Finding a Comfortable Fit: Practitioners’ Understanding of the Sociopolitical Context and its Role in Psychotherapy.

Lynn Allen, PGC Soc Sci RM, BSc (Hons) Psyc

A thesis submitted in partial fulfilment of the requirements of the University of Wolverhampton for the degree of Doctor of Counselling Psychology.

March 2011

The right of Lynn Allen to be identified as the author of this work is asserted in accordance with ss.77 and 78 of the Copyright, Designs and Patents Act 1988. At this date copyright is owned by the author.
Declaration

This work or any part thereof has not previously been presented in any form to the University or to any other body whether for the purposes of assessment, publication or for any other purposes (unless otherwise indicated). Save for any express acknowledgements, references and/or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person.

Signature: __________________________________________

Date: __________________________________________
Acknowledgements

First of all I would like to thank my partner, Dave Airey, without whom I would not have begun this journey a decade ago. His unwavering support, practical and emotional, has enabled me to remember that “every goal that was ever reached began with just one step” (Blume), (plus numerous cups of coffee). My friends and father whose support has deepened our relationships and kept me going with reminders that real life continues in spite of academic study.

I would also like to thank my supervisors, Dr Yvette Primrose and Dr Nicola Hart, for their support, wisdom and honesty throughout the process.

Finally, I would like to thank Professor Ken Manktelow who, although he doesn’t know it, finally gave me the confidence to believe I just may be good enough to complete this task.

The structure of the thesis conforms to the format of Psychology and Psychotherapy: Theory, Research and Practice (Appendix 1).
## List of Contents

Declaration........................................................................................................... i
Acknowledgements.............................................................................................. ii
List of contents................................................................................................... iii
Summary................................................................................................................ vii

### Part I Literature Review

Chapter 1 Literature Review.............................................................................. 1

1.1 Defining the sociopolitical.......................................................................... 2
1.2 Complexities involved in incorporating the sociopolitical context.......... 5
  1.2.1 The situated practitioner................................................................. 6
  1.2.2 Internalizing messages ................................................................. 7
  1.2.3 Incorporating multiple identities................................................... 9
1.3 Conceptualizing complexity.................................................................... 11
1.4 Practitioner experiences of discomfort................................................ 13
1.5 Conclusion: The role of counselling psychology............................... 17

### Part II Research Report

Chapter 2 Introduction .................................................................................... 19
2.1 Rationale..................................................................................................... 19
2.2 Research questions .................................................................................. 20
2.3 Research aims ........................................................................................... 21

Chapter 3 Methodology and Procedure......................................................... 22
3.1 Factors influencing methodology.......................................................... 22
  3.1.1 Underlying assumptions and positioning of researcher............... 22
3.2 Choice of method ................................................................. 23
3.3 Participants and Recruitment ............................................. 26
   3.3.1 Inclusion criteria .......................................................... 26
   3.3.2 Theoretical sampling considerations .............................. 27
   3.3.3 Participant characteristics ........................................... 28
3.4 Data collection and handling ............................................. 29
3.5 Ethical considerations ....................................................... 32
   3.5.1 Gaining approval .......................................................... 32
   3.5.2 Provision of information and obtaining informed consent 32
3.6 Analytic Strategy ............................................................... 33
3.7 Quality/credibility considerations ...................................... 35

Chapter 4 Analysis ................................................................. 40
4.1 Overarching theory: Finding a comfortable fit ..................... 40
   4.1.1 Identifying discomfort .................................................. 44
   4.1.2 Evolving to a comfortable state ................................... 46
   4.1.3 Identifying mitigating features .................................... 47
4.2 Processing Domain ............................................................ 50
   4.2.1 Reflecting on the impact of experience ......................... 50
   4.2.2 Assessing and adopting a theoretical approach ............... 55
   4.2.3 Perception of professional context ............................... 59
4.3 Positioning Domain ............................................................. 64
   4.3.1 Sociopolitical positioning of the therapist ....................... 65
4.4 Practicing Domain .............................................................. 71
   4.4.1 Conceptualising the sociopolitical ............................... 72
   4.4.2 Including the sociopolitical within the therapeutic process 76
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>PAPTRAP Notes for contributors</td>
<td>118</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Research diary synopsis</td>
<td>121</td>
</tr>
<tr>
<td>Appendix 3.1</td>
<td>Participant information sheet</td>
<td>126</td>
</tr>
<tr>
<td>Appendix 3.2</td>
<td>Consent form</td>
<td>127</td>
</tr>
<tr>
<td>Appendix 3.3</td>
<td>Focus group vignettes</td>
<td>128</td>
</tr>
<tr>
<td>Appendix 3.4</td>
<td>Questions to facilitate focus groups</td>
<td>129</td>
</tr>
<tr>
<td>Appendix 3.5</td>
<td>Initial interview schedule</td>
<td>130</td>
</tr>
<tr>
<td>Appendix 3.6</td>
<td>Amended interview schedule</td>
<td>132</td>
</tr>
<tr>
<td>Appendix 3.7</td>
<td>Screen shot of MAXQDA coding weightings</td>
<td>134</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Ethical approval letter</td>
<td>135</td>
</tr>
</tbody>
</table>
Research Summary

Objectives: Inclusion of sociopolitical context in therapeutic interventions is under-researched, largely limited to practitioners’ addressing diversity issues in therapy. Relevant studies have shown both trainees and qualified practitioners experience anxiety and discomfort associated with uncertainties about effectively incorporating diversity and sociopolitical context. Although various models exist to aid systematic case conceptualisation incorporating sociopolitical factors, these are not widely used. The majority of relevant literature continues to concentrate on idiosyncratic conceptual models specific to theoretical approaches. This study aimed to discover how qualified practitioners currently conceptualise and incorporate diversity and sociopolitical factors into practice.

Design: A grounded theory study was conducted as an exploratory exercise. The qualitative approach was adopted to investigate practitioners’ subjective experiences of their current practice. Constructivist assumptions underpinned the approach to the data, leading to use of Charmaz’s (2006) version of the grounded theory approach.

Method: Theoretical sampling was used to recruit the 13 participants. Two focus groups and 8 individual interviews were conducted.

Analysis: Two models emerged, representing the processes practitioners engaged in to “find a comfortable fit”, and the range of contexts within which the processes took place. Personal and professional dissonance emerged as a central feature of practitioner development.

Discussion: The study highlighted the contribution of dissonance and the situated nature of the practitioner as major contributors affecting how sociopolitical issues are conceptualised and addressed in therapy. Further research is needed to clarify how these factors may most usefully contribute to best practice. However, multiple ecological contexts cited as levels of influence add a degree of complexity that will require operationalizing by those wishing to investigate this area in the future.
Part 1

Chapter 1: Literature Review

The sociopolitical context and its role in psychotherapy: Practitioners’ understanding and integration of theory and practice.

The search strategy used for this review was conducted using the search terms: conceptual*; disab*; diversity; intersectional*; internal*; individualism; multicultural*; politic*; socioeconomic; social justice; and sociopol*. These terms were used in the following databases: British Nursing Index; CINAHL plus; MEDLINE; PsycARTICLES; PsycINFO; Psychology and Behavioural Sciences Collection; and SocINDEX. Articles returned from the database searches were screened for relevance and date of publication.

The review aims to explore three areas. Its first function is to clarify what factors contribute to the term “sociopolitical context” as a basis for establishing the legitimacy of the concept itself. The second function is to examine some of the reasons commentators have suggested sociopolitical factors are of relevance to psychology in general and counselling psychology in particular. The third function is to explore a variety of issues counselling psychologists may encounter when attempting to incorporate sociopolitical considerations into practice. This last function forms the majority of the review and, in so doing, will address barriers that may be faced by therapists, together with models from a range of disciplines that have been suggested as useful frameworks to aid with broadening contextual and ecological considerations. In serving these functions, this review will illustrate a gap in the information available
about how practitioners actually include sociopolitical issues in practice. It is this omission that the subsequent study was intended to address.

1.1 Defining the sociopolitical

The concept of the sociopolitical context has been chosen as the focus of this review, in preference to issues such as power, culture or socioeconomic status as single entities, due to difficulties that can arise when single aspects of experience or identity are the focus of attention. This is a feature raised in the later discussion in relation to intersectionality and multiple identities. A broad definition of sociopolitical has the potential to successfully incorporate compound effects of diversity. In addition, during the last decade, the relevance of political context to the practice of psychology has promoted some emotive debates, one of which raises the question of the extent to which psychology, politics and the social context are or should be interconnected (e.g. Proctor, 2005; Davidson et al, 2006; Prilleltensky, 2008). Such debates have tended to polarise around the potential consequences of theoretical positioning (DiGilio & Ivey, 1997; Joseph, 2007) and implications for practice (Milton & Legg, 2000).

One of the challenges facing practitioners who wish to incorporate sociopolitical considerations into their work is the looseness of the commonly used definition. The tautological nature of those definitions found in psychology or general English language dictionaries is unhelpful, including such descriptions as “relating to or involving both political and social factors” (Collins English Dictionary, 2000, p. 1457). A lack of definition of such a widely used term has the potential to create problems for both practitioners and researchers in relation to operationalizing and incorporating relevant
considerations into studies and practice. Similar problems have previously been highlighted in relation to broad terms such as multiculturalism (Helms, 1994).

The social aspect is, in isolation, a relatively straightforward term to clarify. For these purposes, consistent with normative use, social has been taken to represent the sets of behaviours, characteristics and interactions of people within groups. However, defining political is altogether more problematic. In undertaking this exercise, I do so from the perspective adopted by Leftwich (1984), that definition of what constitutes political is also a political action. The rest of this section will detail some of the issues I have considered in arriving at the definition I utilise in the remainder of this review.

Dahlberg and Moss (2005) describe the tendency for older democracies to separate institutional politics from the personal experiences of those people living under the Government of the day. They suggest this has led to fewer people participating in political spheres and, consequently, fewer voices contributing to the debates shaping the policies that impact on our daily lives. However, several psychological disciplines have asserted that separation between political factors and the lived experiences of individuals is illusory. From a feminist perspective there is a longstanding assertion that "the personal is political" (Hanisch, 1969, p.1), while community psychology includes the perspective, "Power is never political or psychological, it is always both." (Prilleltensky, 2008, p. 116). These ideas are reflected in a definition of politics that includes, but is not limited to: "The complex or aggregate of relationships of people in society, especially those relationships involving authority or power." (Collins English Dictionary, 2000, p. 1198). It may be assumed from this definition that any exploration of the political involves consideration of the role of power. Consistent with this
approach, the political dimension of inequalities in power is of concern to counselling psychology. For example, Strawbridge (1994) suggests that ethical practice within counselling psychology necessarily addresses “…interconnections between issues of power within the therapeutic relationship and the cultural and sociopolitical contexts” (Strawbridge, 1994, p. 5). It is the inclusion of a consideration of context that is one of the central tenets of the previous quotation. Although the dynamics of power and relationships are important features to include in a definition of political, they are meaningless if taken out of the contexts within which they occur.

As a result of the considerations outlined in this section, the definition of sociopolitical used in this review and study is: pertaining to the behaviour, characteristics and interactions of people, especially as they relate to power dynamics arising from their position relative to historically and socially located groups and systems. This definition is intentionally rooted in the various historical debates that surround the impact of the sociopolitical context on the experiences of the individual, most notably the close connections between psychological and political contexts identified within the disciplines of critical community psychology (e.g. Christens & Perkins, 2008; Prilleltensky, 2008) and feminist psychology (e.g. Rodis & Strehorn, 1997). As the preceding discussion may have foreshadowed, it contains an assumption that experiences embedded in the sociopolitical context are subjective and socially constructed, consistent with the ideas conveyed by Gergen (1985) and Watts (1992). A social constructionist approach is also consistent with critical theory assumptions (Ponterrotto, 2005). Watts, Williams and Jagers (2003) caution that in reviewing sociopolitical factors, relevant constructions should be examined with a critical stance. In so doing, the knowledge that is gained may be perceived as a form of what Friere
(1990) described as critical consciousness, or a form of sociopolitical awareness expanded on by Hopper (1999):

...learning to think critically about accepted ways of thinking and feeling, discerning the hidden interests in underlying assumptions and framing notions (whether these be class-, gender-, race/ethnicity- or sect-based). It means learning to see, in the mundane particulars of ordinary lives, how history works, how received ways of thinking and feeling serve to perpetuate existing structures of inequality. (Hopper, 1999, p. 210)

It is the “mundane particulars of ordinary lives” (Hopper, 1999, p. 210) that may be viewed as the central focus of individual talking therapy interventions. Thus, while a “macro” (MacKuen, 2002, p. 309) political psychology approach to political factors risks placing their consideration outside the remit of counselling psychology, the broader definition used for these purposes brings the relevance of the sociopolitical into focus as a practice consideration. In this respect I differ from MacKuen’s assertion that “… what is political about people lies rooted in their shared collective life rather than in their personal life.” (MacKuen, 2002, p. 306). For these purposes I approach the subject from the position that the two are indivisible, and that to attempt separation encourages pathologising (Ridley & Kelly, 2006) and potentially disempowers clients (Spong & Hollanders, 2003).

1.2 Complexities involved in incorporating the sociopolitical context

Debates about the importance of the sociopolitical context, power and inequality have also included discussions about the role of psychotherapeutic interventions (Falicov, 2003; Smith, Chambers & Bratani, 2009). Historical critiques of the profession of
psychology have contained references to power hierarchies with vested interests in preserving the status quo (e.g. Adlam & Rose, 1981; Albee, 2000; Joseph, 2007; Proctor, 2005). This is one reason why Chantler (2005) explains attempts to effectively incorporate sociopolitical issues into therapy have remained “extraordinarily static” (Chantler, 2005, p. 239). However, recent research is emerging that suggests a number of more complex issues may underpin a lack of change in this area.

The sociopolitical milieu may most easily be exposed when the negative impacts of minoritized group membership are studied. Moodley (2007) contends that the effects of sociopolitical context in relation to minoritized status apply to disability, class, age, religion and sexual orientation. The role of associated power dynamics has also been addressed in relation to race and culture (Chantler, 2005), gender (Worell & Remer, 2003), sexuality (Szymanski & Kashubeck-West, 2008; Perlman, 2003) and disability issues (Humphrey, 2000). However, relevant exploration of the impact of sociopolitical factors on the experiences and identities of clients is not a simple matter. Several issues need to borne in mind when deciding on appropriate interventions as outlined in the remainder of this section.

1.2.1 The situated practitioner

As beings that exist in society, it follows that the nature and complexities of sociopolitical factors, such as power differentials, apply to ourselves as practitioners and citizens as much as to our clients. Our underlying assumptions are influenced by social and cultural norms. Where a therapist has had little contact with people who identify with a specific group, there may simply be a lack of awareness of the issues those group
members face (Israel & Selvidge, 2003). However well intentioned an intervention may be, oppression arising as a result of a lack of consideration of the influence of assumptions is no less invalidating (Sue, Nadal, Capodilupo, Lin, Turino & Rivers, 2008; McDonald, Keys & Balcazar, 2007). Lack of knowledge also risks the introduction of stereotyped approaches being adopted. Adequate knowledge of context and power differentials, coupled with awareness of personal assumptions (Day-Vines et al et al., 2007; Israel & Selvidge, 2003; Locke, 1991; Pedersen, 1997), is therefore central to positive interventions with any minoritized group or individual. Given the centrality of reflexive practice for the counselling psychology profession, this is an area that could be readily addressed. As Pedersen (1997) points out, reflecting on personal assumptions and awareness is one of the keys to becoming comfortable with addressing the implications of diversity.

1.2.2 Internalizing messages

One relevant area for reflection involves considering the role of possible internalized messages. This is not just relevant to ascertain our own positioning as therapist. In relation to considering client positioning, the process of internalization (Goffman, 1963) gains importance when one considers the mechanisms through which power and oppression are perpetuated. The framework that Prilleltensky and Gonick (1996) propose describes how the dynamics of oppression work on both interpersonal and intrapersonal levels, both upon and within the individual. Although described in less detail, this is an approach echoed by Swan (1999) from a feminist perspective. Prilleltensky and Gonick state that oppressive experiences do not necessarily need to be extreme or traumatic to become internalized, "Small daily doses of personal devaluation usually suffice." (Prilleltensky & Gonick, 1996, p.132). They go on to describe the
mechanisms through which internalization can induce conforming behaviour and low self-esteem. Research from a counselling psychology perspective into the impact of internalized values on lesbian, gay, bisexual and questioning (LGBQ) African American participants tends to support this notion, namely that “multiple internalized oppressions can have a profoundly negative impact on one’s sense of self” (Szymanski & Gupta, 2009, p. 114). This type of damage and the potential for internalized oppression does not only apply where membership of a minoritized group is evident as a visible characteristic, such as gender. Quinn and Chaudoir (2009) illustrated that the anticipation of experiencing stigma had an adverse effect on psychological wellbeing, even where the characteristic that was expected to be stigmatized was concealable. Arguably, this in itself is an example of a form of internalized oppression.

Prilleltensky and Gonick (1996) also assert that people tend to internalize beliefs that social norms, however prejudiced, are justified. This is supported by the research of Kay et al. (2009) who found a tendency for individuals to justify the status quo by conceptualizing it as the way society should be, even in the face of clear inequalities. Given the potential negative content of this form of internalized construct, it is possible that efforts by a practitioner to introduce an affirming, empowering dialogue into therapy could be in direct contrast to clients’ unspoken assumptions about themselves. In the context of multicultural counselling, Pedersen (1997) advises that therapists should bear in mind the resulting dual dialogues that potentially take place on both intra- and interpersonal levels within the therapy room, in order to work effectively to challenge those that are unhelpful.
Depending upon the theoretical orientation of the therapist, challenging internalized values or schema (Young, 1994; Young, Klosko & Weishar, 2003) may not immediately appear to be relevant to the sociopolitical context. However, Stephenson (2006) suggests that psychological interventions take on a political stance when they challenge norms and disrupt internalized values. Indeed, some commentators have suggested that counselling interventions may benefit from recognising the potential to address sociopolitical factors (e.g. Day, 1992; Day-Vines et al., 2007; Watson & Fouche, 2007). Krawitz and Watson (1997) explored the benefits of incorporating sociopolitical issues into a psychotherapy service for minoritized people, including Maori, economically disadvantaged clients and women. They found use of social analysis to contextualise client experience was both possible and advantageous. According to Kagan and Tindall (2003), the process of explicit consideration of sociopolitical factors “…involves assisting clients to discriminate between external and internal contributions to their distress” (Kagan & Tindall, 2003, p. 205). They suggest that, through consequent new insights, clients can achieve alternative ways of understanding and interacting with their environment. This type of approach has several discernable benefits. It has the potential to avoid pathologising presenting difficulties and resists adapting a client to a maladaptive environment (Roysircar, 2009; Smail, 2001). In addition, changes in interpersonal interactions with the client ideally cascade to produce consequent changes in relevant social setting (Yakusho, Davidson & Nutt Williams, 2009).

