Enhancing Reflective Practice among Clinical Psychologists and Trainees

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Declaration

This thesis was conducted under the supervision of Professor Delia Cushway and Dr Adrian Neal. Other than this, I conducted all stages of the research myself. Ethical approval was obtained from West Midlands South and Birmingham and Solihull Mental Health Trust local ethics committees (Appendices 1 & 4), the National Research Ethics Service (Appendix 2) and Coventry University (Appendix 3).This thesis has not been submitted for a degree at any other university. Authorship of any papers published from this work will be shared with the above.

The literature review has been submitted to the Clinical Psychology Review (see Appendix 15 'Guide for authors') and is currently under review. The empirical paper has been prepared for submission to Clinical Psychology and Psychotherapy (see Appendix 16 'Instructions for authors').

Abbreviations

IPA = Interpretive Phenomenological Analysis

MDT = Multi-disciplinary Team

NHS = National Health Service

PD = Personal development

PT = Personal therapy

RP = Reflective practice

UK = United Kingdom

Summary

The role of the Clinical Psychologist has developed to incorporate that of the reflective practitioner. This thesis aims to consider how reflective practice is incorporated into personal and professional development by clinical psychologists and trainees, and what impact it may have upon clinical practice.

The first chapter of the thesis reviews the relevant literature from the past 10 years relating to the use of personal therapy among therapists and the links to reflective practice. The findings suggest that a number of studies demonstrate some benefits of personal therapy for therapists. However, the literature lacks a unified theoretical explanation of the processes that occur during personal therapy and of their influence on the development of reflective practice. This chapter offers a critique of the literature and proposes a potential model for understanding the development of reflexivity through personal therapy.

Chapter Two is an exploratory study of clinical psychologists' experiences of personal development groups whilst in training. The study adopts an interpretive phenomenological approach to the analysis and results are presented through four super-ordinate themes. The results suggest that personal development groups are seen as an effective method of developing reflective practice by participants. The processes which encourage and hinder this are also explored. The research suggests that engaging in reflective practice may become a luxury after training in some cases and this may result in an increased strain on the therapist. The clinical and research implications of the study are discussed.

Chapter Three provides a reflective account of the author's experience of the research process including; choosing the research topic, developing the research question, relationship to the research and personal experiences of personal development groups. The paper comments on the presence of bias within the research, the impact of conducting the study on the researcher and reflections on themes arising from the empirical paper.

Chapter One:
Literature Review

The use of Personal Therapy for Therapists and Trainees: A Review of

the Literature since 1998

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1.0   Abstract

The use of personal therapy is commonplace among psychological therapists, often as a method of ensuring good practice. This review aims to consider the literature relating to the use of personal therapy by therapists and trainees in terms of its impact upon clinical practice. A comprehensive review of the literature in this field has previously been carried out by Macran and Shapiro (1998) and therefore only subsequent research will be reviewed. A total of sixteen papers were found and these were divided into three groups: reviews, surveys and exploratory studies. This review suggests that while evidence has been found to suggest that personal therapy benefits clinical practice in a number of ways, the literature has so far failed to provide a comprehensive model which is able to explain this. Cross-referencing the findings of the main papers provides more clarity in this respect, although further research is needed to support the conclusions.

1.1   Glossary

This review refers to a number of psychological terminologies where the meaning may be unclear and changeable. The meaning of the terms used in this review is provided below for clarity.

1. Reflective Practice: a deliberate means of applying knowledge gained through considering one's own experience to clinical practice in order to enhance or develop it.

2. Reflexivity: a process through which actions, thoughts and feelings are consciously examined, and the understanding drawn from this process affects subsequent actions, thoughts and feelings in a cyclical manner.

3. Mentalisation: Fonagy & Target describe this as a reflective stance in which an individual recognises that "subjective experience is a representation of, rather than indistinguishable from, reality" (cited in Ritz & Target, 2008, p. 43).

4. Relational awareness: sensitivity towards the process of 'working through' within the therapeutic relationship.

5. Authentication: the validation of therapy on a personal and professional level.

6. Prolongation: the belief that personal therapy can be used as a longer term means of developing the professional. It recognizes that the therapist's needs change over time and that therapy may serve a different purpose at different points in their career.

1.2   Introduction

The origins of personal therapy for psychological therapists and trainees can be traced back to Freud (1937) who suggested that therapists would need to undergo personal therapy at various stages throughout their careers in order to develop insight into psychological blind spots and counter transferences. The term 'psychological therapists' is used in this paper to refer to what is commonly known in the UK as a member of the helping professions and includes clinical and counselling psychologists, psychotherapists, counsellors and trainees, although not all clinical psychologists consider themselves to be therapists. Personal therapy for therapists and trainees has long been recognised as serving at least three important purposes: it provides an arena for professional development at all stages of the therapist's career, it ensures the continued resilience or psychological well-being of the therapist in what is recognized as a stressful profession (Macaskill, 1999) and it has been suggested that there are benefits for the client in terms of increased therapist empathy and warmth and being able to provide better conditions for therapy (Coleman, 2002, Macran, Stiles & Smith, 1999).

Mandatory personal therapy for counselling trainees has become an increasingly heated debate and much literature focuses on this area. (Murdin & Coate, 2002; Muller, 2004; Murphy, 2005). It is possible that the mandatory nature can induce resistance in the client or that it goes against

the person-centred nature of counselling practice (Grimmer & Tribe, 2001; A. Macaskill, 1999)**.** The use of personal therapy by Clinical Psychologists and trainees is less common, as is the literature among this population. However, there is increasing pressure on Clinical Psychology training courses to produce reflective practitioners and some research suggests that personal therapy could be one means of doing this. This review considers the possible benefits and disadvantages of personal therapy for clinical practice among psychological therapists and trainees across all therapist populations. Two partial reviews of the literature (Norcross, 2005 & Timms, 2007) are also considered in terms of their contribution to the debate. All studies originate either from the UK, USA or Israel as this is where the majority of the research has been carried out; however some surveys have collected data across a greater number of countries, including the US, Europe, South Korea and South America (Orlinsky, et al., 2001).

1.2.1 Findings from Previous Literature Reviews

Macran and Shapiro carried out a comprehensive review of the literature relating to the use of personal therapy for therapists up to 1998. They suggested two main benefits or outcomes for the use of personal therapy: to increase therapist effectiveness and to maintain therapist well-being. Furthermore, they highlighted literature which claimed to identify how this process occurs: by alleviating stress, increasing awareness of own problems, experiencing what it feels like to be a client and demonstrating

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how psychotherapy can work which increases therapist beliefs in its validity. They found a limited amount of evidence for the effectiveness of personal therapy for therapists in the literature, although there was some support for the increased presence of therapeutic qualities such as empathy and warmth. Most research was seen to be methodologically flawed as a result of confounding variables such as self-selection sampling methods and lack of control groups. Experimental studies were inconclusive due to small sample sizes (N=4-56). However, the lack of evidence to support positive outcomes from personal therapy does not necessarily imply that they do not exist. Furthermore, the authors suggested that future research should move away from asking *whether* personal therapy is beneficial to therapists and their clients, towards asking *how* it is beneficial (author's italics). They also advocated the development of a theoretical model to understand the processes by which this might occur. On reviewing this literature since 1998, it appears that this remains a fundamental weakness in most studies.

A more recent review of the literature which considers the evidence to support the potential benefits of personal therapy for trainees (Timms, 2007) is useful in its consideration of the area from a Clinical Psychology standpoint. The review highlights studies which provide evidence of positive outcomes for psychotherapy trainees as well as briefly summarizing some evidence of negative outcomes. Attention is paid to subjective experiences of personal therapy including satisfaction levels and findings which may have

important clinical implications. For example, aspects of personal therapy valued by trainee clinical psychologists were reported including confidentiality and anonymity, control over the Personal Development scheme and independence from course evaluation. Timms (2007) concludes that further research needs to be carried out within the discipline to establish whether personal therapy should become a requirement of membership to the profession. The review offers only a small measure of critique and draws heavily upon the link between personal therapy and reflective practice, for which there appears to be limited, if any, evidence. However, it provides a good summary of relevant studies which cast some light upon the advantages and disadvantages of personal therapy for Clinical Psychology trainees.

In a review of his own work over a period of 25 years, Norcross (2005) offers an overview of the literature related to psychotherapists' use of personal therapy. The literature is approached from an educator/ trainer's position and reflects on the progress made in understanding the use of personal therapy over a quarter of a century. The research covers surveys and empirical studies using mainly quantitative methods, however some qualitative studies are included. A range of aspects of personal therapy is discussed, including: the prevalence of personal therapy among therapists, therapeutic orientation primarily selected; returning to personal therapy later on; outcomes and effects on subsequent therapy performance and goals for entering personal

therapy. Findings include self-reported increases of therapist qualities such as empathic ability, gains in therapist self-esteem and reduced symptom severity which reflect earlier findings by Macaskill and Macaskill (1992) and MacDevitt (1987). The data presented within the review argues convincingly for the integration of personal therapy within the training and practice of psychotherapists and states that the breadth and depth of the research conducted, some including 4000+ participants, suggests that there is certainly a weight of circumstantial evidence in its favour.

This research states that benefits include: improved emotional and mental functioning; more complete understanding of personal dynamics; interpersonal and conflictual issues; socialization experience and an experience of validity of therapy, the chance to learn about role of client and observe clinical methods. Recommendations made by the review include introducing steps designed to encourage the practice of engaging in personal therapy for therapists without endorsing it as a mandatory requirement. However, the evidence is drawn mainly from surveys, the results of which may be limited by the construct validity of the type of survey used which is often not available for scrutiny by the reader. Furthermore, self-report methods of data collection can be heavily biased and in this review the analysis is not always described in enough detail to review critically. In defense Norcross suggests that it is impossible to create the conditions necessary to carry out a study which would provide reliable

outcome measures demonstrating the effectiveness of personal therapy in improving the therapy experience for clients. Given that this is a reflective review looking back over one person's lifetime research, it is important to consider whether a more independent review would be further removed from the limitations of experimenter bias.

In summary, what do we know about the effects of personal therapy for therapists from the evidence thus far? We have seen that the quantitative evidence base has still thrown up little conclusive evidence for the benefits to the client or therapist. There does however, appear to be a high satisfaction rate among therapists who have undergone personal therapy during their career and some clinical implications can be drawn such as increasing the control which trainees have over the use of personal therapy on training courses.

1.2.2 Rationale

The current review hopes to continue from the older work of Macran & Shapiro (1998) and consider what has been added, what gaps remain and what research could be useful in the future. It also hopes to add to more recent reviews such as Norcross (2005) which draws heavily from his own surveys and Timms' (2007) review which is limited in its depth. By considering the literature from a critical stance this review aims to show that cross-referencing the findings allows the reader to arrive at a more unified

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understanding of the process of the personal therapy experience. Another advantage of the current review is the inclusion of studies from a number of different populations (psychotherapy, counselling and clinical psychology) which was necessitated by the lack of studies within any single professional population and which allows common themes to be drawn from across the therapeutic professions.

It is important to bear in mind, when reviewing the literature as a whole, that the purpose of therapy may vary depending on the stage at which the therapist is at in their professional development, as well as the field within which the therapist is practicing. It is likely that trainees will benefit from personal therapy in different ways from qualified therapists, while psychotherapists and Clinical Psychologists may also view the experience differently from each other. It is interesting that much of the literature within this area is derived from Psychotherapy and Counselling Psychology backgrounds rather than from Clinical Psychology research. This may reflect the degree to which therapy itself is practiced by each discipline and the value placed upon personal therapy as a consequence. This review looks across the therapeutic professions to include applied psychologists and psychotherapists, whose aims for personal therapy may differ; however, it is assumed that there are some important overarching aims, such as the desire to hone the therapist's primary instruments; the self and the therapeutic relationship.

1.2.3 Aims and objectives

This review aims to critically consider the recent literature relating to the use of personal therapy by therapists and trainees. Arguments in favour and against its use, any gaps in the literature, implications for clinical practice and future research will be discussed. Claims made for evidence to support the relationship between personal therapy and projected outcomes of therapist resilience, professional development and benefits for the client will also be considered.

1.2.4 Search Strategy

In order to carry this out, the existing literature was systematically searched using databases PsychINFO and SCOPUS. Search terms used to search for literature were *personal therapy, counsel*, therapists, trainees* and *reflect**. The reference lists from relevant articles were examined for further relevant material. Studies published since 1998, which relate to personal therapy for therapists and trainees with findings relevant to clinical practice were included in the review. Studies published prior to 1998, and those which did not report empirical data or relate to clinical practice were excluded. These strategies identified a total of fourteen empirical papers and two reviews. The papers were then divided into groups according to type of study: Exploratory (8), Survey (6) or Review (2).

1.3   Results

A table has been compiled which contains brief details of the studies included, organized according to type and presented in the order discussed in the review (see Table 1).

Table 1: Studies relating to the use of personal therapy among therapists and trainees according to type of study.

Study	Type of study	Sample	Measures/ data collection method	Research Design	Results / Conclusions
Macran, Stiles & Smith (1999)	Exploratory	Experienced Therapists (N=7)	Interviews	Qualitative	Personal therapy processes: • orienting to therapist • orienting to client • listening with 3rd ear
Sherman (2000)	Exploratory / interpretive	Psychotherapists providing therapy for clinical psychology trainees n=13	Interviews	Qualitative	Personal therapy: • provides positive benefits for trainees • poses challenges relating to motivation and ethical practice • should not be mandatory • readiness and motivation crucial • closer relationship between trainee and course should be encouraged to promote personal therapy
Grimmer & Tribe (2001)	Exploratory	Counselling Psychologists n=7	Individual & Group Interviews	Qualitative (Grounded Theory)	Mandatory personal therapy leads to positive outcomes in: • Sense of self as professional • Socialization into the role • Support during times of personal difficulty • Improved ability to distinguish

					between personal issues and those of client. • Validation of therapy as effective
Wiseman & Shefler (2001)	Exploratory	Psychoanalytic Psychotherapists N=5	Semi-structured interviews	Qualitative (Narrative Analysis)	Explored personal therapy in relation to 6 domains: • Importance of personal therapy for therapists • Impact on professional self identity • Being in the session (process) • Experiences of past and current personal therapy • Self in relation to therapist • Mutual and unique influences of didactic learning, supervision and personal therapy • Personal therapy as part of the 'individuation stage of development and the on-going need for therapy.
Elman & Forrest (2004)	Exploratory	Directors of training courses n =14	Semi structured interviews	Qualitative	Personal therapy • Mandatory vs. recommended • Outcomes monitored vs. trainee confidentiality • Standard vs. case by case approach
Murphy	Exploratory	MA Counselling	Group interview	Qualitative	Four key processes in personal therapy:

(2005)		trainees n=5		(Grounded Theory)	• Reflexivity • Growth • Authentication phase • Prolongation phase Differences between personal development and personal growth.
Bellows (2007)	Exploratory	Experienced Psychoanalytic Psychotherapists (N=20)	Semi-structured interviews	Qualitative	Participants whose personal therapy influenced practice: • personal therapy promotes psychological change • Value therapist as professional role model • Internalize therapist • View relationship between client and therapist as important factor.
Ritz & Target (2008a&b)	Exploratory	Counselling Psychologists n= 9	Semi-structured interviews	Qualitative (IPA)	Personal therapy is: • a vehicle for intense self-experiences • establishes self- other boundaries • an arena for professional learning • Integral to training. • Significant for self-reflexivity
Williams, Coyle &	Survey	Counselling Psychologists	Questionnaire	Quantitative Factorial	• Most reported positive outcomes of personal therapy.

Lyons (1999)		n= 84		Analysis	• 27% reported negative outcomes. Personal therapy has 3 beneficial components: 1. learning about therapy itself 2. dealing with issues from training 3. dealing with personal issues
Deacon, et al. (1999)	Survey	Marriage and Family Therapists (N=175)	Questionnaires	Quantitative	• More family and marriage therapists have sought therapy than studies of other populations. • Majority found therapy useful and would re-enter. • Personal therapy was sought mainly for marital and family orientated problems.
Orlinsky, Botermans & Ronnestad (2001)	Survey	Psychotherapists N= 4,000+	Development of Psychotherapists Common Core Questionnaire (DPCCQ)	Quantitative	Most important positive influences on development: • practice-related interpersonal experiences • supervision • Personal therapy Personal therapy should be recommended to trainees but not mandatory, alternatives should be explored.
Coleman	Mixed	Community	Questionnaire	Quantitative	Personal therapy associated with:

(2002)	design (survey + open-ended questions)	clinicians and trainees N=130		& qualitative	• Higher ratings empathy & warmth • Greater emphasis on therapeutic relationship, transference and emotional "working through".
Lucock, Hall & Noble (2006)	Survey	Psychotherapists and Clinical Psychologists in Training N=95	Questionnaires (Questionnaire of Influencing Factors on Clinical Practice in Psychotherapies (QuIF-CliPP)	Quantitative	Most highly rated influencing factors are: • Supervision • Client characteristics • Client feedback • Formulation • Intuition • Professional Training Personal therapy rated highly by all except CB therapists.
Daw & Joseph (2007)	Survey	Psychotherapists N=48	Questionnaire	Quantitative & Qualitative (IPA)	personal therapy impact on personal & professional: • Therapist self care • Personal development • Experiential learning • Learning from client role

1.3.1 Findings from Recent Literature

The overwhelming majority of early studies report findings which suggest that personal therapy is a positive experience for most therapists and trainees (Macaskill & Macaskill, 1992; Norcross, Strausser-Kirtland, & Missar, 1988; Shapiro, 1976). The number is reported to be as high as 90% of therapists reporting positive outcomes in some research (Orlinsky, et al., 2005). Many recent studies find further evidence of the benefits described in earlier research while others report the presence of others: improved emotional and mental functioning; socialization into the role of therapist; experiential learning; greater emphasis on therapeutic relationship; transference and emotional "working through" (Coleman, 2002; Daw & Joseph, 2007; Grimmer & Tribe, 2001; Norcross, 2005; Rizq & Target, 2008). There are no outcome studies which demonstrate that therapists who have experienced personal therapy are more experienced or efficient than those who have not. However, as Norcross (2005) suggests, this would be extremely difficult to prove given the number of confounding factors that would be present in a randomized control trial of this nature.

