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Making Sense of Parenthood

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Submitted in fulfilment of the requirements for the degree of:

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PREFACE

Here I outline the three different components of this Doctoral Thesis Portfolio. The first part comprises some empirical research investigating the meanings that parents attending SureStart centres ascribe to parenthood, and the impact of counselling at the centres, on those meanings. The second is a case study of a parent who had counselling at a SureStart children's centre and the third is a critical literature review examining clients' perceptions of person-centred therapy.

Part 1: The research

This section consists of an original piece of research aiming to explore in detail the lived experience of parents attending counselling within SureStart children's centres. It illustrates the meanings the parents give to their experience of parenthood, the meanings they attribute to the experience of counselling, and finally, how the counselling experience shapes new meanings of parenthood.

The study utilized semi-structured interview data gathered from a homogenous sample of four parents who had at least one child aged under five years, and who had been referred or self-referred to a SureStart children's centre counselling service. The data was analysed using Interpretative Phenomenological Analysis (IPA) which is a qualitative methodology underpinned by phenomenological and hermeneutic methodology. The research sought to: explicate the life-world of the parent who has counselling at SureStart, explore the meanings of parenthood and how the therapeutic process they experienced influenced those meanings. The impact of the therapy and how the parents used it to explore their parenthood is pertinent to counselling psychology practice as parents are a significant proportion of the client base. The analysis is presented and discussed in the light of the extant empirical literature and the implications for practice and further research are also discussed.

Part 2: Professional practice

This section contains an example of therapeutic work in the form of a case study which illustrates professional practice of counselling psychology in action. The case study

illustrates my knowledge and practice of person-centred therapy, and the practice is examined in the light of the theoretical underpinnings of the person-centred model. The case was conceptualized (rather than formulated), within the person-centred model and interventions discussed within the framework of that model. The client accessed therapy for eighteen months and I chose this client for the case study because it illustrated a long term piece of work where I was able to see the relationship between us develop over time, and the client, whose background had been the most destructive I had encountered, develop a sense of agency and self-esteem.

Part 3: Critical literature review.

This section presents a critical appraisal of the literature regarding clients' perceptions of helpful aspects of person-centred counselling. Traditionally, the perspective of therapists and researchers dominated the literature. Increasingly, there is recognition of the importance of examining the relationship from the perspective of the client. This has been, in part, due to a recognition that not all important areas for study can be adequately explored using quantitative research. Not all "data" comprises that which is reducible to measurable elements which can be studied within a positivist paradigm. The ability to use the client's own data, through semi-structured interviews and qualitative analysis, has allowed researchers to champion the voice of the client.

Thematic connection for the portfolio

This portfolio comprises three related pieces of work. One link between them is that the research and case study each represent a facet of parents' experiences of counselling. Firstly, the case study investigates one parent's experience of counselling at the SureStart centre where I myself was a therapist. The research piece focuses on four parents at different SureStart centres and their experience of counselling. The critical literature review focuses on the person-centred relationship and the importance of the client's perspective. The link to the work with parents is encapsulated by my recognition of the importance of the clients' perspectives on therapy, thus aspiring to investigate this with the client group I worked with at the time, which were parents at SureStart. I myself, by virtue of being in training was required to have one-to-one personal therapy during the training, which resulted in me, like

my participants, being a parent in therapy. This gave a very personal slant to the work, and as I travelled through the course with an increasing awareness of the need for a reflexive engagement with both my practice and my research, I became all the more conscious of the courage clients express when they enter therapy with a stranger like myself, and when they are willing, similarly, to become participants in our research. This convinced me that the person-centred framework was the most respectful when engaging with both clients and participants, and that a qualitative framework for the research was concordant with that approach.

Part one – Doctoral Research

Meanings of Parenthood: An Interpretative Phenomenological Analysis

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Abstract

Research into parents' experiences of becoming parents is widespread. However research regarding therapy for parents, and how that may impact on the meanings parents give to parenthood is rare. In response to this lack of knowledge, this study explores parents' experiences of counselling at SureStart children's centres and how that experience affects their perceptions of themselves as parents, and their on-going experience of parenthood. The study was conducted using phenomenological methodology. Data was collected via four semi-structured interviews. Participants were parents who had received counselling at a local children's centre. They had between two and four children each, aged between eight months and four years. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA).

Three superordinate themes are evidenced – i. Who am I?, ii. Feeling out of Control and iii. Parenthood and Counselling. Parents' sense of a parental identity and sense of agency changed when they became parents and over time, and therapy was used to explore these differences in experience. Despite accessing therapy, participants did not identify with people whom they thought of as needing mental health services. It is suggested that children's centre counselling services could become a "gateway" to other parenting support as the parent learns to experience a therapeutic relationship, gains a better sense of agency, and trusts that the professionals are not judging them. The findings are examined in the light of the extant literature which suggests, for example, that parents may experience dissonance between their concept of "parent" and their concept of "client." They may also find parenthood harder if their thinking is not "principle led". The research findings indicate that

there is still much to learn about this participant group, and suggestions are made for further research in this area.

INTRODUCTION

This introduction will give a brief rationale and context for the research and explain key terms and the context in which they are used. The aim of this study was to gain an in depth understanding of parents' experiences of counselling within the SureStart children's centre setting. The study utilized a qualitative research design. The data was gathered from a small, purposive sample by means of a semi structured interview schedule. The data was then analysed using Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009). The main research question was therefore:

For parents attending a SureStart Children's Centre, what are the meanings of parenthood, and how are these changed by engaging in counselling at the centre?

Areas of interest that I anticipated might arise, within the content of the interviews were as follows:

- How do parents express their experience of parenthood through therapy?
- How does their experience as a parent relate to their experience of counselling?
- What thoughts or beliefs are relevant in how they make sense of parenthood?
- What resulting future implications might be important for the counselling psychologist?
- Are there ways, based on the experience of parents, to alter service provision to make it more accessible or more effective for others like them?

Key terms and information:

Counsellor/counselling. The word counselling is used to describe the service clients experienced because that is the name of the service that clients come to – they are told it is a counselling service. In reality, they may see a counsellor, a psychologist, a mental health nurse, a psychiatrist or a range of other mental health providers. These practitioners will use a range of theoretical orientations and models. Whilst this research is aimed specifically around counselling psychology, it was pragmatic to use the words counselling and counsellor, within the text here, to reflect that reality.

Parent: This term refers to natural or adoptive parents who have parental responsibility.

Names: As far as possible, all identifiable details of participants have been altered, or omitted. Names given in the thesis and transcripts are pseudonyms.

SureStart Children's Centres: The study was conducted with parents who had used a counselling service at their local children's centre. A brief outline of the nature of children's centres is given below. The terms SureStart and children's centre are used interchangeably in the remainder of the document.

CAMHS – Child and adult mental health service.

CORE – Clinical outcomes in routine evaluation.

CORE-OM – Clinical outcomes in routine evaluation –outcome measure.

IPA – Interpretative phenomenological analysis.

MHP – mental health problem.