1.2.3 Incorporating multiple identities

Although training and reflective practice can raise awareness of sociopolitical dynamics in relation to minoritized groups, the tendency to explore group identities can mean the
focus relies largely on inter-group differences. Lack of focus on intra-group differences and inter-group similarities can mean that understanding of communities and cultures tends to be based on group majorities, with overly defined boundaries representing between group difference. An emphasis on specific group membership can lead to a stereotyped or prototypical (Warner, 2008) approach to identities. In addition, a generic group approach can tend to support the interests of the most powerful members within each group, at the expense of revealing the experiences of people with multiple minoritized identities (Chantler, 2005).

However, the inclusion of possible influences of multiple identities adds another layer of complexity to any relevant conceptualisation in a practice context. As Moodley (2003) suggests, it is not enough to approach membership of multiple minority groups as "cumulative" (Moodley, 2003, p. 122) or hierarchical. Moodley (2007) also suggests that, although current research supports the need to combine an understanding of multiple identities, many studies continue to focus on single factors. There is an expectation expressed by some researchers in the area of diversity that future investigations will focus on "the intersection of multiple identity categories" (Day-Vineset et al., 2007, p. 403). In focusing on “the group processes that define systems of social inequality” (Weber and Parra-Medina, 2003, p. 190) in preference to investigating causes of individual behaviours, intersectional approaches may be considered to effectively incorporate sociopolitical issues. In addition, the approach could easily be integrated with ecological models such as those described in the following section. However, the concept of intersectionality has been criticized for being overly complex, leading to difficulties operationalizing research design (Warner,
As a result, little related research has been conducted (Cole, 2009), and the discipline of psychology has been little influenced by its ideas (Warner, 2008).

1.3 Conceptualizing complexity

As a result of the potential complexity inherent in conceptualising the issues clients from diverse contexts may present with, various models have been proposed. Examples include the biopsychosocial model (e.g. Gilbert, 1995), the Multicultural Assessment Procedure (MAP) (Ridely & Kelly, 2006) and the Identity Salience Model (ISM) (Yakushko, Davidson & Nutt Williams, 2009). The ISM is based on an integration of identity salience theory and Bronfenbrenner’s (1979) ecological model, a concept including concentric levels of systems that radiate out from the individual. Within community psychology, an ecological approach has been cited as a useful conceptual model to incorporate sociopolitical considerations (e.g. Prilleltensky, 2008) and is the basis of further development within this field (e.g. Christens & Perkins, 2008).

As can be seen from the examples cited above, relevant models exist. However, lack of exploration of alternative formulation tools outside of specific therapeutic modalities may be one reason for practitioners experiencing problems systematically incorporating sociopolitical considerations into conceptualisation and therapy. Indeed, several commentators have encouraged those practicing psychotherapeutic interventions to look outside their profession to find models that could help to incorporate the levels of complexity inherent in conceptualising sociopolitical contexts (Goodley & Lawthom, 2005, 2008; Prilleltensky, 2008). The introduction of this concept may be perceived to be most effective during training. In relation to multicultural counselling competence,
Pope-Davis et al. (2002) suggest “training may be enhanced by a greater emphasis on accurate assessment of clients’ needs and cultural experiences” (Pope-Davis et al., 2002, p. 387). They go on to state that relevant training should also aim to improve trainees’ knowledge of cultural factors. However, Ridley, Kelly, Mollen and Kleiner (2005, cited in Ridley & Kelly, 2006) suggest that counselling psychology training courses themselves experience difficulties integrating cultural considerations across the curriculum, with separate classes on diversity continuing to be the norm. There is no evidence to suggest that inclusion of sociopolitical factors is any different. Indeed, the separation of inclusion of the sociopolitical context from conceptualisation models related to specific therapeutic approaches is frequently mirrored in the inclusion of separate chapters within formulation text books (Eells, 2007), with little focus on integration.

A lack of guidance to inform comprehensive conceptualisation is evident in research exploring clinical psychology postgraduate trainees’ perceptions of inclusion of the sociopolitical context within practice. Thompson (2007) studied clinical psychology trainee attitudes towards the importance of adopting a sociopolitical stance within their professional roles. The study employed a mixed methodology, with qualitative data being analysed using a single cycle grounded theory technique to reveal themes. Although there was an acceptance by participants that sociopolitical factors were relevant, several problems were identified in relation to the practicalities of implementing this awareness within clinical practice. These included two "yes, but how?" (Thompson, 2007, p. 76) themes. One problem raised was the identification of "uncertainty over the means of practical application" (Thompson, 2007, p. 79).
Thompson (2007) suggests that trainees may most practically look to qualified practitioners to provide guidance, through supervision and training. However, research into current practice in this regard is limited (Milton & Legg, 2000; Spong & Hollanders, 2003). It has been suggested that sociopolitically sensitive practice requires consideration of multiple ecological levels and that this may be most effectively explored through comprehensive formulation models (Goodley and Lawthom, 2005; 2008; Spong & Hollanders, 2003; Prilleltensky, 2008). However, Eells (2007) notes that idiopathic formulation tied to therapeutic modalities continues to dominate. Eells (2007) states that those who support idiosyncratic approaches do so in the belief that individualised case conceptualisations encompass all the factors that are salient to the client and avoid assumptions based on group membership. Such an assumption potentially leaves practitioners in a position where dealing with the sociopolitical context and the impact of diversity may be influenced by a number of unacknowledged variables, including those arising from the characteristics and responses of practitioners themselves. While the role of personal experience and situatedness of the practitioner has been briefly addressed in section 1.3.1, there are a number of other factors that potentially also contribute to how sociopolitical context is addressed in the therapeutic milieu, outlined in the next section.

1.4 Practitioner experiences of discomfort

Addressing sociopolitical factors and diversity issues has the potential to create discomfort and anxiety within both trainees (Eagle, Haynes & Long, 2007) and practitioners. In relation to addressing racial and ethnic differences between qualified therapists and clients, Maxie, Arnold and Stephenson (2006) identified that therapists related discomfort to “…lacking “skill” and having concerns about making an
inappropriate statement or being misunderstood” (Maxie et al., 2006, p. 93). Familiarity with relevant issues through a range of experience was cited by participants as a factor that contributed to comfort with raising ethnic differences within sessions. However, the researchers also noted they “…were somewhat surprised that more therapists did not report discomfort” (Maxie et al., 2006, p. 94). One reason suggested for this finding was that experienced practitioners may fear being perceived as lacking competence if they are open about uncomfortable feelings. Linking back to Thompson’s (2007) study, this aspect of avoidance may have implications for the content of supervision of trainees and provide a partial explanation for the uncertainty outlined.

One source of discomfort not addressed by Maxie et al (2006) is the presence of emotions arising from practitioners’ ideas about their own identity. In investigating the impact of introducing the social construction of white privilege as a component of a psychology diversity course, Case (2007) reported that a possible consequence of the course may have been “increased White guilt” (Case, 2007, p. 234). In addition to feelings of guilt, Sue, Rivera, Capodilupo, Lin, and Torino (2010) identified that white counselling psychology postgraduate students experienced anxiety, feelings of helplessness and fear of being misunderstood when it came to discussing issues of race. Although these studies explored race and ethnicity alone, feelings of discomfort may arise for practitioners in relation to any form of diversity with which they are unfamiliar. As a result, although the need to explore sociopolitical issues may be accepted, anxiety surrounding saying something wrong unintentionally may discourage thorough investigation of relevant subjects with the client. Chantler and Smailes (2004) suggest that anxiety coupled with "...political correctness can silence and disable the debates and discussions that are so necessary to engage with issues of culture, race and
gender” (Chantler & Smailes, 2004, p.36). As a consequence, exploration of associated diversity, social exclusion and power implications is also silenced.

Experiences of discomfort may lead to practitioners choosing to sidestep sociopolitical issues by avoiding broaching relevant subjects. The issue of broaching avoidance has been discussed by Day-Vines et al. (2007), who describe it as a tendency to “…minimize racial differences, contending instead that people are united by their humanity and that racial oppression should not exist” (Day-Vines et al., 2007, p. 85). Within the context of multicultural counselling, avoidance of broaching cultural diversity issues has been labelled "color blindness" (Gushue, 2004, p. 404). Gushue’s (2004) quantitative study found lack of awareness of racism issues correlated with a tendency for postgraduate psychology trainees to ascribe more of the client's issues to mental health problems. Israel and Selvidge (2003) suggest that similar problems associated with multicultural counselling competencies in relation to race and ethnicity may be broadened out to apply to lesbian, gay and bisexual clients. It may be reasonable to assume that this may be equally true for all other aspects of diversity.

Gushue’s (2004) study suffered from the fact that it did not include qualified practitioners. However, it did include participants from both clinical and counselling psychology graduate courses. Although the methodology distanced it considerably from the realities of a normal therapeutic encounter, its relevance to counselling practice is that it highlights difficulties that can be encountered by many minoritized groups accessing therapy. If sociopolitical factors are not an inherent part of the therapist's understanding of client problems, interventions may tend to focus on the individual and ignore the context within which they live. Avoidance may, therefore, be seen as an
example of “psychological reductionism” (Milton & Legg, 2000, p. 284), leading to therapists locating problems within the individual, a form of pathologising alluded to in section 1.3.2.

The experience of discomfort has also been explored in relation to systemic therapists’ experiences and attitudes towards confidentiality. Hildebrand and Markovic (2007), describe a number of examples where both trainees and experienced systemic therapists experienced feeling powerless. The situations included perceptions of an inability to offer effective therapy (including powerlessness to alter the sociopolitical constraints on clients), feeling the major theoretical approach did not offer the best intervention, and therapists feeling powerless as a result of experiencing social exclusion due to their own minoritized status, both within teams and with clients. Exploring ethical decisions about confidentiality, Brown (2006) found counsellors described tensions arose when they identified differences between their own approaches to confidentiality and those of the organisations within which they worked. Discomfort, therefore, may be perceived as arising from therapists’ experiences relating to personal values and characteristics, theoretical and organisational constraints.

The types of anxiety and discomfort described in the preceding paragraph may be conceptualised as forms of professional dissonance (Taylor & Bentley, 2005; Taylor, 2007). This concept originally arose as a result of investigating mismatches between social workers’ values and the need to implement practice decisions such as placing a client on a section. Taylor (2007) defines functions within systems where values and professional roles interact to provoke conscious and unconscious dissonance within the practitioner, resulting in feelings of anxiety. Professional dissonance is based on an
integration of existential theory and Festinger’s (1957) cognitive dissonance theory. Scott-Kakures (2009) describes cognitive dissonance as “…an account of behaviour that results from psychic discomfort…from inconsistency or incoherence in one’s picture of the world and one’s self.” (Scott-Kakures, 2009, p. 78). As such, cognitive dissonance may occur in a range of situations, both professional and personal. A number of actions are consequently taken in an attempt to return to a state of comfort. Actions noted by those researching the subject have included altering relevant behaviours, repositioning the self in relation to the situation and making efforts to alter the environmental context, including withdrawing from the original stressor situation (Andersen et al., 2010; Festinger, 1957; Mahaffy, 1996).

However, awareness of the presence of cognitive dissonance can also be harnessed to enhance reflexive practice. Gorski (2009) describes the use of cognitive dissonance exercises within High School settings as a means to expose socially constructed assumptions and encourage ownership of personal responses. In this way, Gorski (2009) proposes that use of cognitive dissonance can help to foster social justice through its tendency to reduce the resistance to alternative ways of understanding social structures and experiences. In relation to counselling psychology practice, this may provide a useful framework within which to address some of the experiences of anxiety, and prevent behaviours such as avoidance within the therapeutic encounter.

1.5 Conclusion: The role of counselling psychology

A central focus of counselling psychology is how to improve the lived experience of the individuals that make up our social context (Strawbridge & Woolfe, 2003). One way
this is achieved is through active interventions that include developing relationships and challenging internalized schema. Part of this process is the consideration of the role sociopolitical factors play in the profession, our lives and the lives of the people we seek to help. In order to ensure that counselling interventions are a positive force, it is necessary for those in practice to be aware of their own assumptions and how these may influence the therapeutic relationship. In addition, modern approaches to psychological therapy have an ethical responsibility to actively deal with the implications of diversity and power inequalities. However, sociopolitical issues are complex, leading to uncertainty about how to actively engage with them. These uncertainties and the anxieties that frequently accompany them may create barriers to change. They may also result in counselling practices neglecting sociopolitical influences, with the result that problems are pathologised unnecessarily.

Although several models and theories exist that aim to provide tools to help with incorporating sociopolitical factors into therapy, practitioners remain in a position of having to choose between numerous standalone models from a number of associated psychological disciplines. Given the encouragement in the literature that inclusion of multiple levels of social context equates to good practice, trainees have expressed some confusion about how to do this effectively. In addition, it remains the case that little evidence exists in relation to the advice qualified practitioners would give in this regard.
Part II Research Report

2. Introduction

2.1 Rationale

One problem faced by practitioners is that the integration of theory and practice is not always easy to achieve. Academic theory generalises application of therapeutic principles, while each individual client brings unique characteristics and experiences to therapy. The literature review demonstrated some of the potential difficulties practitioners face when attempting integration of sociopolitically relevant material into therapeutic interventions. Several gaps have been identified in the research that may pose difficulties for practitioners as they attempt to evaluate the effectiveness of the different approaches available. In order to enable practitioners to confidently incorporate sociopolitical content the following issues are of relevance:

- Lack of evidence to inform an appreciation of the impact of multiple intersecting identities within the counselling context.

- Trainee uncertainty about practical ways in which sociopolitical context can be incorporated into practice.

- Lack of research into how qualified UK practitioners currently address diversity and sociopolitical context within the counselling process.

In order to address these areas comprehensively, it was recognised that evidence from a variety of sources was needed. However, given the paucity of relevant research (Milton & Legg, 2000; Spong & Hollanders, 2003), a necessary starting point was the gathering
of base line information. In the first instance, exploration of the current state of knowledge and practice of those directly involved in delivering psychotherapy on a one-to-one basis was considered to be essential. This study was designed to contribute to the evidence available in this area. The research used focus groups and semi-structured interviews with qualified practitioners to provide data that could be used to inform understanding about the ways practicing psychotherapists, psychologists and counsellors interpret the influence of sociopolitical factors; both in relation to themselves and their clients. The projected outcome of the research was to provide an interpretive theoretical understanding (Charmaz, 2006) of relevant meanings and how they impact on the process of therapeutic interventions. Such an understanding has the potential to be used both by practicing counselling psychologists to inform process and those concerned with developing future training.

2.2 Research questions

The preceding factors contributed to the evolution of four research questions detailed below:

i. In what ways do practitioners conceptualize sociopolitical factors in theory?

ii. In what ways do practitioners conceptualize the role of sociopolitical factors in practice?

iii. What links do practitioners perceive between sociopolitical factors and issues of diversity?

iv. How are conceptualizations of sociopolitical factors incorporated into therapeutic practice?
2.3 Research aims

To illustrate how qualified psychotherapists understand sociopolitical factors and issues of diversity. To explore practitioners’ perceptions and personal experience of how sociopolitically relevant issues are incorporated into psychotherapeutic interventions.
3. Methodology and Procedure

3.1 Factors influencing methodology

The design of the research was predominantly guided by three principles: My approach to the nature and production of knowledge; the lack of previous research available to inform the area under investigation; and my interpretation of the literature available at the time. The reflexive critique in section 6 outlines the influences and assumptions that shaped the approach to the design. Section 3.2 illustrates how the three principles noted above determined the choice of design and analysis adopted in the study.

3.1.1 Underlying assumptions and positioning of researcher

In order to manage pre-existing assumptions and monitor how these impacted on my approach to the research and the analysis (Casper, 1997), I kept a reflexive diary throughout the research process. A synopsis is contained in Appendix 2, and informed the critical appraisal (section 6). These sections may function as one way the reader can evaluate the validity or “trustworthiness” (Morrow, 2005, p. 253) of the research content.

In approaching the research from a constructivist epistemology (Ponterrotto, 2005), it is also important to note that an underlying assumption exists. Namely, since any constructivist based study can only gather knowledge as interpreted by the participants involved (Stainton-Rogers, 2006), it is assumed that the practitioners’ narratives of how they conceptualise and incorporate sociopolitical factors into the therapeutic process provides a valid representation of what actually occurs. This assumption has been made in previous grounded theory studies, most relevantly in relation to client reports about their experiences of counselling where cultural differences existed between counsellor
and client (Pope-Davis, Torporek, Ortega-Villalobos, Ligiero, Brittan-Powell, Liu et al., 2002). Similarly, it is recognised that the researcher as analyst also provides an interpretation of the data. As already alluded to, the contents of the critical appraisal and the contents of section 3.6 are explicit attempts to make the process and influences as transparent as possible to allow the reader to form their own opinion about the applicability of the resultant model.

### 3.2 Choice of method

This study was led by a desire to provide a forum to explore practitioner experiences in an area where very little research had been conducted previously. The paucity of research about how practitioners include sociopolitical considerations into therapy may be perceived as surprising, given the importance placed on including ecological considerations into the case conceptualisation (e.g. Strawbridge, 1994). As a result, an exploratory approach was coupled with an ambition to provide some form of “explanatory hypothesis” (Peirce, 1955, p. 67). When taken together with the constructivist and initial critical underpinnings of the research, the need for an abductive approach (Stainton-Rogers, 2006) became apparent.

The above considerations led me to consider grounded theory (Glaser & Strauss, 1967) as a suitable method to use. Thompson’s (2007) research into inclusion of sociopolitical factors in practice in relation to trainee understanding provided a precedent, although only a single iteration was used in a combined method design. However, since the original application and design of grounded theory was authored and taught by Glaser and Strauss (1967), a number of researchers have adapted it to suit their own needs and assumptions, leading to the approach evolving in a number of
different directions (e.g. Bower & Schatzman, 2009; Clarke, 2009; Corbin & Strauss, 2008).

On exploring several of the authors in the field, Charmaz’s (2006) approach to grounded theory was considered to be most suitable for the study. Charmaz (2006) bases her version on constructivist assumptions and abductive reasoning, while continuing to adhere to the structured analytical approach and constant comparison contained in earlier versions. This structure will be outlined in more detail in section 3.6. Charmaz’s (2006) explanation of constructivist grounded theory provided several additional valuable tools that this study has attempted to incorporate, as outlined below.

Firstly, Charmaz’s emphasis on the use of reflection as a means of identifying researcher influence and interpretation (as far as possible) fitted well with a counselling psychology approach generally and, more specifically, to transparent testing of the research process (Morrow, 2005). The use of reflection throughout the process also helps to counter one of the criticisms aimed at grounded theory, that “the investigator traditionally adopts a somewhat detached, objectivist stance” (McLeod, 2003, p. 97). Close attention to the influence of my own perspectives and assumptions was especially important given that the study was conducted without a research team to enhance triangulation (Tindall, 1994). In addition to the research diary and discussing views with my supervisors, I attempted to expose and limit the extent to which my interpretations distanced the analysis from the participants through discussions and feedback during final stages of the analysis. Questions pertaining to validity will be addressed further in section 3.6.
A second strength of Charmaz’s (2006) version in relation to this study was her encouragement to situate any analysis within the contextual frame within which participant experience occurs. This was consistent with the sociopolitical concerns that originally prompted the study and, eventually, helped both the interview construction and analysis to consider a broader range of participant experience than the original research questions may have prompted in isolation.