Negative experiences of personal therapy were more rarely reported in the studies, however some suggested that they may include increased stress on the therapist or trainee as a result of working through difficult issues in therapy (Grimmer & Tribe, 2001). Further challenges to the use of personal therapy include the difficulty of managing confidentiality between therapists and training courses, the difficulties of mandatory or

recommended personal therapy and the ethics of therapy without a presenting problem (Elman & Forrest, 2004; Sherman, 2000). These factors, considered in the light of the overall lack of evidence to support the use of personal therapy for therapists, suggests that the question of whether personal therapy is an effective method of training or developing psychological therapists needs to be considered carefully within future research.

1.3.2 Exploratory Studies

The largest group of studies recorded in the search was the exploratory or interpretive studies, which may be due to Macran and Shapiro's (1998) suggestion that further research should take greater account of the process issues rather than outcome of personal therapy for therapists. The majority were conducted in the UK or USA, on populations including counselling and clinical psychologists and trainees, training directors and psychotherapists. The results suggest that the overwhelming majority of participants found personal therapy to be beneficial, either personally, professionally or both. This supports previous findings reported by Macran and Shapiro (1998) that therapists tend to report positive outcomes of personal therapy experiences. Some studies reported that participants had experienced negative effects as a result of personal therapy but on the whole these findings were not fully explored. Some useful clinical implications for training and professional development were highlighted.

Support has been found in an exploratory study, (Macran, Stiles, & Smith, 1999) for increased skills and attitudes beneficial to clients through therapists' personal therapy. The results suggest that by experiencing "helpful conditions" in therapy, participants seem more capable of providing them for their own clients. These conditions include attributes such as humanity, trust, respect and patience, recognising the significance of boundaries, power and stepping back from the situation to view it from another perspective. The authors also report the emergence of three domains: (a) orienting to the therapist, (b) orienting to the client and (c) listening with the third ear which are discussed later in terms of their relation to similar findings in other research. The study is not able to make causal links as there is no comparison with a control group and does not claim to have reliable testimonial validity which implies that some of the participants did not agree with the findings of the research. However, it is important as it responds directly to Macran and Shapiro's call for greater reflection on *how* personal therapy affects practice and the need for a more experiential understanding of the process.

Sherman (2000) conducted a study in California which examined the experience of facilitators offering mandatory personal therapy to clinical psychology trainees (n=13). The study found that all participants argued for the inclusion of personal therapy in training but that *motivation* and *readiness* for therapy was a crucial variable in its effectiveness (author's italics). The participants reported mixed views relating to the compulsory aspect of personal therapy in training and made some useful

recommendations regarding clinical implications, including enhancing the relationship between trainees and graduate school advisors in order to promote the use of personal therapy whilst training. However, it is not possible to determine from the published abstract whether the study was robust enough to support its conclusions. The positive findings in support of personal therapy may have been the result of selection bias, as participants may have chosen to take part due to having had positive experiences themselves. It is also difficult to generalize from the study as the presence of a common culture of accessing personal therapy in parts of the United States, such as California, may also be reflected in the positive findings. Therefore, the results may have limited implications for other populations.

Insight into how professional development is achieved through personal therapy among trainee counselling psychologists in this country is provided by Grimmer & Tribe (2001). This study used semi structured group interviews and individual interviews with trainees and graduates of a Masters degree in Counselling Psychology. The study proposes three emergent theories of the processes within personal therapy. These include: greater reflexivity, validation of the experience of therapy, normalization of the experience of therapy. These themes will be discussed in further detail in the discussion section. They also found that mandatory therapy did not appear to limit outcomes and that trainees were able to benefit from compulsory therapy in spite of entering into it reluctantly. This appears to conflict slightly with the findings from

Sherman (2000) which argue that mandatory personal therapy has implications for trainees' motivation and readiness to engage in therapy. Limitations of this research relate to the transferability of the results to other populations, as the study focused on the experience of Counselling Psychologists and the lack of discussion of the clinical implications of the findings.

Wiseman and Shefler (2001) carried out interviews with experienced psychoanalytic psychotherapists in Israel (n=5) and found that personal therapy was important to all participants, that it impacted upon their professional and personal self and formed a vital part of a triad of learning processes which included supervision and didactic learning. The authors note that some of their findings are similar to those of Macran, Stiles and Smith, (1999) and parallels can be drawn with the findings of other exploratory studies in this review. Of particular significance is that the data appears to share themes across cultural and therapeutic orientation. There is little, if any, evidence of negative outcomes of personal therapy within the study which may be the result of the heavy investment in personal therapy for psychoanalytic psychotherapists. The authors highlight the possibility of participant bias towards personal therapy particularly as the sample was drawn from individuals who had previously contributed to another study related to personal therapy (Orlinsky, Botermans, Ronnestad, & Network, 2001) however, the impact of interviewer bias may also be a limitation of this study.

In 2004, a study by Elman and Forrest investigated the use of personal therapy in the remediation of psychology trainees experiencing personal difficulties by interviewing 14 directors of clinical training programmes. This research concluded that difficulties arose for course leaders in the conflict between balancing confidentiality and course accountability which has implications for assessment of trainees and the perceived level of safety of disclosing personal issues. The authors record the outcomes of two different approaches to trainees' personal therapy taken by training directors: "hands off" approach and active involvement. They reflect on both approaches suggesting that the courses which took an active involvement in the use of personal therapy as remediation had fewer concerns about the outcome and proposed that the majority of courses placed confidentiality over accountability or quality assurance. However, the criterion used to measure successful remediation in the study is not clear and therefore the results of the study should be interpreted with caution. They made recommendations for introducing ethical policies into training courses which protect both interests of trainees and potential clients which makes this study a useful one from the point of future implications.

A further exploratory study was conducted into the experience of mandatory personal therapy with attendees of a Masters degree in counselling (Murphy, 2005, N=5). The study used a semi-structured group interview and what is described as a constant comparative method to analyse the data. Analysis revealed four processes undergone within

personal therapy: 1) Reflexivity 2) Growth 3) Authenticity 4) Prolongation. These are discussed later in more detail. The study offers support for the notion that trainees can benefit from personal therapy even when it is a requirement of the course rather a personal choice. This appears to support evidence from the Grimmer and Tribe (2001) study regarding the usefulness of personal therapy without a presenting problem. The study is a partial replication of Grimmer and Tribe (2001) and has comparable findings in terms of the positive benefits of personal therapy which participants on a Masters degree in counselling reported, including increased empathy and self awareness. The study is limited by the small sample size and by its failure to consider possible effects of bias within the design as the potential for participant bias within self selection studies is not insignificant. It has also been suggested (Turner, 2005) that the methodology may be constrained by failure to reach theoretical saturation as recommended in Grounded Theory analysis (Glaser & Strauss, 1968). Furthermore, the author's own position, having received a positive experience of personal therapy, may have affected the interpretation of the data, increasing the likelihood of reporting positive findings which was not fully explored. Greater exploration of any possible negative effects of personal therapy would have been helpful, although this is a critique of the literature in general.

The largest exploratory study (n = 20) was carried out in the US (Bellows, 2007) with experienced psychoanalytically-orientated therapists. The study aimed to explore the perceived benefits and risks of personal

therapy as well as its influence on clinical practice and the relationship with the therapist. The sample was divided into high, medium and low-level influence participants and the differences between the groups were compared. It was found that those therapists who rated personal therapy as having a high level of influence on their practice were more likely to view their treatment as likely to promote psychological change and to internalise their former therapist. The high-influence level group was the largest group in the study and it is findings from these participants which are used to detect trends in the data. Methodological limitations of the study include the generalization of the results to populations other than psychoanalytically-orientated therapists. The numbers of participants within each level of influence group is not made clear and the author appears to have commenced the research with a clear hypothesis which is generally not the accepted stance when carrying out qualitative research.

Ritz and Target (2008a &b) conducted an interpretive phenomenological analysis of senior counselling psychologists experiences of their personal therapy (N=9). The two resulting papers report findings that personal therapy can enhance practitioners' ability to reflect and that early attachment experiences may play a significant role in the development of a reflective nature. A particular strength of the study is the link to a theoretical model which attempts to clarify the processes within personal therapy. The authors argue that Fonagy and Target's model of mentalisation (cited in Rizq & Target, 2008b) is reflected in the therapists'

experience of relationships in personal therapy and draws parallels

between parental attachment, therapist attachment and the ability to be

reflective in practice. Mentalisation draws upon attachment and

metacognition theories to suggest that a "child's capacity to reflect on

mental states in the self and other emerges from and is indexed by the

status of the attachment relationship with the caregiver" (Ritz & Target,

2008b. p.145). The authors suggest that experience of being "seen" or

"held in mind" by the therapist is similar to that of parent and child

attachment and is the vehicle by which parts of the self which may have

been unacceptable or unknown to the client, are reflected by therapist

and thus tolerated by the client. The authors make no claims for the

generalization of the study however, and therefore it is not certain to what

degree these results may be found within other, less experienced

populations.

1.3.3 Surveys

The results of the surveys suggest that a large proportion of

therapists view personal therapy as a valuable experience 68.9% - 89%

(Coleman, 2002; Daw, 2007; Deacon, Kirkpatrick, Wetchler, & Neider,

1999; Orlinsky, et al., 2001; Williams, Coyle, & Lyons, 1999) although

there is some evidence of negative outcome of personal therapy 2.6% -

5% (Deacon, et al. 1999; Williams, et al. 1999). Few surveys focused

purely on the effects of personal therapy on clinical practice and often

included other variables such as supervision. The varying forms of

statistical analysis used to analyse the data make it difficult to draw any

positive conclusions regarding the significance of the findings. This body of research should be interpreted with caution due to the limitations of survey methodology which is generally unable to offer causal explanations, is open to bias and cannot control for the reliability of self-report responses.

 In 1999, Williams, et al. conducted a survey of 84 counselling psychologists to see how they viewed their experience of personal therapy during training. They found that 88 % of respondents were in favour of personal therapy forming a part of training, while 27% reported some negative effects of personal therapy, mainly related to preoccupation with personal issues whilst on training. This study highlighted three factors pertinent to the use of personal therapy including: 1) learning about therapy itself 2) issues arising out of training 3) dealing with personal issues. They found that the most clearly stated aims and motivations for personal therapy were related to dealing with personal issues. Learning about therapy and issues arising out of training were seen as a more incidental event. They also found that a higher number of sessions is positively correlated to greater learning about therapy, which may link with the research conducted by Murphy (2005) and possibly suggests that personal therapy continues to have a beneficial influence throughout the career of the clinician. Overall, the study argued that personal therapy is beneficial to trainees' well-being, alleviates strains and provides a model for professional learning. The three factors described may also reflect similar findings from exploratory

studies, e.g. the importance of experiencing the role of the client (Grimmer & Tribe, 2001). Methodological limitations include the use of non-randomized selection and results may therefore, be open to participant bias and over-representation of positive experiences of personal therapy.

A survey of marriage and family therapists (N=175) problems and utilization of therapy in Indiana, USA, reveals differences between this population and other therapists (Deacon, et al., 1999). The majority of therapists (89%) reported having sought out therapy for personal problems at some point in their career. Figures from comparative American studies range from 63% to 85% of therapists seeking therapy, which suggests that marriage and family therapists are more likely to seek help than other disciplines. They attributed this in part to theoretical orientation as a significant proportion of their respondents (36.1%) identified as being aligned to orientations which place strong emphasis on the value of personal therapy. This is supported by Orlinsky, et al. (2001) who found that analytically orientated therapists rated personal therapy as having a stronger influence than other therapists. The study found that they were more likely to attend therapy for marital and family difficulties than others, which may suggest that marriage and family therapists are more attuned to difficulties in these areas as a result of their training and clinical practice. The study is useful in that it clearly highlights the implication that differences within orientation and training may influence whether therapists use personal therapy and for what reasons. The

authors have not accounted for the possibility of bias in self-selection of respondents; however this is a limitation common to many of the surveys reviewed in this paper.

A survey which took in the views of over 4,000 therapists across the world through on-going collection of data in the US (Orlinsky, et al., 2001) found that personal therapy plays an important part in influencing therapists' clinical practices. It was rated amongst the three most significant influences upon clinical practice along with supervision and clinical experience using the Development of Psychotherapist's Common Core Questionnaire (DPCCQ, (Orlinsky, et al., 1999). Furthermore, more experienced therapists were found to rate the experience of personal therapy more highly than less experienced ones. The questionnaire offers the participant a choice of 14 possible influences. However, there is no description of the criteria used to arrive at these or how well they fit with the therapist's experience, which may have an impact on the results of the survey. As personal therapy was not the sole focus of the research, it will not be reviewed in detail, however, the reader is referred to (Orlinsky, et al. 2001) for more information.

In Ireland a mixed design study (N=130) considered the connection between personal therapy theoretical orientation and approach to the therapeutic relationship and found that certain populations were more likely to undergo personal therapy: white, female, working in private practice and psychodynamic or relationship-orientated in orientation

(Coleman, 2002). It is not clear what 'relationship-orientated' entails; however the findings may support similar evidence from studies of family therapists (Deacon, et al., 1999). The study also considers personal therapy to have an important role in developing relational awareness which can be seen as "awareness and sensitivity to the therapeutic relationship and the role of working through in the therapeutic process" (p.82). The results were gathered through the Theoretical Evaluation Self Test (Coleman, 2000) using triangulation to inform analysis of qualitative data from open ended-questions. Analysis of the data suggested that personal therapy was associated with higher ratings of therapist warmth and empathy. Coleman also found that the number of hours of personal therapy is not significant in producing these effects. These results appear to conflict with those of Murphy (2005) who suggests that therapy would be more beneficial if it was over a greater number of hours than the 40 suggested by most counselling training courses. There are some methodological limitations of the study as the sample was self-selected and self-report methods of data collection were used. It is likely that those who have invested in the experience of personal therapy are more likely to report positive outcomes and therefore the findings should be interpreted with caution.

A survey was conducted into the influences on practices of clinical psychologists in training and qualified psychotherapists in the U.K. (Lucock, Hall, & Noble, 2006). The results conflicted with the findings of Orlinsky et al. (2001) in that it placed the influence of personal therapy

12th among Psychotherapists and Clinical Psychologists in training in the UK rather than within the first three. The sample was much smaller (N=164) which may account for the difference, although the measure used by Lucock et al. also provided nearly twice the number of items to choose from (39) which may have influenced the effect sizes of the results. Furthermore, there is a significant cultural difference between the attitudes of the UK and the US towards personal therapy. Of relevance to this review is the finding that qualified psychotherapists rated personal therapy much more highly than trainees. This may support the suggestion made by Williams, et al. (1999) that therapy can be a difficult experience emotionally in the early stages and that therefore it may be better implemented later in training or when qualified. Nevertheless, it is difficult to compare results from different populations. The differences in the results between clinical psychology trainees and psychotherapists may be due to differences in style, orientation and environment of personal therapy offered on clinical psychology courses and that experienced by qualified psychotherapists, which is more likely to be selected on the basis of personal criteria.

Daw and Joseph (2007) investigated the experiences of personal therapy amongst a population of therapists within the West Midlands by drawing from the six categories of purpose of personal therapy suggested by Macran, et al., (1999) (personal growth, personal distress, training requirement, prevent burn-out, self-reflection, other). They found, through a mixture of quantitative and qualitative analysis (IPA), that the influence

of personal therapy can be divided into two areas; personal and professional. These areas each include two further categories; self care and personal development (personal), experiential learning and being in the client role (professional) which overlap to a certain degree and are not dissimilar from the findings of other studies (Grimmer & Tribe, 2001; Murphy, 2005; Norcross, 2005; Ritz & Target, 2008a&b). They suggest that personal therapy is beneficial to the therapist as a means of self care, personal development, experiential learning and learning about the client role. However these findings should be interpreted with caution as the analysis of statistical data was purely descriptive and, as the authors point out, the response rate to the survey was low, which may suggest that only therapists who benefited from personal therapy responded to it. The research is relevant to this review because it adds weight to the suggestion that categories within the area of research overlap and provides the basis for a model to understand the literature as a whole.

1.4   Discussion

The methodological limitations of many of the studies are the result of self-selection methods used and the lack of measures taken to reduce the effect of bias within the samples as well as small sample sizes. Furthermore, the results are often based on self-report measures and few causal relationships are reliably implicated by the findings. Nevertheless, the similarity of a number of themes within different studies allow for some degree of cross-referencing. The authors of some studies have

also commented on the connections between their own findings and those of others, for example; Murphy (2005) comments on the similarity between his description of the authentication phase and Grimmer & Tribe's (2001) understanding of socialisation. Wiseman and Shefler (2001) find similarities between their findings and the work of Macran and Shapiro (1999). This review continues to seek connections between relevant findings which may aid the development of a model to explain some of the questions raised, for example, the question of how personal therapy aids clinical practice. Whilst there is a large degree of overlap between them, the Table 2 clarifies those themes which can be seen to be linked throughout the literature.

Table 2: Cross-referenced themes identified from studies reviewed.