The context of SureStart

SureStart began as a government initiative aimed at resolving child poverty and social exclusion. It was targeted at families with children aged 0 – 5 living in areas of economic deprivation and it aimed to improve children's development such that they thrived, thus breaking the cycle of disadvantage. During the noughties, the SureStart programme was modified and became the Children's Centres Programme, a programme which had broadly the same aims as SureStart but served the entire United Kingdom irrespective of postcode. Areas classified as having greatest need still attracted the most funding, with areas perceived as affluent receiving much smaller amounts and running fewer services. Centres offer a range of services based on the needs of their area but commonly include antenatal and postnatal services, parent and baby groups, and parenting classes. Some, but by no means all, provide counselling for parents. Most of these operate via self-referral and/or referrals from other agencies – most commonly GPs and health visitors. Some centres buy in a particular model of service -- for example from Relate or CAMHS -- whilst others operate a standalone service with self-employed therapists. Therapists may come from a range of orientations but are usually known to the parent as "counsellors."

SureStart Children's Centres (as they are now termed) originated from a government spending review (Glass 1999). Although not as well funded as the original programme, with

some centres closing and many more being scaled down, the centres still form a key part of the UK government's parenting strategy. In recent years there has been recognition and championing of psychologically based interventions for parents. For example, the health manifesto document: "Healthy Lives, Healthy people", (DoH, 2010) talks of strengths-based and resilience-focused, interventions and discusses the importance of critical windows for development that respond to positive parenting techniques such as reciprocity and reading to babies. Similarly, Graham Allen and Ian Duncan-Smith (2008), laying out their strategy for early intervention in parenthood, suggest that parents can be taught to intervene more appropriately in their children's development and argue for a much greater focus on early intervention and prevention for mental health and emotional well-being among parents.

What is it to be a parent and what is parenting?

Parenthood is a cultural norm (Veevers, 1973). Veevers also found (1980) that 80% of respondents, regardless of ethnicity, gender or social class, rated being a parent as important. Erikson (1950, p.257) suggested that "to secure to the offspring too, all the stages of satisfactory development" was a key part of our development over the life course, and "adopting and developing parental roles" is part of stage five in Carter and McGoldrick's Family Life Cycle (1980).

Hoghugh and Speight (1998) analysed the concept of parenting. They pointed out that "Despite its frequent use, the concept of parenting is difficult to define," (para.9.) and they described it as "a relationship, a process, and a group of activities undertaken by parent figures towards children". (para. 9.) They suggest that parenting has become something which is perceived as something requiring "experts" to teach: "The very appearance of the word parenting signifies its transformation into a category for study and expertise, no longer just one aspect of daily living but something that requires particular skills, behaviours and knowledge - which only professionals can know" (Campion, 1995, p.117).

Parents in counselling

There are political, economic and ideological dimensions to the wider context that surrounds parents. For example, Alldred (1998) notes that although political and societal discourses now use the term “parent” more frequently as opposed to gender specific terms such as mother or father, this does not free them from gender bias or “identity-bound” concepts. She suggests that when commenting on negative aspects of parenting, gender-related identities like “lone mother”, “absent father”, or lesbian mother, are utilized more frequently. This is important when we consider that parents attending SureStart may already be struggling with negative perceptions of themselves.

Parents who attend counselling are subject to the full range of life challenges that can affect any individual. However, there are aspects of parenthood which may make life more challenging for parents. For example, pregnancy, birth and child-rearing have been found to raise significant risks to women of triggering mental health problems (MHPs) (Oates, 1997). In addition, parenting in areas of high socio-economic deprivation, where most of the SureStart counselling services are located, adds all the challenges of living in such areas, housing needs, crime, etc., to the demands of parenting.

Personal Rationale

As a result of the requirement to have therapy during my counselling psychology doctoral training, I became a parent in counselling. In addition, I have had experience of working for SureStart for ten years. As a parent I could understand some of the struggles clients experienced. However, I have not had to experience the negative life influences of many of the families I worked with, and I could never hope to fully understand their experience. In addition, I am at an age where it is unlikely that I could have more children myself. This reinforced for me the need to be reflective and reflexive in my practice and research, in order to be able to fully understand which perceptions stem from my own experience, which from the client or participant’s experience and which from a mixture of both. My work with a particular client who is represented in the case study element of this portfolio inspired the research project. As I attempted to understand her experience and respond to her with empathy, congruence and positive regard (Rogers, 1961), I reflected on how difficult it might

be for clients who are parents, particularly those who have experienced a troubled background, to access therapy, and to trust a therapist. Often such parents have had a myriad of professional interactions during their childhood and into their adult lives. I was honoured that Hetty (as she is called for the purposes of the report), could find it within herself to attend sessions with me, potentially exposing herself to unknown trauma, and that she had the strength to fight to become a better parent to her children than her parents were able to be for her. I became interested in researching whether, as a counselling psychologist, I might have something to offer Hetty. The profession champions reflexivity, and aims to provide a stable therapeutic relationship irrespective of which of models of delivery used.

The subject matter and depth and type of knowledge sought invited a less formal writing style than might otherwise be used, and accordingly I have used the first person style throughout as fitting my qualitative research approach.

Although the results of this study are not intended to be generalizable, there may be common themes that could be tested by further research. For example, Barr and Millar (2002) found enough shared material from the findings of a study of parents' experiences of genetic counselling to warrant making changes to improve that service. Establishing what is useful for a particular individual could be used to make future courses of therapy more salient for other parents.

Within the research, my aim was to gain a better understanding of how parents experience counselling. And I hoped to understand the experience, in particular of parent-users of SureStart children's centres. Methodology is discussed in detail elsewhere, but I was aware that I would want a method that would capture detailed, nuanced accounts of experience. Both parenthood and SureStart, had been major experiences within my own life.

The study utilized a qualitative research design. The data was gathered from a small, purposive sample by means of a semi-structured interview schedule. The data was then analysed using Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009).

LITERATURE REVIEW

This chapter reviews a selection of the literature relevant to my interest in parents' experiences of counselling in SureStart children's centres. The review includes literature from a number of theoretical perspectives. Although the study has a phenomenological orientation and interviews drew on my person-centred counselling approach, my epistemological stance as a critical realist means that I accept that a body of knowledge exists even as it evolves and is subject to criticism. In addition, studies related directly to my specific research question are relatively scarce. I have therefore drawn more widely, touching on associated topics and a range of methodologies.

The chapter begins by presenting some of the literature surrounding outcomes research within SureStart itself. After this, impact evidence for mental health interventions for parents in other services is explored. Next, the focus turns to research on counselling more generally, specifically that which seeks to understand the client's experience. The literature on parents with mental health problems, and also those who seek therapy without having a diagnosed mental health condition, is then examined. The chapter concludes by looking at the literature on being a parent in therapy. This last section includes factors which may be of particular importance to SureStart parents, including those making it easier for families to engage in services. It also suggests where this research project is situated in terms of gaps in the literature.