However, I also considered other methods that may have been suitable for the study. The appropriateness of a qualitative approach was fixed early in the process, negating the need to consider operationalizing the study to fit with positivist and quantitative methods (Ponterotto, 2005). However, given the centrality of practitioner experience, alternative qualitative approaches were considered, including interpretative phenomenological analysis (IPA). IPA also offers a structured approach to the analysis of data (Smith & Osborn, 2003), with an aim of exploring participants’ “experience from his or her perspective” (Willig, 2008, p. 56). As such, the analysis that emerges is designed to be a rich descriptive account of the phenomena under investigation, with the potential to be linked to existing theories (Willig, 2008). For the purposes of this study, participant experience was indeed central to the data analysis. However, the focus on idiopathic experience would not have easily enabled the analysis to extrapolate what processes practitioners were describing. Given that the research questions aimed to discover what processes practitioners were aware of, grounded theory’s emphasis on coding to “preserve actions” (Charmaz, 2006, p. 49) was the more suitable of the two options.
IPA was also discounted after some consideration because of the analytic outcomes it aspires to. A detailed interpretation of material (Smith & Osborn, 2003) allows themes to be identified on increasingly abstract analytical levels, but these interpretations ultimately are used as comparators to existing theory (Willig, 2008). This study was exploratory in nature, due to the paucity and disparate nature of the theory available in the area being investigated. Indeed, one of the ambitions was to generate theory. Grounded theory, therefore, not only provided a more suitable analytic framework, but also expressly included production of theory as a research objective.

3.3 Participants and Recruitment

3.3.1 Inclusion criteria

The study incorporated broad inclusion criteria in order to facilitate data collection from a cross-section of professionals delivering a variety of psychotherapeutic interventions. Potential participants included chartered psychologists, qualified counsellors and allied professionals practicing psychotherapeutic techniques. Inclusion criteria were defined as:

i. Possession of a recognised UK qualification to practice.

ii. Membership of a recognised UK professional body with an ethical code or guidelines.

iii. Current employment/self-employment that involved face-to-face psychotherapeutic intervention in one-to-one or group contexts.

Exclusion criteria applied to practitioners under suspension or awaiting the resolution of a disciplinary matter related to their professional status.
3.3.2 Theoretical sampling considerations

In order to obtain data that had the potential to fill gaps or expand the breadth of information identified as the analysis progressed, a theoretical sampling technique was adopted as outlined in Corbin and Strauss (2008). Initially, the sampling was conducted “on the basis of convenience” (Corbin & Strauss, 2008, p. 183) through approaching people I knew from a number of educational and professional sites I attended during training. The first three interviews and first focus group revealed that both organisational and personal contexts appeared to be sources of what were potentially significant variations in the categories identified in the early analysis. As a result, I decided it was necessary to attempt to recruit participants from a broader range of organisational contexts than I had immediate access to at that time. As a result, the rest of the participants were recruited using a combination of approaching practitioners from my own acquaintance and a "snowball sampling" technique (Bloor, Frankland, Thomas & Robson, 2002). However, I took a purposive (Morrow, 2005) approach to those participants who volunteered. This approach involved recruiting participants from a broad a range of contexts in order to obtain “disconfirming evidence” (Morrow, 2005, p. 256) where possible.

The data collection period began in April 2009 and concluded in May 2010. At this time I had conducted eight individual interviews and two focus groups. The first focus group was originally planned as a pilot, with the intention that the interview schedule would be designed with reference to the data obtained. However, it was postponed on several occasions, due to the professional commitments of the participants. On the day it took place, only two of the invited practitioners attended. We agreed to continue with the discussion in light of the difficulty we had experienced with the logistics of setting the group up. In addition, I considered that a discussion between a consultant
psychologist and a qualified counsellor had the potential to contain adequate relevant data. The possibility also existed for any differences in language and meaning to become apparent and be explored constructively in such a small forum.

### 3.3.3 Participant characteristics

In total, thirteen practitioners took part in the research. Eight individual interviews took place, and two focus groups containing two and three participants respectively. The individual interviews were conducted with four clinical psychologists, one of whom was a consultant, one counselling psychologist and three counsellors. Two of the counsellors were training to become counselling psychologists at the time of interview and have since qualified. The first focus group comprised a consultant clinical psychologist and a counsellor. The second focus group consisted of three counsellors, one working in private practice and two in third sector charities.

Participant experience ranged from newly qualified to in excess of 25 years. Participants had worked across a range of contexts, both in the UK and abroad. These included NHS and independent sector services, charities and private practice. Professional experiences included working with children, adults and older people in community and secure settings. Although all the participants now worked within geographical locations covering large urban conurbations across the West Midlands and North West of England, two had also worked in rural communities during their career.

In relation to personal identities, two of the thirteen practitioners were men. Two self-identified as being “from a BME population”. Another described herself as a “woman
with a disability”. Of the remaining practitioners, two were foreign nationals who had originally trained and qualified abroad.

3.4 Data collection and handling

Once a potential participant had verbally agreed to participate in the research, an information sheet outlining the content and purpose of the study (Appendix 3.1) was supplied. Participants were given an opportunity to ask further questions before signing the consent sheet (Appendix 3.2). Interviews were conducted at pre-arranged sites, including independent hospital premises where consent had been gained from the relevant manager, and on premises belonging to the University of Wolverhampton. The exception was the second focus group, which was held in one of the participant’s homes.

The purpose of the focus groups was to gather information on normative assumptions and meanings as they arose within the shared frame of reference between practitioners. However, I did recognise that, in this context, normative was potentially an emic concept (Ponterotto, 2005), in that the language used may be specific to the professional participant group. Vignettes were provided to prompt discussion and promote group coherence through focusing (Bloor et al., 2002). The vignettes used are contained in Appendix 3.3, and were adapted from publically available case study material (Chantler, 2005; Disability Rights Commission, 2006). The discussion was guided using prepared questions (Appendix 3.4) and interventions to encourage the group to focus on the issues of interest to the research.
The focus groups were conducted following the guidelines set out by Krueger (1994). These guidelines incorporate:

i. providing appropriate advance notice and information for participants;

ii. negotiating convenient times for participants to attend meetings;

iii. arranging suitable venues;

iv. application of effective facilitation and moderating techniques during the group.

Although a pilot focus group was planned originally, the difficulties experienced in organising the groups precluded this from happening. It also reduced the number held from the three planned initially to two. The size of the planned groups was deliberately small in order to allow the professionals involved adequate time to express their views and because the subject matter was potentially complex (Bloor et al., 2002). Each group lasted between 60 and 90 minutes, consisting of group discussion and time at the conclusion for debriefing and feedback.

Focus groups were unlikely to reveal significant non-normative data (Mitchell, 1999). For this reason semi-structured interviews were also held. These were conducted face-to-face. Each interview lasted between 45 and 90 minutes. A provisional semi-structured interview schedule (Appendix 3.5) was developed based on guidelines described by Charmaz (2006) and McLeod (1993). Although seven interviews were originally planned, extra ones were arranged to replace the missing focus group. Three additional interviews were scheduled, but two of these were unable to be held due to time constraints and limitations on participant availability.
The individual semi-structured interviews allowed me to follow content I felt could contribute to the depth of the data. The initial interview was formatted to link to the research questions and was divided into four sections. However, as I began to analyse the data in parallel with conducting the interviews (Corbin & Strauss, 2008), I became aware that there were gaps in the categories I had identified up to the fifth interview. Charmaz (2006) asserts that as data is collected, interview content should be flexible to allow the researcher to adapt and focus interviews in order to collect the most useful strands. The interview schedule was therefore amended, including a more focused section on sociopolitical factors and greater flexibility to explore a range of practitioner experiences through the use of fewer questions (Morrow, 2005) (Appendix 3.6).

Data was gathered using analogue tape recordings of both interviews and focus groups. The recordings were digitised where poor sound quality required enhancing. Each of the interviews was transcribed verbatim, apart from the necessity to anonymise identifying information, with the exception of one where the tape recorder failed to operate. In this instance notes were written up from my recall within 2 hours of the conclusion of the interview and used as the basis of the analysis. The resultant Rich Text Format files were imported into the programme used for analysis, MAX.QDA 2007. The tapes are held in a locked filing cabinet, while the transcripts are on a password protected encrypted hard drive at the researcher’s premises. Although the participants were given the opportunity to view the relevant transcript, all of them declined. The emergent model was sent to those participants who opted to leave contact details to allow for feedback. Three written and two verbal sets of feedback were received. These were also included in the last round of analysis.
3.5 Ethical considerations

3.5.1 Gaining approval

The study was designed in accordance with the British Psychological Society Code of Ethics (2006). The participants were not considered to be a vulnerable group, so ethical considerations consisted predominantly of taking reasonable steps to protect anonymity and data, ensure personal safety and supply adequate information to obtain informed consent and allow withdrawal from the study if requested. Ethical approval was sought and given by the University of Wolverhampton School of Applied Sciences Management Board on 8th July, 2008 (Appendix 4). The point was raised that, if interviews were to be held on NHS property, appropriate approvals should be sought through Trust Peer Review. However, all the interviews were arranged in alternative locations and so no such approach was necessary. The locations used were all known to the researcher and had been assessed as both accessible and suitable.

3.5.2 Provision of information and obtaining informed consent

As outlined in section 3.4, all the participants received a printed information sheet and were requested to sign a consent form. These sources of information were supplemented with verbal communication both before the recordings started and in the form of a debriefing session at the conclusion. The participants in the second focus group asked for a further definition of “sociopolitical”, which was supplied consistent with the definition outlined in the literature review. The process of data storage and disposal was included in the information sheet, along with the process of withdrawal from the study. Verbal clarification in relation to confidentiality was given when requested during two of the interviews and the second focus group.
3.6 Analytic Strategy

The approach to coding the data during the analytic process closely followed the grounded theory outlined by Charmaz (2006). As such, initial line by line coding was conducted on hard copies of the transcripts, with a focus on identifying actions, meanings and assumptions. Where possible “in vivo” (Charmaz, 2006, p. 55) coding was used, prioritizing the language of the participants themselves. Constant comparison (Glaser & Strauss, 1967) was used both within and across transcripts as the coding progressed.

As analytic themes began to be identified in the data, focused coding was begun using the computer program MAXQDA 2007. The program allowed frequency of codes to be easily observed, and gave a facility for weightings of codes to be changed according to the significance they appeared to have as the analysis progressed (Appendix 3.7). The purpose of focused coding is to begin to look across data and sections within transcripts to identify those codes that encapsulate emerging themes and form categories, but also provide the best representations of the data (Charmaz, 2006). The process of coding was iterative, in that the data gathering and coding took place concurrently. This allowed amendments to the interview schedule and theoretical sampling described in the previous section, enhancing the possibility of achieving category saturation. It also encouraged constant comparison amongst the available data as a means of monitoring what gaps were evident and reflecting on my own responses to what was emerging.

After the first five interviews, I noted that the analysis was honing what I really wanted to find out from participants. One example was the emergence of a link between participant life experiences and the nature of their conceptualisation of impacts of
diversity on clients. As a result of identifying this group of categories, I was able to change the interview schedule to focus more explicitly on these areas.

As the weightings of different categories and codes became clearer, axial coding was started. This is a process whereby major categories are used as a hub to which categories with less weighting may be linked. Using Corbin and Strauss’ (2008) explanation of axial coding, I began to interpret the data by questioning what processes each category appeared to be illustrating and how concepts were becoming linked. The use of memos to record ideas and emerging links was crucial at this stage. Although I had begun to write memos on fledgling ideas from the start of the coding process, the software allowed categories and associated ideas to be cross referenced and supported the visualisation of patterns of linkage through diagrammatic spreadsheets (e.g. Appendix 3.7). This stage of coding prompted several initial models to be drawn in an attempt to relate categories and subcategories providing clarity of explanation. The use of models and continuing comparison between transcripts that allowed formulation of the concepts that began to emerge in the models.

The final round of coding completed was theoretical coding, a stage Glaser (1978) describes as “weav(ing) the fractured story back together” (Glaser, 1978, p. 72). In practice this stage took several attempts. Although Charmaz (2006) proposes that focused coding categories form the central feature of theoretical coding, I experienced some difficulties in finding an adequate overarching theoretical framework until I actively began to use the axial coding descriptions and models as the foundation for this stage of the work. My experience is, therefore, somewhat at odds with Glaser’s (1992) assertion that axial coding is not necessarily required if theoretical coding is completed.
It was during this stage of the coding that the role of contextual factors was most explicitly incorporated into data interpretation (Charmaz, 2006). Although this aspect is covered in more detail in the critical analysis, it is worth noting here the role that reflection served. Having begun the research with a focus on how practitioner process potentially impacted on client experience, I realised during theoretical coding that I had not adequately accounted for how sociopolitical context positioned the participants in the present. This was an important omission because, as the model in the analysis indicates (figure 4.1), it provides the pivotal link between practitioner experience and practice. However, the experience did reinforce for me the importance of undertaking a systematic coding sequence, with each stage serving a different but defined set of functions. A focus on context and situated process during theoretical coding is one of the reasons the omission came to light. Again, the use of memos in addition to a reflexive diary was invaluable, as it allowed the tracking of these new ideas, but also enabled a thorough revision of earlier ideas to identify how the new category fitted with previous interpretations.

3.7 Quality/credibility considerations

The title of this section was consciously changed from “validity” to “credibility” after reading Corbin and Strauss’ (2008) opinions about what constitutes truth within a qualitative study. Given the constructivist assumptions underpinning the research, a section that attempted to show how it arrived at truth felt at epistemological odds with the explicit approach adopted. As a result, this section does not set out to show the content of the research holds truth. Instead it aims to guide the reader through the strategies I undertook to ensure my interpretation of the available data was trustworthy.
and credible, as Lincoln and Guba (1985) advise. However, this section is not intended to be exclusive. As Morrow (2005) notes, its intention is to incorporate those issues pertaining to quality that have not been adequately covered elsewhere in the report.

Firstly, I chose a specific version of grounded theory to follow, that was consistent with my assumptions and beliefs. This allowed the method to be followed systematically as outlined in the previous section. It also allowed me to evaluate both the method and the content of the analysis as the research progressed. Evaluation of depth of analysis led to identification of gaps and promoted theoretical sampling that was led by the content of the analysis. The approach therefore came to feel natural and self-sustaining as each cycle of data collection and analysis began to flow from the previous iteration. However, the need for a reflexive diary and memos outlined in previous sections also became very obvious, in that each round of analysis clearly became increasingly led by my interpretations. Therefore, the necessity to keep track of how the decisions that determined participant choice and category linkage came to be made grew in importance. As a result, a number of different formats were used, usually dependent on what media was most accessible at the time ideas occurred. Rough drafts of all models developed during the process were kept. Models were eliminated from the analysis when they failed to provide adequate theoretical explanation for the phenomena being investigated (Corbin & Strauss, 2008). However, all notes and memos were dated in order to enable tracking of my own processes. The factors outlined in this paragraph may be taken as examples of rigor as outlined by Morse, Barret, Mayan, Olson, and Spiers (2002), in that I made conscious efforts to monitor method, sampling and analysis, and be responsive to the emerging data as the study progressed. However, it is realised that scrutiny of the available documents is subject to the problems identified by Morse et al. (2002) in “post hoc evaluation” (Morse et al., 2002, p. 16).
In addressing Charmaz’s “criteria for grounded theory studies” (Charmaz, 2006, p. 182), I have attempted to answer the questions contained in relation to credibility, originality, resonance and usefulness as far as the data and my interpretations allowed. Issues of originality and usefulness will be considered in the discussion section. However, in relation to credibility the following issues were taken into account during the study: My familiarity with the context and experience of therapeutic settings was central to this research. As outlined in section 3.1.1, as a trainee I was both immersed in and able to make use of being in a less powerful situation than those who were participating in the research. With the exception of the sociopolitical positioning of the therapist category, the analysis achieved saturation in that no new variations were emerging by the time the data collection stage was complete. The analysis content illustrates the links and interpretations made of the data itself. In relation to resonance, participant feedback was sought from those who provided contact data. Feedback obtained was used as part of the analytic process as a means of incorporating variation without watering down the theoretical content of the analysis.

In addition to credibility (and building on Guba’s (1981) structure for evaluating the quality of qualitative research), Lincoln and Guba (1985) propose trustworthiness may also be measured against criteria of transferability, dependability and confirmability. Turning firstly to transferability, this study has purposely incorporated a range of information about the context of the research and a section on participant characteristics. In addition, priority was placed on including the participants’ own words within the analysis, to allow those reading the paper to assess how closely participants’ experiences resonate with their own. This was done in order to allow...
judgements to be made by the reader about how well the theory generated may transfer to any context with which they are concerned (Shenton, 2004).

Turning to dependability, Lincoln and Guba (1985) propose that this criteria may be assessed by readers when sufficient information is provided to allow them to determine if the conclusions reached are ones with which they would reasonably concur. One shortcoming of this study is that, as a sole researcher, triangulation within a research team was not carried out. Some compensatory activity may be deemed to have occurred through the use of supervision to test out emerging models, in addition to obtaining feedback on the applicability of the model from those participants who consented to follow up contact. In addition, the use of both focus groups and individual interviews may be deemed an alternative form of triangulation (Geelan, 2004). The ease with which research process and decisions may be audited is another route to assess dependability. It is for this reason that the research diaries and critical review discussed earlier in this section have been included. In the context of dependability, these sections are intended to be a means for the reader to access both the detail of the data collection process and the specific content of what Shenton (2004) describes as the “reflective appraisal” (ibid, p. 72).

In relation to confirmability, Thomas and Magilvy (2011) suggest that if the criteria for credibility, transferability and dependability have been met, then it is likely that confirmability will have been achieved. However, in addition, the influence of the person of the researcher is an important element in determining if the analysis and conclusions drawn in producing the emergent model represent the voices of the participants, or the underlying assumptions of the researcher (Geelan, 2004). Again, the
critical review, diary synopsis and section 3.1.1 have intentionally identified my own thoughts and influences as a means of promoting transparency within the research report. Where possible, this approach has been incorporated throughout the entirety of the written report, to support the ability to audit researcher influence on the study as a whole.
4. Analysis

4.1 Overarching theory: Finding a comfortable fit

All the interviews and focus groups contained some reference to assessments of the relative comfort the participants felt in relation to dealing with sociopolitical factors. In five of the interviews and one of the focus groups, practitioners described their feelings in relation to asking clients questions about their sociopolitical context. The descriptions included “being afraid” or being “uncomfortable”. The descriptions of discomfort are consistent with the findings described by Thompson (2007) in relation to trainees’ responses to sociopolitical material. Although initially I interpreted the related data as representing a process of evolving to a stance of not being afraid to ask the difficult questions, I kept returning to the problem: What makes the difficult questions difficult? In the majority of interviews participants identified a number of personal and professional experiences that either initially mitigated the level of discomfort they experienced, or contributed to an evolution that led to familiarity and comfort with diversity, and comfort with not knowing all the answers. As a result of identifying this process, I introduced the theoretical concept: “finding a comfortable fit”. This concept created links between all the categories that had been identified at the time, and was the basis for the formation of the process identified in the theoretical model below.