Study	Theme 1: Personal reflections (Intra)	Theme 2: Professional reflections (Inter)	Theme 3: Extended reflections	Theme 4: Meta-reflections
Murphy (2005)	Authentication	Growth/ Authentication	Prolongation	Reflexivity
Grimmer & Tribe (2001)	Reflection on role of client.	Socialisation experiences	Support for the emerging professional	Interactions of personal and professional

Wiseman & Shefler (2001)	personal therapy as important to therapists / Therapist as patient /	Impacts of personal therapy on professional self / Impact of personal therapy on being in session	Shifting roles	
Ritz & Target (2008)	Intense self experiences	Professional learning / Self-other boundaries		Self-reflexivity
Bellows (2007)		Therapist as role model / Enhanced professional identity		Acceptance of personal imperfectability
Macran, Stiles & Smith (1999)	Orienting to the therapist	Orienting to the client		Listening with the third ear
Daw & Joseph (2007)	Therapist self care / personal development	Experiential learning/ Learning from the client		

Similarities across the themes or levels can be seen particularly in the

first two; personal and professional reflections. Personal reflections can

be seen as those processes which encourage personal growth and

development to take place, it includes descriptions of how personal

issues impact on practice, what it is like to be a client, knowing one's

boundaries and intense self experiences through which one develops an

attachment to the therapist. They all share elements of personal

reflexivity, insight and acceptance of the self. The second theme includes

reflections on the professional self which usually occur as a result of the

experience of reflecting on how personal experiences influence

professional practice and the learning from the model of the therapist.

Studies which describe elements of this theme refer to benefits which include the development of empathy; greater self awareness within sessions; socialization to the profession and validation of benefits of therapy. They suggest the professional self being honed as the tool of therapy, enabling the practitioner to become more skilful and accurate.

The third theme of extended reflection is currently less well explored but appears as a concept within at least two studies suggesting that therapy is an on-going process and that the reasons for entering personal therapy can change over the career of the therapist. Prolongation as described by Murphy (2005) is central to this and proposes that benefits are experienced through extended periods of personal therapy; beyond course requirements or presenting issues. The fourth theme, meta-reflections, includes higher level processes which may occur once the therapist has moved through the first three and is able to consider the impact of all of them in relation to each other. This includes development of authenticity within one's personal and professional self; recognition of imperfectability; self acceptance; awareness and coherence or "bring[ing] together all the interconnectedness of all the separate little bits of thinking and experience in a particular way" (Ritz & Target, 2008b, p.144). Ritz and Target (2008a) describe this process as being generative not only on an individual level but also within systems or culture such as the Division of Counselling Psychology in the UK. Macran, Stiles and Smith (1999) see this phase as increasing the therapist's ability to separate their own feelings from those of the client, being able to work on a deeper, more

unconscious level allowing them to work more effectively and hold more of the client in mind.

Each theme can be viewed as a stage in a process which can lead to greater levels of reflexivity, assisted through the experience of personal therapy. The degree to which the themes appear connected or overlapping varies between studies and it appears unlikely therefore, that they occur in isolation or in a linear fashion. It is more likely that they occur in conjunction although it is likely that meta-reflections require a degree of awareness of the other themes and their impact upon each other. This idea of levels of reflection is not new and has been expounded by earlier researchers including Kolb (1984), Lavender (2003) and Schon (1983).The model presented here draws on another model of reflective activity within clinical psychology training (Wildig & Cushway, 2007, p. 85) which observes three major levels of reflection: self-reflective activity, reflective activity with others and professional reflective activity. The diagram below is an attempt to demonstrate how they interact with each other.
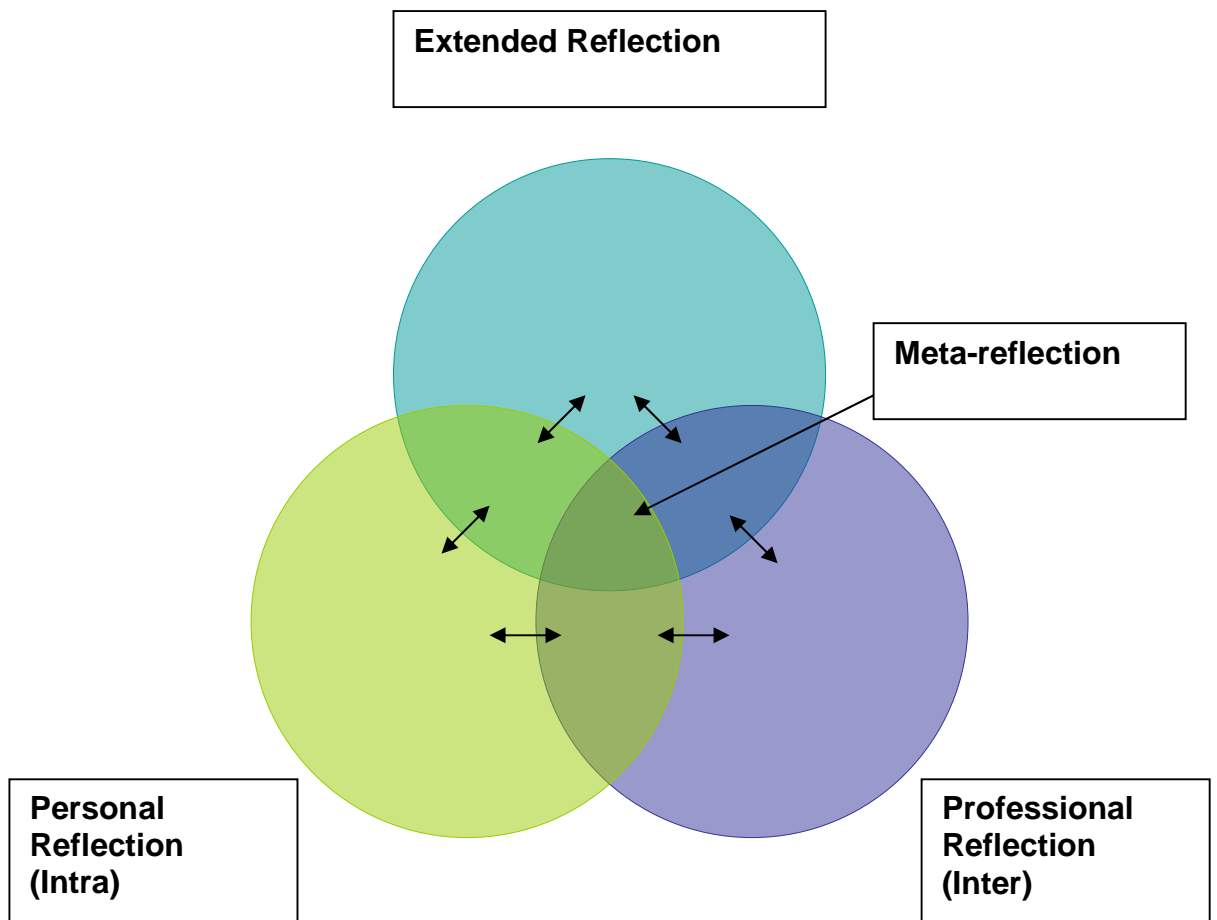
Figure 1. The reflection process within therapists' personal therapy

This model attempts to reflect the four levels of reflection which may be
implied from the cross-referencing of results of studies in this review. The
outer layers of the diagram represent the primary levels of reflection in
each area; personal, professional and extended. These are reflections
which may occur as a result of personal therapy but which do not take
into account the influence of other areas. The inner shaded areas where

the circles overlap represent more complex levels of reflection which require the therapist to consider how various area's reflections impact upon each other e.g. the way personal issues may impact upon understanding of the clients' issues. Finally, the innermost part of the diagram represents meta reflections, which occur when all levels of reflection are brought together and which allow the therapist to draw upon and hold a number of reflections at once. This level of reflection may enable the therapist to work in a more fluid and instinctive way drawing upon experiences from personal therapy in a holistic manner e.g. reflecting upon the processes which have shaped the therapists' personal and professional self at individual, cultural and societal levels.

1.4.1 Theoretical Limitations and Implications

The development of a model clarifying the processes within therapists' experience of personal therapy requires further research particularly into the degree to which the stages or themes highlighted in the research reviewed here overlap or are independent. The four levels of reflection; personal, professional, extended and Meta which we have suggested from our review appear to be connected in a number of ways. For example, is it necessary to have reflected in personal manner before reflecting in a professional manner and do we need to do all three before being able to reflect on our reflections? Also, we know less about the last two levels of reflection and the implications for future research might include exploratory work which attempts to clarify the relationships between levels of reflection, how experienced therapists develop meta-

reflexivity and how this might be applied in training programmes and on-going professional development. Quantitative studies might provide further evidence for the presence or absence of levels of reflection within clinical practice and the relationship between this and therapist/ client satisfaction. Clinical implications of this research might be reflected in the level of satisfaction, personal and professional, of therapists and clients as a result of continuing to develop reflexivity beyond primary levels. Furthermore, it may be associated with reduced burn-out, greater efficacy and self-acceptance amongst all therapists, no matter what the level of experience. Reflective practice may also assist practitioners in tackling the unknown elements of therapy, or the "swamp" (Schon, 1983, Bolton, 2001). Some research into engaging in reflective practice also supports these outcomes (Schon, 1983, Hurley, 1997). Remaining gaps in the literature include the need for a more closely defined measure of reflection and a greater understanding of the processes through which it occurs. Links to theories which support or explain these processes are still lacking in the main body of the literature.

1.5 Conclusions

The research reviewed provides a somewhat clearer picture than that reviewed by Macran and Shapiro a decade ago. Although much of what they found has been replicated, including the lack of empirical evidence that clients benefit from therapists' personal therapy experiences, a greater number of studies now show how this might occur (Macran, Stiles & Smith, 1999, Grimmer & Tribe, 2001, Daw & Joseph,

2007, Ritz & Target, 2008). Some research provides evidence for increasing the length of personal therapy to extend over more of the career of the therapist in order to meet changing needs and stressors (Grimmer & Tribe, 2001; Murphy, 2005; Wiseman & Shefler, 2001). Other research debates the responsibilities of training courses in meeting the needs of trainees undergoing personal therapy, suggesting that the balance between confidentiality and accountability needs to be carefully considered by training courses (Elman & Forrest, 2004) while evidence from America suggests that motivation and readiness are a key factors that might influence when trainees commence personal therapy. At least two studies attempt to address the question of "how" personal therapy for therapists works (Macran, Stiles & Smith, 1999, Ritz & Target, 2008) and one attempts to attach these findings to a theory of mentalisation (Ritz & Target, 2008). Many of the findings of exploratory studies reviewed here appear to reflect each other to some degree, including the processes of reflexivity, socialization and development of a professional self. This review attempts to clarify these links between findings in more detail in the discussion.

Survey data provides us with some support for some of the findings from exploratory studies (Daw & Joseph, 2007) and some evidence for positive benefits from personal therapy at least from the point of view of the therapist (Williams, et al., 1999, Orlinsky, 2001, Coleman, 2002, Lucock, 2006). However, much is not borne out by surveys and research which attempts to clarify the themes identified by exploratory studies would add

greater credence to any theories which arise from them. Thus far, the theoretical links which Macran and Shapiro found missing from the literature in 1998 are not any clearer as a result of these studies.

The model of reflection within personal therapy proposed here may go some way to clarifying the processes which occur and which may assist the therapist in becoming more useful to their clients. However, it is drawn from various findings within individual pieces of research which present a number of similarities, rather than an independent empirical study. Further research is required to understand the processes in more depth and to test the value of the model presented.

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Chapter Two: Empirical Paper

57

Learning to Swim: Enhancing Reflective Practice amongst Clinical Psychology Trainees using Personal Development Groups.

Word Count: 9,342 (Excluding tables and references)
No information is included within this report which could identify participants.

2.0   Abstract

Training Psychologists to be effective reflective practitioners is often one of the aims of personal and professional development (PPD) activities devised by training programmes. However, there is little research to indicate that PPD activities such as Personal Development (PD) groups increase levels of reflective practice in trainees. Nevertheless they remain a popular part of counselling and psychology training courses. Moreover, little is known about the impact of PD groups on clinical practice and whether skills learnt in such groups transfer to practice. A qualitative study was carried out with Clinical Psychologists to investigate their experience of mandatory Personal Development Groups while in training. Participants were asked to discuss the impact of PD groups on their subsequent clinical practice and also other areas of professional life including relationships with colleagues. Data analysis employed an Interpretive Phenomenological Analysis (IPA) approach with semi-structured interviews. Themes which arose from the research include The Group vs. the Individual, Sense-making, Developing a Professional Self and The Nature of Reflective Practice, which may clarify some of the processes within personal development groups and their impact on clinical practice.

2.1   Introduction

Training Clinical Psychologists has evolved through a scientist-practitioner model to a *reflective* scientist-practitioner model. This has led to an increase of awareness around the concepts of reflective practice (RP) and personal and professional development (PPD) and the best ways to teach them, including the use of personal development (PD) groups and personal therapy. This paper aims to examine the use of PD groups to facilitate the development of these concepts in trainee Clinical Psychologists. In doing so, it will also consider the processes which enhance learning within personal development groups and the impact of PD groups on clinical practice.

2.1.2   Reflective Practice

Reflective Practice has been described as: *"…the action of the mind by which it is conscious of its own operations"* (Bolton, 2001). The concept of RP has its origins in the field of education; Dewey (1938) suggested that 'we learn by doing and realising what we did'. His theory has been subsequently expanded upon; Kolb (1984) developed what he called a 'cycle of experiential learning which includes 4 stages: observation, reflection, concept development/ theorising and action.

Observation

Action

Reflection

Concept development/ Theorising
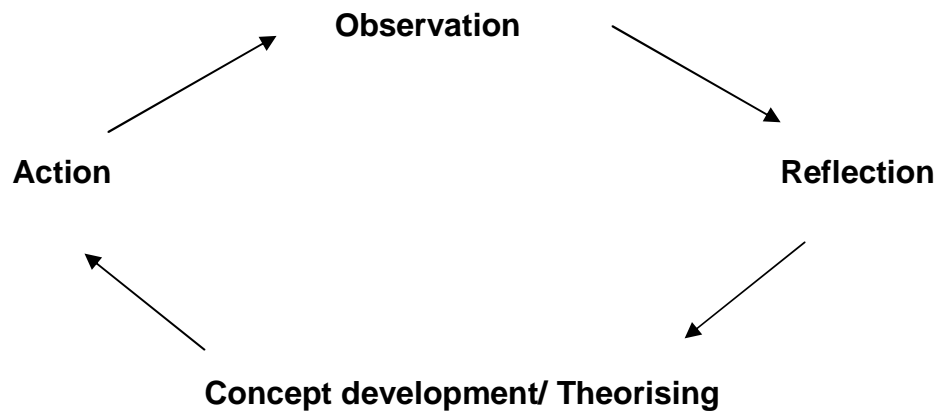
Figure 2. *Kolb's experiential learning cycle (1984)*

Schon, (1983, 1987) suggested that clinical psychology needed to go
beyond the boundaries it had set for itself earlier as a science, and
encouraged practitioners to look more deeply at the issues which cannot
be resolved by a purely scientific approach. He identified 2 elements in
reflective practice: *reflection on* and *reflection in action.* Reflection *in
action* is described as the mental process which occurs whilst carrying
out an action (Jasper, 2003). It is the result of sifting through experience
and knowledge already gained in order to make choices about which
action to take or evaluate the success of the action taken. Reflection *on
action* is a more deliberate exploration of action after it has happened and
allows experience to be developed into knowledge for future use.
Lavender (2003) added two new elements which gave the concept more
dimensions: *reflection about our impact on others* & *reflection about self*.
These elements allow us to create a kind of tick list of events which need
to take place to encourage reflection; however these theories do not
specify the conditions which are needed to perform these tasks. Wong-

Wylie (2007) studied the barriers and facilitating events leading to reflective practice (RP) in trainees. She found the following elements to be significant: trusting relationships, opening up to other students, engaging in reflective tasks, taking risks, and interacting with supportive academic professionals.

Studies have also shown that engaging in effective RP has a number of benefits which enable the therapist to develop on a professional level throughout their career (Ronnestad & Skovholt, 1993). These include; increased quality of service provided by the therapist, increased self-acceptance and professional satisfaction, and reduced 'burn out' (Schon, 1983, Hurley, 1997). RP is also seen to enable practitioners to tackle the unknown elements of therapy, or the "swamp" as Schon (1983) calls it. Furthermore, it can help therapists identify future learning needs, and allows therapists to face difficult or painful situations and extract new learning from them (Bolton, 2001). However, some research struggles to find evidence for these benefits (Donati & Watts, 2000; Izzard & Wheeler, 1995; Payne, 1999). One study suggests that, although one often-cited benefit of RP is to increase levels of self awareness, there is no clear evidence that this translates into increased perceived ability. Reported negative outcomes of reflective practice include reduced action on the part of therapist (Wildig & Cushway, unpublished thesis, 2007) and that increased self-awareness can lead to "a decrease in perceived abilities" Connor (1980). Furthermore, the lack of agreement amongst researchers about a definition of RP prevents meaningful comparison of data.

As theories around RP grew, its emphasis became diluted by the lack of an agreed definition of the term. It is suggested that as a concept it is "atheoretical" (Gilmer & Markus, 2003) and possibly "intangible" (Cushway & Gatherer, 2006) which in some ways may be part of its power. There is a value in being able to include within the original concept our own insights and needs, allowing it to grow and develop as something bigger than the sum of its parts. However, for the purposes of research it is important to be able to understand what we are referring to specifically and therefore an attempt is made here to define reflective practice more clearly. According to Imel (1992), RP can be seen as the internal process by which we evaluate our thoughts and actions. It is this process which allows us to improve our practice. This definition most closely reflects the concept described by this research and will be used henceforth.