1.1 Outcomes research from SureStart

Outcomes research specifically regarding mental health interventions within SureStart is scarce, complex, and difficult to interpret. Much of it is impact data for the service as a whole (Bynner et al, 1999, NESS, 2003, 2008,) rather than specific to any one intervention.

Gosling and Kohr (2007) studied the impact of SureStart on families, particularly regarding the development of resilience in children. Using a series of surveys and interviews, they found that parents disfavoured interventions they perceived as "labelling" them -- for

example, parenting classes could be seen to categorize them as ‘bad’ parents -- and were keen to choose their own interventions rather than be advised which to access. The authors suggested the need for longitudinal studies to establish whether programmes were tending to build family resistance. To this end a longitudinal study, planned to run for six years, was started in April 2013 by the UK Department of Education. It could be argued that this is not a sufficiently long period since the children studied will still be of primary school age when the study concludes.

In July 2013 the All Party Parliamentary Group on SureStart reported that children’s centres had a vital role to play in preventative infant mental health care through support for mothers at risk of post-natal depression (HMSO, 2013). The group found that while mothers in general often did not seek help for PND until at least three months after giving birth, mothers involved with their local SureStart children’s centre would have access soon after birth to supportive services such as baby massage and parent and baby groups.

Given the overall paucity of research in this area, one SureStart centre’s own report does merit attention. Kirkpatrick, Chappell and Stewart-Brown (2004) undertook a review of counselling services within an early SureStart local programme. On the basis of focus group data from therapists from a number of agencies working in the centre, they listed the key factors that therapists identified as being ones that the parents found helpful:

- a) Becoming known to the SureStart families: for example, by therapists attending universal groups and being seen around the centre,
- b) Establishing trust, of which a key part was reassuring families of confidentiality. Many families are involved with social care services so may expect that because some information has to be shared, all of it will be. It was important for counsellors to stress that unless information met the rare criteria for needing to be shared it would be kept absolutely confidential.
- c) Breaking down barriers/changing perceptions: for example, one community psychiatric nurse changed her name badge to ‘family mental health nurse’ after realising that the term ‘psychiatric’ could be off-putting to clients.

The report focused on parents who attended for a relatively short time – on average just four sessions -- and only the views of therapists and managers were taken into account, rather than those of parents themselves. A further limitation is the absence of any reference to prior research, other than one Green Paper. It should be noted, however, that this study was a project report intended for stakeholders rather than the research community, so it is arguable whether it can be critiqued in the same way a research paper might be. In addition, its findings appear to have both relevance and resonance (Finlay, 2006) for the current research study.

One reason for the lack of studies around specific interventions within SureStart may be that SureStart was designed as a *single* multi-agency, multi-disciplinary group of interventions for families rather than a *series* of unilateral services (such as counselling for parents). What analysis there is tends to focus on whether this whole service approach works to improve outcomes for families, rather than examining its component parts as if they were stand-alone services.

One study which does include analysis of mental health support for vulnerable families as part of a wider evaluation is that of Blewett *et al.* (2011), a year-long study of 53 SureStart centres. The team used a mixture of quantitative and qualitative methods, including site visits, face-to-face interviews with stakeholders, and analysis of policy documentation and case records. Outcomes were assessed on a researcher rating scale developed for the study: an ordinal rating system whereby a score of 1 - 4 was given, according to perceived complexity of the case and improvement after centre intervention. For example, a family with multiple complex needs and social care involvement due to safeguarding concerns would be given a higher score for positive outcomes than a less complex case. If intervention in the case of a family with complex needs resulted in the family coming off the child protection register and the parent with mental health problems accessing regular support, this would gain a score of 4 points.

The need to devise such complicated measurements derives from the fact that centres differ in their interventions, shaping them according to local needs and locally agreed systems. This makes it difficult to compare services, as both the profile of the client base and the nature of the service will vary from place to place. The measurement scale used by Blewett *et al.* (2011) also addresses the problem that a family which is progressing really well but from a

more disadvantaged starting point than others may appear, from outcome data, to be deteriorating by the time of post-intervention measures. Once the complexity of such a family's situation is factored in, the family's score improves.

In addition to this measurement scale, centre self-evaluation forms were studied for reported evidence of improvement, and additional qualitative data was gained through interviews with stakeholders at the various centres. When evaluating the research of Blewett *et al.* (2011), it is important to note that the study was commissioned by, and for, one lead agency of the many that exist within the children's centre sector, and was conducted with the specific aim of establishing how the centres within the ambit of that organization operate. Arguably, then, it was not neutral. That said, aspects of the service found to be facilitative for families, such as attractive notice-boards and sensitively designed material, are likely to apply to the majority of service providers within the sector.

The study had a relatively small sample size, given that quantitative data was involved, and covered a relatively short time scale, given its overall stated aim of measuring whether 'families do better' on a range of behavioural and developmental indices by attending the SureStart programme. For example, while the study found that the inclusive, welcoming nature of the centres helped parents engage better with mental health professionals, a longer term study would be needed to confirm whether therapy outcomes improved. In the absence of longitudinal data, it is also difficult to substantiate the claim that engaging families early may lessen the risk or severity of mental illness.

In 2010, a review conducted by the National Evaluation of SureStart (NESS, 2010) demonstrated significant effects on seven year olds and their families who had used SureStart local programmes (SSLPs). Parents reported using less harsh discipline and experiencing overall greater life satisfaction after accessing the service. However, there was an increase in depressive symptoms reported by mothers, and it was not clear why this might be the case. It would be interesting to explore whether parents felt better able to express their negative feelings without feeling judged once they had an established relationship with staff. Alternatively, it is possible that since attending centre services, parents had developed a language with which to express their symptoms.

The authors, in a later report (NESS 2012), acknowledged the methodological constraints, including the fact that data was collected by different research teams and at different times: there was a gap of two years between the two data collections for the same cohort of seven year olds which meant that changes unrelated to SureStart could have affected the results.

Other evidence has been gathered by individual centres and occasionally published. For example, Kirkpatrick, Chappell & Stewart-Brown (2004) conducted an analysis of its in-house mental health services at Rosehill Littlemore Surestart, with therapists and centre staff interviewed in focus groups. The results suggested that the probability of parents engaging with, and benefiting from, mental health services within the centre were enhanced by the therapy team being available to families within such universal services as “stay and play”. However, there was no participation in the study by parents or other stakeholders. This suggests a weakness when it comes to listening to parents’ perceptions of services such as SureStart.

In 2013, the National Society for the Prevention of Cruelty to Children (NSPCC) provided written evidence to the British Parliament (NSPCC, 2013) to support increased provision, through SureStart children’s centres, of programmes shown to be effective in improving maternal and infant mental health, such as Mellow Babies (DoE, 2012.) Mellow parenting, the overarching programme of which Mellow Babies is part, aims to improve maternal mental health and avoid attachment difficulties in early childhood. In a study comparing families in receipt of the Mellow Babies programme to families on a waiting list for the programme, parents and carers experienced reduced maternal depression, enhanced positive parent child interaction, and reduced negative parent-child interaction. (Cuthbert, Rayns and Stanley, 2011).