The model contains three domains within which participants described periods of reflection and change. For the purposes of this model, a domain represents a type of activity. Each category within a domain is located based on the predominant activity that takes place within it. Consequently, the domains occupy three levels: processing, positioning and practicing. In relation to finding a comfortable fit, all the participants
described experiences of discomfort at varying times in their careers. Although the discomfort arose in relation to different contexts, the experiences were all located within one of the domains. The contextual variations that I identified during the analysis were differentiated by being grouped into categories. Categories are represented in the model as titled boxes. Perceptions of discomfort were associated with efforts by individual practitioners to use reflection and introduce change in an attempt to bring about a sufficient level of homeostasis that equated to comfort. In this respect comfort was defined in various ways, from no longer “being afraid” to finding an approach that “matches with me”.

It is the awareness of discomfort and conscious efforts to bring about change that I have called “finding a comfortable fit”. As such, I conceptualise it as a dynamic that permeates the whole model and gives it a sense of movement. It is for this reason that I have equated the process of finding a comfortable fit to being a function ($f$) of the output of development and time. However, as will become evident in the detailed analysis, the extent of the energy, reflection and consequent movement achieved is dependent on the individual characteristics of the practitioner who is affected, as well as the extent to which homeostasis is present initially. For the purposes of the model, homeostasis equates to a state where the person of the practitioner is functioning in equilibrium within each of the domains identified. As such, it does not preclude development over time. However, small adjustments to environmental factors may not be of a magnitude to bring about conscious awareness of change as a result of discomfort.
The domains are arranged in such a way as to indicate the iterative nature of the stages described during the interviews. For convenience the starting point or first domain of the model is taken as the point at which processing of factors identified as contributing to discomfort takes place.
The first round of the cycle was most obviously the point at which practitioners evaluated the influences that contributed to self-perceptions and understanding of others. For the majority of the participants this occurred most notably during initial training. Indeed, this was the point three of the participants, each qualified in excess of five years, identified as a time when anxiety was at the fore:

“When I first did my training and I was working in mental health I used to see people like my parents' age, I used to be thinking I bet they are thinking ‘what could you possibly offer me?’ I was probably wondering that also. So it fed my own like insecurity.” (FG1, para 87)

“…you have your hunches but you are scared of getting it wrong with somebody.” (P0102, para 87)

Within each of the categories the processes that took place in finding a comfortable fit involved the following factors:

- identifying discomfort
- evolving to a comfortable state
- identifying mitigating features

The participants varied in the extent to which they identified the factors being present in each domain. It also appeared that the greater the level of discomfort experienced, the greater the practitioner awareness of the process. This was reflected in the feedback received, outlined in greater detail in the mitigating features section below. However, since each of the factors occurred within each of the categories contained in the model, I conceptualised them as a subroutine. As such, they are illustrated as a circuit consisting of three parallel processes, all of which are powered by practitioner need to find a
comfortable fit (Figure 4.2). It is this structured concept that will be used to guide exploration of the majority of data in the body of the analysis. However, the significant characteristics identified within each process are outlined in the remainder of this chapter.

![Diagram](image.png)

**Figure 4.2**: Finding a comfortable fit: Subroutine process concept.

### 4.1.1 Identifying discomfort

The identified locus of the cause of discomfort varied among participants, and appeared to be a function of three linked factors:

- nature of experiences
- extent of reflection and derived meaning
- length of time since qualification

As an example, practitioners identified discomfort early in their careers. The unease arose predominantly from identification of fears associated with addressing
sociopolitical factors within the therapeutic process. Personal and professional experiences (or lack thereof), together with perceptions of the nature of organisational issues, were linked within participants’ descriptions of the anxieties they experienced. Anxieties arose in relation to establishing an adequate sense of their own skills and professional boundaries. For example, one newly qualified counsellor described her experience of home visits as:

“...probably the most challenging therapy I have ever done is doing therapy within somebody's home. I found it really difficult at first...I think if I am absolutely honest, I am suddenly working within somebody else's boundaries.”

(P1205, paras. 46-48)

Although organisational factors were one source of discomfort for newly qualified practitioners, the emphasis shifted to focus more explicitly on this area as careers progressed. Consideration of boundaries was a central feature in an organisational context, and the nature of the discomfort described addressed awareness of the constraints felt to be inherent within the structures practitioners and their clients came into regular contact with:

“It's sort of they air a problem with their counsellor or their therapist and you have set boundaries about what you can do. You have the set boundaries, but sometimes when there is a thing, it could be that I could take that next step, you kind of feel you shouldn't.” (P0505, para 100)

Once discomfort was identified within any context, processes occurred to address and alleviate it. The process to reinstate homeostasis is a process I named “evolving to a comfortable state”, as outlined below.
4.1.2 Evolving to a comfortable state

Changes made in response to becoming aware of discomfort involved practitioners reflecting on and, where change was deemed necessary, adjusting their position in relation to the following contexts:

- personal experience (involving extent and evaluation of impact on personal values and beliefs);
- professional experience and training;
- aligning theoretical approach with personal beliefs/values and client characteristics;
- assessing impact of professional context (psychology as a profession and organisational influences);
- assessing the needs of people (including clients and the reasons why those who do not use therapy are absent).

Therapists considered each of the three categories in the processing domain, where comfort of fit with the self was achieved through one of three exercises:

1) Assessing the level of discomfort and acting to address same e.g. adding to personal knowledge base where discomfort was perceived to be caused by unfamiliarity with a subject or inadequacy of a theoretical model; leaving or changing role within organisations that ceased to adequately fit.

2) Adjustment of a system, process or theoretical base to fit with the practitioner’s own needs and those of their clients. Examples of adjustment consisted of both practical/observable changes and reframing of the meaning attached by the practitioner to the particular context, thus enabling comfortable functioning within the perceived boundaries.
3) Integration of knowledge with pre-existing value systems, ultimately resulting in an internalisation of the adopted approach.

Evidence of all these exercises was most clearly evident in the processing domain, being less defined in both the positioning and practicing domains. In relation to the positioning domain, this lack of definition may have been due to positioning being perceived by practitioners as an outcome of the reflections undertaken in the processing domain, giving positioning a more static quality. The extent to which each of the three exercises was identified in each domain will be expanded in the relevant analysis chapters that follow.

4.1.3 Identifying mitigating features

During the feedback process, it became evident that the weighting of the categories within domains was individualised. When feedback was cross referenced with original interviews, weighting appeared to correspond with the emotive content practitioners attached to the experiences that fell within each category. For example, during interview a counselling psychologist described that she had left her job as a result of discomfort she felt in relation to organisational change. This was due to the negative impact she perceived it would have on her ability to deliver an adequate service. In written feedback she stated:

“I think the assessment of the approach is the least important of the three, the other 2 leapt off the screen immediately as being true, in particular perception of prof context...” (P0403 e-mail response)

In her interview, this participant made no mention of discomfort in relation to adopting any of the theoretical approaches she regularly used. In contrast, one counsellor
described experiencing discomfort related to implementing a therapy different to her preferred approach:

“...we do work using cognitive behaviour therapy. So -- which I find, I do find that difficult because I do feel it is technique based.” (P0403, para 22)

Her feedback reflected an alternative perception of the relative weighting attached to the categories within the processing domain. The differences were consistent with the areas she identified as the loci of discomfort in her experience:

“The process is interesting to see it written because they are definitely processes that I relate to, especially the adjustment.” (P0403 e-mail response)

My interpretation of these responses was that absence of discomfort within a domain acted as a mitigating feature, minimizing the attention it drew and, in some cases, the importance the practitioner subsequently placed on it. As a result, specific consideration or enactmen of purposive change did not occur unless and until homeostasis was sufficiently upset. Examining the data for further relevant evidence revealed that familiarity acted in mitigation to achieve the same result. The influence of familiarity was evident in relation to both client characteristics and contextual factors. In the second focus group, familiarity was understood as synonymous with practitioner comfort:

“But I am quite comfortable with disability because I used to see it a lot in my job. Do you know what I mean?” (FG2 para 35)

In the first focus group, the role of familiarity came up twice during the session. In this excerpt the level of familiarity was perceived to have a direct impact on how explicitly a consultant clinical psychologist felt the need to name differences between herself and the client:
“K: It is funny, because I work with young people all the time (1) so like for me it is really normal. It is interesting, because I probably don’t tend to name it and I don’t think they expect to be seen by somebody in their early 20s (2).

H: When I did my training we were you know ----

K: I am probably more likely to name it -- I felt more like it needed naming when someone has been a lot older (3), because I don’t work with that group. It is funny, do you see what I mean?

H: Yes.

K: So it would be more -- it more hits me I think.” (FG1 paras. 81-85)

This quote also shows the flow of influences throughout the overarching model. K describes the nature of her professional experience (1) and how that has influenced her positioning as a therapist (2), with the consequent impact she describes on her practice (3).

However, a note of caution was also raised during this focus group, and in three of the interviews, about the dangers of making assumptions based on the clinician’s level of familiarity with a client group or presenting problem. The evidence for this is contained at the end of section 4.2.1. It is also important to note that the data showed experience of discomfort had a long-term and generalised impact that familiarity did not mitigate. Those participants who described significant negative experiences arising from diversity within their own lives, also tended to be the practitioners who prioritized consideration of these factors within the therapeutic process. Evidence for this is contained in section 4.4.1.
Having given an overview of the model, the next chapter will turn to focus on the content of each of the identified categories. Categories are addressed under the relevant domain headings to provide ease of reference to the model as a whole.

### 4.2 Processing Domain

Data relevant to the processing domain provided the most distinct examples of the stages outlined in the model overview above. This domain also contained the majority of the emotive content of the interviews, with related responses including descriptions of being “passionate”, “anxious” and “frightened”. This may have arisen from the way participants framed responses in this domain, with emphasis on the role of their own identity and how each of the categories had been experienced in relation to the self.

#### 4.2.1 Reflecting on the impact of experience

The role of experience was raised in all the interviews and focus groups. It is in this category that the process of evolution was most explicitly described. However, experience was differentiated within the interviews, with the relative influences of professional and personal facets being clearly defined. Experiences were characterised by participants in three ways:

1. The magnitude of the personal impact.
2. The extent and nature of reflection the experience prompted.
3. An evaluation of the outcome of the experience was offered, where participants outlined the legacy of the experience.

All three of these aspects contributed to the positioning domain. However, this will be addressed more thoroughly in section 4.3.1.
As noted in the overview of the model, early career experiences were more frequently associated with feelings of discomfort. Three of the interviews and the first focus group noted feelings of “anxiety”, “insecurity” and being “afraid” of dealing with issues relevant to diversity and sociopolitical factors. A newly qualified counsellor described her explanation for why these types of feelings were present:

“I think I used to be afraid to do that because my personal insecurities of being seen to be unskilled, being seen to be prejudiced in some way.” (P1205, para 83)

The process of developing comfort was identified by a clinical psychologist as:

“I suppose just knowledge of people, just not being afraid to raise issues and I am still learning with that, and you know just trial and error. But yes, I suppose the experience gives you kind of better ways of doing it.” (P0102, para 109)

All the participants identified specific clinical cases that had contributed to increased comfort with diversity as a result of gaining “familiarity” or experience. Talking to other professionals, reading, supervision and feedback from clients once therapy had concluded were also methods cited as contributing to the evolution of feeling more comfortable with sociopolitical content within sessions. The effort required to learn about diversity effectively was acknowledged in four of the interviews, with comments including:

“I think it is a matter of kind of going out and working with people, and going and talking to people about diversity and actually just being with them. I think that is the best way you can learn about it... But then come back and talk about them in supervision. Reflect on them, have some thinking time and space, let's talk about them. And reflect on your own experiences as well and make some
links about kind of perhaps, if anything, those links by you will be impacting on your practice. But I guess experience is the best way really to go and do this.”

(P2004, para 101)

This prioritizing of experience was mirrored in three other interviews. Those who had worked extensively with diversity within different contexts expressed somewhat negative opinions about fellow professionals who were perceived as not having necessarily procured the same breadth of experience. In response to a question regarding what advice she felt was most relevant for a trainee in relation to working with diversity, this clinical psychologist stated:

“...working in lots of different places where you are in the community, where you see people are not functioning, not having nice little jobs in psychology departments.” (P1105, para 150)

“Learning from …clients” was regarded as an important, ongoing process. Participants who had been practicing five years or less all included some acknowledgement that the process was still current for them but may change in the future:

“I am sure in five years time if we had this again I would be saying a couple of different things than experience and from conversations you have with other professionals ... it does not stay the same does it, ever?” (1911, para 112)

While clinical experience was linked with evolving comfort, personal experiences were considered to be an important element of mitigation, reducing initial feelings of anxiety in relation to working with issues associated with diversity. When discussing how his childhood had informed current practice, this Australian counsellor commented:
“I grew up with a best mate who was more Aboriginal, ... In training I always found it strange when I went to a training exercise and like I went to with the ... Society workshops and their topic was working with indigenous people, ...I was just thinking yes, I know. I know what you are saying, but you sort of -- it was all sort of common sense to me rather than you didn’t need to read a book because my best mate was, that kind of thing ...

Q. Looking at how you understand diversity, how does that understanding come across in your experiences with your clients do you think?

A. I think the main thing is I am probably much more okay with not understanding something. Because it is much more acceptable to sort of say I don't know.” (P0505, paras. 30-38)

Including the extract above, seven of the interviews and the second focus group included explicit examples of how life experiences prior to training had influenced current approaches to therapy. The nature of personal experience appeared to influence the form that reflection took. Those participants who identified that issues of diversity had been relevant to their own life experiences, included reflections that encompassed several areas they perceived had been changed as a result, including intrapersonal impact, influences on approaches to therapy and attitudes to training:

“I suppose the biggest thing for me comes from a personal experience that I had which drives my passion into this area, I suppose. And remembering for me how that felt for me in the clients' shoes then made me think about the way that I relate and the way that I am. And I think that plays a huge influence on professionally then how I work. Because I don't just go with assumptions, or go with generalisations, or that you come from this culture or you come from this
category of people so I will treat you in this way... Because it is like I keep on going back to, I don't think it is something that can be taught, your awareness of the social/political sort of issues. I don't think it is something that can be taught.” (P1911, para 103)

The role of personal experience was also highlighted as an area where reflection needed to take account of more subtle influences. In addition to the previous extract, three more of the interviews addressed practitioners’ cautions about the role of assumptions:

“I think you can always kind of reflect on the experiences you have had... I have lived in lots of places, moved around a lot and had some experiences of being quite different in a lot of different contexts. Of course being from a BME population as well... I still think you have a lot to learn, because nobody -- everyone's experience of diversity et cetera is so different. It never ceases to surprise me how different people handle it... I think you have to be careful not to kind of -- I can never remember what the word is, but when you sort of see your own problem within someone else's difficulty.” (P2004, para 69)

Assumptions arising from using understanding of personal experiences were identified as potentially causing more difficulties when the practitioners felt there were similarities between themselves and the client:

“I actually sometimes think that is more problematic when it is somebody you see as being similar to yourself, because you forget to ask things. You assume they feel a bit like me, therefore their experience will have been a bit like mine. And so, I don't know, you forget to ask. If you are not careful you can overlook important differences.” (P0102, para 35)
There was also recognition in both focus groups and two interviews that personal experience had the potential to be bi-directional, in that therapy content could evoke experience related responses within the practitioner:

“P2: I think probably life experience does come into it quite a lot.

P3: Yes, yes.

P2: I think you do use your life experience very much as a counsellor, yes, yes.

P1: A lot is what one person comes with can affect you quite a lot as well, can’t it?

P2: Yes, yes.” (FG2, paras. 76-80)

Participants went on to describe using reflection and supervision to monitor the impact of both professional and personal experience within the practicing domain. Perhaps unsurprisingly, the way practitioners approached their own experiences was closely linked to how they practiced, and addressed similar considerations within the therapeutic encounter. This will be discussed in more detail in section 4.4.

4.2.2 Assessing and adopting a theoretical approach

Seven of the interviews contained reference to practitioners’ assessments of their relationships with the theoretical approaches they had been exposed to. Five of these identified a positive component to that relationship. Examples included:

“I prefer to use person-centred perspective, because at the minute that is what I am comfortable with.” (P1911, para 18)

And:

“I still like attachment theories and object relationship theories.” (P1105,
Consideration of theory was not limited to assessment of specific therapeutic interventions, but also included a broader psychological approach. Value was placed on the “way of understanding things” and was deemed to be important in two distinct ways. Firstly, it was valued as a specific explicatory approach, as this consultant psychologist notes:

“Cognitive to me is really about the kind of bridge in-between where you can see someone and you can see someone responding, but you might not understand that unless you know what the interpretation in the middle is. So to me the cognitive bit is the bit in the middle, to explain why different people react differently in similar situations.” (P1509, para 16)

Secondly, value was derived from the perception that a shared perspective within both a team and the wider profession provided a source of unification:

“I don't want to say theoretical perspective, I don't mean like CBT, I mean a psychology perspective on the world and the way of kind of looking at things from different angles and the way of understanding things. ... any time I have met a psychologist to be honest... and to be fair that broadens out to kind of psychotherapists as well, their way of kind of looking at things. But, I think that is something I really value...” (P0102, para 101)

The ability to find value within an approach was a feature that appeared to determine the level of comfort practitioners felt. As such, it also played a role within practitioner evolution and was identified within one of the interviews as a mitigating feature allowing adoption of the approach:
“...it is very difficult, but I am finding ways in which I can weave my base, as I see it, into working with CBT. It is a learning curve and I feel that there is a place for it definitely, because I have seen changes in people. And I think that is where my value comes from, if I can see that it can work with some people.”

(P1911, para 22)

However, in addition to using value as a mitigating feature, it is worthy of note that this counsellor identified adoption of the approach had also involved a process of adaptation or “weav(ing)” to enable a more comfortable fit with her “base”.

