of its comprehensiveness and accuracy" (p. 51). In the present inquiry this aspect of Moustakas' method was developed so that each depiction was co-constructed, which resonated with a 'relational approach' to phenomenological research (Finlay, 2009b; Martin, 2005). Co-construction refers to an inter-subjective process in which there is a "reciprocal insertion and intertwining of one in the other (Merleau-Ponty, 1968, p. 138, in Finlay, 2009b) and the data and their meaning are constructed "in a conversational exchange between the researcher and participants" (Lewis, 2008, p. 65). Co-construction involved returning depictions to co-researchers and conducting a second interview (face to face, telephone or via email), which involved the diplomatic negotiation of their content, tone and style so that a mutual

understanding of their experiences was reached (Lewis, 2008). This resonated with Reason and Rowan's (1981) method that engages *with* people rather than research that is conducted *on* people (Reason, 1998). Examples of co-construction are presented in Chapter Four and discussed further in Chapter Five.

The depictions were idiosyncratic by definition and the effects of transition were embedded in the narrative; therefore the specific effects of transitions on clinical practice may not have been immediately obvious to the reader, particularly those not familiar with heuristic inquiry. To ensure that the findings were accessible to a wider audience a thematic analysis of the data was conducted (the procedure is described later in this chapter). In contrast to Moustakas (1990) who analysed the data for commonalities in order to discover the essence of the phenomenon, the analysis in the present inquiry explored the similarities *and* the differences between the co-researchers' experiences, an exploration that was consistent with the constructionist and phenomenological positions discussed earlier in this chapter.

Creative Synthesis

The construction of the Creative Synthesis is the last phases of a heuristic inquiry, which Moustakas (1990) said communicates the researcher's understanding of:

...all the data in its major constituents, qualities, and themes and in the explication of the meaning and detail of the experience as a whole (p. 31).

In this inquiry the Creative Synthesis was used to communicate the impact of the heuristic process on the researcher, i.e. his understanding of the topic under investigation. The use of

the Creative Synthesis in this way was consistent with the emphasis given in heuristic research to the effect of the research process on the researcher's subjectivity (Etherington, 2004a, 2004b; Moustakas, 1990). In Moustakas' (1990) original method the purpose of the Creative Synthesis was to describe the "experience of the entire group of co-researchers" (p. 68). In the adapted version used in the present inquiry this was achieved through the thematic analysis, which discussed the similarities and differences in the effects of co-researchers' transitions. This analysis retained the constructionist focus of this inquiry on how individuals made sense of their experience.

It was discussed in Chapter One that this inquiry consisted of two related studies. Study One was initially written as an independent heuristic inquiry, which contained its own Creative Synthesis. However because Study One was extended into a Doctorate thesis and became one part of this inquiry, rather than complete a separate Creative Synthesis for Study Two, the Creative Synthesis was used to communicate the impact of the *whole inquiry* on the researcher's understanding of the relationship between transitions and clinical practice. To provide the reader with an audit trail, the Creative Synthesis written for Study One is in Appendix 1.

Procedure for data collection and analysis

Moustakas (1990) listed eight steps of data collection and analysis, which he presented as 'guides' (p. 51). The eight steps are now presented (numbered, in the same manner as Moustakas' 1990 description) alongside the adaptations made in the present inquiry (in italics). Further descriptions of the data collection and analysis are provided after the steps are outlined, and rationale for each adaption is presented in Table 1.

1. Gathered data from co-researchers, one at a time. *Data were gathered from co-researchers concurrently during each study.*
2. Enter each co-researcher's material in timeless immersion until it is understood. *Immersion into co-researchers' material occurred concurrently.*
3. Set aside data for an incubation period. The data are returned to and analysed for qualities and themes, after which a depiction is written. *Incubation occurred periodically and naturally over the period of the inquiry. Depictions were written concurrently.*
4. Return to the original data to check that the depiction fits the data. If it does, the researcher moves onto the next co-researcher. *Research interviews were conducted and the depictions were written concurrently.* The individual depiction may be shared with the co-researcher for affirmation of its accuracy and comprehensiveness. *This was an essential step of the method used in the present inquiry. All depictions were sent to co-researchers, followed with a second interview. Depictions were created through a process of co-construction (discussed earlier and illustrated in Chapter Four).*
5. The above steps are completed for each co-researcher according to availability.
6. Depictions are gathered and a composite depiction is written, communicating the themes and meanings of the experience of all co-researchers. *This step was omitted. The experiences of the co-researchers were discussed in a 'Thematic analysis' (Chapter Four). In contrast to Moustakas' (1990) composite depiction, the thematic analysis extricated the similarities but also the differences, honouring the constructionist viewpoint that there are 'personal truths'.*
7. The researcher selects two or three depictions as exemplary portraits. *This step was omitted, as per step 6. To communicate the quality of the depictions and the*

experiences they described, extracts from all depictions were presented (Chapter Four).

8. A Creative Synthesis is written that communicates the researchers and the co-researchers understanding of the phenomena under investigation. *Co-researchers experiences were communicated via the individual depictions and the thematic analysis (Chapter Four). The Creative Synthesis was used to communicate the researcher's experience of engaging in the heuristic process and understanding of the phenomenon under investigation.*

Data collection

In a heuristic inquiry data are gathered through:

...extended interviews that often take the form of dialogues with oneself and one's research participants (Moustakas, 1990, p. 46).

Moustakas (1990) referring to Patton's (1980, pp. 197-198) description of three interviewing approaches said that an "informal conversational interview" approach was best suited because it was "consistent with the flow of heuristic exploration and search for meaning" and encourages "expression, elucidation, and disclosure of the experience being investigated" (p. 47). The self-disclosure of the researcher regarding his relationship with the research question is used as a means of encouraging co-researchers exploration about their experiences. To supplement the interview co-researchers are encouraged to provide personal documents such as diaries, poetry and art work

Data analysis

Data were analysed according to Creswell's (2007) simplification of Moustakas (1994) method. The analysis, organisation and communication of the data were a subjective process, which was consistent with the phenomenological approach presented by Moustakas. The choice of what to include and exclude from each depiction was based on 'intuition' and 'tacit knowledge', aspects of phenomenology that were discussed earlier in this chapter.

Table 1: Points of convergence and departure from Moustakas

Moustakas (1990, p. 51-52)	Procedure taken in this inquiry	Rationale for adaptation
<p>1. Gather and organise data from participants one by one.</p>	<p>Data were gathered concurrently depending on the schedules of co-researchers.</p>	<p>Moustakas' method appeared was restrictive and prescriptive, and not conducive to creativity.</p> <p>Time constraints did not permit the collection of data suggested by Moustakas. However his procedure did not appear to add anything of significance.</p>
<p>2. Timeless immersion in one story until it is understood.</p>	<p>Immersion in co-researchers' stories as they were gathered.</p>	<p>The reasons for singular immersion over simultaneous immersion were questioned, and no value was found in this inquiry.</p> <p>Moustakas's method was impractical given the timescales of this inquiry</p>
<p>3. Set aside data for an incubation period.</p> <p>The data is returned to, analysed for qualities & themes; the depiction is written</p>	<p>Data were returned to throughout and were not set aside for a specific period</p> <p>The effects of transition on individual co-researcher's practice were searched for.</p> <p>Co-researchers experiences were communicated through the depictions Rather than explicating the 'themes' (similarities) the</p>	<p>Returning to data throughout enabled construction of the depiction over time; it was convenient and created space to reflect This inquiry sought to preserve the uniqueness of co-researchers' experience; categorising into themes diluted the uniqueness of the individual story.</p> <p>Searching for 'difference' in the thematic analysis celebrated the uniqueness of each co-researcher and their experience of transition.</p> <p>Categorising the effects of transition into themes was thought reminiscent of Grounded Theory (Strauss & Corbin, 1990,1994).</p>

<p>4. Check depiction against original data.</p> <p>Share depiction with co-researcher to check accuracy. When completed the researcher moves on to the next depiction</p>	<p>uniqueness of the individual story was honoured by also exploring the differences in a thematic analysis.</p> <p>Co-researchers were not met sequentially. Depictions created through co-construction, providing ‘thick description’ (Geertz, 1973) of their experiences. Depictions shared with co-researcher and discussed in a second interview.</p>	<p>Moustakas’s sequential method did not appear to offer any benefit. It seemed similar to positivist methods and to be unnecessarily restrictive. The depictions reflected a social constructionist, hermeneutic position (Finlay, 2009a, 2008); they communicated co-researchers’ experience as described in a moment in time, influenced by the relationship between the primary researcher and co-researcher.</p> <p>Second interviews ensured depictions were “created through a dialectical process of conferring meaning on realities” similar to Constructionist Grounded Theory (Charmez, 2000, p. 521).</p> <p>Co-construction involved active participation of co-researchers (Reason, 1994) and acknowledged the subjectivity of the researcher (cf. Charmaz’s (2000) constructionalist Grounded Theory that suggests data analysis emerges from researchers’ interactions.</p>
<p>5. The process described in 4 is completed for each co-researcher</p>	<p>As 4, above.</p>	<p>Moustakas’s sequential method did not suit the personal preference of the researcher or practicalities given the timescale of the inquiry.</p>
<p>6. Individual depictions gathered, researcher enters period of immersion until themes found</p> <p>Composite depiction is written, including core meanings of the</p>	<p>This stage was omitted.</p>	<p>A composite depiction was believed to dilute the uniqueness & context of the stories - providing ‘thin description’ (Geertz, 1973, p. 7).</p> <p>No attempt was made to discover universal qualities or discover the essence of the phenomenon; each depiction was seen as a snapshot of a moment in time (Etherington, 2004a).</p>

phenomenon.		
7. Select 2/3 stories that exemplify the group & develop individual portraits.	This stage was omitted examples of all depictions were included in 'Analysis'.	Selecting individual portraits distracted from the uniqueness of each story. This inquiry sought to discover the 'unique experience in us all' (Crotty 1998, p. 58).
8. The creative synthesis. Final step in presentation of research. Themes & essences of co-researchers' experiences are expressed.	<p>The creative synthesis communicated the effect of the research on the researcher's subjectivity & understanding of the effects of transitions.</p> <p>Creative synthesis featured "concrete action, dialogue, emotion, embodiment, spirituality, and self consciousness" (Ellis & Bochner, 2000, p. 739).</p> <p>The final stage but included in 'Analysis' (Chapter Four).</p> <p>Co-researchers experiences of the effects of bereavement on practice were communicated in the individual depictions and the thematic analysis.</p>	<p>Moustakas method seemed to generalise stories into single narrative similar to Grounded Theory (Strauss & Corbin 1990, 1994), which Martin (2005) suggested was "working towards absolute knowledge" (p. 29).</p> <p>This inquiry sought "subjective truths" expressed in the "little narratives" of our individual lives" (Strawbridge & Woolfe, 2009, p. 14).</p> <p>Because the effects of bereavement on therapeutic practice were presented in the individual depictions and the thematic analysis, this freed up the creative synthesis to be used to express the effects of research on my subjectivity, an integral part of heuristic inquiry (Moustakas, 1990, 1994) that did not appear to have been given an outlet in Moustakas' method.</p> <p>The creative synthesis included in 'Analysis' because it was considered an outcome of this inquiry, alongside findings related to co-researchers.</p> <p>The 'Discussion' was presented last in the write-up because it explored the implications of the findings on therapeutic practice, similar to the aims of 'action research' (Reason and Rowan, 1981). This assisted this inquiries goal of encouraging compassion and promoting dialogue (Ellis and Bochner, 2000).</p>

<p>9. Validity is achieved when co-researchers' confirm the depictions accurately reflect the essence of their experience.</p> <p>The researcher ultimately decides validity.</p>	<p>This inquires test of validity was :</p> <ul style="list-style-type: none"> - co-researchers permitted inclusion of depiction - the creative synthesis communicated changes in researchers' subjectivity - a contribution was made to the literature. 	<p>Defining ones own test of validity is accepted within qualitative research (Patton, 1980).</p> <p>The definition of validity used in this inquiry was influenced by Reason & Rowan (1981) who suggested that it rests 'on a collaborative encounter with experience' (p. 244), demonstrated through the co-construction of the depictions.</p> <p>Permission for inclusion of final depiction conferred that intersubjectivity had been reached.</p>
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Colour coding

A colour coding system was used to identify significant statements that could be used directly in the depiction, or used as background information to inform its structure and content. Colour coding relevant information required careful reading of the transcripts in order to identify significant extracts such as relevant comments, descriptions of situations and people. Different colours were used, for example, yellow to identify the context in which the transition took place, blue for events that were related to the transition.

Categorisation

Once the significant aspects of the co-researcher's story had been identified, they were listed and categorised according to 'meaning units' a process called by Creswell (2007) as "horizontalization of the data" (p. 159). For example the extracts were grouped into categories such as the context in which the co-researcher's transition occurred, significant events surrounding the transition, the transition itself, the personal impact of the transition and its effect on clinical work. Because each person's experience of transition was different, not all of these categories were used in every interview, and unique categories were developed if needed.

Once the relevant information had been extracted and the statements and comments had been grouped according to subject, they were used to inform or construct the depiction. Statements or comments made by the co-researcher were used within the depiction, or they were re-phrased so that they made sense in the context of the narrative, but retained the original meaning. Alternatively they were used to indirectly inform the content. The depiction was

then sent to the co-researcher, and a second interview conducted to specifically discuss its content, structure and form.

Thematic analysis

Data were analysed for their similarities and differences and categorised according to the personal effects and effects on therapeutic practice. Direct quotations from the interview transcripts were used to support the categories into which data were grouped. The purpose of the thematic analysis was to discuss the outcomes of this inquiry in a way that was relevant and clinically beneficial to its readers and the profession of Counselling Psychology.

Procedure for constructing the Creative Synthesis

The production of the Creative Synthesis was a purely creative process (Moustakas, 1990). Specific techniques or a structured procedure were not employed. The form of the Creative Synthesis was decided upon, constructed and edited so that it conveyed the deeply personal experience of conducting this inquiry in a way that was accessible to the reader.

Independent audit

A number of steps were taken to ensure that the reader was able to follow the process of analysis. Two examples of the process of co-construction of the depictions are illustrated in Chapter Four, and quotes from transcripts were provided alongside the specific influence on co-researchers' work to ground it in the original data. In addition, one interview transcript was included in 'Supplementary Materials'.

Ethical considerations

Conducting this inquiry posed a number of ethical issues, which in order to safeguard the interests of co-researchers needed to be addressed (BPS, 2009a). The ethical guidelines of the British Psychological Society (BPS, 2009a) were adhered to, which highlight the principles of consent, lack of deception, debriefing, ability to withdraw from the research and confidentiality. Prior to commencing this inquiry a review process was undertaken by the ethics board at Roehampton University, and ethical concerns were discussed with both research supervisors as they arose.

The heuristic interview and distressing emotion

Given the subject of this inquiry and the exploratory nature of heuristic research, the interviews had the potential to elicit strong memories and distressing emotions, an aspect of qualitative research interviews highlighted by Coyle and Wright (1996) and Lewis (2008). This potential has led to parallels being drawn between the qualitative interview and psychological therapy (Coyle, 1998; Etherington, 2004a, 2004b; Lewis, 2008; Melles, 2005), for example between the dialogue and the potential for emotional arousal. Research participants are encouraged “to reveal their lives, deep thoughts and beliefs” (Melles, 2005, p. 21), similar to those in therapy. Coyle (1998) observed that research “often addresses sensitive issues which clients may bring to the therapeutic situation” (p. 57). Research interviews share other characteristics with psychotherapy; open questions are asked, pertinent issues are discussed, and co-researchers are encouraged to elaborate on their experiences. Similarly, researchers’ questions and observations can lead co-researchers to reflect on aspects of their experience they had not previously considered. In the present inquiry and

other heuristic studies (Etherington, 2004b; Martin, 2005) co-researchers reported a therapeutic ‘quality’ to the interviews, because they led to transformation and positive change (Stuhlmiller, 2001). For example one co-researcher in the present inquiry commented that that she had been:

...so preoccupied with looking after my daughter that I’ve totally neglected myself. Meeting with you was a useful way of processing what happened (Co-researcher One, May).

Safeguarding co-researchers

Lewis (2008) advised researchers to “consider thoughtfully the range of potential reactions to their research questions” (p. 64), which was particularly important in the present inquiry given the exploratory and probing nature of the heuristic interview (Moustakas, 1990). Kavanaugh and Ayres’s (1998) guidelines for assessing and mitigating harm during research interviews on sensitive topics were used, which led to the implementation of number of steps. The first contact with potential participants was made during a telephone conversation, in which their initial response to the research question was assessed, and the possibility that participating could elicit a variety of strong and difficult memories and emotions was communicated. Before each interview co-researchers were required to read and sign a Letter of Agreement (Appendix 4), which reiterated the aim of the research and clearly stated the boundaries of the researcher. Prior to the interview co-researchers were encouraged to seek professional support if they felt they had not processed their transition, and concerns about a person’s suitability were discussed in supervision. It was explicitly stated that the interview was not a therapy session, nor was it possible to offer psychological interventions.

Time was provided at the end of each interview for co-researchers to debrief (which was not recorded) and to give an extensive list of 'Useful Resources' in the 'Debriefing Information' (Appendix 5). Because many co-researchers had experienced strong and often unexpected reactions to the research question, advance warning was given that they would receive the depiction before the second interview, enabling them to prepare an emotional and psychological space for its arrival.

Confidentiality

Confidentiality was maintained at a number of stages; it was made explicit in the Letter of Agreement and pseudonyms were used and all identifiable details were omitted or changed in the transcripts and depictions. Before finalising the content of each depiction the co-researcher was asked to confirm that their anonymity was upheld. Paper-based data was kept in a locked filing cabinet and electronic data was kept secure by password protection.

The ethics of self-care

As the lead researcher, who had a personal connection with the topic of this inquiry, steps were taken to prepare for the possibility that engaging in this inquiry could elicit difficult memories and emotions. Supervision proved essential; it provided an opportunity in which to discuss issues and emotions that arose concerning my relationship with the research topic. I was also engaged in my own therapy during the bereavement study, which seemed important given the relatively short time since my mother's death (discussed in Chapter One). In Study One it felt ethically and personally important to leave time between my mother's death and conducting the interviews. After five months I piloted the interview schedule on a

colleague to ensure that it was possible to maintain a professional attitude and emotional resilience. Although I experienced a resurgence of difficult emotions at various junctures I found that conducting interviews with people whom had similar experiences helped me to consider the different effects of transition (discussed further in the Creative Synthesis, Chapter Four).

Validity

There has been debate about using the same quality criteria to assess qualitative and quantitative methods. Mays and Pope (2002) argued that the conventional measures of validity, reliability and generalisability were not appropriate for qualitative research. The importance of assessing quality and validity of studies such as those located within a phenomenological framework has been highlighted by Elliott et al. (1999), Mays and Pope (2000), Stiles (1993) and Willig (2008). Specific guidelines outlined by Mays and Pope (2000), Elliot et al. (1999) and Brocki and Wearden (2006) were used. Moustakas (1990) provided a rigorous process of assessing and ensuring the validity of a heuristic enquiry (pp. 32-35). Unlike quantitative methods the validity of phenomenological methods cannot be “determined by correlations or statistics” (p. 32), but is dependent on their trustworthiness, which consists of credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985).