The absence of consistent data is a major problem for evaluating the work of children’s centres. A 2010 House of Commons report on children’s centres p.10.highlighted the fact that there were no standardized data sets which lead agencies (i.e., the organisations responsible for delivering the contract) had to produce, and therefore no aggregates could be made across different data sources. This lack of data can increase the likelihood of funding cuts, despite the potential cost savings (as well as personal benefit) of early intervention for parental mental health problems.

This suggests that research which specifically addresses mental health interventions within children's centres could help providers attract funding or fight cuts to services.

1.2 Impact research for mental health interventions with parents: outside SureStart

Despite a strong body of research evidencing the negative impact on children of parents with mental health problems (MHPs) and knowledge that the behaviour of the parent with MHPs can mediate these effects (Compass *et al.*, 1991), there has been little investigation into parents' experiences of therapy, what behaviours may have changed, and how future mental health interventions could be shaped to be of greatest benefit to parents and families. What parents with MHPs need or want from mental health services is not well understood, nor is how giving them the opportunity to form a therapeutic relationship might help them in their parenting. There are also very few studies incorporating the perspectives of parents with MHPs in terms of their understandings and experiences.

Parker *et al.* (2008) sought to ascertain what might be useful to parents and children in the UK when accessing support for mental health. They created what they called the 'Parental Mental Health Systematic Map', a web-based database of relevant literature. The quality of the literature was rated using the Downs and Black (1998) quality checklist for non-randomized studies and the Jadad scale (1998) for randomized controlled trials (RCT). A particular aim was to identify any relevant individual or organisational factors. As with much research in the field, most of the studies identified by Parker *et al.* (2008) mentioned mothers or "parents", with no specific reference to fathers. The researchers found the quality of the literature poor, often citing problems regarding the nature and representativeness of the sample: a major concern, for example, was small sample sizes.

Handler, Kennelly and Peacock (2011) found the Downs and Black checklist inadequate for assessing qualitative data and she and her co-editors developed their own adaptation, using elements of the Down and Black and other systems (for example, Miles and Huberman, 2002.) This adapted model assessed each study's capacity to "generate knowledge, facilitate

interpretation of quantitative studies, and illuminate factors relevant to intervention's effectiveness" (Kennelly, 2011, p.8).

The model developed by Kennelly and her colleagues identified a number of factors which would increase parents likelihood of engaging with mental health support services. On this basis, the researchers recommended an increase in holistic services, greater emphasis on co-ordinated, inter-professional and inter-agency working, and services taking parents' priorities and perceptions more into account. For example, in the case of a family facing homelessness, intervention for a relatively stable mental health condition might be a low priority for an affected parent. Currently most services are not set up to accommodate different priorities or families whose lifestyle is chaotic and who struggle to attend routine appointments. Like some of the studies above, Handler *et al.* (2011) found that parents' fears about losing custody of their children, along with lack of knowledge of services, affected their uptake of services, as did individual attitudes to seeking help. The relationship between parent and professional and the skill level of staff were also contributory factors.

Parker *et al.* (2009) recommended training professionals in recognizing and supporting the joint parental and mental health needs of parents. They also advocated building validated outcome measures into intervention programmes, arguing that this could "transform the evidence base in this under-researched area" (p.20-21.) In addition, they suggested that research be undertaken on fathers' experiences and needs, noting that existing research was dominated by studies of mothers. They recommended, too, that research be undertaken by those providing mental health services to parents to ascertain whether parents found such interventions accessible and useful.

It could be argued that certain inconsistencies in the research practices led to these conclusions being less valid. For example, two randomized, control studies had suggested that the cognitive-based interventions used may reduce depression in mothers but after allowing for confounding factors, they found that these interventions were no more effective than attending a toddler group. They did, however find evidence that multi-agency, holistic family work, consistently achieved positive results.

David *et al.* (2011) called upon community mental health services in America to address the lack of support for mothers with mental illness, noting the need for change at a national policy level as well as locally. They argued that the stigma surrounding parental mental illness, coupled with the complexity of designing services that address the needs of parent and child simultaneously, had effectively prevented this issue being addressed sooner. In addition they highlighted the importance of noting the strengths as well as the difficulties of parents with mental ill health. Stressing the success of multi-agency collaborative working in countries such as Australia, they argued that diverse issues, including the legal rights of parents with mental health problems, needed to be addressed: for example, by involving lawyers in multi-agency planning around mental health services for parents, thereby involving professionals able to guide strategy in a way that is supportive of parents' rights.

1.3 Research on the importance of the client experience

Studies such as those mentioned above focus on interpretations by researchers rather than on the experience of the clients. It is less surprising that information is not available regarding parents' experiences once it is acknowledged that insufficient research attention has been paid to client experience in general (Cooper, 2010). For example, only in recent years have clients' perceptions of why therapy might (or might not) work for them begun to be taken into account. Might it be related to specific behaviour on the part of the therapist, such as the 'core conditions' (Rogers, 1961) that the client picks up, or "sub-conditions" (Rogers, 1961) Or are there other factors which affect the therapeutic relationship?

Many of the earlier studies attempting to 'measure' the therapeutic relationship not only focused on the views of professionals and researchers rather than those of clients but also tended to utilise quantitative methodology: for example, testing the psychometric properties of various constructs. However, there is now growing evidence of research interest in clients' expression of their experiences within the therapeutic relationship (Bedi, Davis & Williams, 2005; Ponterotto, 2005).

In Australia, Sherwood (2001) noted that there had begun to be a move toward qualitative methodologies in this area, resulting in some varied methodological work, including studies utilising grounded theory (Rennie, 1990), and ethnography (O' Connor, Meakes & Pickering,

1997). But she also noted the absence of studies from a phenomenological perspective. In an attempt to address this lacuna, Sherwood (2001) conducted a phenomenological study of therapeutic intervention as perceived by the client, focussing on its power to “harm or to heal.” As with the current study, Sherwood was not concerned to differentiate between therapeutic modalities; the *experience* of therapy was the primary focus.

Hermeneutic phenomenology like that used by Sherwood is more strongly grounded in philosophy than IPA commonly is and less pre-planned, but shares the attempt to fully capture the client’s experience through in-depth, prolonged engagement with the text. It also shares IPA’s interpretative flexibility in that it is not restricted to describing the pure essence of the phenomena.

Sherwood (2001) found that participants who had experienced therapy as healing also experienced feelings of safety and comfort, together with an awareness of the therapist as fully present. Participants described the therapist’s empathy as “a place of light” (2001, p.5) where it was completely safe to expose their pain, and where the counsellor would intuitively know when to respond and which response to choose. The counsellor was able to be fully engaged in a way that was perhaps spiritual. Sherwood suggested that therapists should aim to maintain a sense of “being in a relationship with a client” (p.6), and keep that at the forefront of their work. It was when clients did not get a sense of the therapist fully being in the relationship that they were most likely to have a negative experience, one “drained of human presence and transforming power”(p. 9), or where “the lights were on but no one was home”(p.10).