Two of the counsellors explicitly identified experiences of discomfort with different theoretical approaches to therapy encountered during training. Both attributed the reason for the discomfort to be a lack of fit with personal characteristics. Reflection on the reasons why adoption of the approach was difficult led to explanations within the interviews:

“I knew that Rogerian theory didn't fully fit with me... It didn't suit my personal approach to therapy ... I know that as a client it wouldn't work with me. So how I could practice it 100 per cent?” (P1205, para 34)

Assessment of theoretical approaches was also implicitly present when participants commented on how they understood the impact of using an approach in practice. This aspect featured in three of the interviews and the second focus group. In the following extract, the counsellor equates theoretical approach with the nature of the interpersonal interactions that occur based on role expectations. Discomfort is implicit in his description of the limitations he feels the consequent structure imposes on his ability to practice in a way that fits with his preferences:
“I think there is a problem with a lot of the kind of interventions that you are encouraged to use. Things like CBT, because that just emphasises the difference. People come to you for help because you know the answers... And then obviously you try to do it in the least differential kind of way, but there is no way it comes across in a non-differential kind of way. “ (P0505, para 88)

The extract hints at the proximity between the practitioner’s perception of the approach in relation to self, and how well he perceived the approach fitted with client need. This connection was also evident in two other interviews and both the focus groups. However, when a code clustering (Charmaz, 2006) exercise was carried out, this aspect was felt to be more appropriately contained within the practicing domain and further explanation is therefore contained within section 4.4.2. When reflecting on the form the evaluation process took, the need to start with the self was prioritized by this counsellor:

“I think I had to start with me before I transferred any theory truly into therapy. So, would this work with me, does this reflect who I am? Does this feel right to me? Because I think if something feels right to me, I believe in it then... I am quite shocked when I meet practitioners that practice a certain theory but don’t actually believe in it.” (P1205, para 38)

Once an adequate fit was assessed to have been found, a process of internalizing the approach and values inherent in it took place. Both of the counsellors who felt they experienced difficulties with adopting a specific theoretical approach noted being conscious of this part of the process. One commented:

“The Director of the course ... really allowed me to understand. ... for me it was like putting a mirror up ... So it really allowed me to personally develop.
So, rather than may be using it purely in the sense of an approach to therapy, I suppose I more internalized it. “ (P1205, para 36)

Although the process was not explicitly noted by the other participants, three of the practitioners interviewed described an awareness of how they now experienced their adopted approaches. The internalization process was perceived as a change, where an approach began as a “technique” and became a “belief”. The influence was noted as “just colouring everything I am doing, even though I couldn't give it a name” (P1105, para 16). A consultant clinical psychologist stated this became apparent for him at a time when he was experiencing discomfort in other areas of his life. He described a process whereby he came to realise that his way of thinking was so influenced by a psychological approach he could not separate it from other aspects of his identity:

“It is quite interesting when I was attending those groups from a self-help perspective, because I had to withdraw from them because I was going into role as a psychologist.” (P1509, para 93)

4.2.3 Perception of professional context

All the interviews and focus groups contained evaluation of the professional context within which the participants practiced. Consideration of professional context encompassed multiple areas, from the therapists’ experiences of organisations to the place of psychology within society. Two of the participants explicitly named psychology as a political science. In commenting on the meanings he attached to the evolution of psychology as a profession, a consultant clinical psychologist noted:

“I think psychologists started off within, you know, the kind of MDT thing as doing psychometric testing ... And then I think the onset of behaviourism ...that
Evaluation also covered training. Discussions included how well participants felt they had been prepared to deal with sociopolitical factors and what opportunities there had been to gain experience and discuss the implications of issues relevant to diversity. This was explicitly noted in four of the interviews and the second focus group. Two participants spoke about their perceptions of the implications of current training routes. In this context, a counselling psychologist who had been qualified for over 12 years identified admission criteria to postgraduate psychology courses as one barrier to creating therapists able to appreciate lived client reality in relation to issues surrounding diversity. She attributed this to her view that "white middle class" people were more likely to have access to the necessary education and opportunities for funding, with the result that many who would be good therapists were excluded from the process. She cited that her own experiences had led to a strong sense of a political identity “with a capital P”. Her interest in therapy as opposed to research had been the influence to enter training. As a result she was "not sure if I would have applied if the doctorate had been the only option” (P0403, para 18). In addition, a qualified counsellor who was also undertaking training to achieve chartered psychologist status commented on the differences he perceived between the two professions, raising similar concerns:

“I think that has got to do with this silly kind of, at the risk of being controversial, stupid level of competition for places here. It sort of it does exclude a whole range of people. It means you have to have money, it means you have to have a basic certain sort of background, so you are going to get all those kind of people who are going to, with the best will in the world, perhaps
Course content was raised by four practitioners in relation to the approaches that academic establishments took to teaching about diversity. This subject arose when they were questioned about the sources available to inform understanding of diversity and sociopolitical factors. Perceptions were mixed, both within and between interviews. As an example, a clinical psychologist qualified for just over a year noted that although “there were boxes and things they had to discuss” (P2004, para 39), she still considered that inclusion of theoretical teaching about diversity “perhaps makes me mop up some of the things that perhaps don't always spring to mind”. In common with all the other practitioners who had commented on training aspects, this psychologist questioned the value of training in the absence of practical experience:

“I think it was right that they did [the theory], but you know you hope that other people will reflect on that and be able to use that, but I guess if you don’t necessarily get those experiences, will that actually happen?” (P2004, para 39)

Once qualified, practitioner experiences and perceptions of professional context were inextricably linked to the quality of the service they felt able to provide. Although the psychologist quoted above felt her organisation provided a structure that helped her to address diversity effectively, the remaining practitioners who described their experiences of working within both NHS and private hospital settings noted feelings of “frustration”, “vulnerability” and being “constrained” in the services they were able to offer and how those services were configured. Working in an inpatient setting, one clinical psychologist noted feelings of discomfort that arose for her due to the service
being “far away from any kind of empowerment“ (P1105, para 120) and, therefore, different from the services she had been able to provide in previous jobs. In contrast, four of the participants linked the ability to work more holistically with a diminution in the discomfort they experienced in relation to organisational boundaries:

“In the job I was doing before ... there was much more appreciation for being able to provide a more practical kind of assistance as well. You could use the power imbalance to your advantage and use your title and get things done for people ... If they needed some help with financial, we could provide a lot more practical assistance, whereas now I seem to be saying kind of I don't feel like I have the same kind of role, so I almost feel a little bit more vulnerable.” (P0505, para 98)

Holism was understood as being allowed to introduce a “bigger picture” into sessions, supporting greater “autonomy”, “choice” and flexibility. In turn, practitioners described how this allowed them to introduce and address factors relevant to more diverse areas of the client’s context that had the potential for positive impact. During the second focus group, one of the counsellors who worked for a charity commented:

“...when I go out into people's homes I am not just looking at it as a counsellor, I am looking at the big picture. So a lot of my job is putting people in touch with other people. ... isolation of course is quite a big factor for older people. So I am there doing it every day, how can we help this person? ... let's look at transport, we can look at transport for you. Again from that practical issue will impact how they feel and so on.“ (FG2, para 160)

From this data, I drew the conclusion that experience of boundaries had the potential to act as a mitigating feature, because practitioners reported reduced levels of discomfort
in relation to organisational structures where they felt able to address contextual factors affecting clients’ lives in both a therapeutic and “practical” way.

Where boundaries were fixed, or problems faced by clients were of a magnitude that multiple agencies were involved to address them effectively, practitioners described processes of evolution. These involved adapting either themselves or ways of working to improve perceptions of personal efficacy and outcome for clients. One clinical psychologist described a process of finding a “rationale” to “justify” working with clients on issues outside the remit of the services she worked for in order to “feel okay”. In explaining the factors she felt underpinned the direction of her professional development, this counsellor noted how her perceptions of locus of control had influenced what she attempted to change:

“...that is where I do my own sort of reading and try and work personally within what I feel comfortable with, because I can control that. I can't really control any of the other stuff, but I will do as much as I can ... I am not saying I have got the answers or will be able to fix any of these inequalities/injustice, it is that I can try and explore them and make them not a taboo. Just because I can't solve it does not mean that we shouldn't talk about it. It feels a little bit that is what the organisations and institutions do.” (P1911, para 98)

The process of evolution varied according to practitioner’s assessments of what could be changed to achieve improvement. Adopting a different tactic to the counsellor above, this clinical psychologist altered how she spent her time. This was to counter difficulties she faced providing what she felt was an adequate service for a client group that consisted predominantly of families seeking asylum:
"You do feel you kind of wish sometimes that systems were smoother or things were more connected, ... if I ring them up and say listen this person is living in a B&B for 6 months and their child is going off the wall..., I don't have any say in kind of saying well, yes, we will help them straightaway. That is frustrating, but you kind of therefore recognise why it is important to form links with services. So actually it impacts on my work, in that I now go to a lot more of these multiagency meetings and events.” (P2004, para 83)

However, not all organisations were felt to be supportive of strategies to foster evolution. Where alternative strategies had been tried and failed, practitioners evidenced a tendency to change their frame of reference within the organisational context. Examples included, “I have closed my eyes already a lot” (P1105, para 132), and “…we tend to kind of side step it a little bit, by placing ourselves slightly removed from the people that make the decisions” (P0102, para 53). Inadequacy of mitigation or evolution in alleviating discomfort had longer term consequences. I learned both from interviews and subsequent communications that practitioners had left organisations or considered applying for posts with more influence on the system where this had been the case.

4.3 Positioning Domain

The processing domain formed opinions and adoption of beliefs by practitioners. The consequent stance practitioners adopted covered a range of contexts, both private and professional. This flowed into practitioner positioning and was evident in ideological, spiritual and cultural forms. However, positioning provided the most distinct link between processing and practicing when it related to opinions about interpersonal
interactions and the impact of power. It is for this reason that the positioning domain includes the single category “sociopolitical positioning of the therapist”.

4.3.1 Sociopolitical positioning of the therapist

Acknowledging their own position within the sociopolitical milieu was a central feature of several of the participants’ responses, with five of the interviews citing specific examples of how past relationships and experiences contributed to opinions in relation to personal sociopolitical positioning. Examples ranged from comments like “we all are social and political beings. We have all come from somewhere” (P1205, para 113), to expressions of irritation with practitioners who did not consider the relevance of their own or their clients’ political identity. Participants described their sociopolitical positioning predominantly in terms of diversity and power. As a result, the diversity inherent within the identities of the practitioners themselves was evident when the responses within the category were compared. It is these variations, together with examples of how diversity was perceived as a part of participants’ identity, which will be the focus of the remainder of this section.

All the interviews and focus groups defined diversity as “difference”, with four of the interviews and the first focus group including examples of how participants conceptualized diversity as a part of their own identity, for example “because I am from an ethnic minority, for me I work with a lot of difference, because the people that I work with are different to me” (P1911, para 44). This type of assessment of self was associated with how dynamics within the therapeutic relationship were potentially
influenced. The first focus group discussed experiences both participants had, reflecting on aspects of their own diversity:

“…if I had a male client I would think what am I to him? You know, I have had older clients that see me as a daughter figure, … and that has to be addressed.

K: Yes. I think with adolescents again, you know, the assumption is there, but I think that they feel less of a power differential with adult women from adult men. … Certainly, when I worked into a prison I think they got into more power struggles with men. And women are the people that you can be a bit softer with, or you can show your feelings to. … It is like a bit of an admission that your gender makes you different.” (FG1, paras. 108-109)

In this category, discomfort was most frequently associated with perceptions of mismatches between the participants’ identity and the professional context. However, professional context included a range of factors for different practitioners. Two identified finding the influence of government initiatives on the way psychological services are delivered “difficult”. Four of the interviews identified a mismatch arising from the organisational context. Comments included acknowledgement that there was a need to address the discomfort, as this consultant psychologist noted:

“Q. … including direct patient contact, what other opportunities do you feel you have to address social or political factors in your practice?

A. I suppose political in the sense that I work in an independent hospital. To a certain extent, you know, I have to look at within myself how much making profit out of mental health… fits or does not fit.” (P1509, paras. 91-92)
The process of coming to terms with any mismatch involved a shift in practitioner’s own positioning. While this clinical psychologist noted the change had taken place over a period of time:

“A. ...If you would have asked me 8 years ago I would have been more political and more radical I think.

Q. And what would the differences have been?

A. I think I would have moaned much more about the system here.” (P1105, paras. 154 - 156)

In later feedback, she identified that the adjustment had not been entirely successful in alleviating associated unease. As a result, she reported plans to leave the setting she was currently working in. The feedback from this participant was interesting in that she also noted the impact that having been a participant in the study had. Later reflection on the interview questions had brought awareness of experiences of discomfort to the fore, consciously prompting a wish to instigate change.

The role of power and its relationship to the positioning of the therapist was a subject that arose in every interview and both focus groups. However, perceptions of its location and relative influence differed between participants. The nature of power and how it could be addressed interpersonally in therapy was variously described as something with a “dynamic” nature, which gave the therapist the opportunity to find means of “giving some of it away”, to being an entity with a more static presence:

“We can address power issues within therapy, but the power is already there. They are coming to us. We are not giving them a choice of a different type of therapy, different time, different day. And I know that may be about money and politics.” (P1911, para 96)
In this and one other interview, lack of choice was construed as a contributing factor to why there were some sections of society “that we don’t reach”. Effective exclusion was understood as arising from inadequate consideration of the “meanings” attached to the places where therapy was offered, or the ramifications of times when appointments were available. This was attributed to service organisers’ tendency to be “not realistic” about the needs and realities of the lived experiences of the people within the geographic areas served. In two of the interviews, the view was expressed that management were so far removed from the social sphere of the majority of service users that they were unable to understand what their needs were. For example, in commenting on changes to appointment availability in a former workplace, a counselling psychologist contrasted the management view that “workplaces will be sympathetic” with her opinion that “[Supermarket name] aren’t that understanding” (P0403, para 17).

Again, the organisational context was cited as being important, due to it being perceived as an entity that held the majority of power relative to both clients and therapist:

“Q. How do you see the organisation that you work in and its role in relation to the people that you see?

A. They have got a lot of power, because they govern where they are seen, when they are seen, what type of therapy they are seen for. They hold all the power actually, it feels like. Because as therapists we can give minimal choices as to do you want to see a man, do you want to see a woman? But usually we have surgeries on a certain day at that clinic. If they can't make it, there is not much other choice.” (P1911, paras. 94-95)
Those participants who perceived power was held by the institution also viewed everyone associated with the structure as being subject to its impact:

“... a lot of the systems that we have, both for staff and patients, create learned helplessness... And staff are in this loop and patients are in this loop. And if you don't look at the bigger picture, you can put an awful lot of energy into that.” (P1509, para136)

The acquisition of power through training and gaining qualification was in itself the cause of discomfort for one counsellor. Here he describes his struggle with the meanings he attaches to the transition and his perceptions of barriers he consequently feels in the therapeutic relationship:

“I could be totally misreading this and misjudging the implicit sort of assumption that people who come to see you think you come from a certain type of background to be doing the kind of job that you are doing...you can always tell in the way they are talking to you, that they are talking to you as if you wouldn't quite get that angle of the problem because you have never quite probably lived that kind of life. Which is not the case at all, it is extremely not the case, but there is that kind of idea that you wouldn't kind of get it. I think that you are almost seen as more powerful, coming from a higher kind of social level.” (P0505, para 68)

Implicit within this extract is the counsellor’s acknowledgement of the role of his own interpretations of social hierarchy impacting on the way he interprets interpersonal processes. An overlap exists between the discomfort described from the mismatch between perceived positioning of personal and professional identity and therapist
conceptualisations of the role of diversity within their own identity described earlier in this section.

Two other practitioners spoke about the use of reflection to help develop awareness in relation to professional identity. In describing how she had evolved as a result of reflecting on the impact of working with “an inherent power differential” in her first year after qualifying, this clinical psychologist described changes in both positioning and language:

“I have changed my viewpoint on this quite a lot since my training and now I kind of acknowledge that inherently, because the route by which people come to see me, and I work within the National Health Service, that it is quite clear to them that I am a professional and they have come to see me... so I don't use words any more like client so much. I do actually refer to people quite often as patients which I never -- I always thought there has been a bit of stigma about that in my training, and I kind of think now that am I being false by calling them clients when actually they are not. “ (2004, para 57)

The role of open acknowledgement that problems were present, together with productive discussion, was perceived in three of the interviews as the most effective method of addressing and reducing inequalities inherent within service provision. The desire to provoke such discussions was raised by two practitioners, who expressed the view that similar discussions were needed throughout system hierarchies in order to be dealt with effectively:

“People at the top need to look at themselves and the people at the bottom need to look at themselves, different approaches to diversity. And let's discuss it, let's
In relation to discussing relevant issues, three of the interviews described the role of the practitioner as linked with assuming “responsibility” for this mitigating process. For two counsellors, responsibility was construed as being “the responsibility you have to” the client, within the therapeutic encounter. This encompassed both allowing them the opportunity to explore their own meanings, and:

“...checking out something, if it has not been within my frame of reference, then I see it as my responsibility to the client to really try and understand as much as I can and I think that is only respectful.” (P1205, para 83)

For the third, a clinical psychologist, responsibility extended to sharing knowledge about the implications of working with diversity with other professionals:

“I think it is our role to kind of raise these things and make people aware of how they might be impacting... if you are aware of that and you think that has a very important part to play, which I do, I think it is part of your responsibility, as you would share perhaps the impact of a mental health difficulty on someone ...Yes, I think you need to talk about them, make people aware of them and keep bringing them up.” (P2004, para 105)

4.4 Practicing Domain

Within the practicing domain, the categories of conceptualisation and inclusion of sociopolitical factors were very closely linked. This was due to the cross fertilization of information available to therapists, the ideas they formed as a result and the
approaches taken to the therapeutic encounter. However, during the analysis it became evident that the distinguishing factor between the two categories lay in the extent of variation in the descriptions provided. As previously noted, participants’ definitions of diversity had been consistent across the interviews. Similarly, there was consistency across interviews and focus groups when participants described how they addressed diversity with clients. Consistency extended across use of language and the types of questions asked within the therapeutic encounter. However, significant variation was apparent in the approach taken to conceptualising the implications of diversity, both for the client and the therapeutic relationship. It is for this reason that I chose to distinguish between the two categories.