Moustakas (1990) instructed the researcher to “comprehensively, vividly, and accurately [present the] meanings and essences of the experience” (p. 32), which he said could be achieved through a process of:

...reflecting, sifting, exploring, judging its relevance or meaning, and ultimately elucidating the themes and essences (Ibid.).

Moustakas considered validity to be a subjective exercise that was dependant on the judgement and interpretation of the researcher. The researcher should return “again and again to the data to check the depictions of the experience” (p. 33). Moustakas referred to Polanyi (1969) in his emphasises that:

There are no rules to guide verification that can be relied on in the last result; the scientist must make the ultimate judgement (p. 33).

As a means of enhancing validity, co-researchers were actively involved and consulted throughout the process of the ‘co-construction’ (Rolls and Relf, 2006) of the depictions. Validity was seen to have been achieved when the content and form of the depiction was considered by co-researchers to have adequately reflected their experiences as described in the interview. The findings of this inquiry are now presented.

Chapter Four: Findings and analysis

This chapter presents the outcomes of the inquiry, communicated through two examples of the process of co-construction, extracts of all individual depictions, a thematic analysis of the data and a Creative Synthesis.

Co-construction

This section presents one example of the process of co-construction (discussed further in Chapter Three) from each study that led to the individual depictions. Examples of co-construction are presented because of the emphasis it was given in this inquiry. Co-construction was an addition to Moustakas' (1990) method, the aim of which was to increase the level of the researcher – co-researcher encounter and subsequent inter-subjectivity. To illustrate the modifications and changes in inter-subjectivity, the first draft is presented, followed by extracts of the co-researcher's comments and subsequent amendments.

Example One: Birgitta (first draft)

Birgitta's depiction was written as if it were a contribution by the co-researcher to an Internet discussion forum on the topic of 'The effects of bereavement on therapists' practice'. The inspiration for the depiction came from Birgitta, who said that she regularly contributed to an internet forum.

Box 1: Birgitta's first depiction

I would like to contribute to this topic by discussing my reactions to my mother's death. It's quite useful to have this forum in which to reflect, because I don't have a great deal of space to do this. I've been wondering how it affected my client work because although it didn't seem to, inevitably it must have.

Some of you will be aware from my previous post that my mother had been ill, and how rattled I was by that. She had been hospitalised chiefly with orthopaedic problems after a hip replacement, but after an operation in January she was starting to get better. She was determined to get up running again. But about a month after a bug that was going around on the ward got hold of her and completely knocked her for six. Within two days she was so ill that she needed an operation. To cut a long story short she was so poorly that she never woke up. It was a shock. I was expecting to see her after my skiing holiday.

My mother was a very tough and stubborn woman and could be thoroughly unpleasant at times. There were a few incidences where I felt hurt and discounted by her – we didn't have a brilliant relationship, and we really hadn't been that close. I don't know how this sounds to some of you – perhaps you think it sounds cold, but her death feels like the relieving of an obligation. So I don't feel immediately bereft...It feels as if I'm grieving for a relationship that I never had.

The day she died I went to Glastonbury with two of the most caring and lovely people I know. I bought a Celestine crystal, which is said to aid transition, and I held onto it for dear life! It felt right to be there, and I used that weekend to express how I was feeling. I was very

fortunate because I couldn't have been better supported after her death. I had individual and a number of group supervision sessions shortly after, and told quite a lot of people and felt able to cry in some of them. My husband was brilliant too. He is so important in my life; I've no idea how I would cope without him.

I'm interested to know if others stopped working after their bereavement, and if so for how long? One of my supervisees took 3 months off. How usual is this? I didn't take any more time away from client work than I had previously arranged. I might have cancelled a couple of clients, but I just couldn't afford to close my practice and help my brother sort things out. I didn't actually feel that this was necessary, and he said he could cope on his own. His relationship with my mother was very different to mine, he was very much favoured over me in a variety of ways, and so in a way it was expected that he would do the bulk of the work. This may seem like a callous decision, but it is was the right choice for me. I had to be congruent; a part of me would have felt it was false get involved at this point.

On the Monday after she died I had a lot of clients to see. I wasn't sure what the right thing to do because it was obvious that I had been crying, but I made the decision to tell most of my clients. All of my long-term clients knew I was going away and that I would be seeing family, so it would have incongruous not to mention that one of them was no longer there.

There are unconscious processes going on all the time in therapy and when you think of the unconscious right brain to right brain communication, heaven knows what I would have transmitted. If we think of ourselves as being the active ingredient in therapy then who are and what is going on for us is in the room. Unlike dentists who use a tool in their work, we are the tool so we've got to be congruent. Besides, I have the sort of eyes that show very

clearly that I've been crying! I told my clients that my mother had died but made it clear that I had decided to be there, and that if I was triggered by something they said then I would take the responsibility for that. This felt congruent and coming from a humanistic framework I saw no harm done. My clients asked me how I was and then carried on with their material. It was heartening that not a single client said they shouldn't be there. There were a couple of short-term clients that I didn't tell because it just wasn't necessary, and similarly with one of my long-term clients whose wife was terminally ill. By the time I saw him I had composed myself I didn't think it was appropriate.

Since my mother's death I feel that I have increased in my understanding of the possible grief responses. Although interestingly I don't feel that my bereavement has been complicated, like theory suggests it should have been. It's interesting to compare and contrast how I have reacted to other recent bereavements, which many of you will know about. I will discuss these in another post when I have the time. I don't know if there will be any long-term effects on my work but it will be interesting to reflect on these at a later date. I'm wondering whether people who experienced bereavement some time ago could pick up on this point.

I look forward to reading other contributions and thoughts.

Inter-subjectivity and the process of co-construction

To communicate the nature of co-construction extracts from Birgitta's second interview are presented, alongside subsequent changes that were made to the draft depiction.

R: Researcher/ CR: Co-researcher

CR: The long term client...what I might not have said...his wife is terminally ill and he also really still grieves for his own mother...I think you might want to put that in...He always wells up when he talks about his mother...his mother's been gone a long time, several years. He must have been so attached...He said "you can't ever trust anyone like you trust your mother" ...and my internal response was "uh ah...not for me!" So for me to say my mother died his projections would have been 'oh my god this poor person must be completely devastated and if I said anything to the contrary'...So that was the other reason...he himself was still grieving

CR: In a way I think that is probably the more important reason I didn't say it...'his mother died about four years ago', yeah you've got...I didn't really want to bring my experience into it because he would have sense that I'm terribly fragile ...that bit needs bringing in.

This led to the following amendment:

By the time I saw him I had composed myself a lot more, I didn't think it would have been appropriate at all because his wife's terminally ill and also he was still grieving for the loss of his mother four years earlier

R: ...Since my mother's death I feel that I increased in my understanding of the possible grief responses'. Is that right?

CR: If you want to pull this together...'because my understanding of the possible grief responses could partly be enhanced because of the fact that I don't feel that my bereavement has been complicated liked theory suggests it should have been'...It probably would say 'like some theory' because probably not every theory would say that.

R: Are you ok with 'I don't know if there are any long term effects'?

CR: That's true. Trying to think if any things happened since...well in fact my supervisor said this already as one of the effects...If I now have a client who says "well so and so died" however long ago "but you know as far as I'm concerned we never had a relationship", I probably would have said "uh ha! Denial or repression"...I probably now would say "well actually maybe that is just the way it is or maybe I'm denying"...but I probably would not be as judgemental as I might have been.

This led to the following amendment:

Although interestingly I don't feel that my bereavement has been complicated like some theory suggests it should have been. I don't know if there will be any long-term effects on my work but it will be interesting to reflect on these at a later date

Birgitta described the process of co-construction, which led to the final depiction as thus:

Your contribution might have enhanced some of it...to bring it together into a cohesive synopsis makes it more poignant and more crisp...You sorted out some of the stuff that didn't really add anything, I chucked out a few things that I felt didn't particularly add anything...We jointly decided to add something more about the plan.

Comment on Birgitta's co-construction

The process of co-construction led subtle changes to emphasis of sections of Birgitta's depiction. It seemed important to Birgitta that the detail, rather than the general style

(contrasted with example two, below) was correct, for example the specific reasons why she did not disclose her mother's death to one her clients. The first interview appeared to be a particularly emotional experience for Birgitta; the second interview appeared to provide the opportunity to reflect on her experience from a less emotional position, which may have accounted for the importance she gave to ensuring that the details of her experience were communicated clearly.

Example two: Tania (first draft)

Tania's depiction is presented as two letters. The first is from Tom (an adolescent at the time of the letter) of the behavioural centre she set up; Tom's story is constructed from examples given in the interview. The second is Tania's reply in which she describes the effect leaving Christianity had on her work.

Box 2: Tania's depiction part one: Tom's letter to Tania

Dear Tania,

I have come to a point in my life where I feel strong enough to write and tell you about the positive influence that you had on my life while I was at your unit.

I had an awful time at school. Some of the teachers were terrible towards me. They were weak and had no idea of how to help. I was so angry I hated everyone and everything- that's why I was so aggressive but what they didn't get was that I was trying to communicate how awful it was at home. I just needed someone to understand why I was throwing chairs, and losing it all the time, but instead I practically heard the teachers say 'you're making me uncomfortable, please stop this now'.

I was constantly told that the problem was within me. I was told I had ADHD which didn't help. Actually it made it more difficult because I saw it as evidence that I was the problem and it seemed to give my teachers an excuse to blame me. It was like they thought the stuff with my dad was too complicated so it was easier for them to believe that I was the problem. They only ever saw my dad when he dropped me off at school, but at home I was the one who took his anger and the violence. He never loved me- I only went to live with him when Mum left me at the Social, his girlfriend didn't like me either. I hated being there. So home was very difficult and at school there was no compassion, no understanding, no empathy, even though it was Christian. How was that possible?

When you came to see me and I was curled up under the table in the class room, it was like you knew it couldn't get any worse. They were hypocrites, preaching their religion, trying to make me believe, telling me to put others before myself. They treated me like an animal holding me down and blaming me for stuff I hadn't done. You said that they were not helping me and you stood up to all of them and told them that I needed an alternative, supportive placement. How brave you were! As I started to talk with you I realised that you understood what was happening. You told me that you were going to help me find my way back and learn to control my behaviour.

So I joined the centre, which was really weird – whatever I did the teachers didn't seem worried. They treated me with respect and were never sarcastic. I pushed them loads of times; I was so confused I didn't know what to do other than to lash out. I was frightened and I guess I was defensive but even when I really pushed, they never touched me. They helped me to step back and question what was happening and what I could do next. You said this was to give me some self esteem so I could make good decisions myself.

I saw you for a long time before I told you about what my dad was doing to me. It felt like you were ready to hear what I had to say, it felt safe. You were kind and gentle, and because you worked so hard I thought that you might actually do something about it. And you did. You promised that you would be honourable and accountable – and now I really understand what those words mean. After that life started to improve. I still felt angry but you encouraged me to talk, and I learned how to stop taking it out on others. Even now when I get into a state I can hear your voice saying “how can I help you make a good decision”!

You taught me what it means to be a good person, to be open and honest, to trust people and to know that they will be good too, given the right environment. I learned that I can be honourable and trustworthy and that if I am nice to others, usually they are nice back. I wanted to thank you Tania – no one has done anything like that for me before. I hope you're enjoying your retirement, you deserve it!

Box 3: Tania's depiction part two: Tania's letter to Tom

Dear Tom

It was lovely to hear about your progress. Reading it was a reminder of why we worked so hard to ensure that you and the others were treated with fairness and respect. When I was first asked to observe you in the classroom you were curled up in a foetal position under the table. You looked vulnerable and frightened, not the big, bad kid I was told about. It was clear to me that you were communicating something. When I approached you, you told me in no uncertain terms where to go! Although you were angry I could see your plea for help.

In your letter you asked me why you were shown so little respect and understanding at school despite it being Christian. You expected them to have behaved differently. I don't know for sure but if it helps, I will describe my own experience. I too attended a religious school, and it didn't help me very much either. In many ways it held me back. I was also labelled 'naughty', and told that I wouldn't achieve much. My teachers said I might even become a nun; 'it's the ones you least expect' they used to say! But I proved them wrong – I became a teacher and a psychologist, and set up the Centre that helped children who deserved a fair chance. In my experience religious schools often foster the attitudes you encountered. The religious teachers I've met never appeared to have higher morals or ethics than others. I found that religion throws a net over thinking, of which you can't step outside. I don't think that's helpful; we don't know nearly enough yet and so we need to keep an open mind.

I believe that we can be moral, loving and kind without religion, which I hope you witnessed at the Centre. I know personally about the influence of teachers and school culture. In mine, which was so dishonourable and dreadful, there were only two good teachers; Art and English and it's no coincidence that I still paint and write today. I was so pleased that you told me that you still apply the problem solving approach we taught you.

I knew what was going on at home before you were brave enough to tell me. Nobody did anything to stop it sooner because it was complicated. I think your teachers were scared of the situation. I can say this now because you're older and more able to understand. They didn't know if speaking to him would make your home life worse and they didn't know what the alternatives were. You said in your letter you had to go home to him every day and seemed as if no one cared, but in fact that's why they called me in. I made it clear in my report to your school and parents that you would be better off at the Centre, and thankfully the local authority listened. Being at the Centre was difficult for you because you were learning so much; new ways of communicating and dealing with your distress. When you first came, you tried your hardest to get thrown out but we refused to give up on you. We were prepared to work with you for as long as it took to help you and your father change. Over time you allowed us to help, and you very courageously began to talk about what was happening at home. I admired your ability to question, challenge and change the things in your life that were not working for you.

I was told that to be good and moral I needed to live by God's rules. But I questioned this and realised that it was possible to be these things without God. One Sunday I was sitting in a church and the vicar was giving a sermon, and behind me there were these two well-respected women talking to each other through the service. I thought this wasn't really what

it seemed, it was hypocritical, concerned with social standing. I left and never went back; I stopped being Christian there and then. If I hadn't my life would be very different and I don't think I would be writing this letter. The behaviour centre wouldn't exist, I wouldn't have written my book, I wouldn't have become a teacher or psychologist, and may not have had my family.

The reason I've told you about this is to encourage you to continue to be brave and courageous, to continue questioning your attitudes and what other's tell you. I was able to help you because I believed your behaviour was a result of being treated badly, and believed that treating you in a respectful and loving manner would help you change your behaviour. If you stand up for what you think is right you will never go far wrong. We only get one life, so Tom, live it now, every minute, and make the most of it!

Inter-subjectivity and the process of co-construction

Extracts of my correspondence with Tania regarding the depiction is now presented. The changes that were made are given in italics.

'These letters are lovely Jeremy. They are both very moving and it was a great pleasure to me to even imagine that any of the kids might feel like that. Although if the work was truly successful they would only ever conceive themselves to the catalyst of change. If there's any room for some small additions or changes the following are some ideas. However as I won't be identified the changes are really up to you and I understand it is creative writing.

Even after having retired it would not be professional to write such a letter to a former pupil, especially any information about myself. So it's probably a good idea to emphasise that these letters are what might have been written if anyone was to do that, but that they are a fiction contrived to describe events. As a psychologist to ever say to a client that you 'saw yourself in them' would be very unprofessional and should only be discussed in the psychologist's private supervision session in order to work through transference etc and not let it cloud the work with the individual. Sorry to sound picky but to anyone in this field any hint of self-involvement or self-congratulating would sound alarm bells - if said to a former client'.

This point was incorporated into the introduction:

Tania's depiction is presented as two letters. The first is from a fictitious ex-pupil (now an adolescent) of the behavioural centre she set up; Tom's story is constructed from examples given in the interview. The second is Tania's reply in which she describes the effect leaving Christianity had on her work. Both letters were written as an imaginative alternative narrative, and do not represent how she would address a former client.

“My ceasing to believe in supernatural beings was a gain of an exciting and freeing truth and the strongest reason for my leaving religion. The two women were merely a catalyst to my going and I have never believed in anything supernatural since I was 19 or wanted to. I therefore am happy to call myself an atheist”.

This led to the following change to Part Two:

I had been questioning my faith for some time, and one Sunday I was sitting in a church. Behind me there were these two well-respected women talking to each other through the service. I thought that church really wasn't what it seemed, it was hypocritical, concerned with social standing. Listening to these two women helped me make up my mind, and I left and never went back; I stopped being Christian there and then, and I'm now at the point where I'm happy to call myself an atheist. If I hadn't my life would be very different and I don't think I would be writing this letter. The behaviour centre wouldn't exist, I wouldn't have written my book, I wouldn't have become a teacher or psychologist, and may not have had my family.

‘Part of what was provided at the centre was a very high input of family change to the abusing family by a coordinated effort from the centre family workers working with the social workers to address the Dad's lack of parenting skills and his girlfriends lack of a relationship with the child. To bring this about the child was put on the Child Protection Register because of the physical abuse and the parents were monitored weekly, sometimes daily, before they were taken off it. That means Social Services can walk into their home unannounced any time – it's a big deal and parents have to work hard to get off it. The letters could be read as if we only taught the child strategies which would give a very wrong impression. This would mean we hid behind the same falsehood as the schools i.e. 'Let's pretend it's the kid then we don't have to confront the scary father.' I know you mention that but you emphasise what the child learnt, we did teach him strategies, but as most people would never conceive it to be the parents that need to change, readers could interpret it that way. Also lots of similar units say they do that but give up at the first hurdle. We were extremely persistent until change occurred. Other services used the 'excuse'. A quality service

was offered - not taken up so as to pull the plug on the really hard cases where the changes were more necessary than in the easy cases - of course!!'

These comments led to the following amendments and additions to part one:

You told me that you were going to help me to learn how to control my behaviour and support me at home by working with my dad and his girlfriend.

You were kind and gentle and because you worked so hard I thought that you might actually do something about it. And we did, together.

After that life started to improve – although I never really got on brilliantly with my dad, I definitely noticed a change in how he treated me, and his girlfriend made more of an effort.

In part two:

I knew what was going on at home before you were brave enough to tell me. Nobody did anything to stop it sooner because it was complicated. Your teachers were unsure about how to help you and I think they were scared of your father.

I wrote it in such a way that didn't lay the blame on your school or your family because I wanted it to make them come to the point where they could change, and they did. The team worked tirelessly with your father focusing on his ability to parent you appropriately. Once we supported your dad to find non-violent ways of disciplining, your behaviour changed dramatically. I had a lot of success with families by helping them understand their role in it all rather than labelling behaviour

as wrong and sinful, which was your experience at school. I wanted to encourage people to think about and understand your behaviour in a psychological way.

Being at the Centre was difficult for you because you were learning so much; new ways of communicating and dealing with your distress. When you first came, you tried your hardest to get thrown out but we refused to give up on you. We were prepared to work with you for as long as it took to help you and your father change.

I received the following comments regarding the aforementioned amendments:

‘Thank you I love it. The changes blend perfectly with the rest and make me feel much more comfortable about the message’.

Summary of Tania’s co-construction

The changes requested by Tania focused on how she was represented in part two. She was particularly concerned that the first draft portrayed her as unprofessional and un-boundaried. The amendments she requested (in particular the addition of the ‘Introduction’) appeared consistent with how she described her clinical practice, which seemed to have been characterised by a strong sense of ethics and professionalism. She also requested that the involvement of her team was emphasised, which ensured that her approach to working with children was more accurately reflected.