In a study conducted in Canada, Myers (2003) used a phenomenological approach to study clients’ experiences of therapy, in particular whether the therapeutic relationship was experienced as positive or negative. She was interested in how clients perceived the “lived dimension of the therapeutic encounter” (Myers, 2003, p. 87), noting that “finding ways to access this relationship between client and therapist requires us to move beyond examination of therapeutic techniques to an exploration of client’s experiences within the therapeutic encounter” (p. 89). Alluding to the importance of attempting to capture clients’ experiencing of what Rogers (1954) called the “necessary and sufficient conditions for therapeutic change”, she emphasized the recognition among therapists that experiencing the therapist’s empathy empowers clients to feel empathic toward themselves. The therapeutic relationship

can then be used by the client as a model for relationships with both self and others, and can be a powerful source of personal growth in its own right.

Myers' research focused on five clients of two therapists. Selected participants all described themselves as having a good relationship with their therapist and as being "highly reflective": a subjective judgment but one suited to a study intended as an exploration of the therapeutic process at a phenomenological level, with participants describing their own experiences and utilising their own reflections. Given the selection process and small sample size, there was no expectation that the findings would be representative of therapy clients in general. Rather, the desire was to have individuals articulate their experience of the phenomenon of being heard in a manner that was rich and meaningful.

Myers was involved in a follow-up study (Myers and White, 2010) with the same clients. Ten years on, the participants still credited the therapeutic relationship with being the cause of positive changes in their lives. However, as Myers was herself one of the two therapists studied in the two research projects, it could be argued that in both studies the client participants may have felt obliged to give credit to their therapist.

It has becoming increasingly evident that qualitative research methods can capture the depth and richness of these experiential accounts of therapy, dimensions which are missed when utilising a more traditional quantitative approach. For example, McFarlane (2009) used a grounded theory approach to study the therapeutic relationship. He coded the open-ended responses to questions made by 53 clients on the development of the alliance during the first two sessions of therapy. He suggested that established theory could benefit from being modified by the perceptions of clients, their accounts serving as a bridge between the two. However, given the limited scope of the study, which focused on just the first two sessions of therapy, it would be difficult to apply the finding to the course of therapy as a whole. On the other hand, there is some evidence (Duff and Bedi, 2010) that behaviours started at the beginning of the therapy (such as the therapist smiling) may be very important in establishing the relationship in the longer term.

1.4 Research on being a parent with mental health problems

Research into parents' experiences has tended to focus either on specific problems or on parents whose children have particular issues, such as illness, disability, or particular traumas. For example, McLoud, Crawford and Booth (2002) used IPA to study parents' and prospective parents' experiences of genetic counselling. On the basis of interviews with twelve participants, they found that that genetic counselling had helped clients feel a sense of agency about the difficult choices they faced.

As McKenzie and Carter (2013) note, the possible connection between being a parent and the mental health of that parent is very important, given that becoming a parent can cause or exacerbate mental health problems, and that parental mental health is increasingly recognized as significant for effective parenting.

Noting that the experience of parenting among adults with mental health problems is often overlooked, Ackerson (2003) carried out a qualitative study into parents' experiences of coping with the demands of their illness and of parenthood. Some participants had young children while others had adult offspring. Emergent themes included those around areas that might be expected, such as the stigma of mental illness. However, positive themes also surfaced, including pride in being a parent.

It is difficult to estimate how many children in the UK are living with parents with MHPs, given the problems surrounding definitions and the fact that many instances may be known about anecdotally but are not recorded. Boyle, (2000) notes that, tracking children whose parents access mental health services is rare. On the basis of a major research review of prevalence, detection and intervention in relation to parental mental health and child welfare, Parker *et al.* (2008) concluded that, globally, between nine and ten per cent of women and five and six per cent of men are likely to be parents with MHPs. They also found that roughly one in four adults presenting themselves to mental health services will be a parent.

For their review, Parker *et al.* (2008) referred to 572 studies, selecting only those that they considered robust (see below). They rejected all but 132 papers, citing weak methodology in many of the non-selected studies -- for example, many had small sample sizes and/or had no

control groups. The authors suggested that these factors led them to lack confidence in their conclusions. It be noted however, that if they were assessing the qualitative projects within the 572, by the same positivist criteria as the quantitative research studies in the review, they will have excluded many studies which may have been considered robust, had they been assessed against criteria designed for qualitative research (e.g. Yardley 2000.) The 132 studies remaining after they had excluded those they considered less robust were examined in greater depth.

The researchers had hoped for similar studies to produce similar results. However they found that most findings were found in a single study, or two studies, and any one finding was not replicated more than six times. In addition, there were confounding variables and correlations that had not been accounted for. For example, their results initially indicated that parents from minority communities were more likely to have a MHP, but this was found to be due to the fact that people from minority communities were more likely to be living in areas of social deprivation rather than ethnicity being associated with mental health problems *per se*. This suggests that when such potentially misleading data is eliminated, there is still a substantial body of research evidencing that the children of parents with MHPs are vulnerable to many possible negative outcomes (Beck, 1999; Ruppert and Bagedahl-Strindlund, 2001). Whilst the research of Parker *et al.* (2008) was thorough, its concern with rigour, in the positivist sense of the term, may have resulted in a tendency to overlook qualitative data and meanings. Bassett, Lampe and Lloyd (1999) did obtain qualitative data for their research into the experiences of mothers living on the Gold Coast of Australia who were on a support programme for parents with mental illness. The study aimed to explore mothers' experiences and feelings concerning their role as parents and how mental illness had impacted on that role. The qualitative research design consisted of two focus groups and four individual interviews. Among the themes that emerged were the stigma of mental illness, the isolation experienced by parents with mental health problems, and the lack of knowledge about how to identify and access available community resources. The authors recommended that where support such as parenting programmes was on offer, there should be mental health input into these so that the needs of families coping with mental illness along with parenting could be addressed. The limitations of this study included the fact that no fathers participated, and that some semi-structured questions could be said to be closed or leading: for example, the

question “Do you feel that the mental health services have understood your concerns as a parent?”

The impact on children of having one or both parents with MHPs can be serious. Beardsley *et al.* (1993) conducted a long-term study of children whose parents had a mental illness and found that these children were significantly more likely than their peers to develop mental health problems, in particular depression, over a four-year period. Children of parents with MHPs also often become young carers (Aldridge and Becker, 1993, 2003).

The effects of living with parents with MHPs will vary from child to child. Rutter and Silberg (2002) suggest that this is due to the varying contexts in which children lives: for example, whether one or both parents are ill, whether there are other difficulties, and so on. Even taking this variation into account, it is obvious that parental mental ill health is a significant and major challenge, not just for an individual parent but also for their offspring.

As already discussed, studies of this nature rarely put these kinds of results into a wider context. For example, people with MHPs have a greater likelihood of living in areas of deprivation, with associated higher risk factors for illness. Such factors may, in turn, affect the likelihood of them and their children developing ill health. The majority of studies in this area are also quantitative, making it less likely for them to capture environmental influences and psycho-social contexts in which families live.