4.4.1 Conceptualising the sociopolitical

This category contained the most variation between participants of any of the categories identified in the analysis. Although every interview and focus group gave the same definition of diversity, as outlined in the sociopolitical positioning category, each participant conceptualised the possible client experiences arising from difference differently. The first notable variation appeared to lie in the importance placed on inclusion of sociopolitical factors. The first focus group contained the opinion:

“I don't think you can really understand somebody's presentation without paying attention to those factors really, because they influence everything you experience...” (FG1, para 113)

This type of consideration was incorporated primarily “where I am doing formulation or helping somebody to try to make sense of their problem” (FG1, para 113). The same opinion was echoed in three of the interviews. However, opinions about how relevant influences may manifest interpersonally differed, as the following examples indicate.
In the first excerpt, a clinical psychologist described the potential role she perceived issues of diversity had within the therapeutic relationship:

“I am just trying to think of interactions. I am not aware of it influencing it, although I am sure it does.” (P0102, para 34)

It is important to note that she had initially commented that the client population she generally saw were predominantly white female, with socioeconomic factors tending to be the area of diversity she was most aware of. In answer to the same question, a counsellor who identified working predominantly with older people from a broad spectrum of cultural backgrounds stated:

“I think your social and political background have a direct influence on your values that you hold and how you live your life. And that then impacts upon how you respond to different situations, how you cope, how you manage.” (P1205, para 95)

Differences were also apparent amongst views about the types of experiences clients may have had and how that could shape the way practitioners thought about a case. Three of the interviews described inclusion of power dynamics. Focusing on consequences of diversity, one interview and both focus groups included the role of racism, while two other interviews incorporated how stigma may affect client experience. Two of the interviews noted that consideration of internalized messages would be a factor in relation to identity. As alluded to in the previous paragraph, the way practitioners approached inclusion of sociopolitical factors into conceptualisation appeared to relate to their experiences of and reflection about diversity. Two of the interviews included explicit reference to how practitioners felt their level of knowledge
influenced the approach taken to conceptualising relevant issues, both in relation to consequent limitations and focus:

“I know that I am focusing on culture or race, that is because I have had more experience with working with them.” (P1911, para 72)

The nature of the relationship was further revealed in two ways. Firstly, practitioners differed in how systematic they were with the inclusion of sociopolitical factors, elaborated in the next paragraph. Secondly, variation was evident in how comfortable practitioners were with the implications of sociopolitical features. Feeling unease with the socioeconomic disparity between herself and the client was recognised by one clinical psychologist as feeling “uncomfortable”, the difference being described as being an issue “…that I don't think I often, if ever, raise with people” (P0102, para 120). Two of the other interviews contained references to how the practitioners had evolved their frame of reference to lessen the discomfort they felt about the magnitude of the problems faced by clients, thereby mitigating their own sense of helplessness. A counselling psychologist described how she had changed expectations of therapeutic outcome in response to the level of socioeconomic deprivation the majority of her clients experienced. As a result, she conceptualised the aim of therapy was "not to make them better because another problem will come along" (P0403, para 20), placing more emphasis on coping strategies. Similarly, a clinical psychologist described how conceptualisation altered both her approach and expectations:

“…frankly, you know, if you are homeless, or about to be evicted or about to be deported it is much higher on your agenda usually than kind of your own mood or your child's behaviour… You don't have much power over that, you are sat waiting and that places you, I guess, at a psychological disadvantage in therapy
because you come to it from a viewpoint of being very powerless and hopeless. 
... I don't think it is for me as a therapist to try and change that. I think it is right that they feel hopeless, et cetera, because I would in that situation. So, until we can try and sort out some of those things for them and I think it will limit their progress and their ability to engage. But I don't think that is their fault, I think it is the fault of those wider social factors and processes.” (P2004, para 81)

This approach directly influenced the type of therapy offered, a subject that will be dealt with further in section 4.4.2.

The same psychologist described how she employed the organisational assessment process as a model to systematically consider multiple social issues, enabling her to overcome associated discomfort:

“We have a standard service form which is quite nice because it asks you to ask questions about do they live in their own home, do they receive means tested benefits... Which are uncomfortable questions to ask, but actually it prompts me to start thinking about these things and actually just capturing where they might be, or any difficulties they might be experiencing that might impact on their engagement.” (P2004, para 43)

Reference to models used to aid inclusion of sociopolitical factors was also raised in two other interviews. One formerly used an “empowerment” model and one an “anthropological approach”. The latter counsellor justified inclusion of additional models for understanding a broader context due to her perception of the conceptual limitations inherent in the approach she employed therapeutically:
“...I think is it is like two polarised views really, because humanistic is very individual and does not really take into account about community and all of that. But as well on the anthropology side and sociology side, that actually does take in the fact that sometimes different cultures or different communities ... there is other elements to being different. There is community aspects and all that sort of thing. It does not just look at the individual ontology, it looks at everything.” (P1911, para 38)

Although there was evidence that all the participants considered multiple ecological levels where they felt it was appropriate to understand an individual, there was no further data that evidenced a systematic approach. Reflecting on the deciding factors, one participant frankly noted:

“I suppose one of the main barriers actually, if I am honest, is more just about being concerned about other things and forgetting it. Forgetting it could be an issue either way, if someone is different or if they are similar. Forgetting that in the context of the more obvious work with eating disorder symptoms and the dynamics, issues of diversity get moved down the priority list.” (P0102, para 42)

4.4.2 Including the sociopolitical within the therapeutic process

While the nature of the inclusion of the sociopolitical context within conceptualisation was distinguished by the variation apparent between participants’ responses, this category was marked by the homogeneity of content across the data. Given that the two categories are so closely linked, I felt the need to explore what reasons underpinned what I initially thought was a potential disparity in the way I had defined the categories. This exploration clarified that the homogeneity arose from similarities participants
described in the way they practiced within two dimensions. Firstly, every participant emphasized the need to explore each client’s experience as an individual. Secondly, every interview noted examples of how therapy had been changed or “tweaked” to take account of individual presentation. These two components may, therefore, be interpreted as mirroring the processing participants’ described in relation to themselves within the experience and theoretical approach categories in the processing domain (sections 4.2.1 and 4.2.2 respectively).

Exploring client experience was universally described as a process of asking questions:

“…be sort of prepared to just say it. What is it like there? I know what it is like over here, but what is it like there?” (P0505, para 40)

In the first focus group and seven of the interviews, asking questions was also associated with being able to acknowledge the discomfort that could accompany it. Discomfort arose from either awareness of a lack of knowledge or unease arising from practitioners’ awareness of their privileged position relative to the client:

“I wonder if it is one of those kind of slight guilt comes into my head. I don’t know if guilty is too strong a word…” (P0102, para 122)

Staying with one’s own negative feelings and resisting any temptation not to deal with issues that felt difficult was noted as an important element of practitioner awareness within sessions in one interview and the first focus group:

“…in the moment, you know, the feelings of what comes up and not to be afraid of it but to bring it there and work with it, rather than move it away.” (FG1, para 116)
There was also some indication from one clinical psychologist that discomfort may be indicative of how important the associated issues were:

“…ask about them, don't be afraid to ask about them in detail. You know, even the uncomfortable questions I think are the ones you need to go down.” (P2004, para 125)

Although homogeneity was apparent in the questioning approach, variation within this aspect of the category was identified within the case studies four of the participants used to illustrate their answers. My perception was that the examples demonstrated links between practitioner experiences, sociopolitical positioning and what each practitioner addressed in exploring client experience. A counsellor who had stated she had been “…brought up with this get on with it attitude” (P1205, para 99), cited the majority of her influential experiences occurred within her family and educational environment. The two case examples she used focused on how the immediate social context of the clients had influenced the content of therapy. In contrast, another counsellor described an influential negative experience arising out of assumptions being made by a therapist based on ethnicity. The case study she employed involved exploring a number of factors that contributed to the client's identity:

“...looking at beliefs and life scripts and stuff like that... looking at how historically what it meant for him to be black.

Q. Yes?

A. Then meant for him now. What issues and politically how -- why is it that black men are seen like that? What is it that, you know, understanding some of the other things that contributed to him being the way that he was...” (P1911, paras. 120-122)
However, consistent with the factors outlined in section 4.2.1, the role of experience and reflection was identified as a major influence on her awareness of what to explore:

“I wonder where I would have been if I hadn't had that personal experience to drive me forward. I wonder what my views or if I would have felt so strongly about things and about any sort of diversity issue, ... I think I am much more aware.” (P1911, paras. 107-108)

Examples also included a counselling psychologist describing how she perceived knowledge arising from her Christian beliefs allowed her to raise issues and explore beliefs sensitively within the context of a shared faith system with a client who was a member of the Salvation Army. In this instance the psychologist perceived the client had been "saved" from a "less aware" therapist who may have used a more challenging standard CBT approach. This was one of a number of examples where participants described a perceived need to adapt not only question content, but the entire therapeutic approach in order to obtain an adequate fit with client presentation, the second of the two dimensions raised in the first paragraph of this section.

Mirroring the process some therapists had described of finding a theoretical fit with themselves, all the interviews identified occasions when participants considered theoretical approaches had not supplied an adequate fit with the client. Reasons cited for the lack of fit varied, including socioeconomic, client personality, religious and cultural factors as outlined in the following quotes:

“You know, there are certain beliefs in any religion that do not fit with certain therapeutic approaches, that are never going to fit.” (P1205, para 103)
“I remember talking to indigenous people at home it is an entirely different sort of context. You cannot sort of do counselling like we do counselling and are taught to do counselling here with the stories they have got to tell. You know, when you have sort of reflect feeling and reflect content, you are always told with indigenous people at home don’t do that, because it won’t be met with a ‘you really understand what I am saying’ which it sort of would here. It would be met with, ‘That is what I just told you, why are you just repeating it to me if I have just told you that?’” (P0505, para 46)

As a result, all the interviews described how practitioners had altered their approach to achieve a closer fit with client presentation and need. The range of responses in this respect included continuing to use an approach while acknowledging it “needed to be tweaked to a certain extent”. The limitations of this tactic were described in one interview as:

“I guess it can be a hindrance, in that sometimes you have to make so many adaptations to therapeutic approach for the individual. But I guess it still gives you a framework to work with…” (P2004, para 71)

For this clinical psychologist, her discomfort with the lack of fit with clients was mitigated by the information she felt it supplied about majority social norms. Speaking about use of the parenting model she said:

“It can be difficult to sell to different people from different cultures, for example, if they don’t hold the same beliefs about child rearing ... But equally though, we are expecting these individuals or they are expecting themselves to live within our society, so they want to know how to manage their children in a way that is appropriate to our society. So I guess in that way you are also benefiting them and helping them.” (P2004, para 73)
Three of the interviews contained descriptions of times participants had changed the therapeutic approach completely to provide a closer fit. However, “adapting” and “integrating” approaches was consistently cited as a necessity, with one of the practitioners who felt comfortable utilizing a number of different therapeutic approaches identifying diversity related adaptation as being:

“... where my integrative skills are really tested to the limit, because I can't just use one pattern of working.” (P1205, para 77)
5. Discussion

The aims of this study were two fold. Firstly, to illustrate how qualified psychotherapists understand sociopolitical factors and issues of diversity. Secondly, to explore practitioners’ perceptions and personal experience of how sociopolitically relevant issues are incorporated into psychotherapeutic interventions. Although the area has been identified as an important consideration (Chantler, 2005; Cosgrove, 2005; Joseph, 2007; Prilleltensky, 2008), the little research that has been conducted revealed that trainees felt some confusion about how to incorporate sociopolitical dynamics into the therapeutic encounter (Thompson, 2007).

The predominant impression of the analysis was the level of complexity participants included in their explanations of factors that influenced the way they addressed sociopolitical and diversity issues. Although several of the theories researched in the literature were relevant to the analysis and are dealt with in the sections that follow, the complexity present suggests a more involved process is taking place for practitioners than previous research may indicate. The inclusion of complexity to supplement and enhance existing ways of understanding the therapeutic process is consistent with the findings of Pope-Davis et al. (2002) from the clients’ perspective. Adequate explanation of the relevant processes involved the emergence of two models. The overarching model explicitly identifies contextual factors identified as informing each practitioner’s approach to addressing sociopolitical issues. However, a subroutine concept also emerged, a process that took place within the contextual categories. It is the combination of context and process that ultimately addressed the research questions, but also raised several further queries and potential areas that future studies may usefully address. This discussion will focus on the two areas that appeared to define the
narrative of the analysis; the role of dissonance and the situated practitioner. However, it is also important to note the limitations of a study of this type.

5.1 Research limitations

Although a number of advantages inherent in use of grounded theory have been raised in section 3 to justify its use, there are some additional issues it is worth highlighting when one comes to evaluating the methodology. Given the small scale and exploratory nature of this study, it does not purport to represent anything other than the subjective experiences and views of the thirteen participants that took part. Although theoretical sampling aimed to include a range of diversity within the study, the participants were recruited from a relatively small geographical area of the UK. It is possible that similar interviews with participants practicing across a wider geographical spread would have given very different responses based on their experiences.

The study was intended to be the first step in what is potentially a much larger body of work. It is hoped that it may provide some suggestions for useful further consideration, and that the emergent models may provide some information about the breadth of contexts and processes that these practitioners described as influencing their practice. However, my interpretation may differ from that made by another researcher and this is the reason I have attempted to incorporate some explanation of the model’s evolution within the critical appraisal and diary synopsis (Appendix 2) that follow. This is consistent with the constructivist philosophy that underpins the research, but differs substantially from the evidential and analytic expectations contained within a quantitative approach.
Consistent with the factors presented in the previous two paragraphs, transferability of the results of the study to alternative contexts may prove challenging. However, as alluded to in section 3.7, steps were taken to mitigate this difficulty to allow the reader to judge the extent of this limitation in relation to their own context.

Finally, the analysis of the available data involved me making a conscious choice to follow the content of the interviews as a method of prioritizing the experiences and views of the participants. This is consistent with allowing the categories to emerge through the coding exercises, as opposed to attempting to fit the data into preconceived themes, and is the approach recommended by Charmaz (2006) in relation to grounded theory analysis. As a result, the reader may feel the research questions have only been partially addressed in places. The reasons underpinning any perceived deviations from the stated research focus within the interviews may themselves be an area worthy of future investigation.

5.2 Finding a comfortable fit: A subroutine of dissonance

In relation to the research questions, finding a comfortable fit had a role relative to all four of the questions posed. In relation to practice considerations, descriptions of awareness of discomfort were associated with experiences of anxiety consistent with the findings of Eagle et al. (2007), Maxie et al (2006) and Sue et al (2010). However, a broader range of contextual factors were also cited as sources of discomfort similar to those outlined by Hildebrand and Markovic (2007) in relation to organisational and theoretical constraints. Practitioners’ described processing theoretical, organisational and experiential forces so that, wherever possible, they fitted with personal values and
beliefs. In order to achieve a fit, and a feeling that diversity and sociopolitical considerations were adequately accounted for, many of the participants noted a need to instigate change as a form of evolution. As a result, they described an individualised and adaptive approach to incorporation of sociopolitical considerations into their practice. Notable examples of this included occasions when practitioners felt they had successfully adapted methodological techniques to fit with their own and clients’ needs, or when increased familiarity with relevant issues eased initial concerns. The role of familiarity is an area explored more fully in section 5.2.1.

Every contextual category in the analysis contained some descriptions regarding the relative comfort participants experienced in relation to the context. When discomfort was absent, participants were largely unaware of processes of development being active, this was especially evident in the feedback received. Where discomfort was felt, practitioners were aware both of its presence and the circumstances that alleviated it. The identification of discomfort may be perceived as analogous to the presence of cognitive dissonance (Festinger, 1957). The actions taken by participants to alleviate dissonance, described in the “evolving to a comfortable state” strand of the second model (Figure 4.2), closely resembled those noted by Andersen et al. (2010), Festinger (1957) and Mahaffy (1996). As a result, the role of dissonance within the practice of counselling psychology may have several implications, as outlined below.

5.2.1 Monitoring practitioner wellbeing

Taylor (2007) suggests that professional dissonance is associated with practitioner experiences of anxiety and growth. In contrast, she conceptualises avoidance of
addressing dissonance as a process whereby mental health practitioners subsume personal and professional values in order to achieve a temporary state of comfort in the face of making difficult decisions within the context of practice. However, Taylor (2007) describes it as a state that will ultimately lead to developmental stasis and a growing internal incongruence associated with professional burnout. This study illustrated that practitioners did perceive a link between awareness of dissonance and instigation of change, with specific examples of efforts to achieve synergy between personal values and aspects of practice. However, in fewer cases there were also examples of the stresses practitioners described where they perceived organisational restrictions challenged their ability to practice in a manner consistent with personal and professional ethical congruence.

Several issues of relevance to counselling psychology flow from the features raised in the previous paragraph. Firstly, although cognitive and professional dissonance are identified in this study as an area of relevance for practitioners, incorporating experiences of anxiety and discomfort across career span, it is an area that is under-researched. As such, there is at present little guidance for practitioners to assess how best to manage their own or supervisees’ wellbeing in this regard. Taylor’s (2007) remarks in relation to professional burnout in social workers may apply equally well to counselling psychologists. In contrast, open discussion about dilemmas underpinning dissonance may promote a form of existential resilience identified by Taylor and Bentley (2005). Possible additional benefits of this approach are identified in the next section.
5.2.2 Dissonance as a vehicle for change

The findings of this study appear to indicate that practitioner attention is drawn to areas where discomfort is identified, and this may be one method of determining the presence of cognitive dissonance across a number of contexts. The study also indicated that dissonance in the form of anxiety in relation to addressing issues of diversity and sociopolitical factors was prevalent for the majority of participants during training and in the early years of practice. These factors taken together have implications for those responsible for delivering counselling psychology training. For example, given that trainees are likely to be able to identify meaningful examples of discomfort during this period, Gorski’s (2009) suggestions that cognitive dissonance may be effectively used to encourage critical approaches to socially constructed norms may be imported directly into the lecture theatre or supervisory experience.

Explicit use of the experience of dissonance on placement is potentially one means of encouraging reflection, reducing feelings of being deskilled (Israel & Selvidge, 2003; Thompson, 2007) and mitigating avoidance (e.g. Day-Vines et al., 2007; Gushue, 2004) of difficult subjects. Monitoring the presence of dissonance through systematic review of personal responses towards different manifestations of diversity and sociopolitical context may reveal previously unconscious assumptions which, once brought into consciousness, can be accessed and challenged constructively. It therefore provides a practical means of incorporating Pedersen’s (1997) encouragement to raise one’s awareness of personal assumptions as a form of reflexive good practice. Similarly, explicit exploration of dissonance has potential to expose, and therefore reduce, the occurrence of unconscious interpersonal messages in the therapeutic encounter; one example being microaggressions as identified by Sue et al (2008). As such, from a
personal development perspective, exploration of the impact of dissonance during training provides opportunities for personal growth and change that in turn may support Gorski’s (2009) stated aim, namely increased promotion of a social justice agenda within the therapeutic encounter and Taylor and Bentley’s (2005) promotion of existential experience for practitioners.

It may also be of import to consider the converse of the above discussion, namely the potential implications of an absence of dissonance. The feedback for the study indicated that participants did not link personal growth or significance to those areas where dissonance was largely absent. In addition, some of the participants noted that, while the presence of mitigation features had the potential to alleviate discomfort, it also reduced the focus placed on areas such as difference and similarity between therapist and client. The role of familiarity with specific aspects of diversity was one such mitigation feature. While familiarity reduced experience of anxiety in relation to addressing the implications of diversity, it was also cited as a reason why aspects of difference or similarity between therapist and client may not be explicitly addressed. Familiarity may, therefore, risk reducing consciously critical approaches to the implications of diversity. If the result is that the sociopolitical status quo continues, unquestioned by default, this may be perceived as an example of Dahlberg and Moss’s (2005) description of the separation of daily lives and the political context.