Benefits of the second interview

Conducting a second interview (or in some cases engaging in email or telephone contact) provided co-researchers with the opportunity of reviewing and discussing the first depiction to ensure that it reflected their experiences. Co-researchers were able to clarify misrepresented or misinterpreted aspects of their experience before it was finalised and accepted for inclusion in this inquiry. Additionally it appeared to provide co-researchers with the space to reflect on their experience of engaging in the first interview, which in many cases appeared emotionally challenging. Some co-researchers reported that the second encounter enabled them to consider their experience of transitions and their impact on clinical practice in more depth. My experience was that the second interview led to an increase of intimacy with the co-researchers; they enabled me to gain a greater awareness of the co-researchers as individuals, and a greater insight into the effects of transition on their work.

Extracts of individual depictions

Selected extracts from the remaining co-constructed depictions are now presented from both studies. The extracts chosen demonstrate the diverse and creative ways in which the depictions were written. Pictorial depictions are presented in full and are accompanied by extracts of the written explanation. For a discussion regarding the effects of transition on the co-researchers' practice, readers are referred to the Thematic Analysis, presented later in this chapter. Table 2 and 3 summarise the theme and rationale for each individual depiction. All complete individual depictions are available on request.

Extracts from depictions, Study One: 'The effects of bereavement on the therapeutic practice of psychologists'.

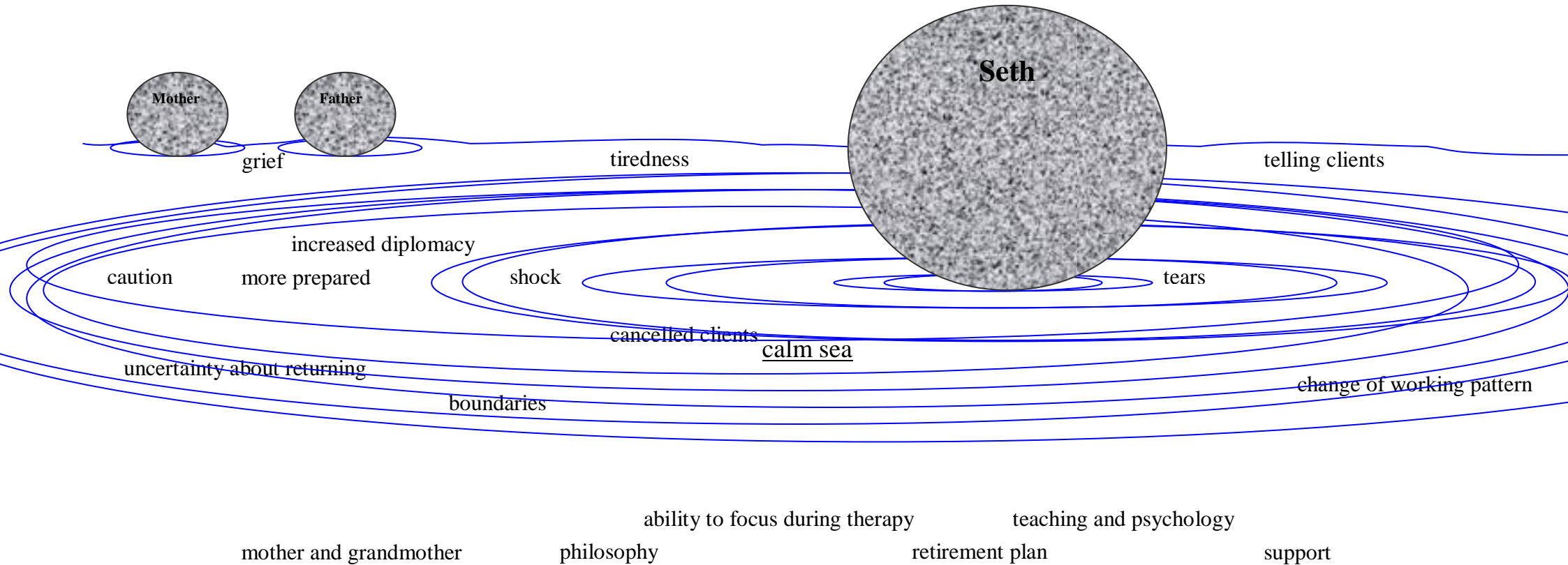
Table 2 presents the form and rationale of Study One’s depictions.

Table 2: Form and the rationale of depictions: study one.

Co-researcher	Medium	Rationale
May	2 part depiction: 1. Picture of different sized stones rippling in a calm sea. Each stone represents a bereavement. 2. A written explanation.	May used the metaphor of stones thrown into the sea to represent her bereavements. The written explanation clarifies the meaning of the pictorial representation.
Liz	A letter from Liz to ‘Sarah’, a Marie Curie cancer nurse who cared for her dying sister.	Liz expressed a desire to write to the McMillan nurse who cared for her dying sister.
Birgitta	A post on an internet forum	Birgitta regularly contributed to an internet discussion group for people practicing her therapy modality.
Trudy	A speech given by Trudy at a suicide support meeting	Trudy expressed a wish to support others who had experienced suicide and believed that suicide was something that should be discussed.
Terry	Letter from a friend who was close to Terry when his father died.	Terry spoke about a letter he received from a friend after the events he described in the interview

Picture 1: May's depiction (Part one)

“If you kind of imagine rocks being thrown into a calm sea that would be the biggest rock without any doubt”



*Extracts from part two, written explanation****Telling clients***

You were concerned about your clients' reactions to your bereavement: "My concern at that point was for them, not for me and my concern was to do it in a way that would be managed by them".

Increased awareness of own process in therapy

You spoke about a client that you were working with who had also lost a baby. You said you were "so aware that I didn't want to inflict my own stuff on this woman", which led you to reflect on your work.

More prepared

You also worked with a client who a year earlier had lost a baby in almost similar circumstances. As a consequence of your own experience you were 'well prepared' and 'more head on with it...knowing whose stuff it was'.

Extracts from Liz's depiction

I remember that actually I was fine at work, and I wasn't seriously negligent. I remember assessing an elderly man; it seemed to take forever to write the report. I felt

that I wasn't managing very well, that my dad's death was affecting my concentration.

...I'm more realistic now about how much I can help patients. Others expect to make clients better, but I've learnt this isn't always possible and I stick up for them now, I relate to them more. Many have experienced bereavements, and I've often been tempted to share what I have been through. It's frustrating when professionals expect them to get over it so quickly, but this isn't easy.

Extracts from Trudy's depiction

I have been bereaved many times and in different ways...However, I'd never experienced the death of someone through suicide, until my friend killed herself.

How did Cassie's suicide affect me? I struggled for some time...I thought that I could have done or said something that would have prevented it. This may be familiar to you - it is a common feeling evoked from suicide.

...I want to draw your attention back to what I said about having to stifle the urge of talking to my clients about Cassie. I'm confident that this is the right thing to do because my clients are not in therapy to talk about me. Behind this urge is a desire to communicate that death, no matter how it occurs, is something that you can recover from.

Extracts from Terry's depiction

Dear Terry,

You were so relieved when your father died. You said that felt like a huge weight had been lifted off your shoulders....I remember how confused you were that you felt liberated and elated, rather than sad, and that your client work was relatively unaffected. I know you felt guilty about this for a while.

When your father died you began to question your 'don't exist injunction', which I know took you some time to deal with in therapy.

You said that that your empathy has increased since your parents died, that you're able to relate more to others who have experienced a loss.

Extracts from depictions: study two: 'The effects of the decision to live without a Christian faith on the therapeutic practice of psychologists'.

Table 3 presents the form and the rationale of each depiction in Study Two. Tania's depiction was presented in *Co-construction*, above.

Extracts from James's depiction

I would say that I use humanist implicitly in my practice... The humanistic values that I hold dear have helped me to be more present with clients, they have helped me to connect with them in a more meaningful way; they have encouraged a curiosity about

how people evaluate and live their lives, and the judgements they make on themselves and other people.

If there are any delegates here who have had the opposite journey to me, from atheism or humanism to faith, I would love to hear your story.

Table 3: Form and the rationale of depictions: study two

Co-researcher	Theme	Rationale
James	A speech given at a <i>religion and psychotherapy</i> conference describing his rejection of Christianity and its effect on his work.	In the interview James spoke about the religion and psychotherapy conferences he organised at work.
Tania	2 letters: 1. A letter from a fictitious ex-pupil (now an adolescent) of the behavioural unit she established and developed. 2. Tania's reply, in which she describes her rejection of Christianity and its effect on her work.	I felt a letter from an ex-client would capture Tania's personality and warmth.
John	2 part depiction. 1. A pictorial representation of a mountain alongside a timeline of his spiritual journey. 2. A written explanation.	John said that spiritually he felt that he was at the peak of a mountain. Mountains are commonly used to represent one's journey (Evola, 1998).
Christine	An article on an ex-Jehovah Witness website detailing Christine's experience of leaving the Jehovah's Witnesses.	Christine expressed a wish to help others who had left the church. There are numerous websites for by ex-members of religious groups, which tell ex-member's stories.
Sonia	5 part depiction: 1-4 CBT formulation diagrams illustrating Sonia's rejection of Christianity and its effect of different aspects of her life 5. Written explanation of diagrams.	Sonia practised CBT, which provided the inspiration for the CBT formulation diagrams. She described herself as a structured and organised person.

Extracts from John's depiction.

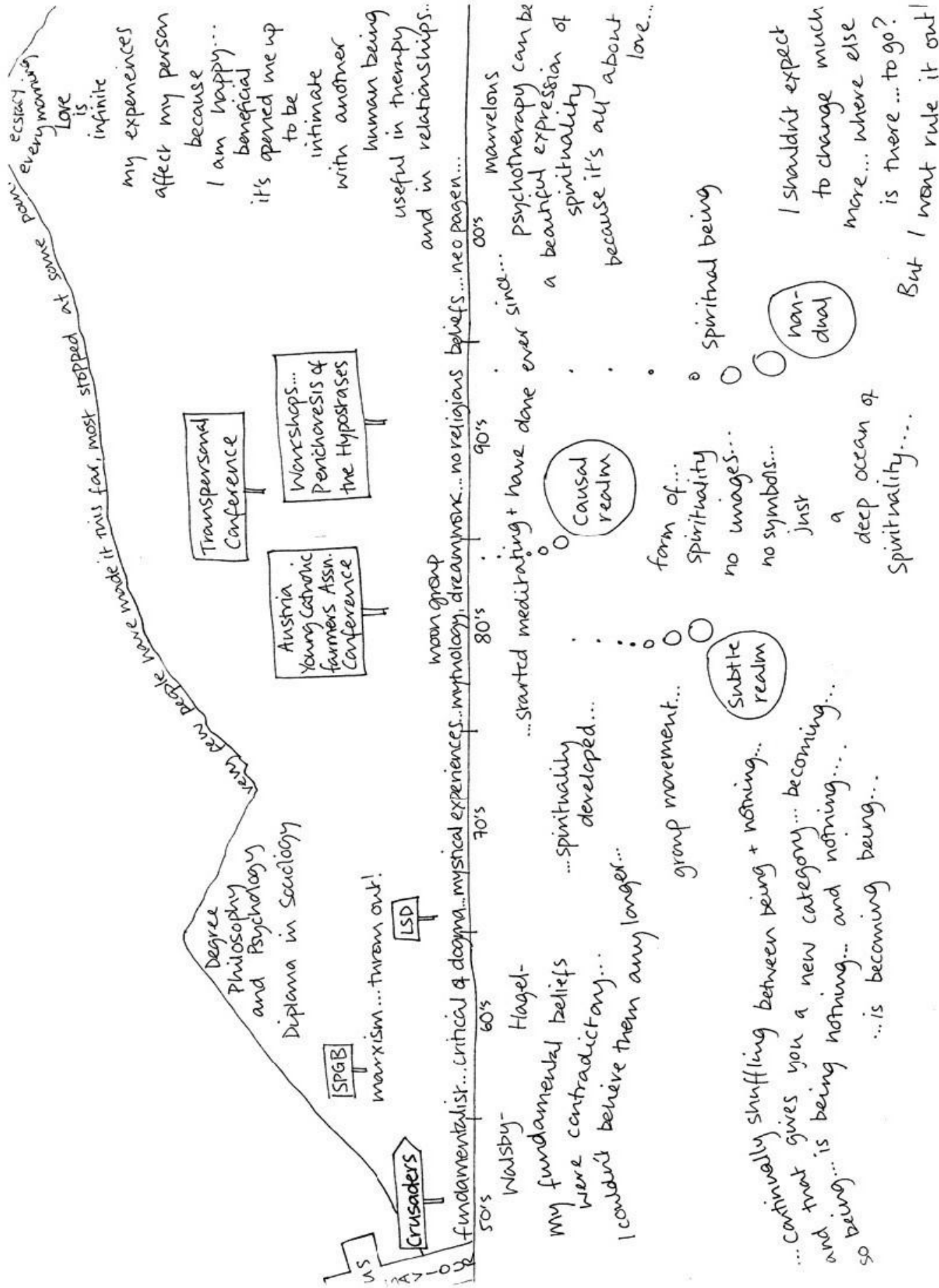
Picture 2: John's depiction. John's mountain climb (presented overleaf, p. 103)

Extracts from part two (written explanation)

John's spiritual journey has spanned across his adolescence and adulthood. His first immersion into religion took the form of 'accepting Jesus as my lord and saviour'. Today he understands Christianity to be an "incredible hotch potch of different layers and levels'.

Since 1980 to the present day the most consistent influence on John's spiritual journey has been Ken Wilber's theories, and paganism, albeit in different manifestations.

...his experiences had enabled him to be more open to spirituality in therapy...John said that his experiences had made him a happy person, which in turn had affected his work.



Extracts from Christine's depiction

In this edition of 'Leaving Jehovah Witnesses', Jeremy Rowe reports on the story of Christine, a once dedicated member of the Watchtower Bible and Tract Society¹, now an atheist and psychologist'...Giving up a place on Paradise Earth² was not easy for Christine, "When I first fell away, I was literally cast out...I felt very empty and guilty".

Never one to let an experience pass without learning from it, Christine commented "I'm turning something that was quite detrimental to me in to something positive"...I was interested to know in what way her experience of being a Witness has influenced her counselling work. Christine was clear, "I think it's enriched my client work. It's given me a sense of freedom and made me more empathic towards other people's beliefs".

¹ The *Watchtower Bible and Tract Society* is a Christian based organisation that professes to be God's representatives on earth. They are also known as the Jehovah Witnesses, the Witnesses & the Society. These names are used interchangeably throughout.

² Jehovah Witnesses believe that after the second coming of Jesus, God will create a new heaven and a new earth, on which they will live in peace in the presence of God.

Extracts from Sonia's depiction

Diagram 1: Sonia's Depiction, part 4. Influence of atheism on Sonia's work as a psychologist (presented overleaf, p. 106).

Extracts of written explanation

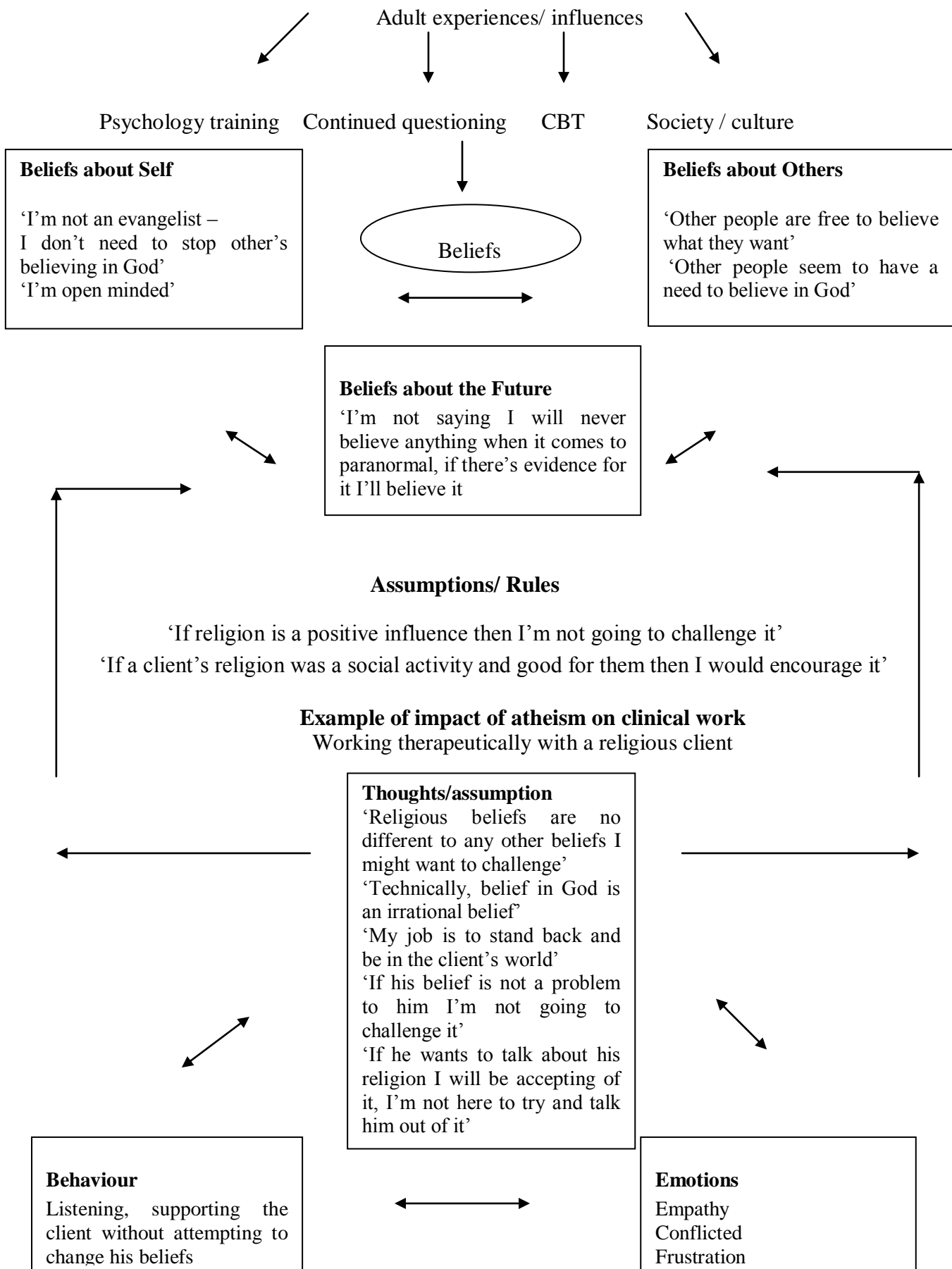
Sonia, a psychologist and lecturer identifies herself today as an atheist. However during her childhood and adolescence she was an active Christian, regularly attending church and the Crusaders.

Sonia acknowledged that although atheism potentially placed her in a difficult position with religious clients, she attempted to remain neutral and enter fully into clients' world, which helped her 'bracket' her own opinions.

Sonia considered the belief in God to be an irrational belief however she said would not challenge a client's belief in God if it were a positive influence in their life.

Sonia's depiction: Diagram 3B

Influence of atheism on work as a psychologist



Thematic analysis

In this thematic analysis, as well as the similarities between co-researchers' experiences and the reported effects of transition, the differences have been identified and discussed. This was in the spirit of phenomenological inquiry, which according to van Manen (1997) "thrives on a certain irrevocable tension between what is unique and what is shared" (p. 345). In an attempt to stay close to the phenomenological approach of describing "what one sees" (Moustakas, 1994, p. 90) the data were classified as they "appeared in my consciousness" (p. 26). This led to the categorisation of the data into the effects of transition on the person of the co-researcher (also referred to as 'the person of the therapist') and the effects on co-researchers' clinical practice. It was hoped that the analysis would be clinically useful to therapists undergoing transitions (Giorgi, 1995) or working with those experiencing transition, thereby informing practice (Reason and Rowan, 1981).