2.1.3 Group Processes

Groups are often understood as a microcosm of society (Yalom, 1970), and group work as a safe environment to explore our place within the world. Group Processes is a field which has been widely studied and researched. Some of the earliest social psychologists wrote about the collective consciousness (Le Bon, 1960) and 'the group mind' (McDougall, 1920). The precept in these theories was that the entity of the group is greater than the collection of individual thoughts within it; that the relationships within a group create something which is a force of its

own. Foulkes (1964) suggests that groups can provide a nurturing environment and source of growth for the individual, whilst Bion suggests they are ideal for encouraging understanding of object-relations and our patterns of relating to others through the presence of conflict and the resolution of conflict (1961).

The study of group processes attempts to develop understanding of what goes on within a group other than the content. This may include the structure, development and emotional forces which exist within any group. For a group to be successful it is important that these processes are recognised by its members and addressed when they become a source of conflict. Group development is generally understood in terms of stages. These stages usually include an orientation period at the start characterized by group orientation, hesitant participation, a "search for meaning", and dependency (Yalom & Lesczc, 2005; Zurcher, 1969); progress through various stages of conflict, anxiety or dissatisfaction (LaCoursiere, 1974, Spitz & Saddock, 1973, Tuckman, 1965); move through to insight, action; and finally through to separation and closure (Braaten, 1974, Tuckman & Jensen, 1977, Yalom, 1975,). These concepts help us to understand 'Group Life' and how a group can become mutually beneficial for all members.

More recent research has expanded our understanding of conditions and models relevant to group work. Interpersonal theory is highly relevant to small group practice (Hurley, 1997) and the presence of safety within the

group is vital to success according to Payne (2004). Kurt Lewin introduced the idea that discussion within groups is a better way of changing ideas and social conduct than through lectures (cited in Luft, 1984). Furthermore, unstructured groups provide an element of anxiety and it has been suggested that a certain level of arousal is required for learning to take place (Hebb, 1966). Therefore, it is possible to hypothesise that a group setting would increase the possibilities for learning and change to take place.

2.1.4 Personal Development (PD) Groups in Training

PD is an integral part of many disciplines today, particularly education and the social sciences. Much has been written on the best way to include personal and professional development (PPD) in training courses, and it has now become a part of many health sector workers' requirements to consider their personal development and how it is linked to good practice and enhanced performance (Jennings, 2007). It has been suggested that a discrepancy between the personal and professional role can cause stress for the individual in any profession (Crane, 1982, Williams, 2002). It is likely, therefore, that this may be an area of difficulty for a trainee undertaking an intensive doctoral course whilst balancing a personal life alongside. Reducing this discrepancy may be one way in which PPD is beneficial to trainees and qualified psychologists.

A recent study tracked the journey from personal awareness groups to reflective practice groups at one university training course (Powell & Howard, 2006). Interestingly, the study found that the group which was rated most challenging was also the most valued. This may suggest that it is difficult to learn without being challenged on some level. On the other hand, it could simply suggest that people value something which is challenging as there was no evidence to suggest this is beneficial to practice. Equally, the presence of too much anxiety within a group can be detrimental to the learning process (Kessels, 2003) and, therefore, a study which is able to predict the level of optimal arousal within a group might be useful for future group facilitators. However, research does not tell us whether groups are the best way of encouraging reflective practitioners. We also know little about the factors which are useful in groups, e.g.: structure, environment, size and orientation of facilitator. Research into these areas would be helpful to the practitioner hoping to use groups in training of any sort.

The benefits of using PD groups to encourage reflective practice are frequently debated. Carl Rogers used 'Encounter Groups' to promote personal development amongst trainee counsellors in the 1960's. Johns (1996) proposed that the use of PD groups to encourage self reflection supports the trainee through the difficult times on a course with many demands. The growing interest in using groups in training counsellors and psychologists has lead to a search for a greater understanding of what makes a successful PD group. Some research has looked at the

'comfort fit' or the degree to which the group meets the needs and expectations of the group; however, the author found no clear relationship between 'comfort fit' and increased self awareness (Lennie, 2007). This appears to suggest that group members are not always accurately able to predict which conditions are most conducive to group learning.

It is often hoped by those who train psychologists, counsellors and therapists that reflective practice may be developed or enhanced in trainees through the use of Personal Development. The Coventry and Warwick Clinical Psychology Doctorate Course Handbook (2008) states that the aims of the Personal Development Group are to:

- Facilitate reflection

- Help with clarifying ideas for personal development

- Support individual and group change

- Provide support through academic, professional and personal crises

- Provide insight into the workings of groups and experience the strengths and limitations of group membership

These aims clearly link themes of RP and PD as well as support on a personal and professional level, and therefore can be seen to fit with the findings of previous research into the benefits of PD groups.

However, some researchers have struggled with the idea that attending mandatory PD groups is a useful way of promoting self awareness and reflection. It has been suggested that it can be seen as a method of

coercing trainees to adopt the road of personal growth or theoretical approaches promoted by the trainers (Dexter, 1996). Others suggest that increased self-awareness can lead to a decrease in perceived abilities (Connor, 1986). Other research has suggested that any change in the trainee may be attributable to their attendance on the course more than involvement in a group (Izzard & Wheeler, 1995).

There is also a lack of evidence to show that skills learnt in PD Groups are transferable to client work (Irving & Williams, 1996), and some research suggests that any effects may not be long-lasting (Lieberman, *et al.,* 1973*).* Moreover, research does not show any differences between the effects of mandatory or optional attendance and there is little evidence to date which clearly shows the link between Personal Development Groups, ability to reflect on practice and increased quality of provision for clients. For a comprehensive review of the literature in this area the reader is directed to Payne (1999).

2.1.5 Rationale for Study

There appears to be some evidence to suggest that PD groups play a part in increasing RP amongst trainees and that personal and professional development are also encouraged in this way (Lennie, 2007, Payne, 2004, Powell & Howard, 2006). Schon's (1983) description of reflective practice in action and on action provides us with a model of what might be happening during reflective practice processes; however it tells us little about the conditions required for this to occur. Furthermore,

there is minimal evidence regarding the perceived impact of PD groups on clinical practice after training. It would be helpful to be clearer about what factors make a PD group useful or not useful; the manner in which these are employed, e.g.: style of facilitation, mandatory or not, environment and structure; rules governing the group; and the impact over time upon practice. Research into the experience of PD groups in terms of impact on clinical practice could help to determine with more accuracy the value of PD groups in clinical training. This would provide trainers with more clarity regarding the outcome of PD groups and what conditions are most likely to achieve their aims for trainees. This research aims to address this shortfall in the literature by eliciting data relating to the impact PD groups have on clinical practice as well as information regarding desirable conditions for PD groups to be effective. It also hopes to address some of the questions arising from the literature regarding whether clinicians feel PD groups are an effective way of encouraging reflective practice, personal and professional development and whether they improve service provision for clients.

This research aims to use an interpretive phenomenological approach to attempt to look at the experience of the individual and determine any themes which arise through comparison of the data. The study is retrospective and in this way hopes to determine any longer term effects of PD groups on clinical practice.

2.1.6 Empirical Research Aim:

To explore the impact of using PD groups during training on clinical psychologists' practice and their role in enhancing reflective practice.

2.1.7 Research Questions

1. What is the experience of Clinical Psychology graduates of their PD groups?
2. Do PD groups have a role in promoting reflective practice?
3. Can Reflective Practice be taught or learned within Personal Development groups and, if so, how does this improve the quality of service provided by the practitioner to the client?
4. How does learning from PD groups impact on clinical practice over time?
5. What are the implications of the research findings for service-user provision and Clinical Psychology Doctorate training courses?

2.2 Methodology

The use of qualitative methodology is selected for its emphasis on *how* an event occurs and what meanings it holds for the individual. It is suited to this piece of research because of its exploratory nature and the location of the researcher within the subject to be studied. Qualitative research does not demand that the researcher remain impartial during the process, but that they use themselves as a tool to aid interpretation

(Denzin & Lincoln, 2000). Interpretive Phenomenological Analysis (IPA) is selected as the principal method of data analysis as it enables a set of themes to emerge from detailed examination of the data (Smith, 1996). These themes can provide a rich and contextual understanding of the processes and outcomes of a phenomenon of which little is known. It is suited to this study as there has been little previous research in the area to date and therefore exploration of the phenomenon of PD groups with trainees may provide the basis for further, more theoretical research later on. It is also a primarily psychological research tool as it seeks to explore an individual's experience rather than social processes (Willig, 2008). The methodology has been slightly adapted in this study in order to incorporate a model into the results. This practice owes more to Grounded Theory methodology, and as a result the study has integrated this into the traditional IPA process.

2.2.1 Researcher's Position

It is recognised that the individual position of the researcher is likely to influence the results in any qualitative study. The researcher is therefore required to be transparent about the context, culture and epistemological stance from which they have conducted the research in order for readers to consider the presence of possible bias and influence within the research. As a trainee clinical psychologist within the UK the author considers her position to have influenced the research in a number of ways, including the design of the interview schedule, the collection and analysis of the data. The epistemological position of the researcher is

also likely to have affected the nature of the results. IPA was selected because it aims to achieve an understanding of how participants view and experience the world. It assumes that people's thoughts reflect their experiences but also that knowledge is constructed socially and through individual experience and therefore can be seen to align with contextual constructionism. However, phenomenological approaches are limited by their reliance upon language as the main tool for obtaining data and IPA is therefore constricted by the boundaries of a language which can be seen to create our view of the world as much as they describe it.

2.2.2 Participants

Twelve participants were selected by the chief investigator (CI) from a sample (24) of self selected graduate clinical psychologists who attended the Universities of Coventry and Warwick Clinical Psychology Doctorate programme and who were currently practicing in the West Midlands region. The participants were selected on the basis that there were no more than two from each cohort of the course in order to gain a variety of experiences from over the 10 years the course had been running. This number allowed for one or two participants to withdraw from the study and for sufficient data to be collected (Smith, 2003). Attendance on Personal Development groups is mandatory on this course and therefore, all participants were able to discuss their experiences of it. Graduates from other courses were not included in order to remove any effects that might reflect the ethos of different courses upon the Personal Development groups. Participants were selected from as many different

cohorts as possible, in order to control for any differences that may have developed over time. Selected participants were all currently practising as Clinical Psychologists within the West Midlands region, except for one who was out of region but who was selected in order to increase the number of male participants.

2.2.3 Design

A semi-structured interview was used to address the main research questions: how do Personal Development groups impact on clinical practice, and do they encourage the development of reflective practice? Interviews lasted approximately one hour and were tape recorded and transcribed. The use of semi-structured interviews was selected with two aims: firstly, it enabled the main topic to be explored within the individuals' frame of reference; and secondly, the structure of the questions ensured the aims of the research are adhered to.

2.2.4 Materials

The interview schedule (see Appendix 8) was designed by following guidelines for semi structured interviews using IPA as recommended by Smith (2003), which states that the interview questions should be informed by the research questions and intended to enable the interviewee to explore nature of their experience in detail. It consisted of 13 questions which were asked in each interview while room was left for particular avenues of interest to be pursued by the interviewer. Questions 1a-c were designed to gather contextual information on the participant

which might have some bearing on their experience of PD groups: gender mix, size of group and facilitator's orientation. The remaining questions began by broadly asking about the participants' expectations of the group, positive and negative experiences and progressed to more conceptual questions relating to the individuals' understanding of personal and professional development, their experience of this in the group and its impact on subsequent clinical practice.

2.2.5 Procedure

2.2.5.1 *Ethics*

Ethical approval was obtained from the West Midlands South and Birmingham and Solihull Mental Health Trust Research and Development Committees, National Research Ethics Committee and Coventry University Ethics Committee (Appendices 1 – 4).

2.2.5.2 *Data Collection*

Emails were sent by the Course Administrator to all graduates within the West Midlands (68) of the Coventry and Warwick Clinical Psychology Doctorate programme from its conception in 1998. The letters stated the aims of the research and invited the individual to be contacted by the CI to discuss the research further and any concerns or questions they may have. Those who agreed to be contacted (24) received an email from the CI containing a letter (Appendix 7) offering them the opportunity to discuss the research; if interested they were sent information and consent forms (Appendices 5 & 6). Consent was obtained from all participants

covering their agreement for interviews to be tape-recorded and

transcribed by an independent transcriber and to be quoted within the

body of the text. They were also offered the opportunity to provide

feedback during the analysis on the verification of themes which the

author drew from the data as a form of internal validity measure

(Appendix 14).

A suitable candidate was selected from those who agreed to participate

to carry out a pilot study in order to test the construction of the semi-

structured interview. They were selected on the basis that they would be

able to assist in the evaluation of the interview and amendments and

adjustments to the questionnaire were made on the basis of their

comments and suggestions.

2.2.5.3   Data analysis

The data was collected using qualitative methods and the data

analysis carried out using the IPA approach. This involved the use of

verbatim transcripts of the interviews which were then examined

individually for subjective personal interpretations of meaning, affect,

cognition and action, which were noted in the left hand margin. From

these initial notes, higher order sub-ordinate themes were drawn and

noted in the right hand margin (Appendix 9). Those themes which

appeared to share common reference points or were manifestations of a

similar phenomena were clustered together (Appendix 10) to form master

themes, and summary tables of these were produced (Appendices 11 &

12). These themes were used to code the other interviews, adding any new emerging themes to the list. The final themes were compared and contrasted until the master themes could be grouped into super-ordinate themes which reflected a detailed understanding of the experience of participants and interpretation of this by the researcher (Appendix 13).

2.2.5.4   Methods of Verification

In order to ensure the validity and reliability of the data it is necessary to include methods of verification within the research process. Strategies for demonstrating reliability and validity used in this study include independent coding by peers and confirming results with participants, as recommended by Guba & Lincoln (1981). A single transcript was coded separately by 2 independent peers and the codes derived were compared with those of the researcher. Any discrepancies within the codes were re-examined by both researcher and independent coders for their presence within the data. The emerging themes were also sent to each participant who agreed to verify them and their comments were considered during the evaluation of sub and super-ordinate themes. Whilst it is not unusual for researcher, independent coders and participants to disagree on the presence of some themes or codes, it does not invalidate their presence within the analysis. The nature of qualitative research presumes that each researcher will arrive at an individual analysis of the data as a result of their unique position; however, by checking the reliability of the analysis in this way, it reduces

the likelihood that erroneous or poorly supported themes will be included in the results.

2.3   Results

Four super-ordinate themes emerged from the analysis: (1) The Group vs. the Individual, (2) Sense-making / Emerging from the Darkness, (3) Developing a Professional Self and (4) Thinking about Reflective Practice. There is a degree of overlap within these themes although they are distinct in categorisation. The table below presents an overview of the super-ordinate, master and sub-ordinate themes. These are discussed with quotes presented in italics followed by the interview number, page number and text line in brackets.

Table 3. The structure of IPA themes

Code	Super-ordinate theme	Master theme	Sub-ordinate theme
1	**The Group Vs. the Individual**	*Being together*	Feeling safe/unsafe
			Developing a group identity
		Being an Individual	Feeling safe/unsafe
			Distancing self/ splitting off
2	**The Sense-making Process/ Emerging from the Darkness**	*Stages, a*	Expectations
		Journey	Setting the task
			Learning to swim
			Continuing the process
		Holding Up the Mirror	Sitting with the Uncomfortable
			What it is to be Human
		The Role of the Facilitator	Personal Qualities/ Good Parent/ Bad parent
			Actions/skills

3.	**Developing a Professional Self**	*Professional Learning*	Developing skills and knowledge
			Putting theory into practice
		Managing the Personal and the Professional	Impact of personal and professional on each other
			Pressures of the role and self care
4.	**Thinking about Reflective Practice (RP)**	*Developing RP*	The nature of RP
			The benefits of RP
		Tasks of RP	Reflecting
			Acting

2.3.1 The Group vs. the Individual (1)

Being together

The results suggested that there were two predominant positions with the participants' experience of PD groups; that of the group, and that of the individual. Participants chose to identify with one position or the other at different times during the group and could move between positions at any point, even during single sessions. The identity of group member had a beneficial effect on many participants, providing them with a sense of security, support and reducing isolation:

… it did feel quite supportive. It felt like all of us together, reflecting on our practice and reflecting on ourselves personally… (Int. 3, 8:32-34)

Being a group member is linked to the sub-ordinate theme of Learning to Swim, which is described later, as it can also be seen to provide a place of safety from which more challenging exploration could take place.

Being an individual

At other times it appeared to be preferable to maintain an individual

identity, for reasons of protection or disinterest:

…for some people in the group, the fact that you had to attend the

group wasn't, wasn't helpful for them, because they did not really want to

be there, so they opted out, um, in mind rather than in body. (Int. 8, 10:5-

7).

However, this does not always mean that reflection and exploration of

personal issues were not carried out within the individual, but that this

process may have occurred more independently:

…and I could kind of see where she was coming from, but I could

see the other point of it…but I did the reflection myself, I think. I don't

think I ever talked to anybody about it. (Int. 11, 8, 9:10, 2).

2.3.2 The Sense-making Process (2)

Stages, a journey

Participants who felt that they had benefited from attending a PD group

described a number of processes which can be seen to form part of a

journey. The sense-making processes include: Expectations, Setting the

Task, Learning to Swim and Continuing the Process.

Expectations varied from excitement to uncertainty, however the largest single expectation was that the group would be supportive, predicted by 4 of the participants (Ints. 6, 8, 9 & 10: 1, 2, 1, 1). There was also the suggestion that having some prior knowledge or experience of the aims of attending PD groups and developing reflective practice was helpful in the beginning stages of the group. It was felt that a lot of time was spent struggling to understand the purpose of the group which increased participants' anxieties at a time when they were already high as a result of starting clinical training.

I think what people need is some sort of lead into it really. It's about dialogue about what Personal Development could be about, what could be on the cards, what could be asked of you. And um, and do you want to deliver or do you want to be able to deliver on that, do you? So some kind of dialogue really… (Int. 7, 15: 12-15).

Setting the Task can be seen as part of an orientation process. This stage can be drawn out, and as one participant described her group never truly got past this stage.