Cogan (2003) argues that quantitative studies may also be less likely to illuminate more positive aspects. In her view, research drawing upon more interpretative and hermeneutic paradigms can be useful in studying the needs of families with MHPs as they allow for an emphasis on individual meaning and lived experience. For example, there may be factors influencing the development of resilience in children that we could learn from. Open-ended, less structured approaches in combination with quantitative methods could provide new insights.

In a study utilising a mixed methods methodology, Cogan (2003) compared the experiences of children whose parents used mental health services with those who did not in an attempt to identify the variables most effective in encouraging resilience among children in the first category. She found that children of parents with MHPs had the potential to do well in later life if supported. However, such children were often excluded from consideration by the adult

services involved with the parent. This lack of a holistic approach to families where a parent has a MHP is increasingly being acknowledged as a critical gap in services.

Cogan (2003) acknowledged that the families who volunteered for her study may have been more closely knit and better able to communicate than those did not. In addition, given that the study aimed, for generalisability, a wider demographic could have been used. All the participants came from families affected by deprivation, and it is known that such families are more likely to be affected by MHPs. Another potential criticism is that Cogan screened out clients known to be still distressed; this could have introduced a selection bias, resulting in data reflecting only the experiences of more positively oriented clients. A further issue with this and similar research is that where children's performance is measured against that of children whose parents do not have a mental illness, the scores of the children whose parents are affected might be interpreted differently by researchers due to the expectation that these children will perform poorly.

The well-being of the parents themselves can also be overlooked. North (2013) reminds us that the focus of attention when parental MHPs destabilise a family (sometimes to such an extent that children are taken into the care system) is solely on the child. As she observes,

The inconvenient truth is that parents who harm their children or fail to care for them to an acceptable standard frequently adore them. And so, often, they are left with the mind-numbing task of integrating (usually for the rest of their lives) the terrible thoughts of how they failed their children and lost them. (North, 2013, p.27).

Taylor and Stanton (2006) found that parents with MHPs engage in coping behaviours that can develop resilience. However, family support interventions within children's services do not routinely cater for parents with mental health difficulties and neither do mental health services routinely consider the specific needs of service users who are parents (or the needs of their children.) A report by the Royal College of Psychiatry in 2011 recommended that:

All Trusts should review their practice in line with their policy, and in collaboration with other stakeholders, (user groups and children's services, in particular) and develop a strategic approach to supporting all mental health service users who are parents, their carers and their children. (RCP(2011. p42.)

The College drew up the first guidelines on this subject for practitioners, including the recommendation that non-mental health professionals working with families should receive training on how to recognise early symptoms of mental ill health.

It is being increasingly acknowledged by researchers that lack of preventative and early support for parents with MHPs can result in families finding themselves in crisis situations in the longer term. This again highlights the importance of early intervention and a holistic approach which engages with the whole family. It is therefore surprising that many children's services commissioners are only beginning to acknowledge the importance of work to support parental mental health, whether directly or by working with partners. It is still rare for adult mental health intervention to feature as a key performance indicator (KPI) for services such as SureStart children's centres, although this may be changing: from 2013, Essex County Council is including parental mental health interventions as a work stream that must be reported on within their KPI framework (ECC, 2013).

1.5 Research on being a parent in therapy

Adults may have a pre-existing mental health condition before embarking on parenthood. In addition, having a child is a developmental event that can coincide with other events and situations (McGoldrick and Carter, 1998) in such a way as to make a parent more vulnerable to mental health difficulties. For example, a parent who is socially isolated may be more likely to suffer from post-natal depression.

Just as for other major life events, factors such as how much agency or control a parent feels they have over their situation are important here. The development of locus of control (Rotter, 1966) or locus of evaluation (Rogers, 1954) is associated with many different factors, including family beliefs, patterns, resources, and experience of life events. Many adults who develop an internal locus of evaluation or control have grown up in families which modelled internal beliefs that suggested individuals can have agency over many life events. In contrast, adults who have developed an external sense of evaluation or control have learned, through a combination of events and family responses, that they do not have power to control events in their life.

Boninchini *et al.* (2000) suggest that helping to promote locus of control in parents (and their children) can improve the success of interventions aimed at improving children's behaviour. Parents also differ in their sense of control *as parents*, depending on their experience of a parental identity. Numerous studies suggest that parenthood changes people's sense of identity e.g. Oakley 1980; Erikson 1980, Simon 1992, Bailey 2012, Deutsch 1999.)

Women in particular can find it hard to rediscover any sense of identity after becoming mothers. Earle (2002) found that it was important for new mothers to re-establish an identity as a 'non-mother'. Horne, Corr and Earle, (2005), building on earlier work by Christiansen (1999), conducted a small-scale mixed methods study of new mothers. They found that the women were able to incorporate the role of mother into their sense of a new identity over time by adapting their activities and the perceived meaning of those activities. For example, very new mothers sometimes felt there was no scope for leisure activities within the new 'mother' role because they could no longer go out to the gym or to restaurants in the same way as they could before having a child. As time passed, however, the mothers began to classify leisure activities differently, such that activities performed at home, for example "doing exercise", could be classified as 'leisure' in a mother's mind. The study also found that the meaning individuals attributed to different activities was important for adjusting to the new role. For example, a mother who defined changing a nappy as meaningful and important was more easily able to integrate motherhood into her sense of self.

It should be noted that this was an exploratory study with a small sample in which only White British married women from one location were represented.

Research conducted by Tushima and Burke (1999) suggests that parents able to connect their interactions with their children with higher order values were likely to feel more in control. The researchers labelled value-driven behaviours "principle-led" and task-led behaviours "programme led." For example, a parent talking about "getting the kids to school on time" was a programme-led activity, while their talking about "being self-sufficient" or "being timely" were higher, value-led standards that would be met by "getting the kids to school on time." A parent who could connect the two – in other words, understand that they were getting the children to school on time because education was valuable -- would feel more in control than a parent trying to get the children to school on time because if they were late the teacher would be "cross" (Tushima & Burke, 1999, p.178).

On the basis of in-depth interviews, Tushima and Burke (1999) found that more than 70% of their participants were able to utilise higher level principle thinking as part of their parent identity. Parents who were able to operate such standards tended to encourage independence on the part of their children; rather than nag them to do homework, they would devise strategies that helped children initiate their own learning through being motivated and having the tools to do so. In contrast, parents with the lower order, programme-led thinking felt they needed to apply more external controls over their children and did not believe the children could be self-directed to learn. Significantly, parents who were principle-led also wanted their children to develop values, grasping that one of the purposes of learning was to develop qualities such as tolerance and curiosity.

Parents who tended to rely on programme level principles -- for example, telling children not to do something because it was naughty rather than having a higher level value or principle they were aiming towards -- found parenting more stressful. They had less sense of agency and had neither the awareness nor the ability to inculcate a sense of agency in their child. In contrast, children whose parents were governed by principles and values learned greater self-agency. Having learnt from parents that education would give them life choices and be valuable in its own right, they were motivated to do homework and did not need as much nagging.