All co-researchers spoke in depth about the personal effects of transition before describing its impact on their clinical practice. Therefore the personal effects are presented first. It seemed important to co-researchers to describe the context in which their transition took place, reflecting the social constructionist position taken in this inquiry (discussed in Chapter Two). The priority co-researchers gave to the personal effect of transition highlights that they, and therapists in general, may be "more human than otherwise" (Mendlesohn, 1996, p. 21); in other words they experience similar difficulties to their clients (Burton, 1975), supporting the notion that there may not be a fundamental difference between therapists and the people they treat (Grimmer and Tribe, 2002).

The impact of transitions on the person of the co-researcher were categorised into ‘emotional effects’ and ‘psychological effects’ (i.e. personal philosophy or attitude). They are now discussed in the order that my own subjectivity deemed important. The present discussion “used my personal voice reflexively” (Etherington, 2004a, p. 38). My role in the construction of the data that informed this analysis, and the analysis itself, is acknowledged; I was open to the data, but recognised my biases (Gadamer, 1977, in Finlay, 2008, 2009a). When my understanding of the meaning of the data (my interpretation) has been communicated, it was given “in order to contextually grasp parts within larger wholes” (Wertz, 2005, p. 175).

Effect of transition on the person of the therapist

Emotional effects of transition

Schumacher and Meleis (1994) highlighted that transitions were accompanied by a wide range of emotions. The experiences of co-researchers in the present inquiry suggested this was the case. There was a qualitative difference between the emotions reported by co-researchers in Study One compared to those in Study Two. For example, broadly speaking, the emotions reported by co-researchers in Study One were characteristic of grief (Genevro, 2004), an understandable response given that the death of a loved can be an emotionally distressing event (Bennett, 1997). In contrast, many co-researchers in Study Two reported only ‘positive’ emotions immediately following their transition from faith to atheism, consistent with some of the accounts in the literature (Lobdel, 2009; Mark, 2008).

Factors influencing emotional response

The following examples highlight that the differences between the emotional responses of co-researchers were influenced by contextual factors, such as the meaning given to the transition and their circumstances at the time (Schumacher and Meleis, 1994).

May's response to her bereavements may have been influenced by *the degree to which the deaths were expected*. May said that she was upset and saddened by the death of her parents. However, she said they were expected and were not tragedies; their funerals were celebrations of their lives. In contrast, her grandson's death was the 'real bombshell' because it was completely unexpected. His death elicited a range of highly distressing emotions, a common response to stillbirth (Ilse, 2008). Birgitta's grief may have been influenced by the *relationship* she had with her mother. Although she was upset by her mother's death, they were not close; she said her grief was more for a relationship she never had. Liz's reaction to her father's death was affected not only by the *close relationship* they had, but also by her *personal circumstances* at the time. Liz was struggling to repair a broken marriage, raising a child and managing the demands of an emotionally challenging job. Her father was no longer around to support her; "It was a difficult time" she explained.

Transitions are "complex processes and multiple transitions may occur simultaneously during a given period of time" (Schumacher and Meleis, 1994, p. 121), as the aforementioned example of Liz's experience demonstrated; they rarely, if ever, occur in isolation (Bridges, 2004). Given this it may be particularly important that therapists take into the broader context of clients' lives when providing psychological support, a consideration encouraged by Counselling Psychology (BPS, 2005a).

Guilt

Guilt was an emotion reported by Trudy and Terry, perhaps for Trudy influenced by the nature of the death and for Terry the relationship he had with his father. These specific circumstances may have resulted in these co-researchers experiencing 'complicated' bereavements (Zhang et al., 2006).

Bereavement through suicide is associated with more guilt, self-blame and self-questioning than those bereaved in some other way (Royal College of Psychiatry, 2009). Trudy experienced all three responses. Her guilt was related to failing to notice her friend's distress; she spoke about a specific incident in which she stopped her friend from talking about a difficult personal issue, because she was worried that she was "sounding like a therapist". Trudy felt partly to blame for her friend's suicide, and wondered if, as a therapist, she "could have done or said something that would have prevented it". In a bid to work through this transition, she began therapy, which helped her reach a place in which she no longer felt responsible. Terry described a difficult relationship with his father. He said he had "to prove to him that I was an ok person". When his father died Terry's emotions 'were not of sadness or sorrow or shock' but of 'elation and liberation'. Terry felt guilty for not experiencing the 'typical' grief responses that "everyone else was having". Discussing his response in therapy helped him make sense of this transition; Terry felt that his father's death liberated him from the position of "trying all my life to prove to him that I was good enough".

In contrast, Sonia's transition resulted in the loss of the guilt she felt when she was a Christian. She explained that as a Christian she constantly felt guilty for 'being human'. Sonia even felt guilty because she did not think her belief in God was strong enough. However, one of the effects of her transition from faith to atheism was that she stopped

feeling guilty for displeasing a “non-existent God”, and began to accept herself “warts and all”.

The circumstances that led to co-researchers’ guilt differed. However, the common thread that ran through each story was the conflict between how they felt and behaved, and how they thought they should have felt and behaved. For example Terry believed that he should have been distressed by his father’s death because that was the ‘normal’ response, yet he was elated. Sonia believed that her faith in God should have been unwavering, yet she doubted his existence. Guilt is a common problem presented by clients in psychotherapy, and according to Dryden (1994) understanding the cause is the key to helping them move on. It can be useful to question whose rules have been transgressed that has led to feelings of guilt. As co-researcher’s demonstrated, guilt is an emotion that can be worked through if it is addressed appropriately in therapy (Ibid.).

Shock

Psychological shock (here on referred to as ‘shock’) can occur upon hearing bad news or following a traumatic event. Shock was reported by some co-researchers; those reported in Study One were specifically in relation to hearing bad news, which in all cases was the death of a loved one.

Shock is a common bereavement response, and can occur if a death is expected or unexpected (Kübler-Ross, 1969). May described the still birth of her grandson as “the real bombshell because there was absolutely no notice”. In contrast, Terry expected his father to die, because he had been ill for some time, nonetheless he still experienced “some shock”.

Liz was shocked by her sister's "undignified" death, which was in contrast to what she expected; "I used to imagine if somebody was dying of cancer slowly...it would be peaceful" she explained. Trudy's friend's suicide also shocked her, mainly because she had no idea she was unwell. Trudy's shock was also related to the manner in which her friend died; she hung herself from a tree. Unsurprisingly, shock is a well documented reaction to suicide (Hsu, 2002). Shock was not only felt by those who experienced bereavement, however; Christine and Tania were shocked by the behaviour of people who professed God's love.

Christine's shock was at how members of her church behaved towards her when she left; she said "they made me feel like a leper". Tania was shocked by the behaviour of her colleagues in Christian schools, who claimed to live by Christian morals, yet she noticed that "there was an awful lot of falsifying time sheets, mileage, the number of clients, statistics". Their behaviour strengthened her conviction that it was possible to be moral and ethical without being a Christian.

Anger

Anger is a common reaction to the death of a loved one (Lord, 2000), although only Liz in Study One reported anger in response to bereavement. She recalled "how angry and confused" she was that her sister who had "made so many sacrifices for Jehovah died in such an undignified way". Similarly in Study Two, only one co-researcher recalled feelings of anger. Christine said she became angry at the hypocrisy of one of the elders of the church. Her anger triggered the process of transition that led to her departure from the church. For Liz, feelings of anger during her transition immediately followed the bereavement, whereas for Christine, her anger acted as a catalyst for the transition.

Liberation, freedom and elation

As previously discussed in this chapter (under ‘Guilt’), Terry’s response to his father’s death was unique among Study One’s co-researchers; however, his feelings of elation and his sense of freedom were shared by co-researchers in Study Two.

Sonia’s transition from belief to atheism was comparable to Terry’s transition; neither Terry nor Sonia felt accepted by their father (in the context of this comparison, God is referred to as Sonia’s Father). Each co-researcher tried to please their father to gain his approval. However neither managed to do so, and for this they blamed themselves. Terry developed a “don’t exist injunction”, (a term used in Transactional Analysis) while Sonia reported she was “constantly down” on herself and “beating” herself up. When their fathers died (or in Sonia’s case, when she rejected Christianity), they both felt liberated; they no longer needed to prove their worth. Sonia described it as “an enlightening uplifting of pressure”.

Christine said that although the initial period after leaving Jehovah Witnesses’ was emotionally difficult, she gained “freedom of thought”. She learned to be open to her experience (Rogers, 1961), which eventually led to therapy training. Similarly Tania passionately explained that her transition enabled her to “see the colours true”, by which she meant “you can feel the fear of one life, live it now, every minute, make the most of it...there’s nothing else”. Tania’s journey on the road to Damascus, albeit in the opposite direction to the apostle Paul’s, seemed to give her a new lease of life (in religious terminology she was ‘born again’), motivating her to work with children in a way that reflected her values and ethical principles.

Neither James nor John reported a sense of freedom when they rejected Christianity. Perhaps this was because they developed an interest in other belief systems and philosophies, which may have provided a similar function. James was “attracted by the idea of difference”, and “turned away” from Christianity to philosophy, politics and later humanism and atheism. John left Christianity and developed an interest in philosophy and politics, but became passionate about other religious movements, unique among co-researchers who rejected faith.

Relief

In Study One Terry and Trudy felt relieved after their transitions, a known reaction to bereavement (Morris, 2008). Relief accompanied the death of Terry’s father because he no longer needed his approval, whereas Trudy’s relief was elicited by the knowledge that her mother “no longer had to suffer”. In Study Two, Sonia’s felt relieved that she no longer needed to please God.

Psychological effects of transition

Effect on personal philosophy / beliefs

The very nature of Study Two involved a change of personal philosophy or belief. All co-researchers experienced the loss of Christianity, and this radically changed their beliefs; all made the transition to atheism except John, who maintained spiritual beliefs.

According to the bereavement literature (Balk, 1999; Batten and Oltjenbruns, 1999; Golsworthy and Coyle, 1999a, 1999b; Stroebe and Schut, 1999) bereavement can lead to a change in one's personal philosophy. In Study One Terry and Liz's transitions led to subtle changes. Terry's bereavements strengthened his leaning towards atheism, and similarly Liz's bereavements confirmed her decision to reject Christianity. Liz was unable to reconcile her belief in a 'loving God' with the suffering experienced by her family. My experience, as discussed in Chapter One, mirrored the accounts of these co-researchers in that my decision to live without Christianity was strengthened by both bereavements. This was particularly so with my first bereavement, as it occurred concurrently with leaving Church; however this was subtly reinforced by my second bereavement, which occurred some years later.

In contrast to Terry and Liz's experiences, Trudy said bereavement led to a greater appreciation of her spiritual beliefs, which helped her to make sense of her losses. Sonia however found that her former religious beliefs provided no comfort during her times of distress; she said "one thing we do know psychologically is that people turn to religion at times of stress, but I never have. I'm a widow; I've been through that kind of shit". Sonia said that religion encouraged people to ask 'why' certain events happened, which she said was impossible to answer. Atheism helped her to accept that "things happen", without needing to find a reason, a perspective that she said helped her to continue living after her husband died.

Learning about the self

Birgitta, Terry and May in Study One and John, Tania, Christine and Sonia in Study Two said that the experience of transition facilitated a greater understanding of themselves, for

example an awareness of their beliefs, attitudes, behaviour and relationships, examples of which are now given.

In Study One Birgitta, May and Terry's experiences encouraged them to think about who they were in relation to other people. Birgitta's transition helped her to think about how she was perceived by her friends, for example she was concerned that people thought she was "callous" for her lack of involvement in her mother's funeral. May's transition facilitated an increased understanding of her family dynamics and how she could relate to them in a sensitive and timely way; she said "I had to work very hard to know when it was the right time to open my mouth". Terry also considered his own self worth in relation to others and concluded following his father's death that he was an "ok person" without the approval of others. He used a Transactional Analysis (Berne, 1964) model to explain how he had overcome his "don't exist injunction".

In Study Two, John learnt to appreciate the value of "relating with love to another person". John's transitions taught him not to get "angry or resentful about things". He achieved a sense of deep happiness; being "in ecstasy every morning". Christine and Tania's transitions led to the development of a greater self-sufficiency. Christine began to rely less on religion and more on her own opinions, she learned to trust her own ability to manage emotions, and consequently became "more rounded". During childhood and adolescence Tania was taught that Christianity would enable her to be moral and ethical; however the Christians she knew were not which led her to develop a more instinctive sense of right and wrong. She discovered that she could be "good and moral...without believing in the supernatural". During her transition Sonia became more aware of her identity; she developed a "sense of

being different to [her Christian] family” which she believed gave her firsthand experience of what it was like for those whom society considered ‘different’.

The increase in self-awareness reported by co-researchers concurs with the literature, which suggests that transition can be an enriching experience that can lead to growth and development (Bridges, 2004). As such it highlights the importance of supporting clients in therapy through transition, in the knowledge that they have the opportunity to learn and benefit from the experience. The effects of transition on co-researchers’ therapeutic practice are now presented.

Effects of transition on clinical practice

In both studies at the start of the interviews co-researchers struggled to identify specific effects of transition on their clinical work. John’s comment encapsulated the opinion of many co-researchers:

I had so many different experiences of therapy and movements and ideas and spirituality it’s probably very hard to say where the influences to my work have come from, it’s an amalgamation.

However, as the interviews progressed and co-researchers were encouraged to reflect on their work, all were able to identify various ways in which their work had been affected. At the end of the interviews co-researchers were clearer about the affects of transition on their practice, which were re-emphasised during the second interview. Christine was the exception; prior to the interview she had prepared an extensive list of the changes to her work that she

believed were brought about by transition. In Study One, broadly speaking effects on practice were determined by two dimensions: length of time (short and long term) and positive and negative. Negative short term and positive long term effects were reported. In Study Two, because of the timing of the transition, only long term effects on practice were reported.

In every case co-researchers believed that their transition had positively affected and subtly changed aspects of their practice and approach, for example by influencing a willingness to discuss certain issues, or enhancing their ability to empathise with clients. None of the co-researchers reported long-term negative affects; I wondered if this was an indication of their ability to integrate the transition into their work. Alternatively it was possible that the outcomes could have been influenced by co-researchers' reluctance to appear unfit to practise a relatively long time after they experienced the transition they were discussing. In the present inquiry, my analysis indicated that it was possible to broadly categorise the effects of transition on clinical practice into immediate and longer term affects, which are now discussed.

Transition is an inevitable part of life. It can be welcomed and planned, or shocking and unexpected (Bridges, 2004). How transition affects individuals depends on a variety of factors, which Schumacher and Meleis (1994) categorised as located in the individual, such as the meaning given to the transition and the availability of personal resources, and the broader society, such as the resources available in the environment and the individual's culture. Taking Schumacher and Meleis (1994) model into account, the similar responses reported by co-researchers in this inquiry could be accounted for by their shared professional culture, or the shared Western culture in which they resided, which to a large extent may influence how an individual manages change.

Immediate short-term affects

Co-researchers in Study Two did not experience immediate affects of the transition on their work; in every case the decision to live without Christian faith was made before embarking on professional training. Therefore in this section (immediate short-term affects) only Study One is discussed.

Cancelling clients and time off work

Birgitta posed an interesting question of how much time should a therapist take off work following bereavement? This question was not answered in the present inquiry; however it highlighted an issue that could be applied to difficult transitions in general. Professional bodies such as the BPS and organisations such as the NHS do not define the length of time one should take off work. In many cases the individual may not have the autonomy to decide (i.e. if they are employed by an organisation), and the length of time taken is dependent on their manager's discretion at granting 'compassionate leave'. This is determined primarily by the culture of the organisation. However, the manager may take into account the meaning the individual gives to the transition, which resonate with Schumacher and Meleis' (1994) factors that relate to the broader society and the individual, respectively. In this inquiry the individual factors highlighted differences in the amount of time taken off work, and the societal factors highlighted similarities, as co-researchers shared the profession of psychology.

The distress and shock experienced by co-researchers in Study One left some unable to see clients immediately following bereavement. May was informed about her grandchild's death

moments before her client knocked on the door, and she found herself in need of the support that her client expected to receive. She tried to telephone her but it was too late; when she arrived she simply explained “I cannot work with you”. May was conscious of the affect her response may have had on their relationship, but at that moment she needed to attend to her distraught daughter and her own needs. She cancelled her clients’ sessions for two weeks, which she considered to be “a long time”. After the death of her father, however, May did not cancel her clients; it was done for her.

I went into work as usual the next day, having heard that he’d died in the night. The head of the service said “go home”...so I did!

When I enquired about why she felt able to return to work immediately following her father’s death, but needed time after grandson’s, she said it was due to the different levels of shock she felt (represented pictorially in her depiction). This highlights the need to take into account other people’s perception of how we are managing difficult events, and to allow time to adjust to resuming normal activities. Birgitta took a pragmatic approach following the death of her mother. She said:

I cancelled my clients for the one session within the week in which it happened. I didn’t take any more time away from client work than I had previously arranged.

Primarily her decision was motivated by financial concerns, “I just couldn’t afford to close my practice” she explained. However, she balanced this with her need for time to adjust to the transition, and did not think she took any longer than was necessary. I wondered if this was a reflection of the ‘distant’ relationship she had with her mother.

When Liz's father died she said "I didn't have a lot of time off, I think I had a few days when we had the funeral". Likewise after her sister's death, which was more distressing than her father's, she said she "didn't want to take too much time off". Liz's reluctance to take time out of work was possibly related to her use of denial as a means of coping with grief, "I just soldered on. Denial can be useful", she playfully explained. I wondered if cultural expectations influenced Liz's reaction; should therapists be more 'emotionally resilient' than non-therapists? Or this was related to Liz's ability to manage strong emotion?

When Terry's father died, he took two weeks off work, the same length of time as May took after the death of her grandson. He used this time to work through his "confusing feelings". He stopped working for a similar amount of time after his mother died and returned when he felt ready. After his father's death Terry needed time to adjust to the bereavement which required him to take time out and have space away from client work. It demonstrated that his preoccupation with his loss may have impacted on his clients, perhaps common at some level to all change, such as transitions. Trudy was the only co-researcher who did not stop clinical work after bereavement. Despite how difficult she found her friend's suicide, she said "I don't think Cassie's death particularly affected my work, I didn't take time off". Trudy's lack of need for space following her friend's death highlights the different ways in which people construct the meaning of their loss and its impact.

The need of co-researchers to take time away from clinical work highlighted the dilemma that may be faced by therapists undergoing difficult life events: how to provide therapy to distressed clients when in distress oneself? Many reported that they were not emotionally able to work with clients. During difficult transitions, such as bereavement, individuals may

be unable to remain focused on their 'normal' activities due to being preoccupied by the practicalities of the transition and their emotional response.

Awareness of possible impact on client

Many co-researchers became concerned about the impact that their grief may have had on the clients' experience of therapy, a demonstration of their duty of care towards the client (BPS, 2009a). After her grandson's death May was working with a client who had lost a baby in an almost identical experience as her daughter's. Usually May said she was able to keep her "stuff...outside the door...and pick it up again" when she "close[ed] the door". However, in her work with this client this was difficult. She became concerned about "whose stuff" was being raised, which led her to reflect on how this transition may have affected her ability to be with clients. This highlights the value of reflexive practise particularly after transitions such as bereavement, in order to reduce the impact that they can have on clients.