…we all had very different expectations. And actually, that was probably part of the process. We never really came to a conclusion on that. Which I think for some people was okay, and I think for other people was quite stressful and difficult to sit with that for all but two years really. (Int.1, 3:8-11)

However, Setting the Task is also described as a crucial stage in allowing the group to clarify aims and move forward together, creating the first experiences of group identity.

I mean the essential problem for us was purpose, really, checking out the purpose. I suppose Personal Development could be just about facilitators sitting back and letting it unfold, but I think that's lazy, and I think it's not particularly helpful. (Int.7, 14:10-12).

This is also the stage where most conflict is described, which occurs once the group has started to test its ability to tolerate conflict. This phenomenon was demonstrated in the interviews by experiences of resistance, domination and distancing or splitting off. The way in which the group and facilitators managed the conflict was important in determining the perceived success or usefulness of the group:

…there was a particular conflict … and I think some people had felt that there were issues of trust… after those sort of few sessions, that were quite sort of heated, um, I think that the tendency of the group did sort of stick more to safe subjects. (Int. 6, 8, 9:16-17, 1-2)

Many participants described needing to feel that conflict could safely be managed by the group in order to explore or experiment. If the group did not achieve this initially, development was prevented to some extent:

…it was quite clear that this was a really hostile, unsafe group and the facilitator should have been saying why isn't this group safe? How do we help it to be safe? What do people think needs to happen in order to, you know, have a safe group? And if people decide, you know, this group isn't safe, and we can't make it safe, how do we proceed with the group? (Int. 9, 12: 2-6).

However, too much safety could also prove difficult for participants who were starting to aim for deeper levels of reflection. Participants who felt that the groups' expectations and consensus regarding the level of disclosure required was at times too superficial were left feeling frustrated by this.

I think some of us didn't feel too comfortable about being reflective in the group, because that wasn't the ethos of our group, so I know personally when I got angry about, or frustrated about how the group was going, and a couple of times not having space to talk about what was going on with me, I wasn't able to be reflective in the group, and say actually I was frustrated last time because no one was hearing me, my needs. (Int. 8, 11:15-20).

Learning to Swim refers to what was often described as an individual task taken on with the support of the group. It reflects the venture of the individual into an unknown element which holds potential danger but also offers a chance of survival in the choppy seas of clinical

training and beyond. The task appears to have a different meaning for each participant; however, it can be seen to encompass a number of common elements including learning about the self, taking responsibility, learning to trust self and experimenting:

Well, I think in, in a lot of ways, you didn't really need to have a lot of confidence in your professional self, because you could just kind of test things out, really. (Int. 2, 11:30-32)

As well as negotiating road blocks, questioning self and tolerating difference:

But it was also challenging, because I'd had to tolerate being frustrated by people who wouldn't do what I wanted them to, to help me. (Int. 3, 4:35-36).

A final part of the Learning to swim stage was suggested by some participants as reaching closure, which began to occur once the limitations of the group had been recognised. It was sometimes reached once an individual had experienced a disappointment in the level of depth of reflection within the group or found themselves seeking more than could be provided within it. This was a positive stage in many ways as it allowed movement into the next stage which presented participants with the task of how to meet their on-going needs of developing reflective practice.

Continuing the Process was a stage which participants often described as occurring after the group had finished or when they were qualified:

So I think it's not until you're qualified, and you're working that you suddenly discover that actually it [the PD group] *was a whole lot of stuff I need to work on in order to be able to do this job.* (Int. 5, 20, 21:17-18, 1-2).

The stage incorporates a number of feelings about lessons learnt or not learnt and desire to continue where learning had left off. One participant described how her group was allowed to continue after the normal finishing point:

It's difficult to tell, because maybe if they [the course] *had said you really need to finish by the end of year 2, maybe then we would have worked towards finishing and ending, you know? It's just a speculation, as it were, it was probably the right thing, but…* (Int.12, 20, 21: 21-22, 1-2).

There was an acknowledgement that finding time and space to reflect in the same way as in PD groups was particularly difficult once in clinical practice, with some participants feeling lost or helpless without it:

and I really, really wanted to, but you know, clinical work and you know, doing all the development that I needed to do for the job, that just kind of gets in the way, and it feels, I'm quite torn, because I do feel, I do believe in it, I do think it's really important. But it feels like just doing the jobs um, just doing my day job is enough. (Int. 11, 24: 10-14)

Other participants had succeeded in creating space and opportunity to recreate some of the conditions in PD groups and described this as beneficial to their practice. Some experienced the need to re-learn or re-visit their experiences in the groups in order to extract further learning from them.

I think it's a cyclical process as well. Because since finishing the group and qualifying, [there have been] *occasions and events where I've gone through that process, exactly the same thing again.* (Int. 3, 9: 29-31)

Looking back at their experiences in the group also provided some participants with a different perspective which enabled them to see more clearly what they had taken away from it.

Holding Up the Mirror

Participants described some of the most powerful moments within the group as those when they were able to see themselves and their behaviour more clearly than before. This was often an uncomfortable process, but could hold benefits for those who were able to tolerate it.

Potentially, you can take a look at yourself, and I just thought

about that really so I could, if you do take a look at yourself, if people can

show you dimensions to your life… That opens a door into a different

understanding. (Int.7, 8:13-17).

Participants often described seeing two types of reflections when

looking in the mirror; individual reflections, behavioural patterns, etc; and

reflections which brought them together, for example understanding what

it is to be human.

…it goes some way to acknowledging that actually we are human

beings, and we have our own stuff, and we need to do a bit of work on

that… (Int.2, 8:26-28).

The Role of the Facilitator

The role of the facilitator was experienced as highly significant in the

development of the group. Participants experienced particular qualities as

helpful: nurturing, protecting, strong, warm; or unhelpful: critical, absent,

unable to protect. Another sub-ordinate theme which emerged was that of

actions or skills which the facilitator used or neglected to use, and which

provided learning opportunities for participants through observation and

use in their own practice.

…he'd captured what we were talking about, and got the sense of

it, and judged it really well. So I think he had a really good feel for the

group and what we needed at particular times. So I would say a lot of it was down to him. (Int. 11, 4:1-3).

2.3.3 Developing a Professional Self

This theme emerged from descriptions of how participants used the group to develop a professional self; through *professional learning*, *putting theory into practice*, *managing the personal and the professional* and thinking about the *pressures of the role* and *self care*,

…and then realising, that you know, I don't need to know it all, which at the beginning of the course I thought I had to know it all before I finish the course. And then so, gradually you get comfortable with just knowing enough… (Int. 4, 16:14-17).

The presence of clinical outcomes of attending PD groups emerged within this theme. Participants sometimes struggled to think of specific examples which showed that the PD group had had an impact on their clinical practice, and most described the benefits as being indistinguishable from others areas of development such as supervision and other aspects of the training course. However, there were a number of clinical outcomes which participants linked directly to experiences within the group, including staying with difficult emotions and helping clients to explore these:

I think I got a lot of group therapy techniques from it. I might encourage them to pick one particular emotion and kind of explore and expand it a little bit. You know, sit with it for a few moments… rather than just by coming and jumping by several emotions. And so it's those kinds of therapy techniques. (Int. 4, 22:5-9).

Other clinical outcomes directly linked by participants to their experiences in the groups include; tolerating not knowing, learning the value of boundaries and containment and getting a balance between being directive and stepping back.

…it's taught me that actually, you do need to stand back and facilitate, not control, or not lead. Um, and it's taught me about that, and how to be when I'm facilitating a group, a clinical group here at work. (Int. 3, 11: 9-12).

2.3.4 Thinking about Reflective Practice (RP)

Developing RP

Overall, PD groups were seen as contributing to the development of reflective practice within trainees (10 participants), although there were some exceptions among participants (2) who felt they had developed most of their reflective skills elsewhere; through supervision, exposure to other clinicians' practice, personal therapy and reading. This was generally the case when the group was experienced as too dangerous for personal development to take place or poorly facilitated.

The *Nature of RP* was seen by many to be an inherent quality already present to some degree within those who use it effectively in clinical practice. However, the development of RP was also seen as an important task in fulfilling the role of the psychologist, both on an individual level and by sharing skills with others.

I feel that reflective practice is really important in the work that we do. And not just the work of psychologists, but for nurses, and social workers, and medics, and all the other people we work with. I think, you know, should be encouraged in that. And I feel like Psychology, is quite, is in quite a good position to take a lead in that really. (Int. 2, 13: 32-36).

Choice was also considered a significant factor relating to the success of the PD groups. Whilst it was almost universally acknowledged that participating in some form of personal development activity should be compulsory, there was a strong feeling among many participants that PD groups are not the only way in which reflective practice may be developed and that they may not be suitable for everyone. These comments reflected participants' experiences of some groups being unhelpful due to the lack of motivation or commitment to the group of some members. There were suggestions that other forms of PD should be available, including Personal therapy, task-based learning, residential weekends or exploration using art and music.

The *benefits of RP* included enabling the clinician to work in more depth with the client and providing energy, focus, and support during difficult times:

It [RP] *really helps you think about the service user… and then I feel quite good, I feel like I have the energy to get on with the work, I think that's the thing, you come to a standstill when you don't know what you're doing and you lose your confidence.* (Int. 5, 28:1-7).

The Tasks of Reflective Practice

The tasks of RP were considered by the participants to fall into two main areas; (1) reflecting and (2) acting on reflections. Reflecting was described as having curiosity, stepping back and developing self-awareness; acting on reflection was the recognition that action or progress needs to come out of reflection in order for it to be useful.

…it can stop being dynamic and actually be something where you end up, and I suppose this is reflected in my feelings about the end of the PD group, is that you just going around in circles, or you're just developing meaning: …without actually leading to any change… I think it only has value if it leads to a change in either an understanding or an action. (Int.11, 20: 6-11).

2.4   Discussion

The results of this study suggest that most participants found that PD groups can aid reflective practice to one degree or another. The

themes suggest that there are a number of stages which occur within PD

groups, including an initial stage where group members orientate

themselves towards the task and test the boundaries and level of safety

within the group. Depending on the outcome of this stage, members may

chose to accept the task and venture into the next stage which includes

developing skills of reflection through looking more closely at oneself and

experimenting with different positions. Final stages include accepting the

limitations of the group and seeking new ways to develop reflective

practice in the future. There is no strict order in which these stages occur,

or evidence to suggest that all individuals experience all stages; however,

it would appear that where this did happen participants felt the PD group

to have been beneficial to their use of reflective practice during, after

training and onto more demanding stages of their career. These stages

appear to support theories of group development proposed by Yalom

(2005), Tuckman (1965) and Tuckman & Jensen (1977), particularly the

initial stage of Setting the Task which can be seen to contain elements of

the stages of *group orientation* and *forming* and *storming*. Learning to

Swim may fit more closely with Zurcher's (1979) stages of 'focus, action,

limbo and testing' in that it relates to groups' actions taken on the basis of

the task they have set themselves. Figure 2 attempts to represent the

stages of group development and their counterparts in the literature.

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                          ┌─────────────────────────┐
                          │     Expectations        │
                          └─────────────────────────┘
                                      ↕

          ┌──────────────────────────────────────────────┐
          │              Setting the Task                 │
          │                                               │
          │   • Forming, storming (Tuckman, 1965)         │
          │   • Orientation, Hesitant Participation,      │
          │     Dependency (Yalom, 2005)                  │
          └──────────────────────────────────────────────┘
                                      ↕

          ┌──────────────────────────────────────────────┐
          │              Learning to Swim                 │
          │                                               │
          │   • Norming, performing (Tuckman, 1965)       │
          │   • Focus, Action, Limbo and Testing (Zurcher,│
          │     1979)                                     │
          └──────────────────────────────────────────────┘
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          ┌──────────────────────────────────────────────┐
          │            Continuing the Process             │
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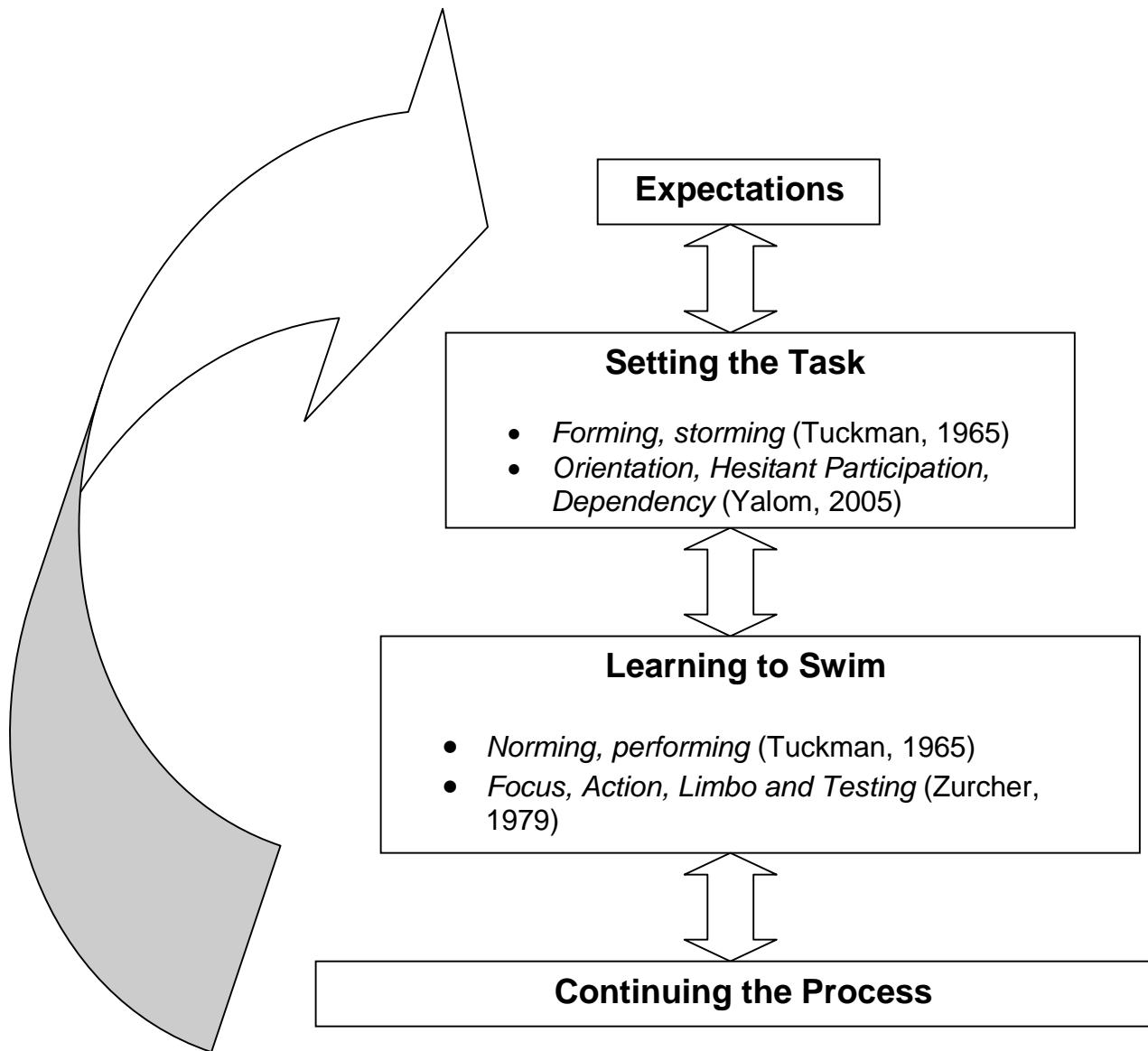
Figure 3. Stages of Group Development

The above figure depicts the stages of group development as a circular process which starts with Expectations and moves through Setting the Task, Learning to Swim, Continuing the Process and thus back to Expectations. The themes indicated that these stages can stand alone and group members may not pass through all of them; however, they all have an impact upon progression to the next stage. For example, it is possible that having positive expectations of the group may lead individuals into Setting the Task more smoothly, which is a stage during which group membership starts to develop. The Task can be set together, individually or both; however, by reaching a consensus within the group about the task the achievement of the next stage is likely to be more successful in the groups' eyes. Learning to Swim is the stage during which the group / individual's aims are achieved through various processes including experimentation and looking at themselves more closely (Holding up the Mirror) within the context of group interactions. The final stage, Continuing the Process, involves assessment of the success of these aims, recognition of the limits of the group, consideration of what learning will be taken with them after the group and what needs might remain for personal development in the future. This process has an impact on the individuals' expectations about their next encounter with personal development activities, therefore returning full circle. It can be seen as similar to Moon's stage 'Moving on' (1999), which she describes in her model of reflective stages as a point at which issues are resolved or a new cycle of reflection begins.

The results differ from other research in that they suggest that certain conditions are required to enable other stages to be achieved. Starting from a place of safety was essential for many participants in order to decide what the group task was to be and to feel ready to 'dip their toes' in the 'waters of reflection'. This finding supports Lennie's (2007) suggestion that safety is an essential part of personal development activities.

 The varying expectations of individuals in the group regarding the depth to which this water would be tested were often the cause of conflict or frustration. However, many participants were able to renegotiate aims either with their group or privately in order to continue to benefit from it. This research also differs from others in that the final stage of Continuing the Process includes recognition of how the task will be taken forward after the group has finished, and how reflective practice can be shared with others. This process was achieved through the use of reflective practice and peer supervision groups in single or multi-disciplinary teams, offering to run groups for trainees or going on external courses. This theme may have emerged because of the nature of the groups studied, which are based on the premise that the learning drawn from them will be taken forward; however, it is a gap within previous theories of group development.