The authors also found that parents who had experienced neglect or abuse in childhood found it much harder to utilise higher order values and were more task-driven. They experienced lower self-worth and tended to ascribe more negative meanings to their interactions with their children. They also felt the need for harsher discipline in order to feel in control.

For Tushima and Burke (1999), then, a parent's background, resources and empathic skill level are key components in the formation of parental identity. If a parent has experienced an early environment in which they were encouraged to develop empathy and acquire other appropriate value-based skills and resources, they are far more likely to develop a parental identity facilitating agency on the part of their own offspring. Such an approach is also likely to help the parent's own sense of agency and self-efficacy.

While the research conducted by Tushima and Burke (1999) would prove influential, it was not without flaws. For example, the study generalized its assumptions to all parents when only mothers were interviewed. In addition, it contained assumptions about class that seemed

derived from unquestioned societal norms of the era, for example labelling a group of participants “lower class.”(p.8)

There are many possible frameworks in which to examine the challenges parents face, whether or not they have a MHP before becoming parents. For example, Luzia (2010) found that for new parents, their typical activities brought new and unforeseen temporal and spatial challenges, dimensions that had not been explored previously. Parents often found that activities that had once been simple and taken for granted, such as going out for a walk up the road, had become fraught with temporal and spatial difficulties: packing all the necessary accessories in a timely fashion before leaving the house with the baby; accommodating the extra time needed for people to acknowledge the baby as well as the parent; the extra space needed for equipment such as prams. Luzia (2010) also noted that surprising changes of use occurred: for example, the car often became a major parenting space.

Given the challenges involved, it is perhaps surprising that more parents do not seek help. However, most contemporary parents have grown up in cultures where parenting is seen as normative and joyful. Parents-to-be are often shielded from discussions around the challenges of parenthood. Not many parents, for example, anticipate that they may quite quickly come to agree with the view expressed by that “the pram in the hallway is the enemy of promise” (Rice-Oxley, 2012, p.59), paraphrasing Connolly 1938.

Whether it is parenthood itself that is the challenge or parenthood is a specific context (such as pre-existing mental illness or stressful circumstances), parents often feel that they *should* be able to cope. Anecdotal evidence from children’s centres suggests that rather than parents asking for help themselves, help is more commonly suggested by professionals.

Alternatively, parents wait until they feel secure with professionals within the centre: baby massage facilitators or group workers often find parents more ready to disclose difficulties once they have been attending for several weeks or even months.

In addition, parents have concerns regarding how they may be judged if parenting is not as joyful as they have been led to believe. Cogan (2003) found that in some cases parents did not come forward to ask for help through fear of having their children removed from their care. This may seem an extreme assumption, but parents with difficulties may have grown up within a family where social care professionals were involved, and they may even have been removed into the care system themselves or had siblings or friends who were. Because of

this, therapists in some children's centre settings deliberately work initially within universal groups such as Messy Play sessions to gain a rapport with parents.

Regardless of whether they have an identified mental illness, parents with low self-worth are more likely to adopt negative coping strategies when stressed (Cogan 2003.) Early intervention aimed at identifying parents in need of help but unable or unwilling to ask for it appears imperative.

The research evidence cited above suggests that parents in universal access services who are experiencing difficulties (whether a recognized mental health condition or associated risk factors) often find it easier to ask for help once they have formed a rapport with staff. However, little is known about what helps them form and sustain a therapeutic relationship once they have access to therapy. Even outside this specific client group, research into what a therapeutic relationship successful from the viewpoint of clients is scarce. Given that factors identified by clients are known to predict successful outcomes (McFarlane, 2009), finding out what SureStart parents consider important about their counselling experience could be useful for practitioners.

Attempts have been made to address clients' understanding of events by exploring in some depth how clients perceive, experience and make sense of their counselling (Gordon, 2000; Howe, 1996). This research has clarified that there is more going on with clients than had been known and that clients' and counsellors' views of counselling often differ in key ways (Cooper, 2000). In a meta-analysis of 79 studies, Martin *et al.* (2000) found that regardless of a therapist's intervention model, the client was more likely to make progress if they had a positive perception of the therapeutic relationship.

Researchers have also begun to explore phenomenological experiences within the therapeutic relationship (Bachelor 1995; Ponteretto, 2005). In other words, they have begun to ask the clients what the relationship is like for *them*. For example, Bedi, Davis & Williams (2005) found that simple aspects such as personalized greetings and remembering what the client had said previously were far more important to the client than intervention-specific actions. Physical aspects of the experience, such as the perceived pleasantness and warmth of the setting, were far more important to clients than had been realized.

1.6 Research on the therapy setting;

As seen earlier, there is little research concerning counselling for parents, either within or outside of SureStart. There are studies on parents with a particular disability or illness, or facing a particular life circumstance, and there is research regarding counselling for parents whose children have a disability. There is also work on the experience of the transition to parenthood. But very little research focuses on the experience of being a parent in counselling. Whilst there is a small amount of research around counselling for parents in particular settings (Howe, 1996), the only data regarding counselling in the SureStart setting comes from centre records of outcome measures (for example, CORE questionnaire scores) and from centre evaluations and reports.

Is the SureStart setting important when it comes to counselling? While the culture and socio-economic context in which counselling clients live has received some attention, there has been less focus on the therapeutic setting. In general, it has been found that clients do not usually choose their setting for therapy; rather, it is simply where they are referred.(Varcarolis and Halter(2009); Manthei, 2006).

Using a questionnaire and follow-up, semi-structured interviews, Manthei (2006) asked twenty experienced clients at a low-cost New Zealand counselling agency why they had chosen that particular agency for their counselling, how they experienced it compared with other settings, and what had been their initial impressions of their relationship with their counsellor. The results suggested that service users preferred venues they perceived as less 'clinical' and more open and friendly. They were strongly affected by their first impressions of the building, for example the reception area, and also of the staff, and compared the clinic at the centre of Manthei's (2006) research favourably to previous therapy settings.

However, it is possible that only those with a favourable view of the service came forward to participate in the study. In addition, half the participants were interviewed by telephone rather than in person. The study also only used female participants, the majority of whom were clients of one particular counsellor, which might suggest that their positive reactions derived more from the qualities of their therapist than from the setting. However, Manthei's (2006) study has strong communicative resonance (Finlay, 2006) through its detailed attention to the importance of the setting and the effort made to check back with participants regarding conclusions drawn from the transcripts.

1.7 Conclusions: the case for research

This literature review has identified some major gaps in our understanding of how parents' experience SureStart mental health services. For example, we do not know why parents tend to disclose more symptoms of mental ill health after engaging with centres for several years. Is it because they feel worse, or does it reflect the time it takes for them to feel safe enough to express their concerns without worrying that their children might be removed from their care? In fact, very little is known about parents experiences of these services at all, and what little information is available is largely quantitative in nature.