Liz found denial a useful way of keeping her grief from unduly impacting on her work, however it was not fail proof (discussed in *Ability to provide therapy*, below). Liz tried to limit the damage she believed her grief could potentially cause, and asked her clinical director, manager and supervisor to "look out" for her patients in case she "said something stupid". Birgitta said that if her grief was triggered by something the client said then she would take responsibility for it. This raised an interesting question around the extent to which people can be protected from the transitions of others. It may not possible to completely achieve this given the emotional and practical affects that typically follow a transition. This seems to support the need for the therapist to engage in reflexive practise, for example by reflection on the impact of transition in supervision, a point that is explored in Chapter Five.

When May returned to work after the death of her grandson she was concerned about the affect of her grief on her clients; “I was uncertain about how I was going to respond to other people’s grief” she explained.

Ability to provide therapy

Fitness to practise was at the forefront of two co-researchers’ minds immediately following bereavement, a concern that is highlighted in the literature (Tribe and Morrissey, 2005) and by the BPS (2005b, 2009a). After the death of his mother Terry asked his supervisor if he thought he was ready to return to work; his supervisor gave Terry the responsibility to decide. Liz informed her managers and ensured her supervisor “knew everything”, with whom she met regularly to ensure she was practicing competently. Birgitta’s opinion was uncompromising:

We are still doing a job so why would we break down and cry any more easily than the accountant or the brain surgeon?

Birgitta’s ability to return to work may have been assisted by the support she drew from supervision, through which she found an outlet for her grief that may have helped her adapt to her loss (Stroebe et al., 1991), a process highlighted by the constructionist literature discussed in Chapter Two.

Liz believed that after her father died she “was fine at work...I wasn’t seriously negligent”. That said, as the interview progressed she described a number of ways that her work was affected, most noticeably a lack of concentration, focus and the pace at which she worked.

Liz was writing an assessment report for an elderly patient who reminded her of her father. She said “it seemed to take forever to write the report”. She explained that her father’s death affected her ability to focus significantly. This raises the question of how one continues an existing relationship after transition due to personal changes, such as an inability to engage with previous preoccupations. This may be particularly so because clients might not be aware of the changes or the reasons for them. In this inquiry co-researchers did not report any negative impact upon the relationship with pre-existing clients; however their clients may have noticed otherwise.

Use of supervision

Some co-researchers in Study One used supervision to discuss the immediate impact of transition on their client work. The effect on supervision was a shift from focusing on the technicalities of client work to discussing how it was influenced by transition. The issues discussed concerned the personal impact of the transition process and practicalities such as their ‘fitness to practise’.

Liz’s practice was affected immediately after the death of her father and sister (discussed in *Ability to provide therapy*, this chapter). Liz used supervision because “professional conduct” was often on her mind. Her experience of supervision was not necessarily positive. During her divorce, for example, her supervisor was unhelpful; he only highlighted academic issues and was unwilling to discuss the impact of Liz’s personal problems. Liz found a new supervisor, who encouraged her to talk about her personal problems which enabled her to work professionally.

Birgitta valued supervision; she claimed she was “very fortunate” to have a group session the day after her mother died. In addition to being an emotional outlet (discussed in *Ability to provide therapy*, this chapter) it provided her with the opportunity to discuss a much debated and controversial issue in psychotherapy: whether to self-disclose (Bloomgarden and Mennuti, 2009; Farber, 2006). In supervision she discussed her need to behave congruently against her duty of care. The effect on her supervision was similar to Liz’s, in that the focus shifted to the impact of her transition on her work.

Liz and Birgitta were both concerned about professional conduct and supervision provided the opportunity to check that they were working ethically, i.e. that the transition was not negatively impacting on their work. This raises the question regarding the extent to which supervision can be a forum in which to discuss wider issues that impact on the therapist and his work (discussed in depth in Chapter Five). If an immediate effect of bereavement on clinical practice is the shift of focus in supervision to the effect of the transition on practice, it is possible that a shift of focus back to clients would mark the end of the transitional period.

Longer term effects

Increased empathy

Many co-researchers said that transition had increased their empathy for clients undergoing similar experiences, a phenomenon found in the literature (Antonias, 2002; Colson, 1995; Durban et al., 1993; Gerson, 1996; Lazar, 1990; Martin, 2005; Stroebe and Schut, 1999). Co-researchers said that transition led them to be less judgemental, more accepting, more

intimate and more respectful, expressions that are synonymous with characteristics of empathy (Berger, 1987; Duan and Hill, 1996).

Terry said bereavement “increased my emphatic response to people...you can be really much more emphatic with people that are going through a loss if you’ve experienced that yourself”. John’s experiences taught him how “to be open and to be intimate with another human being”. Intimacy (mutuality and emotional reciprocity) is considered by some to be a necessary ingredient in psychotherapy (Rosiello, 2000), although it has been known to introduce dilemmas for the therapist (Luepnitz, 2003). May discovered that the time she refrained from client contact gave her the space to increase her awareness of her process around bereavement, which prepared her to work with grieving clients. She said she became “more head on with it...knowing whose stuff it was”. Similarly Birgitta said that her transition increased her understanding of the possible grief responses, of which prior to bereavement, she only had a theoretical understanding.

Tania did not directly discuss empathy. However, the examples she gave of her work indicated that transition possibly facilitated an increased ability to empathise. For example when children were ‘misbehaving’ rather than labelling them ‘naughty’ she sought to understand the reason for their behaviour, such as, “being beaten up, he may be being sexually abused, maybe all sorts of things going on”. Her empathy was further evidenced by her description of the step she took “to be quite brave to stand up against a set view on behalf of standing in the child’s shoes”, which led her to an interest in “writing the real role”, i.e. writing a “clear description” of what was going on for the child outside of school. This, she said, “overrode the comfort of siding with more powerful people than that little kid”. The effect of Tania’s transition in relation to increased empathy was that she rejected the

'religious-adult' approach of working with children which she was subjected to, in favour of a more empathic approach.

James believed the effect of his transition from Christianity to humanism increased his ability to empathise with clients by helping him to think "beyond the person and their diagnosis". James gave an example of how his humanist values helped him to empathise with a group of religious patients who were being discouraged by colleagues from holding religious meetings. James, an atheist, empathised with these patients, and understood the importance of the meetings and advocated on their behalf. Liz struggled emotionally and practically during her transitions, and found that this suffering enabled her to relate at a deeper level with clients. Her transitions encouraged her to "stick up for them now and...Relate to them more". Liz said it took her a long time to recover from her bereavements, which led her to appreciate that recovery can be a lengthy process. This discovery influenced how she worked with clients; she said, "I'm more realistic now about how much I can help patients", which encouraged her to defend those who took longer to recover than her team expected. As a Jehovah Witness Christine held strong religious beliefs that gave her a sense of security and certainty. She found it very difficult to understand people who lacked faith and she spoke about Jehovah at every opportunity. Since leaving the church, she became "more empathic towards other people's beliefs", because she could identify with their need for certainty. She also found she was able to relate to people who believe in "something you think could be so bird brained", because she once believed in "bird brained" ideas (doctrines of the Jehovah Witnesses).

Empathy has been investigated across a variety of disciplines such as psychology, social psychology, sociology and neuroscience, and has focused on its nature, how it is developed

and its effect on practice (Neumann et al., 2009; Price and Archbold, 1996). Various definitions of empathy exist in the literature, which led Price and Archbold (1996) to comment that “there is still confusion about what it is”, rendering its influence on the process and outcome of psychotherapy difficult to ascertain (Reynolds, 1987). That said, Neumann et al. (2009) suggested that in the psychotherapy literature empathy was generally understood to be an affective event, defined by three characteristics: a high level of self-awareness, the observer identifying with the observed, and as something that was “evoked or at least positively influenced by similarity, familiarity, or affection”. These characteristics were evident in co-researchers accounts of increased empathy. The implications of this on practice are that it may be possible to develop and enhance one’s ability to empathise by a reflexive approach (Etherington, 2000) to one’s own experiences. Chapter Five further explores the implications of using one’s own experiences reflexively as a means of self-development in the context of therapeutic training.

Evidence-based practice

Sonia began to question the religious beliefs she had grown up with whilst studying for a psychology degree. She began to look for evidence for God’s existence; her search led her to read books such as *The Blind Watchmaker* (Dawkins, 1986). Eventually she rejected her Christian faith because of the lack of evidence for God’s existence, thus marking her transition from Christianity to atheism. Throughout her transition Sonia’s need for evidence increased, to the point that in her clinical work and teaching she rejected therapies that were not evidence-based. Her preferred therapy was CBT, and in her teaching she consciously discouraged the use of ‘alternative’ therapies, which she said was because they have been shown to be no more effective than the ‘placebo effect’. Sonia’s point can be located in a

wider epistemological debate that concerns the nature of evidence and whether psychotherapy should be confined to ‘evidence based’ approaches (Bohart and House, 2008; Parker et al., 1995; Wampold, 2001) or encompass approaches that cannot be evidenced (Feltham, 2005).

Ability to address difficult subjects

Some co-researchers found that transition affected their ability to address ‘difficult’ issues with clients. Christine said that because she experienced emotional distress during her transition, she found it easier to help clients talk about “alarming issues”. Terry noticed in his clinical work that death was a subject that clients rarely spoke about (Uhlmann, 2008), and he felt that his transitions directly influenced his ability to help clients ‘overcome the terror of death’ (Yalom, 2008). He gave an example of a client who was too scared to contact his dying father. Terry encouraged him to appreciate that “his father’s not gonna be around much longer and if he’s got anything to say, he needs to do it now”. Trudy said that the culture she grew up in enabled her to “ask and look at the dark stuff in corners”, which was reinforced by her transitions. It seems obvious to say that someone seeking therapy may be struggling with ‘alarming issues’, highlighting the need for the therapist to be able to work with difficult or distressing issues. Theoretically, therapists who experience difficult transitions may be more able to provide the environment in which to explore these issues.

Disclosure

Three co-researchers discussed whether or not they would disclose their transition. The criteria used in deciding whether to disclose was the extent to which they perceived it would

benefit the client, a factor discussed in the literature (Bloomgarden and Mennuti, 2009; Farber, 2006).

Christine said that she would not disclose that she was a former Jehovah Witness, citing that she did not think it was relevant. When asked if she would disclose her transition if the client was a current or former Witness, she said “why not, if a Jehovah Witness came that was struggling, yes I would disclose it, I’m human”. Her justification for this was that if a Jehovah Witness sought support outside of the church (which was disallowed because it was ‘un-Godly’), then she thought it would be beneficial to offer that specific intervention. The strength of the connection made in such circumstances is irreplaceable. Terry disclosed his bereavement to a client whose mother had died, and found that it “it was the most significant thing in therapy that I had shared this experience with her”.

Trudy said that she disclosed her transitions if she thought it would help the client. Trudy had experienced much bereavement; however she noticed that when working with a grieving client, she sometimes noticed an “urge” to disclose her friend’s suicide, which she had to stifle. She reflected on the possible reasons why the memory of this bereavement was triggered more than others. She suggested it may have been motivated by a desire to reassure clients that they could recover from bereavement, regardless of how distressing it was. Trudy gave an example of an occasion when she stifled an urge to disclose, and at the end of the therapy her client said, “One of the good things about seeing you is that I’ve got no idea what bereavement you’ve had”.

Caseload

For two co-researchers, transition directly affected their client case load in contrasting ways. Prior to Seth's still birth May considered retiring from clinical work, but had not taken the necessary steps to reduce her caseload. His death confirmed her decision to retire and instigated the implementation of her retirement plan. May began by reducing her client hours and splitting her working week, so she could spend more time with her daughter. During the time of the research interview May was only offering short-term therapy, which helped because she said "psychologically you knew that there was an ending". She was able to stop client work at relatively short notice. In contrast Terry increased his caseload, which appeared to ignite a passion for doing what he enjoyed most; providing psychotherapy.

Responsibility

The literature suggests that the responsibility for therapeutic change resides in the client, which the therapist facilitates (Duncan and Miller, 2000; Fall et al., 2003; Overholser, 2005; Sue and Sue, 2008; Weeks and L'Abate, 1982). Christine's rejection of Christianity led to a change in her ontology; she said she came to the conclusion that there "is no ultimate rescuer, the ultimate rescuer is me", which encouraged her to "inspire some kind of responsibility [in the client]".

Openness to discuss beliefs

The literature suggests that the beliefs of the therapist do not hinder his ability to work with religious clients (Mayers-Claire et al., 2007; Worthington and Sandage, 2001). This was supported by some co-researcher's accounts in Study Two. Contrary to any detrimental effect, an increased openness to discuss clients' spiritual and religious beliefs was reported.

James spoke about a client whose religious beliefs he thought were interfering with her quality of life. The particular client was struggling to accept her son's sexuality. Like Sonia, James said that he did not think he "would ever directly confront or dismantle somebody's conviction". The approach he took involved using his client's frame of reference (Nelson-Jones, 2000); he asked her "how might a God of love help you to accept your son, or help you at this time so your relationship doesn't get even worse"? John said that his transition had led him to be "more open to exploring spirituality in therapy", which he believed had influenced his development as a "spiritual mentor as well as a therapist". John spoke about how he worked with clients who presented with "fixed ideas" about death, to whom he would say "since nobody knows what happens after death for sure, you might as well adopt the belief that suits you best. The one that suits me best is this one, so have a look at it and see if that suits you as well, maybe it will, maybe it won't".

Sonia's preferred therapeutic approach, CBT, seeks to increase clients' awareness of 'irrational beliefs' (McLeod, 2003) that lead to emotional distress and problematic behaviour (Leahy, 2003). Sonia suggested that, "the belief in any god is an irrational belief". I asked her, given that she thought belief in God was irrational, why she would not challenge a client who held such 'irrational beliefs'. Sonia justified her approach by focusing on the purpose of her role, "I'm not there to try and talk someone out of [religion]...because that's not their agenda of being there". That said, if a client was a member of a 'cult', and whose beliefs were seriously interfering with the quality of their life she "would gently challenge" them. I wondered what criteria Sonia used to judge whether a person belonged to a 'cult', which Dawson (2003) suggests has become a socially constructed, pejorative term.

The effects of transitions on co-researchers have been described. The effect of conducting this heuristic inquiry on my subjectivity is now presented in the Creative Synthesis.

Creative Synthesis

The Creative Synthesis communicated the effect that conducting this inquiry had on my understanding of transitions and the effect of transition on my clinical work. The differences between Moustakas' (1990) and the present Creative Synthesis was discussed in Chapter Three. The Creative Synthesis required me to write 'objectively' about my subjective experience, as much as such writing can afford. In a heuristic study, the Creative synthesis can take many forms, such as:

A narrative depiction utilizing verbatim material and examples, but it may be expressed as a poem, story, drawing, painting, or by some other creative form (Ibid., p. 31).

For example, the Creative Synthesis in Etherington's (2000) study took the form of a picture of an iceberg and Stephenson and Loewenthal's (2007) study a poem. In the present study the Creative Synthesis was a first-person narrative. The Creative Synthesis is now presented in Box 4.

Box 4: The Creative Synthesis

When my mother died I was about to embark on an MSc, a particularly demanding component of my Counselling Psychology training. I was faced with what I thought were the only two options: continue, and ‘compartmentalise’ my emotional and psychological response, in the hope that it would not significantly affect my training; or defer until the following year. My research supervisor presented me with a third, unfamiliar option: the use my own experience as the basis of my research. I explored this suggestion and found that Moustakas’ (1990) method of heuristic inquiry privileged the use of the researchers desire to answer a question that had personal significance. I discovered that the use of the researcher’s own experience had become acceptable within some quarters of the research community (Creswell, 2007) and resonated with the values of Counselling Psychology (BPS, 2005a, 2005b). I concluded that if I wanted to continue training and remain emotionally and intellectually invested I needed to find a way of integrating and harnessing my experience. Heuristic inquiry provided the structure and discipline to do this in a way that was acceptable within the academic community (Creswell, 2007) and had the potential to answer questions that were of “social – and perhaps universal – significance” (Moustakas, 1990, p. 15).

Challenges

I had two concerns about embarking on the present heuristic inquiry; the validity of using my experience as a research topic and my emotional vulnerability. In my BSc I learned about the use and value of experimental psychological research, and was uncertain about the credibility of using heuristic inquiry (Moustakas, 1990), an approach that privileged the exploration of my own subjectivity (Creswell, 2007). Letting go of ‘traditional’ methods of research and

embracing an approach that promised to engage the researcher in personal and professional development was unfamiliar and challenging. I struggled with this concern throughout the inquiry, which I regularly discussed in supervision. However, as my understanding of reflexive methods developed I began to appreciate their value and the unique benefits they offer the researcher, the researched and the psychological community. I began Study One in a 'bubble', in which I was consumed by grief. I was concerned that 'immersing' (Moustakas, 1990) into the subject of bereavement would be emotionally overwhelming. However my fears were unfounded and I discovered that listening to the stories of others who had also experienced bereavement had a dramatic affect on my own construction of bereavement. Co-researchers' stories led me to reflect on how I managed my clinical training and work after my mother's death, in particular the all-or-nothing approach I initially adopted, i.e. distract myself from bereavement so I could continue working or stop training and focus on managing my emotional response. By immersing myself in the stories of others I became less preoccupied with my own; my story became one of many and I began to appreciate the universality of grief.

On one level it could be argued that for me, heuristic inquiry was a form of exposure therapy (Zayfert and Becker, 2007); by immersing myself in bereavement and grief to such an extent, the distress I associated with it subsided. I was also led to a greater appreciation of the myriad of idiosyncratic ways people respond to bereavement, and the subtle and explicit cultural influences. On reflection because I was so consumed by my own experience I naively thought that other people would be distressed after the death of a parent or loved one. This was not the case. For example after his father's death Terry said "my feelings were not of sadness or sorrow or shock even...there was a really liberating feeling for me...I realised how it had affected me; that all my life I've been trying to prove to him that I was an ok person".

Trudy presented an altogether different perspective on death from other co-researchers, one that was constructed within a different culture in which violent and ‘untimely’ death was common. She said “in the culture I come from...death is much closer for people...maybe I have an acceptance of death, that maybe an English therapist doesn’t...or an ease of talking about it, a willingness to go there, you know, to go to the darker side...not only about bereavement, but maybe about other issues, that somehow comes across”.

At the same time as becoming less preoccupied with my own bereavement I also became more receptive to the stories of co-researchers. I learnt about the similar and different effects that bereavement has on clinical work. For example, Terry told me that bereavement infused him with a greater willingness and ability to facilitate others to confront their own mortality. I reflected on my own work to see if I had also experienced or sensed a greater willingness or ability to discuss difficult subjects, which Trudy described as going to the “dark places”. For example, at the time of my own bereavement I was working with a client whose father had recently died, which he had barely mentioned. The experience of dealing with my own bereavement had given more confidence in raising this issue with him in a sensitive way. I felt a gradual, but growing awareness that my own difficult experiences could be used, if negotiated appropriately, to enhance my clinical work (Baldwin, 1999; Rowan and Jacobs, 2002).