Conditions which proved to be beneficial to the success of the group in participants' experience include; the presence of nurturing, parental qualities in the facilitator, information from the course regarding potential aims in attending

PD groups, and choice regarding the arena through which reflective practice is developed. Some of these results support those of Wong-Wylie (2007) who found that trust, risk-taking and sharing experiences are important conditions to enable reflection to take place in groups. Those qualities which were seen as desirable in facilitators appear to reflect those of a parent figure, and in this way the results can be compared to Bion's view of the group of a place to safely explore unresolved object-relations (1959). There was also evidence to support Hebb's suggestion (1966) that a certain level of arousal is required for learning to take place; those participants who felt that the group avoided conflict or challenge experienced it as less beneficial than those who felt challenged by it, provided the group had established its ability to address conflict.

Most participants felt that while reflective practice is an essential part of the Clinical Psychologist's role and should therefore be a mandatory aspect of training, the challenge of attending a group where some individuals lacked motivation to participate was an insurmountable obstacle to personal development. There was a strong suggestion among participants that reflective practice should be something Psychologists choose to do and have freedom to do in the way which is challenging but which suits their individual aims. This may appear somewhat paradoxical as it is difficult to know which reflective media will prove sufficiently challenging whilst also meeting personal aims, and many participants acknowledged that these ideas were difficult to marry. However, it may be that mandatory attendance on PD groups in the first year would provide trainees with the chance to develop skills in this way and they

could then be given a choice of reflective activities in the second and third years.

Clinical outcomes can be attributed to the PD group in some cases including the use of skills and techniques which may enhance the therapeutic relationship. There was little evidence of direct benefit to the client; however, the development of reflective practice skills in PD groups was seen by participants to benefit the client as well as the therapist by providing support, focus and energy to address client difficulties. The results suggest that reflections about oneself and about what it is to be human were important moments within the Sense-making stage. Both types of reflection hold important implications for clinical practice as they may be seen to enable clinicians to think about what they are bringing to the therapeutic relationship, and also what unites them with their clients.

The results also reveal something of what participants thought about reflective practice as a result of attending PD groups. There was support for Schon's descriptions of *reflection in action* and *reflection on action* (1983, 1987) which will be known to many, if not all, the participants. The results suggest that participants felt the RP could be taught in PD groups; however, most also felt that being 'reflective' was also a trait or tendency often present among individuals who choose to train as Psychologists. There was also a suggestion that having the luxury to engage in reflective practice becomes harder once training is over as a result of growing pressure on services and increased

responsibility being given to Clinical Psychologists earlier on their careers. The

results also suggest that some learning during reflective practice is cyclical in

that it may need to be repeated in the future, perhaps when the meaning is

more relevant to the practitioners' current practice. The following figure attempts

to represent this cycle.

Encounter difficulties ⇐ No change to practice

Practice ⟹ Reflection ⟹ Assessment of need / possibilities for change

No need / possibilities

Need / possibilities

Assessment of success ⇐ Reflection ⇐ Change to practice
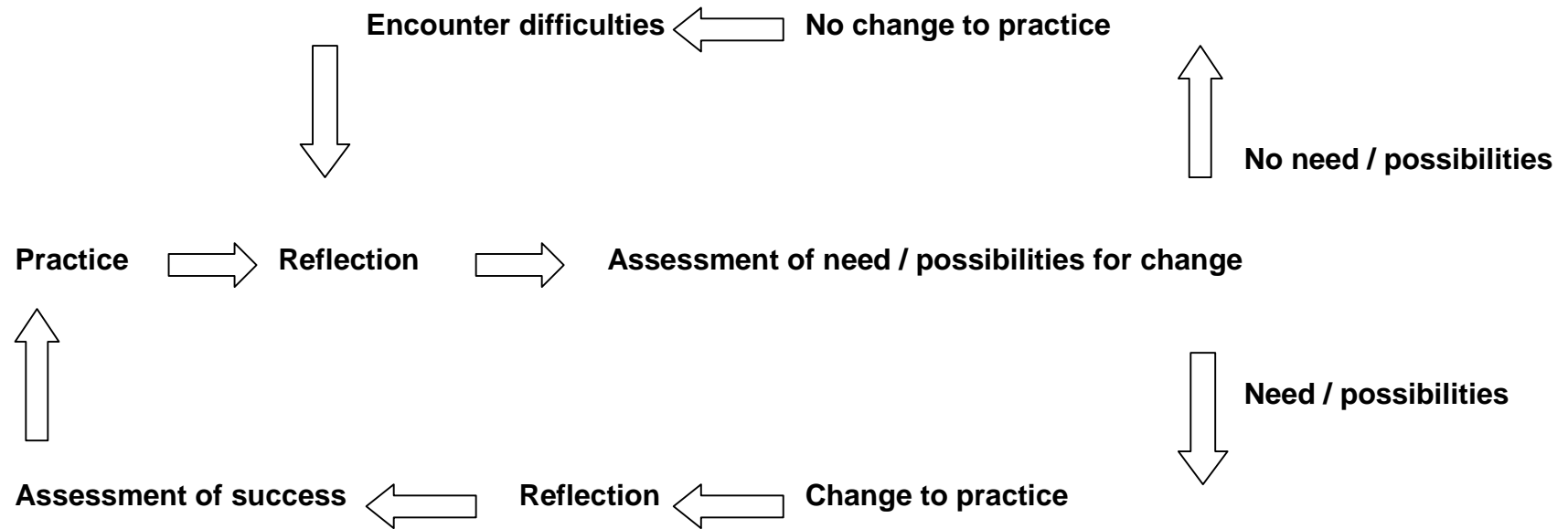
Figure 4. The Cyclical Nature of Reflective Practice

This diagram suggests that RP which is beneficial to practice occurs in conjunction with change to practice, which was suggested by the fourth Super-ordinate theme; the Nature of RP. Reflection, in this case, follows a path which proceeds from reflection on current practice to an assessment of the need and possibility for change to practice. If the need and the possibility to change or develop practice are present it is likely that change will occur; the success of which is then assessed in a following period of reflection and the change may become an established part of practice. However, if the need or possibility for change are not present, for example if there is no occasion to use new skills or try a different approach, then change does not occur; the process of the initial reflection may be lost and need to be repeated in the future at a time of need and possibility for change. These findings have implications for the continuing development of reflective practice amongst Clinical Psychologists.

2.4.1 Methodological Limitations

The findings of this study are purely exploratory rather than causal. Moreover, they may not be transferable to PD groups on other training courses as the sample was drawn from the population of one course, limiting the ecological validity of the study. Comparisons made between the experiences of participants are also difficult because they were selected from different cohorts and therefore attended different groups with different facilitators.

Results are drawn from interviews with participants who may have an interest in presenting themselves as effective reflective practitioners and as a result may have reported greater benefits from attending PD groups than is actually the case. The interviewer attended the same course as the participants at the time of interview and therefore, this may have also encouraged participants to present their experiences in a positive light. The fact that at least two of the participants refer to having had difficult or limited experiences of the PD groups suggests that this was not always the case, however. The post hoc nature of the participants' reflections on their experiences may also have had an impact on the results, potentially causing them to be seen in a more positive light with the benefit of hindsight. It is still not clear from this research whether attending PD groups whilst training benefits clients, as the results are from the clinicians' perspective only. Future research in this area would benefit from addressing these limitations.

2.4.2 Reflexivity

The impact of the researcher may have shaped the results in a number of ways which are acknowledged here to allow the reader to make their own judgement. The design of the questions and structure of the interview schedule may have determined which themes were identified, for example; Question number two asks "What were your expectations of the group?" which may have resulted in a number of comments leading to the creation of the theme 'Expectations'. Those experiences described by participants which differed greatly from the

researcher's may have been considered from a more objective position while those which were similar to her own may have allowed more implicit assumptions to be made by the researcher. The content of the interviews may have been influenced by the relationship between the researcher and the participant as a result of prior knowledge of each other, and the possibility that contact would be continued after the research through employment or educational settings. This may have affected the manner in which questions were asked and the level of depth and openness with which they were answered. The interviewer's response to the participants' responses may have encouraged them to say more about a particular topic which was of interest to the researcher but which may have been less important to the participant. The researcher, whilst attempting to bracket her assumptions as far as possible, may have searched for themes within the data which helped to explain those experiences which were similar to her own experience of PD groups.

2.4.3 Clinical Implications

The findings of this study suggest that there are a number of benefits in using PD groups during training to enhance reflective practice among clinical psychologists including developing a professional self; supporting trainees through difficult periods on the course; enhancing reflective practice; and laying down foundations for the trainee to continue this process throughout their career. The usefulness of the groups may be mediated by the skill and experience of the facilitator, the engagement

of trainees with the aims of PD groups and the option to choose alternative methods of personal development. Therefore, it would be beneficial for training courses to take these factors into consideration when planning personal development and reflective practice elements of the course.

The results also suggest that the opportunity to engage in reflective practice is highly valued by the clinicians who participated in the study and provides them with direction and motivation to work effectively. However, the results suggest that it is increasingly difficult for clinical psychologists within the modern NHS to find the space and support to do this. It would surely benefit services to address this challenge in order to safe-guard the quality of psychology services and its workforce for the future. This could include protected time for reflective practice, the opportunity to set up peer supervision and reflective practice groups, and an acceptance that one of the benefits of employing clinical psychologists is to encourage the use of RP within the rest of the workforce.

2.4.4 Research Implications

Future research in this area might attempt to evaluate the benefit of working with a psychologist who has experienced PD groups from the client's perspective, in order to gain greater understanding of the impact for service-users. A quantitative design could be used to determine any causal links or correlations between conditions within PD groups and enhanced reflective practice in participants. The link between number of

years qualified and perceived impact of the PD groups might also be explored further in order to consider the impact of time on the use of PD groups whilst training Clinical Psychologists.

2.5   Conclusion

To return to the aims of the study; the participants' experiences suggest a dichotomous relationship between identification as Group Member and as Individual within the PD group. A series of stages in a journey towards personal development is observable, whereby each stage impacts on progression to the next. The participants' experiences also suggested that PD groups are generally beneficial in promoting reflective practice among trainees and that RP appears to have been learnt to some degree within the groups. However, participants also suggested that a degree of reflection is required to be present within the individual for this to occur and that there are other, equally effective methods of teaching RP, including personal therapy and experiential workshops. Participants felt that the learning within PD groups had improved the quality of service they provided to clients in a number of ways including; enabling therapeutic skills, developing techniques and learning from being in the client role. They also felt they were able to practice more effectively and in greater depth through the development and continuation of RP throughout their career. They suggested that the conditions under which groups are set up and run have a large impact on the outcome, however there were some factors which could not be accounted for and remain intangible. Many stated that PD groups can

provide a safe, supportive environment for self exploration and development of professional self; however the desire to continue this to the same level into qualified clinical practice was not always possible due to external pressures.

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Chapter Three: Reflective Paper

My Research Journey and the Sense-making Process

Word Count 3,003 (Excluding references)

3.0   Abstract

This paper aims to explore reflections about the process of my research journey which I undertook with the first two papers in this thesis. This covers how I came to be interested in my topic, the formulation of a research question and the points of change within the journey. It is structured in two sections. Part 1 explains why I chose this project, my reflections on my own experiences in PD groups and relationship to the research from a personal and academic stance. Part 2 describes what it was like to do the research, the challenges and highlights and my personal reflections on the outcomes. The paper is written in the first person as it describes my personal reflections and experiences.

3.1   Part 1: Arriving at a Research Topic

3.1.1   *My Reflections on the PD Group*

Part of the clinical training experience at Coventry and Warwick Universities includes mandatory participation in a Personal Development Group for the first 18 months. I had never experienced anything like this in the past and hoped it would be a way of developing greater self awareness in order to support my clinical work and also support me through the difficult parts of the training, so my expectations were quite high. I also hoped that the group would enable me to become a better psychologist, although I was not sure in the beginning how this might happen. The aims for PD groups were set out loosely by the course in the handbook and included things such as peer support and developing reflective practice (for the full list of aims see p. 66). I was aware of these aims and also of the anecdotes of previous trainees, some of whom described 'hours of looking at each others' shoes in silence'. The PD group I was placed in included only women. I felt this helped to create a sense of intimacy and empathy from the start and I had grown to like the people on my cohort very quickly so was happy to spend time reflecting with them. The facilitator was a Psychotherapist trained in Jungian analysis who was a quiet but powerful presence. I was quickly drawn into the process and began to enjoy the weekly sessions, during which I experienced a mixture of anxiety, frustration and excitement. As time went by we covered many things as a group. We began to see parallels

between our behaviour in the group and our roles in the outside world. At one point our facilitator suggested that we were interacting as sisters within the group, and there was a hint that we were vying for her attention. I thought about this; about what kind of sister I was to people and why I liked having a strong mother figure in the group. I began to understand what it feels like to be a client, feeling contained and challenged at the same time and wondered what it was about the group process that allowed this to happen.

It became clear that people had different expectations for the group. Some people contributed more than others; some were upset by this, some were not. I was disappointed not everyone had contributed as much I felt others had. It took me a long time to understand this, but eventually through the experience of conducting interviews, I did. I hoped the group would challenge me. It did, but not always in the way I expected it to.

3.1.2 *Why I chose this project*

By the end of the first year I had realized some important things about myself, as I had hoped, and felt that I had the group to thank for this. But I wasn't sure I was a better psychologist or that I was better at reflective practice; in fact, I was still not sure what reflective practice really was. This is why I wanted to investigate the claim that PD groups could enhance reflective practice; I wondered where it had come from, what the evidence to support this was and had anyone been able to show that it

had an impact on the quality of service we offer to our clients? This is when the seeds of my research questions were planted. I wanted to know as much as possible about what was happening in PD groups, and whether there were any theories about the conditions and processes at work within them.

3.1.3 *My Relationship to the Research: personal and professional*

Initially, I had hoped to carry out a focus group with trainees on the course, as this structure would resemble the experience of being in a PD group which might help people to reflect on it more clearly. When I was thinking about drawing up questions for the group, I thought about what I would need to ask to explain my own experiences. I wanted to know whether others had a similar or different experience and how much difference it had made to their practice. By the end of the second year I had discussed these questions further with my research supervisor. She also had an interest in PD groups as she had set up the Coventry and Warwick course and included PD groups as an integral part of the training process. She felt that there would be an advantage to knowing whether the PD groups continued to have an impact on people after training. This would help to answer the question: do PD groups enhance reflective practice? It would also be helpful to know whether the effect of time passing since being in a PD group had an impact on how people viewed their experience; whether it was necessary to have some distance before one could say more clearly what impact it had had on clinical practice. These discussions helped me to see the research from a training

director's perspective. What would help to shape future Clinical Psychologists to best advantage? How can we create an experience that will benefit the different types of people on the course? What do we want trainees to be able to do by the end of the course? These questions allowed me to see that my research could have more than one clinically relevant outcome; hopefully it would help Psychologists to think about how they can enhance their own reflective practice which would benefit service users. It could help training courses think about how they can provide trainees with a useful experience through understanding the conditions that create a positive experience in PD groups.

3.2   Part 2: Doing the research: reflections on the experience

3.2.1   *The Interview Experience*

I enjoyed the interview process hugely and felt privileged to be given a glimpse into another person's experience of the groups and their thoughts on how it affected their practice. All of the participants spoke openly about their experiences in the group, some of which reminded me of my own. One interviewee told me she thought she took up too much space in the group and later tried to avoid doing this, she experimented with taking up less space to see what happened. This allowed her to consider how it can be helpful to be able to take both positions with clients; taking the lead and standing back. I could relate to the feeling that I took up too much space and this became a consideration during the interviews. I felt that it would be wrong to just turn up, do the interview

and leave; it is still a social interaction which requires politeness and etiquette. I also wanted to help my participants to relax before we started and sometimes this was more successful than others. As a result, interesting discussions were often had before and after the digital voice recorder was on, which meant that some potentially useful data was sadly not recorded. During interviews I enjoyed the conversations and wanted to join in, which is not strictly how qualitative data should be collected. According to Willig (2008):

The semi structured interview requires sensitive and ethical negotiation of rapport between the interviewer and interviewee. Interviewers should not abuse the informal ambiance of the interview to encourage the interviewee to reveal more than they may feel comfortable with after the event. (p.25)

I now wonder how much of an impact this had on the content of the interview and the subsequent findings of the research. Did I have too much of a presence within the discussion? Did I follow avenues which connected with my own experiences too far? It is not possible to know for sure, however I did notice that often people spoke more freely once I had turned off the tape recorder, perhaps feeling that it was safer to do so then.

3.2.2 *Continuing my own Reflective Process*

The theme of 'Continuing the Process' within the research arose as a result of findings that some learning was not completed within the group but afterwards, and that some questions remained unanswered until another opportunity arose to reflect on them. I had struggled in my own PD group to understand why some members had not used the groups to share personal material about them selves in the same way as I and others had done. This experience was also reported by some of my participants, so I became aware that it was not just my group which had developed an imbalance in this way. Although all members contributed thoughtfully and with a great deal of empathy towards those who shared personal experiences, I was still confused by the end of the group as to why some had chosen to keep their personal reflections to themselves. The facilitator had raised the point that reflections become more meaningful when we are able to consider them from more than one perspective, and that sharing experiences with each other is part of what makes the group experience valuable. This is observed by Yalom (1970, cited by Butler & Fuhriman, 1983):

"Yalom described the therapeutic event as being essentially interpersonal in nature; that is, both the emotional experience and reflection are typically evoked and facilitated by interaction with other group members." (pp.134-35)

However, the imbalance of contributions changed very little over the two years over which the group took place and this was only briefly discussed in the final session. I had to accept at this point that the purpose of the group held different meanings for other group members; however, it wasn't until I carried out an interview that I was able to develop a real understanding of why someone would take this position. This participant began the interview by explaining that although the group had been useful to her, she had not really contributed to it on a personal level. Throughout the interview she explained that she did not share personal information with many people in her life and was naturally a contained person. She found the expectation that she would suddenly open up within a PD group unhelpful, and this had caused some conflict within her group as a result. I started to understand that sharing personal information in order to develop personally, or gain greater self awareness, partly depends on the individual's perception of them self as an open or private person, as well as their current level of need to share difficult or personal experiences and their level of trust in the group. It was apparent from my interviews that people often moved between positions of sharing and not sharing and that this depended on factors outside the realm of the group as well as within it. My early expectations of the group as a potentially life-changing event probably had an impact on my motivation to share personal experiences. Learning to tolerate this difference between myself and others was something that I hope I have been able to take away from it.