Omission of adequate exploration of the implications of sociopolitical context and diversity issues is an area of relevance for both reflexive practice and supervision. In relation to sociopolitical factors, questions to ask in regard to omission of reference to salient issues may include:
- Are there areas that are of relevance that are not being raised?
- What reasons underpin this omission?
- How might omission impact on case conceptualisation, e.g., pathologising (Ridley & Kelly, 2006) and effective empowerment (Spong & Hollanders, 2003)?

Given the association of comfort with stasis identified in this study, it may be useful to explore what comfort factors or mitigation features are at work, in addition to exploring the role of avoidance where anxiety does exist. Such exploration allows relevant experience and constructs to be brought into awareness, thereby allowing them either to be challenged or used to supplement good practice where appropriate.

### 5.3. The situated practitioner

Cognitive dissonance may provide an explanation of the nature of discomfort practitioners perceive as they evolve conceptualisations of sociopolitical factors and diversity. However, the breadth of the contexts within which it was identified is worthy of note. The range of contexts introduced an understanding of the participants as situated members of the sociopolitical context themselves, thus going beyond the professional frame within which practitioners may more routinely discuss their practice (Charmaz, 2006). This may be perceived as one of the strengths of the study, in that an attempt to discover if and how practitioners take a holistic view of the situated experiences of their clients itself began to reveal a similar picture of the people taking part. In depth exploration of participants’ experiences, the core feature of grounded theory, is likely to have contributed to emergence of this aspect, thus justifying the use of the approach. The following sections aim to deal with relevant points that raise
possible implications for psychology research in general and counselling psychology in particular.

5.3.1. Personal experience and internalized values

The role of the self as a starting point for any consideration of sociopolitical issues was evident in both the processing and positioning domains. Consistent with Milton and Legg’s (2000) assertion, personal experience was identified as crucial in assimilating knowledge that could be applied to help understand clients and inform any consideration of issues that may impact on their life experiences. Although training was identified as one aspect of experience, most of the participants prioritised the contribution of reflection on a range of experiences at various stages of personal development, contact with other professionals and experience of working in settings where diversity was an important issue. As such, participants illustrated their practice was consistent with the advice of Locke (1991) and Miller and McClelland (1996) among others, that effective practice in relation to incorporating diversity issues into therapy begins with self-awareness and reflection by the therapist. Of relevance for counselling psychology in particular, the emphasis placed on this core professional value incorporated all practitioner experience, not only that which occurred during professional lives. As such, it is interesting to note that conceptualisations of the role of personal experience fitted with an ecological frame (Bronfenbrenner, 1979).

Practice implications from this finding include potential concerns that may arise if organisational arrangements lead to the role of supervisor and line manager being undertaken by the same person. It would be understandable if practitioners were
reluctant to discuss the breadth of personal experiences that inform their approach to sociopolitical issues with service managers. However, the profession already mandates the use of personal therapy during training. If those providing therapeutic input for trainees and fellow professionals are aware of the potential for sociopolitically sensitive interventions to be bolstered by exploring experiences within personal therapy, then they are potentially in a position to make those explicit links and model within sessions how diversity issues and sociopolitical factors can be effectively addressed.

The theoretical sampling approach used in this study deliberately aimed to incorporate diversity within the participant pool. Unsurprisingly, therefore, the type and impact of experiences described contained notable variation. Those practitioners with extensive experience of diversity gave explicit examples of how they incorporated their understanding into conceptualisation and therapy, with the sociopolitical context being an acknowledged component. This was not, however, consistent across the interviews or focus groups. One of the limitations of using a purely qualitative approach in this study is that exploration of specific correlations was not possible, and the comments made in this regard represent an impression as opposed to empirically validated data. However, one of the consistencies that did emerge was the mitigating effect on anxiety that experiences with diverse populations had, before, during and after training. In addition, the desirability of actively searching for experiences, rather than passively allowing them to happen during the course of practice, was raised.

In contrast to the interrelationship between dissonance and familiarity, experience was also cited as an aid in combating assumptions, thereby identifying one avenue that practitioners currently use to mitigate stereotyped or prototypical ideas about group
identities raised by Chantler, (2005) and Warner (2008). This was something that was perceived as universally relevant, in that assumptions about differences and similarities between therapist and client were both viewed as issues which needed to be borne in mind. As a result, the locus of change identified in the “reflecting on the impact of experience” category was predominantly cited as being the self.

The factors outlined above have potential relevance for those devising professional training programmes. Specific academically based diversity training was viewed by many of the practitioners as a “tick box” exercise, providing less valuable insight about the implications of diversity and sociopolitical factors than direct experience. It may be that what was being described was a perception of the difficulties described by Ridley et al (2005, cited in Ridley & Kelly, 2006) with integrating cultural diversity and sociopolitical considerations into the curriculum. Until this is successfully achieved, the participants in this study appeared to be suggesting that careful choice of placements may be adequate to provide enough opportunities to allow experience of integrating these factors in a more practical form.

The identity of the practitioner had another important implication, in that the majority of the participants cited examples of how comfortable, or not, they felt with different theoretical approaches. Consistent with Hildebrand and Markovic’s (2007), this study included descriptions of occasions where a specific therapy was perceived as not adequately matching client need, but it also introduced further layers. Several of the participants cited examples of instances where they had difficulty adopting an approach that did not fit well enough with personal values. The majority described a process of
matching therapeutic approaches with personal value systems before internalizing the values inherent in those approaches that did provide sufficient fit.

These descriptions have implications for modern practice and in relation to workforce diversity. Firstly, further research into the perceived values inherent in commonly utilized therapeutic modalities, and how this potentially influences who applies for training, may be worthy of consideration if counselling psychology wishes to encourage diversity within the profession. Secondly, although the internalizing process described indicated that therapists changed as a result of adopting a therapeutic modality, the descriptions of adapting and weaving more uncomfortable models to achieve an adequate fit with self indicates that a locus of change may also exist in the way the theory is interpreted and applied. This has implications for the homogeneity of service delivery and may also benefit from further investigation.

### 5.3.2 Organisational considerations

The majority of the participants in this study made some reference to how they perceived their place within organisational boundaries impacted on practice. The evaluation of this form of situatedness incorporated consideration of value fit between the person of the practitioner, the client and the ability to work effectively within the boundaries as defined by the organisation. Those practitioners who had an ability to work flexibly within their services described a perception that they were able to address client need in a more holistic and sociopolitically relevant manner. In contrast, participants described experiences of increased stress, changes in working patterns, perceptions of being unable to meet client need and, in one case, leaving organisations
where inflexible boundaries were associated with services that did not adequately address clients’ sociopolitical context.

Variations emerged between how practitioners perceived the nature and role of power. The differences reflected Proctor’s (2002) description of role, societal and historical power. Power was described as both negotiable between people and as held by institutions. The data revealed some practitioners experienced discomfort in relation to their own positions of power, stating the potential for it to damage therapeutic relationships unless it was explicitly addressed. In relation to organisational issues, some participants described feelings of their own powerlessness, consistent with Hildebrand and Markovic (2007). Feelings of vulnerability arose from a perceived inability to adequately address or instigate changes the participants thought were needed within the system. Participants did not always find their experiences to be synonymous with the values of the institutions within which they worked, while some felt responsibility to attempt to achieve change through the avenues they did perceive were open to them.

The combination of the issues outlined above poses a challenge to a traditional view of a powerful profession invested in maintaining its position (e.g. Adlam & Rose, 1981; Albee, 2000; Joseph, 2007; Proctor, 2005). In relation to research and critical approaches, this study points to the desirability for systems to be comprehensively critiqued for power and inequality considerations, not simply at the point of individual interventions with exclusive focus on client experience. If practitioners feel powerless to instigate change within the systems where they feel change is needed, this may supply one reason for the “extraordinarily static” (Chantler, 2005, p. 239) state of
sociopolitically relevant interventions. Critiques of the role and impact of psychotherapy that aim to aid positive service evolution may benefit from considering an ecological approach to influencing contexts, incorporating those illustrated in the overarching model (Figure 4.1).

Implications for the design of service provision include critiquing the role of “standalone” services with predefined inflexible role criteria. This study indicates such services may be perceived by practitioners and clients as failing to provide adequate sociopolitically sensitive services for a diverse population. The integration of services, allowing fluent multidisciplinary team communication and flexible responses to client need, may not only allow more relevant and responsive services, but this study indicates it may have the potential to increase practitioner perceptions of efficacy. Although the study does not provide evidence to support the validity of efficacy perception, service audit may be one method of testing this concept. However, research into public and professional perceptions of services adopting different models is another way of extending the relevance of evidence based practice into a policy domain.

If research relevant to psychology intervention limits itself to interpersonal components of therapeutic input, such as the efficacy of individual theoretical modalities or single aspects of diversity (see Moodley, 2007), it risks oversimplifying what contexts are considered in operationalizing research design. Simplified design that purposely attempts to limit variables does not address Pope-Davies et al’s (2002) reminder that the factors influencing counselling interventions and outcome are complex. As outlined in the literature review, complexity is a significant feature when considering the implications of sociopolitical factors. Difficulties in operationalizing complexity have
been cited as one reason why issues such as multiple identities have not been adequately researched to date (see Warner, 2008). If researchers avoid addressing this issue, the evidence available to inform designers of service provision will rely on partial, decontextualised information. Effective development of sociopolitically relevant service provision may potentially be hampered as a result.

5.4 Practice implications

There was broad agreement between participants about what diversity meant i.e. difference. However, responses diverged when the focus became who may be considered to belong to a minoritized group. A small minority of the practitioners focused solely on race and culture, with the majority using a broader definition consistent with Moodley’s (2007) approach. The majority of participants also identified that they viewed difference as a useful definition because it consequently led them to begin to consider how both their own and client characteristics, experiences and knowledge may impact on the therapeutic relationship.

Practitioners identified a preference to ask questions to inform their understanding of diversity related issues. Although important, these questions were also cited as the most “difficult”, supporting Maxie et al. (2006) and Sue et al. (2010). A questioning approach has the potential to demonstrate to clients that the practitioner is showing interest in the issues of relevance to them. It also respects the relative salience clients place on identities (Yakusho et al., 2009). Both are consistent with clients’ perceptions of cultural competence (Pope-Davis et al., 2002). However, lack of systematic consideration potentially leaves gaps in how sociopolitical issues are explored during
therapy. Although there was data to show that multiple ecological layers were within the reflective awareness of practitioners, as outlined in section 5.3.1, only two participants consciously utilized anthropological or empowerment models in addition to idiosyncratic approaches. Conscious use of alternative models resulted from personal research or organisational requirements. With these exceptions, there was no data to suggest that participants looked across associated disciplines to inform their approach to conceptualising sociopolitical issues. Thus, Goodley and Lawthom’s (2005; 2008) and Prilleltensky’s (2008) suggestions for achieving best practice appear to continue to go unheeded. Although appropriate conceptual models exist (e.g. Christens & Perkins, 2008; Cole, 2009; Yakusho et al, 2009), this study suggests they are not routinely used. The reasons for this are unclear, but research publications may benefit from incorporating cross-disciplinary resources as one route to disseminate relevant information to the profession.
5.5 Conclusion

In understanding sociopolitical context, practitioners are aware that context and personal experiences are the prevalent influences. Two models emerged to describe the pervading narratives participants gave. A contextual model indicates the flow of contextualised experience through the practitioner into professional practice, emphasizing the situated nature of participants themselves. The second model describes a process taking place within each contextual domain, involving reflexive growth prompted by experiences of discomfort.

The inter-relatedness of the models illustrates the role of dissonance in the development of practitioner comfort with, and awareness of, the sociopolitical context within the therapeutic encounter. However, contextual boundaries across domains were perceived as limiters of relevant development and exacerbated experiences of discomfort. The small sample size and qualitative nature of the research failed to identify the specific contribution or correlation of the influencing factors to sociopolitically aware practice. The profession of counselling psychology may benefit from further research into the specific contribution of dissonance and contextual boundaries, specifically in relation to inclusion of sociopolitically relevant factors in therapy and in relation to practitioner experiences of stress and burnout.
6. Critical Appraisal of the Research Process

6.1 Introduction

This section is based on the research diary I kept from the beginning of the process. As such, the synopsis contains an assortment of ideas, from thoughts related directly to the models as they unfolded, to my intellectual and emotional responses to the process itself. The numerous memos I wrote during the process have been incorporated into the analysis where they were appropriate. In order to avoid duplication and keep the appraisal to a reasonable length, memos have not been included in this part of the write up, except where they directly show the evolution of the final models. Where it was felt appropriate, information that expands or further explains some of the ideas contained in this section have been included in appendix 2.

6.2 Past and present influences on approach to research

As outlined in the introduction to the diary synopsis (Appendix 2), the influence of previous experiences and beliefs initially prompted me to explore the process through which sociopolitical factors were incorporated within counselling psychology theory and practice. The definition of process that fitted most closely with my understanding arising from those experiences is that provided by Corbin and Strauss’ (2008), namely: “…ongoing action/interaction/emotion taken in response to situations, or problems, often with the purpose of reaching a goal or handling a problem.” (Corbin & Strauss, 2008, p. 96). In addition, one of the legacies of embarking on this academic phase of my life was that it enabled me to ascertain that my previous career had endowed me with a tendency to approach both research and practice from a critical perspective (Kincheloe & McLaren, 2000). During professional training, however, I became aware of a tension growing between my initial critical approach and the challenges posed by
my own sense of inadequacy in relation to successfully incorporating multiple levels of contextual awareness into working with clients. At some points my original stance came to feel quite naïve, as I began to gain some understanding of the challenges of including a critical approach within incumbent organisational structures. Given my own experiences, it felt inappropriate and overly judgemental to approach this study with my initial assumptions about the nature and extent of the power held by practitioners to serve a social justice agenda. I likened the experience to what Morrow (2005) described as the “tensions” (Morrow, 2005, p. 250) between ontological and axiological approaches within research. While it remains an ambition that the research may ultimately provide material that could be used to inform change and reduce oppression (Guba & Lincoln, 1994), my immediate preference was to attempt to approach the research process with as open and inquiring a stance as possible.

As I began to think more deeply about the research process, I was aware that my trainee status had the potential to both balance power dynamics present between researcher and researched, and to sustain a shared contextual frame (Morrow, 2005) in which to explore practitioner experience in some depth. However, training also served to embed a previously fledgling belief about the constructed nature of reality (Charmaz, 2006; Gergen, 1985). Just as the subjective experience of each client was the central focus of therapeutic interactions, it was apparent to me that the experience of individual practitioners was one of the richest sources of data available. In order to address the research questions adequately, I felt it was necessary to explore how practitioners understood and worked with the often disparate contexts they and their clients existed within. Practitioner voices, relating their subjective experiences of dealing with sociopolitical issues, were largely absent from the research at that time. My desire to address this is one of the factors that informed subsequent decisions about the design of
this piece of research (Trafford & Lesham, 2008). For example, a wish to explore subjective experiences in depth led to the choice of a qualitative approach as the most suitable way of collecting and analysing the data gathered.

6.3 Research as an evolving process

The time that elapsed between handing in the original proposal and reworking it for ethical approval was a time of change, both to my ideas about what could be achieved and to the wording of the aims as a result of these reflections. The aims were reworded several times for two reasons: Firstly, I realised that the study proposed was at least two steps back from what I had originally wanted to discover, due to the lack of evidence available. As a result, I needed to look at my basic assumptions about what incorporation of sociopolitical ideas embraced. In supervision it was also made apparent that my assumptions included a core potential difficulty, namely that I was assuming that practitioner accounts of what happened in practice were indeed consistent with the actual process that took place in the therapy room. Secondly, the original version of the aims lacked the specificity that would make them consistent with a grounded theory approach. This was a useful exercise to complete, in that it served to clarify in my own mind where the research was potentially placed within the literature, and greatly helped the construction of the semi-structured interview. It also transpired, on further review, that the process I was envisaging mirrored the nature of early investigations into multicultural counselling competencies (Pope-Davis et al., 2002). As a result, I felt more confident in the approach.
Worries associated with slipping timescales are outlined in appendix 2, and it was not until April 2009 that the first interview was obtained and transcribed. However, the process of line by line coding started to produce interesting potential lines of inquiry almost immediately. At the same time, I continued to look at the literature to keep abreast of any new information as it emerged, but was disappointed with how little I was able to find. The disappointment did not last long, as my research diary began to contain pages of ideas that were emerging from focused and axial coding processes. The first two major categories that emerged were prioritizing of personal experience and taking responsibility within multiple contexts. The concurrent collection of interview data made the grounded theory approach feel natural and dynamic.

As 2009 drew to a close, my appreciation of the benefits of having two supervisors grew. The opportunities to hear two different views on the research allowed me to question and review my responses and ideas from different avenues. As I began to discuss the contents of a potential new literature review, I was put in a position where I felt I needed to redefine the boundaries of the study. Although it was at this stage I began to be guided to explore how therapists were embedded within the sociopolitical environment themselves, as will be made clear later in this appraisal, I did not fully appreciate the implications of this aspect. As a result, I continued to focus predominantly on client context. However, the reflections provoked by supervision, in conjunction with the analysis and ideas provoked by reading the contents of Yakushko, Davidson and Nutt Williams’ (2009) identity salience model, did influence the changes made to the interview schedule. The new schedule was constructed around the following criteria:

- What do therapists understand about clients’ sociopolitical contexts?
• How do therapists understand their own contexts and how does this influence therapeutic interventions?

• How do therapists conceptualise the impact of context within the therapeutic encounter.

These were the areas where I had identified lack of saturation, and so the new interview schedule was adapted to try to gain more data to help.

In addition to computer memos, I utilized freewriting as proposed by Charmaz (2006). The content included efforts to bring the emergent categories together as a coherent story both within the analysis, and as part of the thesis as a whole. “Asking the difficult questions” and the influence of practitioner experiences of being a member of a group, minoritized or not, were central to the categories and axial coding exercise I completed. I stayed with asking the difficult questions for what felt like months without being able to unify what I was doing. “Tweaking therapy” also emerged as a promising concept, but had similar difficulties in that it only provided a partial picture of the process.

A breakthrough came when I introduced an ecological framework into the analysis in relation to the changes or “tweaks” that had been described by the participants and the contexts they took place within. The initial one is shown in figure 6.1 below. Looking at this now, I can see that this was the first iteration of the final contextual model that emerged. The difficulties I experienced at this stage involved the fact that I had not yet determined that two models were needed to describe the process fully.
6.4 Identified problems and potential limitations

Two other possible problems were also relevant at this time. Firstly, although I had a clear definition of what sociopolitical meant for me, it was the feedback from the final interview that highlighted the difficulties this might have brought to the analysis of the study. The participant noted that her interpretation of what sociopolitical meant had directly determined what she had included in her answers. I realised that the omission of a question that asked participants what sociopolitical meant for them was an important omission in the schedule, because I could not do any comparisons between meaning and how that manifested in conceptualisations. On reflection I realised this had arisen from my own assumptions as I read through the literature. The lack of any definitions had led me to believe that there was a single accepted definition within psychotherapy literature. With hindsight this was a fundamental error when using a
constructivist approach, one that if given the opportunity I would wish to rectify in future studies.