Whilst creating distance from my emotional response, conducting this study forced me into an analytical and reflexive position regarding my bereavement. At times I was angry with clients who presented with what I perceived to be ‘petty’ issues compared to my bereavement. I managed my anger by expressing it outside of the therapeutic relationship (primarily through supervision) in order to minimise its affect on clients. Similar to May, I

learned that it was possible to continue working therapeutically after bereavement, and that it was possible to grieve but also clear emotional and psychological space for others.

Study two

When my mother died it raised issues about my father's death that I had not properly dealt with. When he died, I rejected the beliefs that we shared. As transitions, bereavement and loss of faith are intrinsically linked by my experience.

Although my religious conversion was emotionally intense and passionate, as was its rejection, conducting Study Two was less emotionally intense than Study One. Because the transition occurred many years earlier my emotions were less raw. I had adjusted to the transition and therefore the study predominantly engaged my intellect. However, I was curious about how one could believe something so fervently, and go through a transition in which they believed the opposite (e.g. faith to atheism). I wondered whether my experience was similar to that of others. This inquiry provided the opportunity to explore this in more depth, and particularly the personal and professional impact of transition.

During the early stages of this study I spent a considerable amount of time reflecting on my own transition from Christianity to atheism. This also appeared to be the case for co-researchers in Study Two, whom all reported the personal effects before the professional.

Some co-researchers reported that they experienced a sense of intellectual and emotional 'freedom' when they rejected Christianity; I also witnessed a sense of freedom and liberation from rules that I followed without question. When I left church I became interested in

politics, similar John and James who both became involved in the radical left. My process of rejecting faith, which led to a greater reliance and confidence in my own opinions and choices, was similar to Sonia and Tania, who reported a gradual change in their attitude towards religion. Tania described the process she underwent as “a gradual trawling out”, and Sonia explained that: “as I grew older I got to the point where you start to question beliefs of any sort that your parents give you, and I just thought hang on I only believe that because somebody’s told me to”. Christine stopped believing in God over a period of several years of doubting the doctrines of her church. She said “it took years for me to get to my atheism and feel proud of it, for me to actually say that I don’t need a religion and I think that’s ok”.

My experience also resonated with Sonia’s, who after rejecting Christianity realised that she no longer needed to feel guilty for “being human”. Although I was not working clinically at the time of my transition, the longer term affect of the liberation I felt was that when I started to work clinically, I was less judgemental towards myself and others people for “being human” (Sonia, Study Two). My experience resonated with Christine’s, who noticed she was, “far less judgemental and accepting towards any person’s beliefs, because I’ve been there, because I’ve had a belief and I know how you can get drawn into it”.

The liberation I felt after rejecting Christianity also led me to be more willing to discuss ‘difficult’ or embarrassing topics with clients, which was similar to the affect of my bereavement. I have also realised the importance of helping people to question themselves and the meaning they give to their experience, and that sometimes this becomes a catalyst for change, or transition.

Before engaging in this inquiry I was embarrassed to talk about my past religious life. However, listening to the stories of others helped me to accept and value my experience. Co-researchers told me about how their religious beliefs affected virtually every aspect of their life. For example, John read the Bible from cover to cover twice and preached to anybody who would listen, and Christine's social life revolved around her church. When listening to co-researchers' experiences I reflected on how I was consumed by my faith, and how difficult it was to carve a new life without the security it provided. I started to view my Christian experience less critically and to appreciate how challenging it was to separate from something that was once so significant. My brave step into the unknown, shared by co-researchers, reminded me of one reason why I trained as a psychologist – to help people take responsibility for their choices and quality of life.

Reflection on heuristic inquiry

Actively listening to other people's experiences and the reflexivity required in this research helped me gain a deeper understanding of the personal effects of transition and its affect on my clinical practice. This led me to value working with people in transition and the value of listening and reflecting back so they gain more objectivity. Conducting the present inquiry helped me to become more of an integrated practitioner, not one who only helped others acquire the skills they needed to cope with their distress, but one who helped them to make sense of and reframe their experiences. This inquiry helped me to re-connect with the values of counselling psychology (BPS, 2005b), which I had lost sight of.

Meta analysis

The Creative Synthesis presented the reader with an account of how my experiences of transition affected my personal and professional life. It was hoped that it would stimulate the self-reflection of its readers, encouraging them to consider the impact of their own transitions. Writing the Creative Synthesis challenged my doubt in my ability to explore my own subjectivity. ‘What did I have to offer my reader?’ was a question I frequently struggled with. Like many co-researchers, I was unsure how my understanding and clinical practice had been affected. I discovered that by discussing my concerns and doubts in supervision, and particularly writing the Creative Synthesis, increased my awareness of the subtle changes that transitions had influenced. My relationship with psychological research began in the empiricist tradition; my Bachelor of Science dissertation investigated personality types, and their influence on risk-taking behaviour. My subjectivity was hidden behind the veneer of objectivity. The present inquiry presented an uncomfortable reflective and reflexive journey and a level of self-disclosure that I had only engaged in privately. At times this was painful, particularly when submitting my work to be held up to academic critique. However it was also liberating, and facilitated a deeper level of intimacy between and understanding of my personal and professional selves.

Chapter Five: Discussion

In this final chapter the implications of this inquiry on the profession of Counselling Psychology are discussed. The present inquiry draws attention to the importance of therapists' self-care, for which recommendations are made, and the role of research in the training and supervision of Counselling Psychologists. The implications are followed by a critique of phenomenological research methods and a critical reflection of the adaptation of the heuristic method used in this inquiry. Before the implications are presented, the findings of this inquiry are discussed with reference to the existing literature.

Existing literature

This inquiry supported the literature that suggests transitions are characterised by “changed relationships, routines, assumptions and roles (Schlossberg et al. 1995, p. 27), lead to “a renewal process” (Brammer and Abrego, 1981, p. 19), and can elicit a range of emotions (Schumacher and Meleis, 1994). Transitions were found to affect the clinical work of co-researchers in a variety of ways, concurring with the findings of Antonas (2002) and Martin (2005). For example, co-researchers reported an initial disruption to their practice and experienced significant emotional distress, in addition to longer term effects, such as changes to their personal philosophy, increased empathy and ability to relate to clients in transition. The implications of the specific effects of transition reported by co-researchers, such as the importance of taking the broader context of clients' transition into account, whether empathy can be learned and the need to establish the psychologist's ‘fitness to practise’ during transition, were discussed in detail in the ‘Thematic analysis’ (Chapter Four). The primary aim of conducting this inquiry was to facilitate the personal and professional development of

the researcher (discussed in Chapter One), which was the case (discussed in ‘Creative Synthesis’, Chapter Four), an effect of heuristic research that resonated with the literature (Etherington, 2004b; McLeod, 2003; Moustakas, 1961; Stephenson and Loewenthal, 2007; Stiles, 1993; West, 2001). Because of the significant effect this inquiry had on the researcher’s subjectivity and clinical practice, this chapter discussed the broader implications of conducting reflexive research on the profession of Counselling Psychology.

Implications

Self-care

The present inquiry highlighted the importance of therapists’ self-care during life events and transitions, a finding that resonated with the literature (Barlow and Phelan, 2007; Skovholt, 2000). The researcher and many co-researchers gained formal and informal support from work colleagues, family and friends and engaged in activities that facilitated self-care (discussed in Chapter Four). Their behaviour reflected what has been recognised in the literature as important aspects of self-care (Skovholt, 2000). Many self-care strategies practised by co-researchers appeared to also act as coping strategies, which enabled them to manage their emotions, workload, and relationships.

In its broadest sense, self-care refers to “the care taken by individuals towards their own health and well being” (DoH, 2005). In the context of therapy Baker (2002) defined it in terms of self-awareness, self-regulation, and balance. She suggested it could be practised through personal development activities such as personal therapy and of relevance to the present discussion, research. Similarly, Kottler (1999) suggested that self-care could be

engaged with through the disciplined reflection on one's emotional and psychological wellbeing, which reflexive research methods facilitate.

Many Counselling Psychologists and related health professionals will already practise self-care but it appears that there still needs greater awareness of how to apply these strategies. Mahoney (1997) found that emotional exhaustion and fatigue were the most reported problems encountered among the psychotherapists he questioned. Discussion about the influences on one's work is rarely given a formal platform, as the experiences of the co-researchers in the present inquiry confirmed. Counselling Psychologists could play a lead role in promoting the importance of clinicians' awareness of the impact of transitions on clinical practice and the application of self-care strategies in the services in which they are placed.

The opportunity for Counselling Psychologists to promote self-care is particularly relevant in the NHS, in which psychologists are increasingly called upon to provide services other than therapy (BPS, 2007) and are in need of demonstrating their "added value" (Turpin, 2009, p. 29). Counselling Psychologists, with their emphasis on self-reflection (BPS, 2010) would be well placed to provide guidance work of self-care within applied psychology and related disciplines, such as training and workshops within and on behalf of the BPS. Their role may include training other applied psychologists, counsellors and frontline mental health workers to provide ongoing support, training of supervisors and trainees about the importance of self-care generally and during a major life event, such as those discussed in this inquiry. It could also involve the provision of guidelines on appropriate assessment of psychologists who were finding it difficult to manage their clinical work during or after transition.

On a related point, some services could be provided by the BPS in its developing role of a supportive and educative body rather than as a regulator (BPS, 2009b). For example it could develop a page on its website that focused on supporting psychologists to manage their clinical work during transition and promote self-care, provide workshops and a ‘frequently asked questions’ list signposting individuals to appropriate support. However, further research employing qualitative, open-ended questionnaires, which could reach a large number of people, may be required to ensure these suggestions would be welcomed and useful before recommending that the BPS implement these ideas. This research may be best placed within local services and among independent practitioners to ensure that the results meet the local population diversity and needs. Counselling Psychologists are in a position to publish research and disseminate findings to the wider applied psychology and healthcare population.

Reflexive research: An alternative to trainees’ personal therapy

Heuristic inquiry provides researchers with an opportunity to engage in the disciplined reflection of their personal experiences (Douglass and Moustakas, 1985; Etherington, 2004b; Hiles, 2001, 2002; Moustakas, 1990, 1994), which Etherington (2004b) suggested had the potential to lead to personal and professional development. In the present inquiry this proved to be the case (discussed in the Creative Synthesis, Chapter Four). Although further research is needed (discussed in Further research, this chapter), based on the experience of conducting this inquiry, it is suggested that there is a possibility that reflexive research could be offered as an alternative to mandatory therapy as the vehicle in which trainees fulfil the personal development requirement of applied training. The rationale for this suggestion is now

presented. First, in order to provide the context in which this suggestion is made, personal development as it is currently practised is described.

In the context of therapeutic training Wheeler (1996) defined 'personal development' as "self-awareness and change" (p. 75). The trainee's personal development is considered a core element of training (Collins, 2008; Johns, 2002; Lennie, 2007; McLeod, 1998; Wheeler, 2000; Wilkins, 1996), and given particular importance within Counselling Psychology (BPS, 2008b; Rizq, 2009). Personal development is believed to improve the therapists' ability to work with clients (Atkinson, 2006; Collins, 2008; Johns, 1997; Kaufman, 1996; McLeod, 1993; Skovholt and Rønnestad, 1992, 1995; Strozier and Stacey, 2001). However, what constitutes personal development in the context of applied psychology training is not agreed upon, leading Spenser (2006) to suggest that there was "a lack of clarity in relation to personal development training" (quoted in Collins, 2008, p. 12).

Reflexive and reflective practitioner-orientated disciplines such as Counselling Psychology (Corey, 1977; Grimmer and Tribe, 2002; Woolf, 1996; Wosket, 1999) encourages personal development through mandatory therapy (Grimmer and Tribe, 2002). The Division of Counselling Psychology, for example, requires trainees to participate in at least forty hours of personal therapy (BPS, 2008b). Personal therapy is seen as the medium through which trainees become aware of their "own biases, values, stereotypical beliefs, and assumptions in order to appropriately serve culturally diverse clients" (Oden et al., 2009, p. 442).

The requirement that therapists participate in their own therapy was established by Freud (Grimmer and Tribe, 2002; Oden et al., 2009; Rizq and Target, 2008). It was based on the belief that if the therapist underwent his own analysis he would be more aware of counter

transference, thereby minimising its effect on the analytic process (Oden et al., 2009; Wiseman and Shefler, 2001). Similar claims regarding the benefit of the therapists' own therapy are made and summarised in non-psychoanalytic literature, even among those who do not acknowledge counter transference (Bridges, 1993; Fleischer and Wissler, 1985; Guy, 1987; Macaskill, 1988; McNamara, 1986; Norcross and Prochaska, 1982; Norcross, 1990; Norcross et al., 1988). The therapist's own therapy has since become "one of the most firmly held and cherished beliefs among psychotherapists" (Norcross et al., 1998, in Grimmer, 2005, p. 278.). Grimmer and Tribe (2002) identified six rationales that ran through the literature that supported mandatory therapy. A summary of their review is presented in Box 5.

Box 5: Summary of Grimmer and Tribe's (2002) rationales for mandatory therapy of the therapist.

1. Improved emotional and mental functioning of the therapist.
2. It provides the therapist with a more complete understanding of issues that may impact on the therapy.
3. It alleviates the trainee's emotional stress.
4. It serves as a socialisation experience.
5. It sensitises trainees to the needs of their clients.
6. It provides a firsthand observation of clinical methods.

Wiseman and Shefler (2001) suggested that personal therapy was crucial to therapy training because it facilitates the development of key skills such as self-reflection. Research indicates that trainees perceive this to be the case and that it enhances their training experience (Bridges, 1993; Grimmer and Tribe, 2002; Norcross, 1990; Norcross and Prochaska, 1982; Oden et al., 2009), even if their experience was negative (Grimmer and Tribe, 2002).

Atkinson (2006) hypothesised that the main reason why personal therapy was encouraged is because it is said to improve therapeutic work (BPS, 2008b). However McEwan and Duncan (1993) argued that there was little evidence to support this. Some research seems to suggest that the therapists' own therapy has a minimal, measurable effect on client outcomes (Atkinson, 2006; Clark, 1986; Greenberg and Staller, 1981; Lambert, 2003; Macaskill, 1988; Macran and Shapiro, 1998; Rønnestad and Ladany, 2006). Wheeler (1991) found in her study that rather than improving therapist's ability to provide therapy:

...there was a significant negative correlation between the amount of personal therapy the counsellors had had and the measure of the therapeutic alliance achieved (p. 193).

Atkinson (2006) highlighted the potential for therapy to do harm, especially if the client was 'well' and enters into it involuntarily, which may well be the case with trainees. However caution must be taken because according to Macran and Shapiro (1998) the literature is "small and the data tends to be weak" (p. 19). One of the often cited reasons for mandatory therapy is that it places the trainee in the role of the client (Grimmer and Tribe, 2002); although this may seem crucial, Johns (1997) argued that this "misses the point" because clients generally begin therapy "at a time of readiness" (p. 64) which would not necessarily be the case with trainees. Whilst it is not denied that the trainee may benefit from personal therapy (Oden et al., 2009; Rizq and Target, 2008) it is suggested that it may not be *necessary* (McEwan and Duncan, 1993). Given the lack of consensus within the literature regarding whether the therapists' own therapy leads to their personal development, it is suggested that there may be alternative ways of fulfilling this component of psychology training, specifically, reflexive research.

Support for this proposal comes from the suggestion that factors such as the therapist's experience (Roth and Fonagy, 2005) are more 'potent' than the therapists' own therapy (Atkinson, 2006). The British Association of Counselling and Psychotherapy (BACP), the largest representative body within the psychotherapy profession (BACP, 2011), withdrew its requirement that trainees must participate in therapy (Murphy, 2005). Instead trainees are required to demonstrate that they have engaged in activity that has led to *personal and professional development* (BACP, 2009), an outcome that was found in the present inquiry (discussed in the Creative Synthesis, Chapter Four) and in other heuristic studies (Etherington, 2000, 2004b; Hiles, 2001, 2002; Martin, 2005, Stephenson and Loewenthal, 2007).

In the literature, similarities have been made between qualitative research and therapy (Lees, 2001; Lewis, 2008; Vesper and Brock, 1991; Wolcott, 1994). Lewis (2008) suggested they both necessitate "a highly developed capacity for emotional engagement in the client's subjective experience" (p. 63). Indeed the potential for therapy to lead to "transformation and positive change" (Lewis, 2008, p. 64) is comparable to the personal and professional development afforded by heuristic research (Etherington, 2004b), and as such requires the researcher's emotional involvement (Hedican, 2006). McLeod (2003) suggested that "personal experience research", such as heuristic inquiry, "can be as challenging and rewarding as personal therapy" (p. 84). Research conducted for the purpose of applied psychology training is often lengthy and challenging (Creswell, 2007), spanning a year; which taking into account breaks, is the average time trainees are likely to participate in therapy. Allowing the personal development aspect of psychology training to be fulfilled via research, rather than personal therapy, which introduces an added cost, may make training

more accessible to financially disadvantaged groups (Grimmer and Tribe, 2002), thereby challenging the 'social class' gap between therapist and client (Ballinger and Wright, 2007).

If research was accepted by training institutions as an alternative to personal therapy it should not, and could not replace it as the means through which trainees deal with difficult personal issues. If the trainee is faced with such issues, either long-standing or recent, Thorne and Dryden (1991) argued that without the requirement of personal therapy the trainee's issues may not be addressed, and could be transferred into his clinical work. In such cases (if personal therapy was not mandatory), it would be incumbent upon the training institution to monitor trainees, through other means such as tutorials and personal development groups.

Supervision: Reflection on experience

Clinical Supervision

Many co-researchers reported that exploring the influences on their therapeutic practice in the way afforded by participating in this inquiry facilitated their professional development. Similar outcomes were found in the literature (Antonias, 2002; Etherington, 2004b; Martin, 2005). It is therefore suggested that clinical supervision (hereon called 'supervision') could encompass the disciplined reflection of the effect of the therapist's experiences (such as transitions) on his work. The need for broadening the content of supervision was highlighted by some co-researchers, who reported that despite receiving regular supervision they had not 'formally' reflected on the influences on their therapeutic work. An understanding of the current focus of supervision may explain why.

Supervision is a required activity of trainees and qualified psychologists (BPS, 2007). It has been defined by the Division of Counselling Psychology as a place in which “to enhance the quality and competence of practice” (Ibid., p. 4). However, there is little agreement about what constitutes supervision (Lane and Corrie, 2006), and therefore it does not automatically encompass the exploration of the influences on therapists’ ability to provide therapy. Supervision within applied psychology is generally perceived as an educative activity (Bernard and Goodyear, 1992; BPS, 2007); a place in which to discuss client presentations and ‘technical’ aspects of therapeutic work (Milne, 2007, 2009). For example, guidelines for Clinical Psychologist supervisors only briefly mentions discussing personal issues that may impact on the therapy, and are encouraged only if they appear to negatively affect the trainees work:

...they [supervisors] should be sensitive to any personal issues that arise...in relation to clients and be prepared to discuss these in a supportive way when they are considered to affect the trainee’s work (BPS, 2002).

Counselling Psychology, whilst offering a broader definition that includes “playful reflection” (BPS, 2007, p. 4), stops short of recommending or encouraging reflection of one’s experiences in relation to current practice. The profession of counselling and psychotherapy however, encourages the exploration of personal issues that affect the practitioner and his work (Carroll and Tholstrup, 2001; Hawkins and Shohet, 1989; Watkins, 1997).