3.2.3   *Holding on to the Uncertainty*

The experience of conducting qualitative data analysis requires a number of skills which are not very easily explained by research handbooks. These include; the ability of the researcher to recognize their position and impact on the research (Smith & Osborn, 2003), the consideration of an epistemological position, and the data analysis itself which Henwood and Pidgeon (2003) describe as:

"a creative process, which taxes fully the interpretive skills of the researcher, who is nevertheless disciplined by the requirement that codes and categories generated should fit *(provide recognizable description of) the data." (p.139).*

Arriving at a conclusion from the huge number of codes which are initially generated and constructing a comprehensible representation of their relationships is also something which I found daunting at first. Whilst reading the descriptions of how to carry out coding and thematic analysis I was presented with metaphors of the process such as "bricolage" and quilt-making (Denzin & Lincoln, 2005) which did little to demystify it. The most valuable learning experiences occurred when I was able to talk about my data with others. This happened with supervisors and peers who were conducting other qualitative research projects and my friends and family who often requested updates and 'summaries' of what I had found out. This forced me to think coherently about what I was hearing in my interviews and take a step away from the data. The periods in

between these moments of clarity were when I had the overwhelming feeling of sinking underneath a sea of quotes, codes and potential themes. I was often uncertain of what I thought I was detecting in the data and felt a strong urge to pick up an article or a textbook and find someone else's theory which might help me to formulate my own. Holding onto this uncertainty was a difficult but important stage in processing the data. I found if I could allow myself to go a little bit further with the uncertainty, and accept the position of 'not knowing' I might arrive at my own conclusions. Adopting the position of not knowing was also one of the sub-ordinate themes which emerged from the data, which may show how reflective practice is linked to the research process. Doing qualitative research meant that I had to begin to trust myself and, to a certain extent, rely on instincts I didn't know were there. And finally, bringing it all back to the data; checking each theme, trying to disprove myself and my theories in order to be certain that they were linked to the data. This also required a degree of confidence which had to be found from somewhere. I am still not sure how this process could be more clearly explained by text books however I admire those who have attempted to do this.

3.2.4 *Reflections on the Outcomes*

The results of my research contained both positive and negative experiences of being in PD groups. I had initially worried that participants would not feel able to openly express negative experiences, possibly because of my and my supervisors' affiliations with the course. The world of Psychology is small and the study was mainly carried out in one

region; it might not be easy to express openly negative views about an aspect of a well known training course and I had to accept that this may affect the data and the decision whether to participate. However, as the interviews progressed I realized that most people had had mixed experiences and were open about this. Some people stated that they felt the PD group had had a very limited impact on their clinical practice and that they had developed most of their reflective skills in other ways, such as personal therapy or post-qualification training. This was reassuring as it meant that I felt that the data I was collecting was reliable and valid.

I was particularly curious about the themes which focused on looking at the self more clearly as this was one of my own initial aims in attending the PD group. I found that being able to see myself through others' eyes and reflecting on some of my patterns of behaviour were among the most important moments of the group for me. I described this theme as Holding up the Mirror because it seemed as though much of the time we choose to look into mirrors which reflect only the image we prefer to see. Having the support of others in the group helped to provide strength to look into a different mirror image, which might have been too difficult to do individually or within personal therapy. Taking the risk of looking into the mirror can be a profound experience, but what is seen is still not a 'true' image as it is reflected by the group and then interpreted again by the self. The more this happened, the more I realized that there is not one single image, but many; by becoming aware of this, I can be aware of which part of myself I am presenting. I hope this allows me to adapt to the

needs of the client as I am no longer restricted by being what I suspect is 'me'. The experience is liberating and sobering at the same time.

Another element of Holding up the Mirror is being able to see more clearly what makes us human. One participant described this as "getting back to the person" which I interpreted as reflecting the common position we share with each other in this world. It was something which participants felt could at times slip away, particularly with the elevation of the role of the Clinical Psychologist. And it seemed to me to be a declaration of humility which sprang from a desire to connect with clients on an equal footing. It was also a way of forgiving yourself for any mistakes which may have been made, being compassionate towards the self and recognizing that although we may have come a long way on our journeys through clinical training and beyond, all the benefit of that is lost if we are not able to recognize our own failings.

3.3   References

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Appendix1

West Midlands South RM&G

C/o Research & Development Office
University Office Suite
First Floor Rotunda
University Hospitals of Coventry
& Warwickshire NHS Trust
University Hospital
Clifford Bridge Road
Coventry CV2 2DX

Dr Rowan Wigg
Room JSG24, James Starley Building
Coventry University
Coventry
CV1 5FB

R&D Ref: PAR200308
REC Ref: AB/124667/1

Dear Dr Wigg

I am pleased to confirm I have reviewed your research study entitled <u>The Use of Personal Development (PD) Groups in Training Clinical Psychologists To Promote Reflective Practice and The Impact Upon Clinical Practice.</u> And give approval for this study to take place within **the Coventry & Warwickshire Partnership NHS Trust** on the condition that the Trust suffers no additional costs as a result of this study being undertaken. Your research has been entered into the Trust's Research database

Please reply to this letter confirming the expected start date and duration of the study. As part of the Research Governance Framework it is important that the Trust is notified as to the outcome of your research and as such we will request feedback once the research has finished along with details of dissemination of your findings. We may also request brief updates of your progress from time to time, dependent on duration of the study. Similarly, if at anytime details relating to the research project or researcher change, the R&D department must be informed.

If you have any further questions regarding this or other research you may wish to undertake in the Trust please feel free to contact me again. The Trust wishes you success with your research.

Yours sincerely

Luke Chaplin
R&D Facilitator

Appendix2

National Research Ethics Service

Coventry Research Ethics Committee
2nd floor West Wing
University Hospital
Clifford Bridge Road
Coventry
CV2 2DX

23 April 2008

Telephone: 024 7696 7529
Facsimile: 024 7696 5033

Ms Rowan Wigg
Trainee Clinical Psychologist
Coventry and Warwick Clinical Psychology Training Course
Room JSG24 James Starley Building
Priory Street, Coventry University
Coventry
CV1 5FB

Dear Ms Wigg

Full title of study: **The use of Personal Development (PD) Groups in training Clinical Psychologists to promote Reflective Practice and the impact upon clinical practice.**

REC reference number: 08/H1210/48

The Research Ethics Committee reviewed the above application at the meeting held on 15 April 2008. Thank you for attending to discuss the study.

Ethical opinion

Ms Wigg was asked how the tapes would be delivered to the independent transcriber; she said she would deliver them and carry them in her locked briefcase. She acknowledged that the timetable given in her application form had now fallen behind in that the study would not now start on 1st March 2008.

Members suggested that Ms Wigg might want to send the questions to the participants so that they could think about the answers beforehand although this was not an ethical issue. Ms Wigg agreed to this suggestion.

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation.

Ethical review of research sites

The Committee agreed that all sites in this study should be exempt from site-specific assessment (SSA). There is no need to submit the Site-Specific Information Form to any Research Ethics Committee. The favourable opinion for the study applies to all sites involved in the research.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully. *Please remember to*

print the Participant Information Sheet and Consent Form on the sponsor's institution letterheads.

The PIS should state that Coventry Research Ethics Committee rather than NRES has reviewed the study. There is no need to change the version number or submit the PIS to the Committee for this small change.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Application	A&B	19 March 2008
Investigator CV	R Wigg	19 March 2008
Protocol	Version 1	19 March 2008
Covering Letter	R Wigg	20 March 2008
Compensation Arrangements	Statement from Coventry University	19 March 2008
Interview Schedules/Topic Guides	Version 1	19 March 2008
Letter of invitation to participant	Version 1	26 February 2008
Participant Information Sheet	Version 1	19 March 2008
Participant Consent Form	Version 1	20 March 2008
Academic Supervisor CV	Prof D Cushway	
Clinical Tutor CV	Dr A Neal	

R&D approval

You should arrange for the R&D office at all relevant NHS care organisations to be notified that the research will be taking place, and provide a copy of the REC application, the protocol and this letter.

All researchers and research collaborators who will be participating in the research at a NHS site must obtain final approval from the R&D office before commencing any research procedures.

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

Here you will find links to the following
   a) Providing feedback. You are invited to give your view of the service that you have received from the National Research Ethics Service on the application procedure. If

you wish to make your views known please use the feedback form available on the website.

b) Progress Reports. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

c) Safety Reports. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

d) Amendments. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

e) End of Study/Project. Please refer to the attached Standard conditions of approval by Research Ethics Committees.
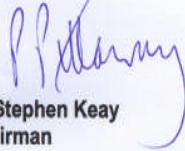
We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nationalres.org.uk .

08/H1210/48	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely

Mr Stephen Keay
Chairman

Email: pauline.pittaway@uhcw.nhs.uk

Enclosures: List of names and professions of members who were present at the meeting and those who submitted written comments

Standard approval conditions SL-AC2

Copy to: Mr Ian Marshall, Coventry University

R&D office for Coventry & Warwickshire Partnership Trust

Appendix 3

Form 4 – Ethics Peer Review

1.	Reference No:	PG10/08
2.	Title of Study:	The use of personal development groups in training clinical psychologists to promote reflective practice
3.	Scientific Background, Design and conduct of the study: Reasonable. My only concern is the small sample size 12 and the time for the interview could put people off.	
4.	Recruitment of participants: Acceptable.	
5.	Care of researcher and participants and protection of research participants' confidentiality: No concerns	
6.	Informed consent: Clearly given and recorded.	
7.	Community considerations: None	
8.	Information sheet: Acceptable	
9.	Consent form: Acceptable	
10.	Comments on the ethical aspects of the proposal: I suggest the researcher reviews the sample size (12) to ensure it is representative and the time for the interview (1hr) to ensure it is not too long (Discuss with supervisor)	

11.	Recommendations	Please circle:
	Approved with **no** amendments	YES / NO
	Approved subject to specified conditions.	YES / NO
	Reject	YES

12.	Completed by:	Date: 5/3/08

Please return this form electronically to s.sandhu@coventry.ac.uk and please DO NOT CONTACT THE APPLICANT DIRECTLY.

C:\Documents and Settings\csx922\Local Settings\Temporary Internet Files\OLKCD\Form 4 PEER REVIEW Rowan Wigg.doc   August 2007

Appendix 4

R&D Unit, BSMHT
Radclyffe House
66/68 Hagley Road
Edgbaston
Birmingham
B16 8PF
Tel: 0121 678 4326
Fax: 0121 678 4319

Ms Rowan Wigg
120 Kings Road
Kings Health
Birmingham
B14 6TN

8 July 2008

Dear Rowan

Re: "The use of Personal Development (PD) Groups in training Clinical Psychologists to promote Reflective Practice and the impact upon clinical practice."

Thank you for returning your completed Trust Research Application Form for the above project. This research was approved by the Director of Research & Development and we have received notification of a favourable ethical opinion. You may therefore commence the work.

Please note that the Trust's approval of this research is given on the understanding that you are aware of and will fulfil your responsibilities under the Department of Health's *Research Governance Framework for Health and Social Care*, including complying with any monitoring/auditing of research undertaken by the Research & Development Unit.

In particular, whilst conducting your study you should respect the confidentiality of data obtained from participants.

Please do not hesitate in contacting the Research & Development Unit should you require any advice or support on any aspect of your project. When contacting us it would be helpful to quote our reference number for this project: **NRR 897.**

Yours sincerely

Max Birchwood
Director of Research and Development

Chief Executive: Sue Turner

Appendix 5

NRES Protocol Number:

08/H1210/48

The Use of Personal Development (PD) Groups in Training Clinical Psychologists to Promote Reflective Practice and the Impact Upon Clinical Practice.

You have been invited to participate in this postgraduate research project which will be submitted as part of the thesis for a Doctorate qualification in Clinical Psychology at the Universities of Coventry and Warwick. All graduates of the Clinical Psychology course at Coventry and Warwick Universities based within the West Midlands have been invited to take part. All Clinical Psychologists who have graduated from this course are eligible to participate irrespective of year of study.

You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. After reading this information sheet, **please do not hesitate to contact me if there is anything that is not clear or if you would like more information (my contact e-mail and phone number is given below)**.

What is the purpose of the study?
The main purpose of the study is to explore whether the experience of attending a Personal Development group whilst on training aids reflective practice and whether it has an impact on clinical practice after qualifying. I also hope to find out what conditions within PD groups aid the development of reflective practice and whether PD groups achieve the aims set out for them by the course.

What will I have to do and how long will it take?
1)   If you decide to take part the researcher will contact you by email or telephone to arrange a convenient time and place for an interview.
2)   The interview will last approximately an hour and be semi structured in content. It will be tape-recorded and some verbatim quotations may be used in the final report.
3)   The recording will be transcribed by an independent, professional transcriber. This is because the researcher is partially deaf and is not able to accurately transcribe from an audio-tape. The researcher will conduct the interview relying on residual hearing and lip-reading. The researcher is able to carry out normal conversation and there is no need for you to adapt your normal style of communication in anyway.

Once the interview is over, your participation in the study ends.

Do I have to take part?
No. Participation is completely voluntary and *the decision not to participate will not have an impact on your career or future in anyway.* If you decide not to participate, simply ignore this and the reminder e-mail, which will follow. Please accept my apology in advance for sending you the reminder e-mail should you choose not to participate. This is because there is no way of me knowing who does or does not want to participate.

What are the possible disadvantages of taking part?
The interview is related to your experiences of attending a PD group whilst training as a clinical psychologist which could bring up some uncomfortable issues for you. Although it is not anticipated that this will cause you any distress, should you feel the need to speak to someone about this, you

can contact me, Rowan Wigg, the researcher, and I will be more than happy to talk with you and if necessary advise you on appropriate places to get further support. Alternatively, Therapy Network provides a confidential service for Psychologists and Trainees who require support across the West Midlands.

The interview may take approximately an hour of your time to complete. Another 15 minutes or so should be allowed for arranging time and venue to meet, etc. However, the researcher aims to fit in with your schedule as much as possible in order to reduce inconvenience to you should you chose to participate.

As the world of psychology is a small one, it is possible that readers of the final report may be able to identify the course involved in the study. However, in order to reduce the possibility of identification of participants all data will be anonymised and a numerical code will be allocated to each participant. Only the researcher will have access to the participants' contact details and these will be kept locked in a filing cabinet in the researcher's home. The codes will be kept separately. The Academic Supervisor of the study is Prof. Delia Cushway, Course Director and the Clinical Supervisor is Dr Adrian Neal, Clinical Tutor. It is likely that they will be known to the participants. However, in order to protect the participants' anonymity, the supervisors will not be made aware of the identities of participants, although they may have access to the transcripts for purposes of checking the analysis.

What are the possible benefits of taking part?
There is no direct benefit of taking part in this study, however it provides you with the opportunity to feedback about your experience of PD groups and it is hoped that Clinical Psychology courses will take the results of the study on board in future.

You may also want to have a summary of final results of the study. If so, please indicate on the consent form if this is the case, so that I can send you the summary when it is completed. No individuals will be directly identifiable from the final summary.

Where will my information be kept and who will have access to it?
All data associated with the study, including name, contact details and transcripts will be kept in locked compartments at the researcher's home. The study does not require any personal contact details, only work ones. The only people who will have access to this information will be myself, Rowan Wigg, and the administration staff at the Coventry and Warwick Clinical Psychology Doctorate course. Following the completion of the study, all information associated with the project will be safely archived at Coventry University for 5 years in accordance with University Guidelines.

Who is organising and funding the research, and who has reviewed the study?
Funding for the research has been provided by the Clinical Psychology course at the Universities of Coventry and Warwick. The study has been approved by the Research Ethics Committee of Coventry University and National Research Ethics Service (NRES).

What should I do if I want to take part?
If you would like to take part, please complete the consent form accompanying this information sheet and return it to the address below. **This will be taken as your consent to participate in the study**. After completing the forms you will be contacted by the researcher in the next 3 weeks in order to arrange a time and venue for an interview. Please indicate on the consent form whether you prefer to be contacted by telephone or email.

You are entirely free to withdraw from the study at any time by simply contacting Coventry University Administration staff (contact details below) to inform them. The researcher will destroy any data already given by you should you change your mind about participating. The final report may be published.

What will happen if I loose the capacity to consent once I have already participated in the study?

It is not anticipated that this situation will arise, however if you loose capacity to consent once you have been interviewed your data will continue to be used in the study. This is because the data is not deemed to be of a highly sensitive nature or that it will have a negative impact on the participant in anyway. However, please consider this carefully before consenting to participate.

If you would like more information, or have any concerns about taking part in the study, please contact me: **Miss Rowan Wigg (Clinical Psychologist in training) wiggr@coventry.ac.uk Tel: 02476 887806**. **Clinical Psychology, RM JSG24, James Starley Building, Coventry University, Priory Street, Coventry, CV1 5FB.**
Thank you for reading this information sheet. Please print this information sheet to keep for your own records.

Appendix 6

CONSENT FORM

Title of Project:

The Use of Personal Development (PD) groups in Training Clinical Psychologists to Promote Reflective Practice and Impact upon Clinical Practice

Name of Researcher: **Rowan Wigg**

Please initial box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I consent to the use of audio-taping, and understand that this will be transcribed for the purposes of analysis by an independent professional transcribing service.