The second omission, also hidden under my own assumptions, was my failure to fully appreciate the centrality of the sociopolitical context in which practitioners were positioned until late in the analysis. This has been alluded to in section 3.6, and was an important error with several consequences for the study as a whole. Firstly, it meant that I was not able to include relevant questions into the interview. The result was that the depth of the data available to inform the category was not adequate and saturation was not achieved. The category is poorer and less well defined as a result, detracting from the model as a whole.

Reflecting on the possible reasons underlying this omission, I came to the conclusion that two factors were relevant. Firstly, my initial focus was on the sociopolitical context of the client. Although the literature review included content about the embeddedness of the practitioner within social contexts, I had not been sufficiently cognisant of this myself. This led to the second component of the reflection. I had inadvertently fallen into what may be described as an “identity salience trap”. That is, I had been interviewing practitioners as practitioners. That was the salient identity at the time, and the interviews had only touched on other aspects of their identity as a resource to inform where influences on the therapeutic process may have come from outside of training. However, rereading the data did reveal instances of highly relevant information that was eventually used to inform the category. This is subject to a higher degree of interpretation than other categories because the direct questions were not asked.
6.5 Developing the final model

Although this was the first time I had completed a grounded theory research project, producing a theoretical explanation of the process was a core aim of the research. However, as the analysis came to an end I felt the difficulties encountered by many researchers in distinguishing theory from description (Corbin & Strauss, 2008). This feeling did not dispel until the two models were fully developed. Once they included enough explanation to be used as tools for feedback from those participants who agreed, the responses I received were both reassuring and very helpful in identifying why exceptions occurred. This has been outlined more fully in the analysis section.
References


Appendix 1

Psychology and Psychotherapy (PAPTRAP)

Notes for Contributors

Psychology and Psychotherapy: Theory Research and Practice (formerly The British Journal of Medical Psychology) is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments. We welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The Journal welcomes submissions of original high quality empirical research and rigorous theoretical papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. Submission of systematic reviews and other research reports which support evidence-based practice are also welcomed, as are relevant high quality analogue studies. The Journal thus aims to promote theoretical and research developments in the understanding of cognitive and emotional factors in psychological disorders, interpersonal attitudes, behaviour and relationships, and psychological therapies (including both process and outcome research) where mental health is concerned. Clinical or case studies will not normally be considered except where they illustrate particularly unusual forms of psychopathology or innovative forms of therapy and meet scientific criteria through appropriate use of single case experimental designs.

1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length

Papers should normally be no more than 5000 words (excluding the abstract, reference list, tables and figures), although the Editor retains discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length.

3. Submission and reviewing

All manuscripts must be submitted via our online peer review system. The Journal operates a policy of anonymous peer review.

4. Manuscript requirements

- Contributions must be typed in double spacing with wide margins. All sheets must be numbered.
- Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.
- Figures can be included at the end of the document or attached as separate files,
carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi.

- For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, results, Conclusions. Review articles should use these headings: Purpose, Methods, Results, Conclusions. For further details please see the document below:

Psychology and Psychotherapy: Theory, Research and Practice - Structured Abstract Information

- For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full.

- SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.

- In normal circumstances, effect size should be incorporated.

- Authors are requested to avoid the use of sexist language.

- Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright.

For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association.

5. Brief reports

These should be limited to 1000 words and may include research studies and theoretical, critical or review comments whose essential contribution can be made briefly. A summary of not more than 50 words should be provided.

6. Publication ethics

All submissions should follow the ethical submission guidelines outlined the the documents below:

Ethical Publishing Principles – A Guideline for Authors


7. Supplementary data

Supplementary data too extensive for publication may be deposited with the British Library Document Supply Centre. Such material includes numerical data, computer programs, fuller details of case studies and experimental techniques. The material should be submitted to the Editor together with the article, for simultaneous refereeing.
8. Copyright

On acceptance of a paper submitted to a journal, authors will be requested to sign an appropriate assignment of copyright form. To find out more, please see our Copyright Information for Authors.
Appendix 2

Research Diary Synopsis

A decade of working with people with acquired hearing loss had allowed me the opportunity to learn something about disability politics and, due to the multiple identities of clients, other social justice movements involving minoritized people. During this time I had witnessed some of the practical consequences that living with a disability had and became aware how multiple aspects of an individual’s life can be affected on multiple levels. As a result, I formed the opinion that the impacts experienced are contingent on the contexts within which they occur, together with the power the individual has to assert their needs, together with the will of those who can change contextual factors to do so. The process of changing career did not reduce my interest in this area, and consequently I embarked on the process of constructing a research project that incorporated it.

The original literature search began in September 2007. Looking back at this time, my searches were limited to disability issues and reflected the fact that I had not come across the ideas relating to intersectionality; my searches reflected this. Thus, the articles I was finding were limited in nature and a degree of frustration began to emerge by the end of February 2008. As a result, the searches began to include exploring socioeconomic factors which subsequently introduced me to critical community psychology ideas and greatly broadened the remit of the area I wanted to address. I realised that focus on a single aspect of diversity was going to overly limit the scope and usefulness of any subsequent study.
Concurrently, I began to investigate what methodological approaches would be suitable. It was apparent early in the literature search that little investigation had been done into the area of interest and the study would be predominantly exploratory in nature. Although I had previous experience of discourse analysis, I knew little about grounded theory at this point and so the steep learning curve in relation to what would be involved in developing a study using this method began.

By the beginning of 2009, I was still awaiting ethical approval and felt stressed with the timescales involved. My original plan was already behind, but I had provisionally recruited two participants so that I could begin data gathering as soon as the approval was granted. However, as the year progressed I became increasingly worried about timescales because it was proving so difficult to arrange the pilot focus group I had planned. As a result, I opted to begin individual interviews to enable me to begin some analysis to guide future participant recruitment. Even at this stage, people who had volunteered to take part were dropping out of the process. With hindsight this was one of the most uncomfortable times for me. However, a positive outcome was that I began to be more confident about approaching potential participants. This was an important part of my personal development. It benefitted not only my research, but also allowed me to begin to develop a confidence to take into professional practice.

Once interviewing began, it soon became clear that, although I had not originally intended to use software to code the data, the sheer amount of codes, memos and linkages was becoming unmanageable on a hard copy basis. The transfer to computer was not without issue. There were times when the process did not feel as organic or intuitive as it had done while I was relying on hard copies. However, as I gained
familiarity with the software, the advantages of being able to see spreadsheets (itemizing where linkages between categories had been noted as I worked through the data) made any other concerns pale in comparison.

One real frustration encountered during the process was the lack of relevant seminars available to inform the research. Work commitments prevented me from attending a seminar on power led by Nick Totton. The one seminar I did manage to attend, that was to be run by Gillian Proctor, was cancelled on the day due to her having food poisoning (although I can hardly blame her for that). As a result, the process has felt quite isolated at times. I have occasionally experienced thoughts that I am the only person who is really interested in this area. As the deadline for handing the thesis in loomed closer, these frustrations, taken together with the problems outlined in sections 6.3 and 6.4 felt overwhelming. Negative emotional responses also included fear in relation to how the research may be received. This aspect happened at a time when the emergent categories were showing that explicit inclusion of sociopolitical factors was not consistently evident in the data I had collected. It has been difficult to track how the associated personal discomfort this raised impacted on the analysis I conducted subsequent to identifying this issue. Consistent with the analysis and relevant literature, it clearly had the potential to lead me to avoid addressing relevant data. However at this time I documented that the requirements of the course led to a short break from the research. I suspect that this was the manifestation of my avoidance. Once I returned to the study, the anxiety had been replaced by motivation due to looming time constraints and the diary contains numerous examples of freewriting as I attempted to unify the ideas that had been distilling during the intervening time.
The most significant of these ideas are contained in the critical review. However, in addition to the academic content, the evolution of ideas that emerged during freewriting also had an important emotive component. The most significant arose in relation to reflection on practitioner situatedness. The realisation was a “lightbulb” moment for me, which reverberated from the time it happened until the present. The lightbulb moment happened because I was talking to another trainee who was presenting a poster at a conference. It was the discussion about both his and other trainees’ work that brought the omission into my mind to start with. Until this point research had been a fairly isolated exercise. My experience showed me the importance of talking to other people doing research about their queries and experiences, not only to share experiences but also as a route to promote alternative thinking about a research topic that I had felt immersed in for so long.

Once the idea was formed, it was so obvious that I was annoyed with myself for not having considered it right from the beginning of the research. This was reinforced when I read over the notes I had for the research as a whole and realised it had been raised in both supervision and by myself in response to one of the articles I had obtained. However, it was an important lesson as well. For me, this was an example of how researcher preconceptions and focus shape the content and interpretation of the research process.

During the final write up I reviewed the research questions more critically than I had done for some time. As the basis on which to draft the thesis, they felt imprecise and generalised. However, as I considered what changes I would like to make to them, I realised what I was doing was writing down the synopsis of the answers the research
had provided. The value of broad ranging questions was reinforced during this process and reminded me of the feedback in relation to not providing a definition of sociopolitical i.e. that it allowed the participant to define and use it in her own way. However, the complexity of the threads running through the analysis meant that I found the discussion the most difficult part of the whole write up. It also raised the concern that the analysis may be difficult to follow. I have discussed this concern in supervision, but as I sit here at the end of the process, it still feels muddled and unstructured. However, I have been given good advice that I need to let go of the process at some point. With the deadline looming, now is as good a time as any.

Final thoughts and feelings as I finish this process are mixed. On the whole it is something I have enjoyed, in spite of the overwhelming nature at times. However, for better or worse, I think I have raised more questions than I answered and I know that at some point in the future I will want to return to explore them.
Appendix 3.1

The socio-political context and its role in psychotherapy: Practitioners' understanding and integration of theory and practice.

INFORMATION SHEET

This research is being conducted independently by a Doctoral student in Counselling Psychology from Wolverhampton University. The study is designed to explore the role and influence of socio-political factors in psychological theory and psychotherapeutic practice. For the purposes of this research, socio-political factors are defined as those issues pertaining to power, inequality and the effects of hierarchies within both society and psychotherapeutic interventions. Both the study and this information sheet have been designed in accordance with the British Psychological Society Code of Ethics (2006).

The study is investigating two broad areas. Firstly, it aims to gain data about how practitioners delivering psychotherapeutic interventions understand the socio-political context within which both they and their clients live and work, with a focus on issues of diversity. Secondly, it will explore how practitioners perceive that understanding influences the psychotherapeutic process. Information will be collected using focus groups and semi-structured interviews.

Data will be collected via audio recordings for subsequent transcription. Hard copies of data will be securely held in a locked filing system, while electronic copies will be held on password protected, encrypted storage devices. The data collected will be used solely by the researcher as the basis for a report on the area outlined above. However, transcripts may be viewed by the Research Supervisor/Director of Studies and the examiners of the Doctorate.

All information will be treated in the strictest confidence, in line with the requirements of the Data Protection Act. Data will be kept for five years following publication and be confidentially destroyed at the end of this period. The process of anonymising will cover participants and any information about related clients, organisations and colleagues that may form part of the data content.

All those who agree to take part in the study have the right to withdraw consent at any time prior to report drafting. Once consent has been withdrawn, any data obtained will be deleted and no further contact will be made.

If you have any questions regarding this study, please contact me using the details supplied below. A short debriefing note outlining the findings will be supplied at the conclusion of the study to all those who supply information.

If you would like to take part, please e-mail the address supplied and I will contact you to discuss further arrangements.

Lynn Allen.

Contact details:

Researcher:
Lynn Allen.
E-mail: lynnallen@supanet.com.

Director of Studies:
Dr. Yvette Lewis.
Course Director – Practitioner Doctorate Counselling Psychology
E-mail: y.lewis@wlv.ac.uk.
University of Wolverhampton,
Wulfruna Street, WV1 1SB.
Appendix 3.2

The socio-political context and its role in psychotherapy: Practitioners' understanding and integration of theory and practice.

Aims: To explore how psychotherapists interpret socio-political factors, including diversity, and their incorporation into practice.

Participant Number:

CONSENT FORM

Please initial box

1. I confirm that I have read and understood the information sheet for this study and I am aware of how to contact the researcher if I have further questions.

2. I confirm that I have had sufficient time to consider whether or not I want to be included in the study.

3. I confirm that my participation in this research is voluntary. I understand that I may withdraw this consent at any time prior to report drafting, without the necessity to give any further reason or justification for so doing.

4. I understand that the information I supply will be dealt with in confidence and data will be anonymised so that no individual can be identified in the final results.

5. I agree to take part in the above study.

______________________________            ___________________________
Name                                                                                     Date

______________________________
Signature

______________________________
Researcher                                                                                     Date

Signature

Contact details:

Researcher:  Director of Studies:
Lynn Allen.  Dr. Yvette Lewis.
Tel/Txt: 07791 746 265.  Course Director – Practitioner Doctorate Couns Psyc
E-mail: lynnallen@supanet.com.  Email: y.lewis@wlv.ac.uk.
University of Wolverhampton,  University of Wolverhampton,
Wulfruna Street, WV1 1SB.
Wulfruna Street, WV1 1SB.

127
Appendix 3.3

Vignette 1:

Claude has been referred by his GP as presenting with anxiety. He is a 56-year-old white male, diagnosed with multiple sclerosis 12 years ago. He uses a wheelchair. He wishes to reduce his working hours because he feels unable to cope, but is worried about the financial implications. He is currently employed by a large firm of solicitors but feels he is being bullied at work. He is divorced with three grown up children, one of whom lives close by and visits regularly.

Vignette 2:

Nadja attends a drop-in centre for Muslim women and requests to see a counsellor. She is a 24-year-old who describes herself as British-Asian, married with one young child. Nadja reveals she has been self-harming and is unhappy in her marriage. She currently attends a local college part-time and is nearing the completion of a course in business studies. She states she feels confused about her future, although she would like a career. Her parents live locally, but she does not feel able to share her feelings with them.

Vignette 3:

Paul is an 18-year-old white male who is currently on probation for affray. The family social worker has referred him to counselling for anger management techniques. He left school with basic qualifications and currently works as a trainee mechanic in a local garage. He lives at home with his mother and younger brother. Paul reveals that he is gay, but has not told friends or family for fear of repercussions in the area he lives.
Appendix 3.4

Questions to facilitate focus groups:

With a focus on issues of power and diversity, what socio-political factors do you consider may be relevant to the experience of this client?

How would these considerations potentially influence a therapeutic intervention?
Appendix 3.5

Original Interview Schedule:

**Theoretical approach and context of practice:**
What theoretical approaches were you trained in?
What approaches do you prefer to use in your current practice?
Tell me about your workplace.
Can you describe the types of client/patient that you see?

**Understanding of diversity:**
How would you describe your current understanding of diversity?
What factors do you feel have informed your approach to diversity during your career?
What role do you feel issues of diversity have in the experience of your clients/patients?
What barriers do you feel you experience in relation to diversity issues?

**Understanding of socio-political factors:**
In relation to issues of power and diversity, what is your understanding of the role of the socio-political context within which you work?
What role do you feel socio-political factors play in relation to the experience of your clients/patients?
What aspects of your personal experience and knowledge do you feel are useful in understanding socio-political factors?

**Integration of theory and practice:**
How do you feel the theoretical approach you use influences the way you approach your clients'/patients' socio-political context?
What opportunities do you feel you have to address social and/or political factors in your practice?

What constraints do you experience in addressing client's/patient's socio-political context?

What do you feel are the most important lessons you have learned in relation to dealing with social and/or political factors?

**Practical Strategies:**

How do you feel socio-political/diversity issues can be most effectively incorporated into practice?

Can you give some examples of successful strategies you have used?

In what ways do you feel the inclusion of socio-political/diversity factors could be improved in practice?

Is there anything else you would like to add?
Appendix 3.6

Revised Interview Schedule

(Comments in brackets to be used only as prompts if necessary)

**Therapeutic Context**

What theoretical approaches were you trained in?

What theoretical approaches do you prefer to use now?

How long have you been registered?

In general terms, describe your current workplace and role?

How would you describe the range of clients that you see?

**Understanding of Diversity**

How would you describe your current understanding of diversity?

What factors do you feel have informed your understanding of diversity? (Personal, academic, experience)

In what ways do you consider issues of diversity may impact on the lives of your clients? (If generic difficult, prompt for case examples)

(If wider ecological factors/power not mentioned in previous answer =) How do you perceive these issues link into a broader social and/or political context? OR What is your understanding of socio-political context?

**Incorporation into Therapeutic Process**

How do you incorporate your understanding of socio-political context into a case conceptualization?

In what ways do you think diversity and/or your awareness of socio-political factors impact on the therapeutic process in your practice?
What do you do when you think issues of diversity are relevant to the therapeutic process?

What difficulties do you experience when attempting to integrate appreciation of diversity into practice? (e.g. Organisational, theoretical approach, capacity to influence change or limitations of role of psychology)

**Conclusions Drawn from Practice**

(if not already supplied) Can you give me an example from your experience of a time when you feel diversity was dealt with well?

What advice would you give to a current trainee about how to incorporate awareness of diversity and socio-political factors into practice?

Is there anything else you would like to add?
Appendix 3.7

Screen shot of coding relationships (MAXQDA)

Key:

Presence of square indicates the presence of a relationship between codes.

Graduated scale:

[Image of graduated scale indicating increasing number of coding links]
24th July 2008

Lynn Allen
26 Wirksmoo Road,
New Mills,
High Peak,
SK22 3HU

Dear Lynn,

**Doctorate Proposal for Counselling Psychology**
**Special Student Management Board Meeting held on 8th July 2008**

The Board made the following comments on the submission of your RES1P:

**Title:** The socio-political context and its role in psychotherapy: practitioners’ understanding and integration of theory and practice.

**Research Area:** This is an extension of work by a previous Masters student but focusing on trained practitioners rather than trainees and is an appropriate area of research.

**Methodology:** This is well structured and appropriate.

**Supervisor Availability:** There is currently no supervisor allocated for this project, although an external advisor from Manchester has been proposed. There are currently sufficient staffing levels within psychology to accommodate this proposal.

**Further considerations:**

- Careful consideration should be paid to ethical issues associated with where the interviews are being carried out. For example, if it is proposed that the research may be carried out on NHS property, the proposal would need to go through the Trust Peer Review.
- It was felt that there may be some funding issues to be considered, e.g. for travel and recording equipment.

It was agreed that the student may continue with this proposal.

Yours sincerely,

Dr Nicola Hart
Module Leader
Doctoral Thesis (PS5011)

Copy: Dr. Yvette Lewis

Dean: Professor John Darling MSc PhD FIBiol FRMS
School of Applied Sciences
University of Wolverhampton
Wulfruna Street
Wolverhampton
WV1 1LY
United Kingdom
Telephone Codes
UK: 01902  Abroad: +44 1902
Direct Line: 322136
Switchboard: 321000
Fax: 322714
E-mail: sas@wlv.ac.uk