While it is not proposed that such discussions should become the main focus of supervision over and above clinical issues, it is suggested that because of the benefits reported by co-researchers in this inquiry, it could be given a greater voice and promoted as a supervision

activity in future guidelines published by the BPS. This may be particularly important for Counselling Psychology given the recent change of the accreditation to the Health Professions Council (HPC). It could be argued that because HPC is a multi-disciplinary, generic body it does not have a deep understanding of Counselling Psychology and its emphasis on self-reflection (BPS, 2005a, 2005b, 2007). The lack of specific knowledge regarding Counselling Psychology could lead to defining supervision in terms of its technical function, which may be more applicable to other disciplines within and outside applied psychology. Counselling Psychology requires a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context (BPS, 2007), which may need to be embedded in future supervision guidelines and recommendations.

There is a possibility that the use of supervision to reflect on one's transitions could be perceived by the supervisee as a form of therapy, albeit in a different context. In the present inquiry it was found that the research interview at times resembled psychological therapy. For example highly emotive issues were discussed, the co-researcher's experiences were summarised and reflected back to ensure a mutual understanding had been reached, and some co-researchers reported that it helped them to 'work through' and gain a deeper understanding of their experience (discussed in Chapter Three). It would be incumbent upon the supervisor to encourage the therapist's *disciplined reflection* of his experiences by focusing on their *impact on clinical work*. The supervisor working within such an 'experience-orientated' model would be required to establish and retain the boundaries of the supervisory relationship, and allow the aim of good practice and professional development (Fleming and Steen, 2004) to guide his approach.

Phenomenological research methods: A critique

Self-indulgence

Speedy (2000) highlighted that phenomenological research methods have been accused of encouraging self-indulgence. Finlay (2002a) highlighted that the reflexive researcher:

...treads a cliff edge where it is all too easy to fall into an infinite regress of excessive self-analysis at the expense of focusing on the research participants (p. 532).

If the position that heuristic inquiry is unavoidably self-indulgent (D. Greenwood, personal communication 20th May 2010) is accepted, it could be argued that it was minimised in the present inquiry. This was achieved by exploring the experiences of other psychologists (the co-researchers) for the purpose of developing policies or to gain a deeper understanding of a phenomenon (Creswell, 2007). For example, the effect on co-researchers clinical work (Individual depictions and the Thematic analysis, Chapter Four), led to the present discussion regarding the implications of the findings of this inquiry on the profession of Counselling Psychology.

Co-researchers also reported benefits; participating was found to encourage their reflection on their relationship with the research question, which directed this inquiry away from being a purely researcher-focused, 'self-indulgent' exercise. For example May said that it raised her awareness of why returning to work was difficult, knowledge that could assist her in the future, or help readers of this inquiry reflect on their response to similar experiences. Terry said that he was reminded of specific people upon whom he could rely during future

transitions. Tania re-connected with her passion for working with children and Christine considered conducting similar research and strengthened her plan to train as an 'exit counsellor' (Clark, et al., 1995).

Epoché

It could be argued that in phenomenological research self-indulgence is reduced by engaging in the process of epoché (discussed in Chapter Three), a practise encouraged within descriptive phenomenology and heuristic inquiry (Finlay, 2008). The notion of epoché however was critiqued by Moustakas (1994) himself on the grounds that it was "rarely perfectly achieved" (p. 90). This proved to be the case in the present inquiry, in which it was found that it was not possible to fully separate the researcher's experience and understanding from that of co-researchers; hence why the researcher's relationship with transitions was made explicit in Chapter One.

Hermeneutic phenomenology provides a critique of epoché on the grounds that it is impossible, if not 'absurd' (Annells, 1996) to suggest that phenomena can be studied from an objective position (Lavery, 2003). Heidegger suggested that people and the world were indissolubly related in cultural, social and historical events (Munhall, 1989). Such a position was taken in the present inquiry regarding Moustakas' (1990) search for 'essence', which led to the adaptation of his design and method (discussed in Chapter Three). In the present inquiry epoché was seen as a means of gaining a deeper understanding of co-researchers' experiences by creating a *degree* of separateness from the researcher's experience, rather than the means through which one could gain a *direct grasp* on consciousness (Polkinghorne, 1983), or the 'essence' of an experience (cf. Phenomenology, Chapter Three).

Unscientific

Phenomenological methods have been critiqued as unscientific (Morgan, 1983) and therefore incompatible with the scientific third-person approach (Dennett, 1991). This is a plausible argument if psychology is constructed as a science comparable to chemistry (Gillett, 1995), which values impartial, value free observation assessing relationships between variables (Henwood and Nicolson, 1995). In contrast to the ‘objective’ study of material objects, phenomenological research seeks to establish and develop a subjective science that values “returning to the self to discover the nature and meaning of things” (Moustakas, 1994, p. 26)

This inquiry did not discount the value of ‘traditional scientific’ psychological research; however it was a phenomenological endeavour that sought to construct a multi-layered understanding of co-researchers experiences (Douglass and Moustakas, 1985). The present inquiry was firmly rooted in the philosophical foundations of psychology, which began as a discipline that concerned itself with the study of people and how they experienced the world (Gillett, 1995; Strawbridge and Woolf, 2009), an endeavour encapsulated by phenomenology and promoted within Counselling Psychology (BPS, 2005b; Lane and Corrie, 2006).

Lack of generalisability

A related concern is that the findings of qualitative and phenomenological methods cannot be generalised to a population wider than the specific sample under investigation. Coyle (2007) highlighted that this has led to the suggestion that they lack relevance and practical utility, which Bruce (2002) suggested may pose problems in a profession such as applied psychology that seeks to inform professional practice and the provision of services. In contrast to the

traditional view of generalisability promoted within ‘traditional scientific’ psychology (Smith et al., 1995), qualitative researchers claim ‘theoretical generalization’ (Mitchell, 1983).

Theoretical generalisation (Mitchell, 1983) is a concept often used by qualitative researchers who wish to dispense of the statistical or ‘empirical’ generalisation (Seale, 1999). It refers to the process by which general theoretical principles are inferred by selecting cases within data that illuminate aspects of general theory (Ibid.). The process of theoretical generalisation has been explained with reference to Interpretive Phenomenological Analysis (Smith and Osborn, 2003), but is relevant to the present inquiry and qualitative research in general. Smith and Osborn (2003) said the process involved the researcher “making links between the findings of an IPA study, their own experience, and the claims in the extant literature” (p. 54). Theoretical generalisation from a single case therefore is problematic in so much as it is speculative (Hammersley, 1992). Seale (1999) suggests that theoretical generalisability is strengthened by the study of several cases, each “one adding something new to the developing picture” (Coyle, 2007, p. 24). It was hoped that the present inquiry would add something new to therapists’ understanding of the effect of transitions on clinical practice, by building upon previous studies in the area (Martin, 2005, Antonas, 2002 discussed in Chapter Two).

Language

Willig (2008) highlighted that phenomenological methods assume that co-researchers were able to accurately articulate and represent their experience through language. However, the words used to describe an experience provide the researcher with a description of the experience, not the actual experience itself. Although it is not within the scope of the present

discussion, it requires highlighting that one issue regarding language is located within a broader debate concerning whether language reflects or constructs reality (Parker, 1992; Potter and Wetherell, 1987). The use of language to communicate co-researchers' experience potentially could have conveyed a different meaning than the one intended. It could be argued that the version of heuristic inquiry used in the present inquiry addressed this by engaging in a process of co-construction (discussed in Chapter Three), which attempted to reach a mutual understanding that reflected the co-researcher's experience, as it was understood at that moment in time. Such a position was more akin to Heidegger's (1962) hermeneutic phenomenology, which suggests that "language and understanding are inseparable structural aspects of human 'being-in the-world'" (Laverty, 2003, p. 10). Interpretation is seen as an evolving process and reaching a definitive understanding of co-researchers' experiences (Husserlian 'essence') was not possible (Annells, 1996). The individual depictions were accepted as reflecting co-researchers' experiences when primary and co-researcher agreed that they had reached a level of 'sensible meaning' that was free from contradictions (Kvale, 1996). It was acknowledged, however, that co-researchers' understanding of the effects of transition may change over time (discussed in Chapter Three).

On a practical level phenomenological methods seek to gain a detailed account of an experience, which requires a sophisticated use of language which not all research participants may be able to provide. All the co-researchers in both studies had a good command of the English language. However, English was the second language of one co-researcher in the bereavement study. Although this co-researcher did not appear to struggle with communicating her experiences, it may have been useful to explore if she would have described them differently in her first language. In such cases future research should consider the involvement of a translator that may give co-researchers the opportunity to provide

further description of their experience. Heuristic inquiry goes some way to address this by encouraging communication of co-researchers' experiences through visual methods, which could provide a fuller description which language is unable to provide.

Gathering 'thick description'

Phenomenological methods and qualitative research in general are employed when the researcher wishes to obtain a "complex, detailed understanding" of an issue (Creswell, 2007, p. 40). Co-researchers' experiences of bereavement in Study One did not neatly correspond to the stages described by Kubler-Ross (1969, 1975), for example; their narratives were contextual, diverse and fluid. As such it highlighted a benefit of using a qualitative approach to data collection, such as the heuristic interview, which privileged the gathering of in-depth, detailed and contextual accounts, referred to by Geertz (1973) as "thick description". Such depth may not have been possible had data been collected using statistical methods, which seek to generalise to a wider population. The adaptations made to Moustakas' method in the present inquiry, which facilitated the analysis and communication of individual co-researchers' experiences (see Chapter Four), provided rich descriptions that allowed the context in which they occurred to be presented. Similar to data collection, such rich descriptions may not have been possible if the data were analysed in the manner practised by 'quasi-positivist' approaches (Martin, 2005) such as Grounded Theory (Strauss and Corbin, 1990), which reduces detailed narratives into generalised themes (Flick, 2009). For the purpose of this inquiry the position was taken categorising the data into generalised themes as suggested by Moustakas' (1990) method served to discover the 'essence' of phenomena (discussed in Chapter Three), in other words "objective truth repackaged" (D. Greenwood, personal communication 26th February 2010).

Reflexivity

Reflexivity, which Bannister et al. (1994) argued was the defining characteristic of qualitative research (Finlay, 2002a), was central to the present inquiry. Reflexivity facilitated the transparency and accountability of the research process (Finlay, 2002a, 2002b); particularly important because of the relationship that the researcher had with the topic of transition (discussed in Chapter One). That said, Lees (2001) argued against the use of reflexivity if it goes no further than the enhanced understanding of the researcher's self; in such cases it may lend itself to the same criticism of self-indulgence made by Speedy (2000) regarding phenomenological methods. However, if the researcher moves beyond "benign introspection" (Woolgar, 1988, p. 22) and seeks to "utilise present experiences in order to improve our ongoing practice" (Freshwater and Rolfe, 2001, p. 529), as in the case in the present inquiry then it has the potential to lead "[us] to do things differently and modify our actions" (Lees, 2001, p. 134).

Reflexivity has also been critiqued on the grounds that it can be used to hide the unequal relationship between researcher and the researched (Finlay, 2002a). In the present inquiry it was acknowledged the primary researcher's voice was dominant throughout and shaped the findings that were produced (Ellis et al., 1997). This was considered inevitable given that it was the primary researcher who conducted, gathered and analysed the data and wrote the report. However, attempts were made to retain the co-researcher's voice where possible through the inclusion of the individual depictions, which co-researchers were involved in constructing (co-construction, discussed in Chapter Three).

The heuristic interview

As discussed earlier in this chapter qualitative research and therapy share a number of similarities (Lewis, 2008). This was indeed my experience in the present inquiry, which was reflected on in my research journal, illustrated in the following excerpt:

Terry's interview felt particularly intense. At times he seemed fragile and vulnerable, and I had to draw upon my therapeutic knowledge about containing and holding clients when discussing difficult issues. There were a few times when I questioned if I was his interviewer or therapist.

The nature of the interview and the emotive subject of the present inquiry necessitated the formation of a strong, working relationship with co-researchers (Wampold, 2001). However, the formation of a strong relationship with research participants has been criticised by Atkinson et al. (2003), who expressed concern that it could lead to “over-rapport” (p. 31) which hindered “letting the phenomena speak” (Rolls and Relf, 2006, p. 290). Although heuristic researchers “search to understand one’s self and the world in which one lives” (Moustakas, 1990, p. 15), which may lead them to over-rapport with participants, Lewis (2008) argued that such concerns:

...ignore the intersubjective nature of all human interactions, and reduce interviewers’ capacity effectively to access full and integrated descriptions of an experience or situation under study (p. 65).

The present inquiry sought to minimise the potential for ‘over-rapport’ through the ‘democratic process of co-construction’ (Finlay, 2002a), which was discussed in more detail in Chapter Three. Forming a warm and empathic relationship with co-researchers appeared to

benefit the heuristic process; it resulted in a deeply satisfying and enjoyable piece of work, which was of personal and professional benefit (discussed in the Creative Synthesis, Chapter Four) and it enriched the data analysis, in that being ‘in relationship’ with each co-researcher fostered an understanding and appreciation of their personality. This appeared to have influenced the writing of the depictions in a way that retained their ‘voice’. For example Tania’s depiction was written in the form of a letter from a fictitious ex-client, which was intended to reflect the sincerity and warmth that she conveyed towards her clients in her interview.

My therapeutic training appeared to enable me to focus on co-researchers’ emotional responses to their transitions. The use of Rogerian (1951) attributes and skills (Coyle, 1998) assisted in:

...establishing rapport, encouraging story telling, using probing questions [and] listening (Melles, 2005, p. 21).

Which served as a means of raising co-researchers’:

...awareness of their emotions and pay[ing] attention to the presence of emotional description in the data during data analysis (Lewis, 2008, p. 65).

The ability to identify and explore the co-researchers’ emotions and weaving them into the individual depictions gave each a layer of depth, which may not have been possible had a less emotionally orientated, objective style of interviewing and reporting been employed (Creswell, 2007).

Attitude

An aspect of the research interview that may have hindered the co-researcher from exploring their experience was the attempt to provide a relaxed, welcoming environment to promote and facilitate open discussion. This involved non-verbal communication, for example smiling and nodding when it felt appropriate. This may have given the impression that the point being made was understood before they had fully described it, which in turn may have prevented further explanation. This was managed by moderating my responses in further interviews and by learning to become more aware of the assumptions that were being made about co-researcher's experiences. The method used in this inquiry inherently addressed this point through the process of co-construction.

Assumptions

On transcribing the first co-researcher's interview in Study One, it became aware that she had made assumptions that I understood what she was talking about without clearly stating her point. Some of these points were then difficult to convey to the reader, as they could not be grounded in clear examples from the transcript. Recognising this in the first interview meant that I was aware of the need to clarify ambiguous points in subsequent interviews. It also led to the attempt to try to understand the reasons why they might assume I understood their comments. This drew my attention to the fact that I worked in the same profession and our shared use of 'therapeutic language' and assumptions. It was possible that tacit knowledge (Polanyi, 1969, 1967) was used, although rather than assisting a greater understanding of the phenomenon, it may have been a hindrance.

I became aware that I might also have made assumptions because of my shared identity with the participants; we were all white, mostly European and of middle socio-economic class. I also made the assumptions that all the co-researchers would be distraught at their bereavements and that their decision to live without a Christian faith had been agonising. I took care not to over-identify with co-researchers or assume that their responses to transitions would be the same as mine, and supervision and the process of independent audit proved invaluable throughout this process by helping me to discuss and make explicit my relationship with the material. Despite my efforts to 'bracket' my assumptions, as previously discussed in this chapter (epoché), a hermeneutic phenomenological position would suggest that detaching oneself from one's context, history and culture in the way proposed by Moustakas (1990) was made impossible by what Heidegger described as the situated meaning of a human in the world (Lavery, 2003).

To improve my interview performance I went through transcripts and evaluated the questions I asked; for example, whether questions were open-ended and the participant was guiding the interview as much as possible. Nevertheless my mere presence may have affected what the participants said, particularly if they felt I had experienced a personal bereavement or was affiliated with a Christian church. This was demonstrated when many co-researchers asked why I had chosen to do this piece of research.

Personal connection

Given that my mother had shown considerable support throughout my therapeutic training it felt incredibly important to do justice to this inquiry in her memory. This was particularly felt at the analysis stage of the bereavement study. While writing the depictions I struggled to

keep within the boundaries of the research because all the contributions from co-researchers felt equally important. At times it felt as though I was losing the essence of the person by cutting their experience down into depictions of which I gave examples (Chapter Four) that would allow me to stay within the word count. It was at this stage that the importance of reflexivity felt most noticeable. Supervision was essential during this stage because it enabled considerable reflexivity and discussion.

Critique of heuristic inquiry and its challenges

Sela-Smith (2002) critiqued Moustakas' (1990) heuristic inquiry by suggesting that in the last stages of his method he moves from the phenomenological stance of pure 'self-search and experiencing' into 'observing the experience'. She suggested that this was due to an unconscious defence and resistance to experiencing the pain elicited during his self-search. According to Sela-Smith (2002) this explained the difference between the theory of his model (outlined in the first section of his 1990 work) and its application (the second section). She presented an alternative called "heuristic self-search inquiry" (p. 83) which she claimed enabled the researcher to surrender "into feeling-the-feelings and experiencing-the-experience" (p. 83) and relinquish attempts to control the process. She did not fully explain how this was achieved, and because its focus was purely inward her approach may have limited application for those wishing to present their inquiry to the academic community. Of note, however, is the attention she drew to the influence the researcher's emotion and experiences could have on the research process, and the need to engage in supervision that explicitly engages the researcher's subjectivity.

Martin (2005) critiqued Moustakas' (1990) method on the grounds that it 'aped' positivist approaches by attempting to extricate the essence of the experience, a position that was taken in the present inquiry (discussed in Chapter Three). Martin (2005) echoed a critique of Husserlian phenomenology originally developed by Heidegger (1962) through his approach of 'hermeneutic phenomenology', which made no distinction between an individual and his experience, and therefore suggested that "one cannot stand outside the pre-understandings and historically of one's experience" (Lavery, 2003, p. 14). Martin (2005) presented what he termed 'relational heuristic inquiry', in which he placed the relationship between the researcher and co-researcher at the centre of the research process, and explored in depth how this relationship shaped the data collection, analysis and the construction of the co-researcher's narrative. The present inquiry sought to compliment Martin's (2005) study "adding something new to [the] developing picture" (Coyle, 2007, p. 24) of the effect of transitions on the therapeutic work of therapists, in the hope that it will be used to inform therapeutic intervention (Coyle, 2007).

My experience of the application of the method

My experience of applying heuristic inquiry was at times different to the description and procedure provided by Moustakas (1990). For example he implied that movement through the stages of the research was linear (p. 27). The experience of engaging in these stages in the present inquiry was similar to that of Stephenson and Loewenthal (2007), who reported that they frequently moved in and out of each phase at various times. For example a distinct phase of incubation was not entered into in the manner described by Moustakas; rather periods of incubation occurred periodically and naturally. There was a natural break after the bereavement section was submitted in order to gain entry onto the Doctorate programme. In

addition, while conducting the second study of this inquiry there were periods where I concentrated on my career and lived outside the UK. 'Illumination' was also not experienced during either study in the linear fashion implied by Moustakas, possibly because a discrete phase of incubation was entered into. 'Illumination' occurred throughout the process, particularly noticeable during data collection and interpretation phases.