4. I consent to the use of verbatim quotations from the transcriptions being used in the final report.

5. I would like to receive a summary of the results of the study from the researcher.

6. I agree to take part in the above study

7. I prefer to be contacted by telephone / email (delete as appropriate).

Name of Participant   Signature   Date

--------------------------------   --------------------------   --------

Name of person   Signature   Date
taking consent

--------------------------------   --------------------------   --------

When completed, 1 for participant, 1 (original) for researcher site
file.

Appendix 7

Coventry University Clinical Psychology Doctorate Programme
James Starley Building
Rm JSG24
Priory St
Coventry University
CV1 5FB
02476 887806

wiggr@coventry.ac.uk

Date:

Dear Clinical Psychologist,

I am writing to introduce my research project to you and to ask if you would consider being involved as a participant.

I am a second year Clinical Psychologist in Training on the Coventry and Warwick Universities course. For my research project I am hoping to interview Clinical Psychologists across the West Midlands in order to find out their views on the use of Personal Development groups in training and whether they promote reflection in clinical practice. As PD groups are currently not assessed on the course, I feel it would be useful to find out whether the experience is a valuable component of training.

The data will be collected through semi structured interviews lasting approximately one hour carried out by myself. I cannot offer any incentive to be involved, however, I will provide a summary of the finished paper if requested. This is an opportunity for you to express your views on an aspect of the way Clinical Psychologists are trained which will hopefully provide useful information for course providers in the future. The research is supervised by Prof. Delia Cushway and Dr. Adrian Neal.

If you are interested please contact me via email at the above address or phone Catherine Ashton, Course Administrator and I will send you copies of the information and consent forms along with a copy of the semi-structured interview schedule.

I will send out a reminder email 3 weeks after this one, but if I do not hear from you after this time, I will not contact you again.

Please do not hesitate to contact me if you have any questions relating to this research, without obligation to take part.

Yours sincerely,

Rowan Wigg
Trainee Clinical Psychologist

Appendix 8

<u>Interview Schedule</u>

Participant number: _____

1. Please describe your PD group: _____
a) How many members?   _____
b) What was the gender mix?   _____
c) And the facilitators name, gender, age, ethnicity and orientation (if known)? _____

2. Did you find the PD group helpful in anyway? If so, how?

3. Did you find the PD group unhelpful in anyway? If so, how?

4. What was your experience of being in the group initially?

5. Did your view of the group change over time? How?

6. What were the aims of the PD group for you? For example, to:

   - Facilitate reflection
   - Help with clarifying ideas for personal development
   - Support individual and group change
   - Provide support through academic, professional and personal crises
   - Provide insight into the workings of groups and experience the strengths and limitations of group membership

7. To what extent do you think it met these aims?

8. How do you feel about the mandatory nature of the PD groups?

9. Has the group had impacted on your clinical practice? If so, please give examples.

10. In what ways do you believe that the group has enabled you to develop in other areas, e.g.: professionally and personally?

11. The PD group has been described as a means of increasing reflective practice among trainees. What are your thoughts on this?

12. Would you change anything about the groups? If so, how?

Appendix 9

Rowan: Um.

S2: Because the experience of being an individual client is very different from being, um, in a PD group or you, know, in a therapeutic group.

Rowan: Um.

S2: I'm sure that there have been lots of other things that probably changed as well, and it's kind of hard to think of things off the top of my head. But, I suppose I just know that it's changed my practice a lot.

[margin: many changes hard to specify]

[margin: non-specific learning/ change.]

Rowan: Um.

S2: And even just kind of hearing about other people's experiences of their clinical work, and odd things people say, odd as in random, not as in strange. [Laughs] But um, you know, if somebody just says: "Oh yeah, I had this person and this happened" and we might have talked about it in the group, and what that meant. And I don't know, somebody always came late, we'd kind of think about the more process issues of client work in the group. And just that kind of incidental learning, I think, was really valuable, just you know, hearing other people's take on what certain things mean, and I suppose we did do quite a lot of that really, well it sounds like, thinking about what I just said, it sounds more like it was personal therapy. It was that, but it was such a mix of other things as well. And we did bring clients there, and you know, and think about particular cases that we were finding difficult, so there was a whole mix of kind of, you know, reflective practice, and kind of group dynamics, and all sorts of things going on in the group. But those kind of things that you wouldn't necessarily be exposed to, either in teaching, or in your one-to-one supervision. I suppose it's more like group supervision, really. That you can learn about many more things than you can learn about then in just in individual supervision, so that was a really useful part. And I'm sure, you know, that there're countless ways that I've changed my practice, or thought about things differently as a result

[margin: meaning-making process incidental learning.]

[margin: meeting needs not covered elsewhere too many to hunt]

[margin: deconstructing. learning from exp. Reflecting with others.]

[margin: covering the gaps in training]

Rowan: Um.

S2: of what was discussed in the group. And I think, as well, um, because I'm quite interested in sort of more dynamic ways of working, I don't purely work in any particularly modality, but that is something I kind of like to think about at least.

[margin: learning about models.]

[margin: learning about other models – facilitator as model.]

Rowan: Um.

S2: And having a facilitator who was very, um, very experienced in like, psychodynamics, and Kleinian ways of working, was, you know, a fantastic opportunity for learning. Because you know, again, sort of just random comments that she would drop in about things, or the questions that she would pose, you know, more often than not, she would raise a bit of, you know, discussion in the group. Was really the way to kind of think about that way of working.

[margin: learn from facilitator's model – encourage discussion interpretations.]

Rowan: Um.

[margin: opening up new thoughts/ paths – through discussion. – unfolding.]

10

138

importance of
being (the)
witnessing
benefit of
experience
thought mark

learning
from peers

Everyone is
accepted —
can bring
self
sitting tog
Respect
nurturing.
growing

experiment
test — not be
perfect
not judged
holding
back
being
human.
sharing
gp consensus
help each
other. — in the gp
gp identity.

S2: So I think it's one of those things that you can't really learn from a book. It's more about the experience of doing it, and, you know, having someone in the group, who has obviously used that, um, that mode for a long time, and thinks in that. You know, it was a really good way of picking up some of the ways of thinking about things that she would use. So that again, was a bit of a cracking way to getting some knowledge and ways of working, really.

Rowan: Um.

S2: And I suppose, I mean, even thinking about the other people in the group, because the group was made up of people who, I suppose, who all had a bit of a leaning in different directions. And there were some people there who were very solution focused. Some people who had a lot of experience working with children and families. Um, other people who come from backgrounds where they were working in— kind of more, neuro settings. So there was, you know, a lot of sort of knowledge in the group anyway. And different perspectives, so it, it's really hard to explain. But I think just having that kind of, um, that range, that difference, and it kind of being alright to kind of use all those different ways. So it wasn't like, even though the facilitator was psycho-dynamic, you know, and somebody came up with something that was quite solution focused, she wouldn't go: "Oh, that's terrible." You know, it was all very acceptable. And it was all kind of, um, it was, ah, I don't know what the word I'm looking for is now. It was all respected, I think. I think that's what it is I'm trying to say. Is that it, you know, even if somebody came up, out with something that might have been quite bizarre, it was all received quite respectfully. And people said, well you know, that might not be the best way to deal with it because, but it certainly wasn't just pooh-poohed out of hand. Or, um, dismissed you know, in a way that was, you know, disrespectful. It was, I think that generally, you know, people's ideas were kind of nurtured a bit. And, you know, and see where you could go with that, really.

Rowan: Um. You said something about the professional stuff coming out.

S2: Yeah.

Rowan: People putting confidence in professional abilities and all.

S2: I think so. Well, I think in, in a lot of ways, you didn't really need to have a lot of confidence in your professional self, because you could just kind of test things out really. And I think that's one of the things that made it so successful. Was that, you know, it didn't feel like a place where you were being judged on those things so much. Although having said that, I'm sure there were times I kind of thought about things and thought, "Oh, no I not going to say that just in case."
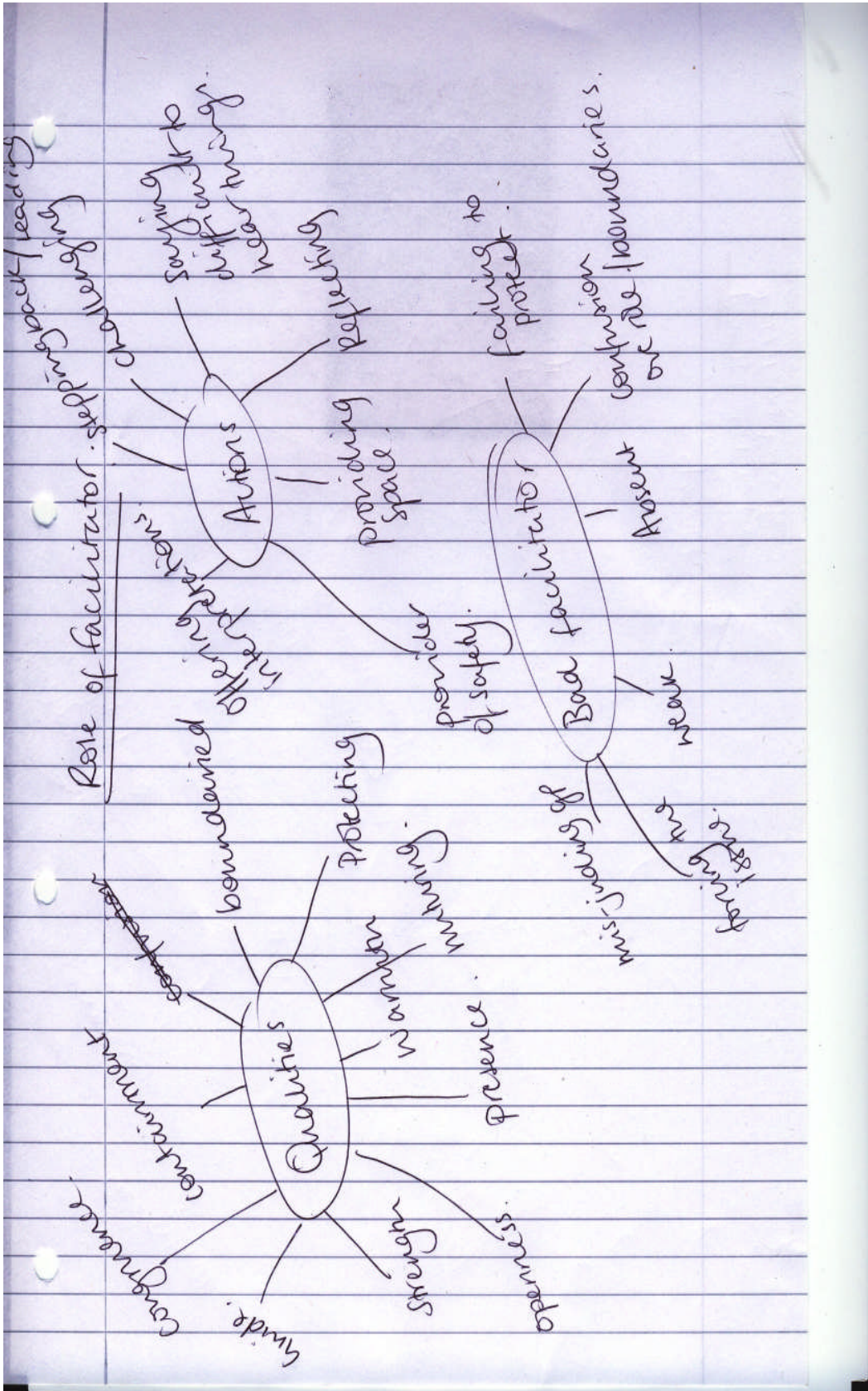
Rowan: Um.

S2: Although I think that is really just human nature as such, really. And certainly the atmosphere in the group was much more around, you know, kind of sharing ideas. Rather than, there was not a sense of, you know, I know better than you do, and this is how you do it, and that's rubbish. It was very much a kind of: We're all in this together; we might have some good ideas. We might have some ideas that don't go anywhere. But you know, we're all sort of willing to pitch in, and try and, you know,

learning
by doing-
techniques

learning
from differen
-ce.
-being
open to
other's
views.

tolerance,
non-judge
atmosph.
being
permitted
-allowed to
be different
-valuing differ.

allowing
-mistakes
testing the
water
experimenting
still holding
back — learn-
ing confidence.
stages.
-what it is
to be
human.
-shared
knowled
ge.

gp identity.

it's ok
to just try —

-protection of gp.

Appendix 10

Role of facilitator

Actions
- saying/doing/feeling/thinking
- Challenging
- stepping back/leading
- Reflecting
- providing space
- alternative perspectives
- provider of safety
- Protecting

Bad facilitator?
- failing to protect
- Absent
- confusion of role/boundaries
- misjudging of
- weak
- colluding

Qualities
- boundaried
- containment
- warmth/warming
- Presence
- strength
- guide
- openness
- Encouragement

Appendix 11

<u>Initial list of codes:</u>

p.2.

Deconstructing the experience
Learning about the self in groups
Deconstructing much later
Missed opportunities
Desire to test self
Frustration at self
Needing a guide
Reflecting with others

p.3.

Learning from the difficulties
Different expectations of others
Unresolved issues
Difficult to tolerate differences of opinion/ conflict
Role of facilitator as guide
Desire for structure
Acknowledging difficulties
Time offers perspective
Process vs. content

p.4.

Desire to explore
Readiness
Learning to swim
Stages, a journey
Awakening curiosity
Knowing something beforehand /Preparedness
Power of group experience
Recognising own impact on group

p.5.

Seeking support
Desire to test self
Feeling unsafe
Unclear boundaries
Them/ us

1. Them / I : The group vs. the individual	p.7 p.8 p.8 p.8 p.8 p.8 p.11 p.11 p.11 p.12 p.13 p.13 p.13	Group dynamics: helpful/ unhelpful Not moving forward together Individual vs. group identity Struggle to reach a consensus Deconstructing group Distancing self Having confidence in others Sharing experience with others Fear of comparison with others Watching group develop Feeling part of it Group as collective Moving from individual to group member
2. Feeling unsafe (p.5)	p.10 p.10,11	Boundaries = safety Avoidances of feedback
3. Holding the mirror up (p.11)	p.11 p.11 p.12 p.12	Avoidance of reflections Looking in the mirror How others see me
4. Power of group experience (p.4)	p.5 p.8 p.8 p.9 p.10 p.11 p.13 p.13	Feeling unsafe Energy invested Frustration and anxiety Pain/ discomfort leading to understanding Having self reflected back Being left with difficult emotions Watching group develop Desire to be closer to facilitator
5. Sense-making process / Emerging from the darkness	p.2 p.2,9 p.3 p.3,7 p.5 p.5 p.7 p.8 p.8 p.9 p.9 p.10 p.10 p.11 p.11	Deconstructing the experience Reflecting with others Acknowledging difficulties Process vs. content /getting the balance Seeking support Luxury of reflection Sharing with others Deconstructing the group Distance needed to gain perspective Meaning-making opportunities outside the group Unclear links to practice Non-explicit learning Unexpected gains Needing different perspectives Deconstructing and sorting emotions ("filing")

Appendix 13

Master theme	Interview	Super-ordinate Theme The Groups vs. the Individual	page	Master theme	Interview
Being together				**Being an Individual**	
closeness	**12**		**4**		
Commitment to the group	3,12		6,20	Accept me as I am	3
				Anger / frustration towards group /facilitator	2,8,9,11
Deconstructing the group	1,3		8,1	Different expectations	3,8,11
Evolution of group	1,2,12		1+3+4,14,8	Distancing	1,7,11
Feeling protected / supported by the group	2,3,8		11,8,9		
Feeling part of it	1,2,12		13,11,20	Fear of comparison with others	1,8
Group as a collective	1,8,12		13,2,20	Feeling need to modify self	3,11
Group stifling	8		13	Feeling trivialised	10
Group dynamics	1,2,6,8,11		7,2+7,4,6+25,13	Gender mix	3
Group roles	2,3		1,10	Imbalance in contributions	11
Having confidence in others	1		11	No space for me /not feeling valued	4,5,7,8,10
Individual vs. Group Identity	1,6,8,12		8,2,10,4,4	Individual vs. Group Identity	1,6,8
Moving from individual to Group Member	1		13	Not moving forward together	1,3,6,8
Reducing isolation / normalising	2,3,6,11		1,4,6,3	Reflecting privately	10,11
Respecting difference	3,7,11		5,3,8+15	splitting off / divisions	9,10
Sharing experiences with others	1,2,6,7,8,10,11,12		11,3,6,17,2,5,8,4	Understanding the self in groups	6,10
Reaching a consensus	1,6,7,10,12		8,6,34,2	Avoidance of conflict	1,3,7,8
Safety				Unsafety	
Group intensifies behavioural patterns	3		11		
unique experience/ space	12		1		
Group as a reflection of life	1,3,8		5,5,8		
Feeling Safe / Unsafe					
Being silenced	2,9		8,3		

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Appendix 14

Dear …,

I hope you're well.

I have arrived at a number of themes from the interviews which I conducted for my research, which you kindly participated in. For your interest I have attached a spreadsheet with a list of them. You are interview number 11.

I asked at the time whether you would be able to have a look over the themes and make any comments you feel appropriate regarding their presence in your interview. This will aid the process of verification of the results.

If you do not have time to do this, do not worry. It is an additional measure; however any comments you make will be gratefully received.

Best wishes,

Rowan Wigg
Trainee Clinical Psychologist

Appendix 15

Clinical Psychology Review

Guide for Authors

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For Books: Hersen, M. (Ed.). (2005). Comprehensive handbook of behavioral assessment (2 Volumes). New York: Academic Press (Elsevier Scientific).

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Appendix 16
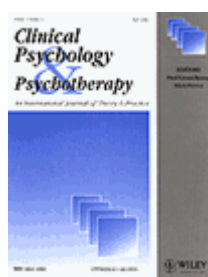
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