By outlining distinct phases Moustakas appeared to have adopted a linear concept of time. However, in this present study, Slatterly's (2006) notion of time being a "cyclical process rather than an arrow along which events can be isolated, analyzed and objectified" (p. 22) more accurately reflected the experience of entering in and out of the phases of the inquiry. There was an advantage of conducting these studies over an extended period of time while pursuing my career and other activities. I had periods when I was detached from the inquiry, which provided opportunities for new insights to emerge, and I had time to reflect on the process of heuristic research and what I had learnt about my own experience of bereavement, which I used to inform my approach and understanding of Study Two. The disadvantage was that during these periods I was preoccupied with other concerns, which may have hindered the extent to which I was able to consciously reflect on this inquiry.

Further research

Self-care

The importance of self-care highlighted by this inquiry was an area that may require further research. The focus of this inquiry meant that it was not possible to explore the specific coping mechanisms that co-researchers found helpful during their transition or that helped

them to continue working. Therefore it may be useful to explore the coping mechanisms used by therapists during times of transition, a specific life event or a crisis. A Grounded Theory (Strauss and Corbin, 1990, 1994) study would be appropriate because there is a lack of research and theory that address the specific coping mechanisms used by therapists. Grounded Theory would facilitate the development of new theory in this area (Creswell, 2007); particularly important given the “often intense nature of the therapeutic relationship” (BPS, 2005b, p.3).

Personal development

The potential for reflective research to be considered a training activity that could fulfil the personal development requirement of Counselling Psychology training needs further research. For this to take place, research would require both personal therapy and research to be available and used by trainees, and longitudinal research carried out to ascertain the impact of each on personal development. A mixed methods approach (Tashakkori and Teddlie, 2003) could be used, for example the use of control groups, in which trainees undertook personal therapy or reflexive research and Grounded Theory (Strauss and Corbin, 1990, 1994) which would generate new theory that was grounded within participants’ experiences of each activity.

Leaving religion

Christine’s transition highlighted an area of further research of personal interest. There were three aspects of her transition that I thought were particularly significant; she was the only co-researcher to have been a member of a religious group that some consider to be a cult

(Penton, 1997), she was the only co-researcher in Study Two whose experience of leaving Christianity was distressing and her experience resonated with mine. However, because this inquiry sought to explore a specific phenomenon (i.e. the effects of transition on clinical practice), it was not possible to explore details of Christine's experience of leaving the Jehovah Witnesses' in-depth. Her experience, and that of others could be explored further using narrative research (Bruner, 1987, 1991; Clandinin and Connelly, 2000), which is particularly useful for "capturing the detailed stories or life experiences of a single life or the lives of a small number of individuals" (Creswell, 2007, p. 55).

Final comments

The adaptation of Moustakas' (1990) heuristic method facilitated the disciplined exploration of the effect of transitions on co-researchers' work in a way that was consistent with the constructionist view of knowledge that informed this inquiry. Furthermore, it was consistent with the notion that phenomenology is a dynamic and evolving approach, which changes over time (Lavery, 2003). It provided a valued means of personal and professional development for the primary researcher and its co-researchers. Although there exists a body of literature that explores the emotional and practical impact of life events, there is very little on the effects they have on therapists' clinical work; the current inquiry offered an exploration of some of the influences that transitions may have. A number of suggestions were made regarding the importance of therapists' self-care and the role of research in the training and supervision of Counselling Psychologists.

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Appendix 1

The Creative Synthesis from study one

In heuristic research the data is extended to the subjectivity of the researcher (West, 2001). In this study the creative synthesis communicated the effects the heuristic process on my subjectivity and understanding of the phenomenon. I had given much thought to how I should approach the Creative Synthesis and the prospect was not a pleasant one given my lack of natural creativity. I decided to use a technique called stream of consciousness, first used by William James in 1890. This technique enabled me to empty out all my thoughts regarding the research, until I had nothing left to say. I extracted sections that were relevant and arranged them into the following document, organised in chronological order to reflect the research process. I viewed this technique as similar to that experienced by co-researchers, the stream of consciousness resembling first interviews and the creative synthesis resembling the depiction. The following extracts are direct quotes and have only been edited marginally to ensure they are legible and convey the meaning intended.

.....

Autumn 06

I thought about research topics but everything seemed superficial and pointless - who cared about Counselling Psychology practice? Who cared about the experience of the client? I didn't. I was so consumed by Mum's death. I couldn't entertain the idea of researching a bland, impersonal topic for the sake of a qualification, which at that time I didn't care much about anyway.

I was back in work, seeing clients – life continuing as normal, and I felt angry. I feared I would forget her, people around me had forgotten, or just didn't care. I wanted to tell clients "look I'm struggling too; I'm not this well-adjusted functioning person you think I am".

The MSc Handbook - 'make a contribution to Counselling Psychology'. I did not care what contribution it made and to who! I knew that the only way I was going to continue training was to use the research to work out what the hell had just happened. But this is the stuff of therapy – real life, experienced in all its rawness.

December 06 (Planning)

When I started this research I didn't know what would come of it. At the back of my mind I believed that it wouldn't of any real value. What the hell was I feeling? Sadness, upset, tears relief, anger, hatred, freedom – what was true? I made a conscious decision not to let Mum's death overwhelm me.

March - April 07 (First interviews)

I hoped to hear stories the same as mine, but the differences, the diversity in reactions, has kept me interested and kept this alive. In her first interview Birgitta expressed so much anger towards her mother, I felt overwhelmed. When I got home, I burst in to tears, probably an expression of my frustration, effect of her pain and anger.

Listening to Terry talk about his parents as separate people coincided with the way I had begun to think about mine, seeing them as people in their own right. I've listened to lots of different stories, some similar but all different. Immersion in co-researchers stories distracted from mine.

June - July 07 (Writing the depiction – part one of co-construction)

Co-construction was a struggle and a pleasure. I wanted to treat co-researchers stories with respect and sensitivity, but wanted to be honest. This wasn't easy. I didn't want to represent Birgitta's anger in the depiction, in case I offended her. I agonised over this but gave up. My role wasn't to protect her or stop her anger, but to communicate her experience, no matter how raw and painful. Was co-researcher's motivation similar to mine? Did they worry that their pain would be forgotten? It enabled me to tackle my Mum's death at arms length, through stories of others.

July - August 07 (Second interviews - part two of co-construction)

My courage with Birgitta paid off – she thanked me for my sensitivity and how I conveyed her experiences.

It was lovely when co-researchers said the depiction had been valuable and helped them in their process. Terry said he was moved by my depiction, and said it had been a privilege taking part. I'd progressed from blinkered obsession with my own bereavement to a genuine desire to be of value to co-researchers.

I've thought about mum every time I've thought about this. She's always in my thoughts but despite this I've been able to think about her but not be overwhelmed. It gave us an opportunity to tell our struggle with death. I've produced a permanent record of my loss. May encapsulated this, saying that by participating, she was honouring Stephen, keeping his memory alive. I felt the same.

Beginning to mid August 07

I need to be myself. I can't switch off who I am and transform into a 'professional'.

I questioned who I am, how I relate to and treat others. This research has had parallels to therapy in many ways, and given me time and space to reflect on my bereavement. I have hated and loved doing this research. It has brought me closer to my mum, but also taken me further away.

I wanted answers. I haven't found any certainties, other than there are no certainties. But I've learnt to cope with uncertainty and tolerate not knowing. It's been a gradual realisation of the changes, not a eureka moment. It's helped me understand the uniqueness of each person, to celebrate uniqueness. Not to assume that any two bereavements are the same.

Middle to end of August 07

Who knows what will happen with this dissertation? Who will read it? It's simply my story and the story of five others. It might not be read by anyone other than the examiners. This isn't important.

This is snap-shop that's highlighted therapy as a version of clients' life they chose to share - not the whole picture, which changes each time. I have re-evaluated and re-positioned the importance of therapy. It's important and it can make a difference, but it's not the be-all-and-end-all. How can it be?

I learnt that it's okay to be vulnerable. Co-researchers revealing their vulnerability, shocked me. No one hid behind professional identity or status, and for me they all lost their titles, they simply became people who were trying to come to terms with death.

I learnt to just be with Mum, not trying to change anything I couldn't, who was I? I had to watch her and be with her, in a way that I had not experienced before. Supporting her, not being intrusive and letting her know that I loved her without scaring her or smothering her. When I reflect on this, I realised how much this resembles the therapeutic relationship, and how much I now believe that this is what I want to achieve when with clients. It made me want to be more transparent, more honest about my pain and struggles.

I've repositioned my bereavement. It no longer consumes my thoughts and emotions as it did. Is this due to the passing of time? What I do know is that the level of engagement I had with co-researchers' stories, has taken me away from my bereavement, forced to explore other people's experiences. I feel less desire to direct people; being with co-researchers has enabled me to appreciate the importance of listening, not pre-judging. I've learned that therapy is about being human; the person can't be separated from the therapist. I used to tell my partner when I came home, that I stopped being a therapist, and I began to be myself. I now know that whoever I'm with, friend or client I must be myself.

I used to see Counselling Psychology as just an opportunity to be a psychologist. The research has brought it alive, made more real, I have a deeper relationship with it, and I understand what phenomenological and relational mean. It's a distinct approach that respects the origins of psychology, but unafraid to go its own way, stand up to bland technique therapy and be counted. I am a stronger person and a stronger therapist. This research is my way of saying "thank you Mum", an acknowledgement of her life and of her death.

Appendix 2

Advertisement for participants, example from Study One

The Effects of Personal Bereavement Therapists' Practice

Have you experienced a personal bereavement since qualifying? Would you like to share your story to increase understanding in this area? I would like to discuss with you the ways in which a personal bereavement affected your work as a therapist.

If you are a therapist (BPS/ BACP/ UKCP) who has provided 1:1 or group psychological therapy, with any theoretical approach, during a time of personal bereavement, I would greatly appreciate your time. I would like to meet you for 2 tape-recorded interviews, both lasting approximately 1 hour. The interviews will be 3-6 months apart at a location convenient to you.

If interested, please contact me by phone or email for more information.

Jeremy Rowe

Roehampton University

School of Human & Life Sciences

Whitelands College,

Holybourne Avenue,

London,

SW15 4JD.

Appendix 3

Recruitment information: example from study two

Thank you for expressing an interest in this research. I hope the information contained in this letter will be helpful. If you have any questions that have not been answered here please do not hesitate to contact me.

What is the purpose of this research?

This research is being conducted as part fulfilment of my Doctorate (PsychD) in Counselling Psychology. I plan to interview approximately 5 psychologists using Moustakas's (1990) model of heuristic research, a phenomenological approach to psychological enquiry, in order to explore therapists' perceptions of how a decision to live without a Christian faith affected their clinical practice.

What's in it for you and me?

There exists very few studies of this nature, so you will be contributing to a much needed area of research within the profession.

Taking part may give you the space to reflect and gain a different perspective on your experience. It may lead to new insights, and enable you to reflect on your current practice. You will also be helping me to write my research on a subject that I have a deep interest and relationship with, and from which I hope to professionally and personally learn from.

What will taking part involve?

I would like to meet you for two separate interviews, both at a time and place that is

convenient to you. In the first interview I will ask you about your loss of faith, and the way in which you think it impacted on your clinical practice. I will write a depiction of how I perceived your experience, as told in the interview, which I will send to you. We will arrange the second meeting in which we will discuss my depiction and agree any alterations you may request. In addition, you will be welcome to provide me with other materials that express your experiences, such as pictures or poems.

Will I remain anonymous?

Pseudonyms (which you can choose) will replace actual names. Locations (places of work, places of origin etc) will be omitted from the transcripts, as will other information that may compromise your confidentiality. You can withdraw your material at any stage.

I am a member of the British Psychological Society, and follow its Code of Ethics and Conduct and Ethical Principles for Conducting Research with Human Participants'. Both are available from

http://www.bps.org.uk/the-society/ethics-rules-charter-code-of-conduct/code-of-conduct/code-of-conduct_home.cfm

Mr Director of Studies is Dr Anne-Marie Salm, Chartered Clinical & Counselling Psychologist, Roehampton University, School of Human and Life Sciences, Whitelands College, Holybourne Avenue, London, SW15 4JD.

What difficulties may arise from participating?

Deciding to live without one's faith affects people in different ways. You may experience a re-emergence of emotions relating to your experience, or you may be reminded of difficult events and experiences that you hadn't thought about for some time. Also, participating may lead you to question your perception of your fitness to practise during the time spoken about

in the interview. To help you anticipate and prepare for any difficulties, I encourage you to discuss your concerns with trusted colleagues, friends or family, and ensure you have adequate support before you agree to participate.

I would like to participate, what do I do next?

Please contact me by telephone or email. We can then discuss further, giving you the chance to answer any questions you may have. We will agree on the practical arrangements, such as when and where to meet.

Jeremy Rowe

Roehampton University

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SW15 4JD.

Moustakas, C. (1990). *Heuristic Research Design, Methodology and Applications*. London: Sage.

Appendix 4

Letter of agreement: example from study one

This is a letter of agreement regarding an interview exploring the effects of personal bereavement on therapists' practice that I am conducting as part of my training as a Chartered Counselling Psychologist.

The purpose of this letter is to ensure that we have a mutual understanding of how the material you provide in the interview will be used. Thank you in advance for agreeing to take part. I hope that it will make an informative contribution to a neglected area of research, and be beneficial to therapists such as you in understanding the effect personal bereavement has on our practice.

- The material you provide will contribute to my qualification in Counselling Psychology. Although an academic endeavour, this research is motivated by a desire to understand the effects bereavement has had on mine and other therapists' practice.
- I would like to interview you on 2 separate occasions. Interviews will be no more than 6 months apart, but no less than 2 months. They will be at a time and place convenient for you.
- The purpose of the 1st interview is to explore the effects your personal bereavement had on your therapeutic practice. The interview will be open-ended, and I will ask you about your bereavement, and the effects it had on your therapeutic practice with clients and/or groups.

- I will write a depiction of how I perceived your experiences as captured in the interview, and send you a copy to read before the 2nd interview. In the 2nd we will discuss my depiction, and agree on any amendments or omissions you request.
- How much detail you give in the interview is at your discretion. I recommend that you have sufficient support in place after the interview. Due to the nature of the subject, you will be asked to recall what may have been a very difficult period of your life, personally and professionally.
- I invite you to provide other material, e.g. poems, lyrics, pictures that may assist you in expressing your experiences.
- Each interview will last approximately 1 hour, and will be recorded using a digital and a tape recorder. They will be burnt on to a CD, and when not in use, kept in a secure place, to which only I have access. I will personally transcribe the interviews.
- You decide whether I can use your material in my research. At any point you can choose for your material to be withdrawn. If you do decide to withdraw, I ask that you give me as much notice as possible.
- I will ensure that all identifiable details (personal and organisational) are omitted from the written transcripts, and will not be included in the study.
- All or part of the audio recording or transcript may be listened to or shown to my supervisor and those involved in the research's assessment, if they request.
- I consider confidentiality to be of utmost importance. However, should you disclose information that you intend to seriously harm yourself or others, or issues relating to current child abuse, I have a duty to inform my supervisor and if necessary appropriate services.
- If you disclose information that raises concerns regarding your current fitness to practice, I will in the first instance discuss these concerns with you. However, I am

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Appendix 5

Debriefing information: example from study two

Thank you for your time. I'm aware that we may have spoken about experiences that could have brought back uncomfortable memories.

I would now like to offer you some time to talk about anything that may have come up for you during the interview.

Is there anything that you would like to talk about that came up from this interview?

Do you have any further comments or questions before we end today?

I will be available by telephone or email to answer any questions that you may have about this research. However, should you wish to discuss any issue that arose for you during the course of the research in greater depth, for which you may need more specialist support than I am able to offer, you may find the following sources of support useful.

Support services

Many support service listed have a comprehensive list of other support services available on their website.

British Psychological Society Register of Psychologists

The British Psychological Society

St Andrews House

48 Princess Road East

Leicester LE1 7DR

Tel: 0116 254 9568

<http://www.bps.org.uk/e-services/find-a-psychologist/psychoindex.cfm?&redirectCount=0>

British Association of Counsellors and Psychotherapists: directory of therapists

BACP House

15 St John's Business Park

Lutterworth

Leicestershire

LE17 4HB

Tel: 0870 443 5252

www.bacp.co.uk/seeking_therapist

http://www.bacp.co.uk/seeking_therapist

Churches' Ministerial Counselling Service

C/o Baptist House

PO Box 44

129 Broadway

Didcot OX11 8RT

Tel: 01235 517705

www.cmcs.org.uk

<http://www.cmcs.org.uk>

Fundamentalists Anonymous

<http://www.fundamentalists-anonymous.org>

The Freedom From Religion Foundation, Inc.

PO Box 750

Madison WI 53701

608/256-8900

British Humanist Association

1 Gower Street

LONDON

WC1E 6HD

Tel: 020 7079 3580

www.humanism.org.uk

The British Association of Christians in Psychology (BACIP)

<http://www.bacip.org.uk>

The Lesbian and Gay Christian Movement (LGCM)

Oxford House,

Derbyshire St,

London

E2 6HG

Tel / Fax: 020 7739 1249

www.lgcm.org.uk

Evangelical Fellowship for Lesbian and Gay Christians

<http://www.eflgc.org.uk/default.asp>

This research is being conducted by:

Jeremy Rowe

Roehampton University

My Director of Studies is:

Dr Anne Marie-Salm

Roehampton University

Appendix 6

Interview schedule: Example from study one

1st Interview

This interview will be mainly unstructured, and will begin with the question:

- ‘What effect has your personal bereavement had on your practice as a therapist?’

It is my intention that the interview will proceed depending on, and according to, the material presented by the co-researcher. I will ask open questions to encourage them to:

- Explore and describe their perception of their practice before their bereavement
- Describe the nature of their bereavement
- Explore and describe their perception of their practice during and after their bereavement (if the co-researcher is able to make a distinction)
- Explore and describe the effects the bereavement had on their practice, by comparing similarities/ differences before and after bereavement.

Questions I will ask in the event of the co-researcher ‘drying up’:

- Could you tell me who you knew that died, and how this affected you personally and

or professionally?

- How would you describe your therapeutic practice before you experienced bereavement? How would you describe your relationships with your clients then? How would you describe your therapeutic style?
- In what way did your bereavement affect your practice? What areas of your practice did it/did it not affect? Did you notice any change in your attitude to your clients?
- Do you think you were able to empathise/understand them less, or more after bereavement?
- Think of one client you worked with before and after your bereavement – what do you think this client would say about your practice? What differences do you think they saw? Do you think they would have said your practice was the same? If not, in what way do you think it was different?
- Did your clients get to know about your bereavement? If so, how, and what effect do you think this had on your relationship with them?
- Do you think your clients noticed any differences in your practice after your bereavement?
- Did your colleagues comment on any aspect of your practice after your bereavement? Did you talk to a colleague about your practice after your bereavement?

2nd Interview

The 2nd interview will evolve from the responses of the co-researcher to my summary of their 1st interview. Therefore, 2nd interviews may be significantly different from each other. There will be an element of structuring here. The structuring will be maintained by the document presented to the co-researcher after the first interview.

I will begin with the question:

‘What are your thoughts on the summary I wrote about your experiences spoken about in our 1st interview?’

The interview will proceed from their answer. Should the co-researcher not know how to proceed, I will ask open questions such as:

- In what way does my summary encapsulate your experience?
- In what way does my summary not encapsulate your experience?
- With what do you agree/ disagree in my interpretation?
- In what way does it/ does it not reflect your experience?
- Is there anything you would like to alter/ omit? If so what?