As seen in this literature review, there are many such omissions in the available research. Research with parents attending SureStart has mainly been commissioned for purposes connected to funding, such as whether interventions are seen to be cost effective. Most research in the area has been large scale and quantitative. Even where qualitative research was included in a review (e.g. Parker *et al.*) the research was viewed through a positivist lens, which meant that many qualitative projects were eliminated on the grounds of small size and lack of generalizability.

The one project discussed (Rosehill, as above, p.20,) which did study counselling within SureStart specifically, found that issues about trust, perception of the setting and whether staff were friendly were important. It was clear that factors that might not ordinarily be studied might be very significant. For example, where the Rosehill participants talked about the non-counselling staff at the centre and how important their part was in helping the parent feel safe enough to access therapy. Factors such as this, will not often be accounted for within quantitative research since to make the study robust, all variables have to be known, and controlled for, at the start of the study. There is no scope for unexpected findings to emerge, and therefore no way of capturing elements of the parents' experiences which do not fit the pre-fixed research categories.

There are good reasons for conducting quantitative research in this area, since funders often seek large-scale research evidence. However, there is also a role for mental health researchers in helping them understand the value of other forms of research. In addition there are many

reasons why parents may not feel able to express themselves freely in a traditional formal interview. Parents were very wary of professionals where they thought that they may be judged. They may not have found it easy to admit to any difficulties with parenting because it is seen as natural and easy. Small scale semi-structured interviews with an interviewer who is a trained therapist may help parents feel at ease and perhaps able to relate their feelings more comfortably, as the interview schedule and pace of interview etc, can be adjusted to suit their needs.

As seen, we know relatively little about what makes the therapeutic relationship work for any group of people and nothing about why parents might have particular needs in relation to forming the relationship. The information above regarding the difficulties some parents have with trusting professionals because of concerns that the children may be removed, would suggest there is a definite need for more knowledge in the area. The lack of information regarding fathers also suggests a big gap in this area as the majority of studies involve mothers alone. The extant literature contains some research information regarding the development of holistic approaches or interventions that consider parental needs and the needs of the child in tandem, but this is also an area where research is lacking. Where the child or children go, when a parent attends counselling is another under researched area. Anecdotally, it is relatively common to hear of parent turning down a mental health service referral due to lack of childcare but this has not been examined through research, or remedies sought.

An in-depth study of parents' experiences would begin to build a relevant set of data that could provide insights into how individual parents process their experience of therapy within SureStart.

The available literature suggests that whilst parents are seen as vital in breaking the cycle of decline, there has been little attempt to understand their experience when they do seek help from mental health professionals. The accessibility of SureStart children's centres through their provision of universal services makes them well placed to adapt services to better meet the needs of parents with MHPs.

Similarly, there is a lack of research into how parents experience counselling within the SureStart setting. The current small-scale research project aims to address this lacuna by listening to what individual parents have to say about their experience of counselling, identifying the core themes running through their experiences, and suggesting directions for future research.

As Oakley (1997) observes, “There is only one way to find out how (they) actually experience parenthood, and that is by listening to what they have to say” (*Oakley, 1997*, cited in Horne, Corr and Earle, 2005, p.2.) Oakley was writing with reference to mothers, but this observation surely extends to every parent.

METHODOLOGY

In this chapter I begin by outlining the ontological and epistemological assumptions on which the current study is based. I go on to explain my reasons for conducting the study within a qualitative paradigm which makes use of a phenomenological and hermeneutic research approach. I then outline my reasons for selecting IPA and for operationalising it via a reflexive approach. In the concluding part of the chapter, I discuss some problems or limitations relating to IPA and how I sought to deal with these during my research, and I also discuss the criteria of quality which this study aspires to meet.

2.1 Ontological and epistemological assumptions

Ontological beliefs range from acknowledgement that there is a reality which can be known (the realist position) to the view that there is no single reality and that we construct all our concepts of reality in different ways (the relativist position). Realists aim to study and measure the ‘real world’ on the assumption that all phenomena are objectively real and their effects can be measured. Relativists, in contrast, recognise diverse interpretations; as they see it, all phenomena can be seen to be understood in diverse ways. An extreme relativist position would deny any objective, measurable reality, and would argue that language constructs all experience.

Epistemological positions are similarly wide-ranging. At one end, there is the positivist belief that data can access and record objective, unbiased truths about the world, and such data can be gathered by an impartial ‘outside’ observer. At the other end of the spectrum lies the interpretivist position, which takes the view that our experiences are socially and linguistically produced and that our situatedness always shapes our understandings.

My personal ontological and epistemological beliefs fall somewhere between the two. I believe that truth exists and that to an extent we can generate knowledge of what this world might be like. In this sense I am, ontologically speaking, a realist. However, I also hold that every individual experiences reality uniquely, that we cannot gain a full picture of reality and that meanings are fluid. For example, I see a participant’s story as reflecting something of

their subjective perception. Similarly, I accept that we can never fully understand our experience at a conscious level. This puts me at the relativist end of the epistemological spectrum.

When working with research participants, I therefore seek to navigate both the participants' view of the world and my own, regarding neither as 'right' or 'wrong'. We each experience many versions of the truth, including the truth we create by interacting. This could be described as a subjectivist interactionist epistemology, where researcher and participant are interdependent and the researcher is part of what is being studied.

As Willig (2008, p.13) notes, in a situation where someone believes that experience is never fixed, is the product of interpretation, but is still experienced as 'real' by the person having that experience, this can be said to be a phenomenological position. The phenomenological underpinnings of the study are discussed below. My position could also be labelled epistemologically empirical, since I believe that my research findings should be grounded in the data.

2.2 A qualitative research perspective

The positivist paradigm, which assumes that objective knowledge exists, with indisputable 'facts' that can be proved, for long tended to dominate research (Ponterotto 2005). Even among post-positivists (Popper, 1963; Kuhn, 1963), there is an underlying ontological assumption that there are some truths and realities. However, here there is scepticism as to whether this applies in all cases and acknowledgement of the influence of many factors upon knowledge. This shift in mainstream belief over time led to recognition that better evidence for a theory could be obtained by disproving, rather than attempting to prove, a hypothesis.

The current study recognises that the positivist and post-positivist paradigms remain powerful frameworks for projects utilising quantifiable data, and still have an important role in many research fields, including that of psychology.

Rather than seeking to measure experience, anti-positivists or interpretivists, focus on understanding how people interpret their experience. This stance fits with my desire to

understand the experience of parents who receive counselling through SureStart. Anti-positivist researchers typically adopt a qualitative approach which allows rich, detailed descriptive data to be captured (May, 2001) and which explores *meaning* rather than fixed concepts such as pre-ordained variables (Willig, 2008.) Here, knowledge is built up through exploration; qualitative researchers seek to understand, not predict. The qualitative paradigm also acknowledges subjective processes such as intuition (Benner, 1984) and experience (Borkman, 1990). It values reflection (Schon, 1983) and reflexivity (Mauthner and Doucet, 2003). This results in different interpretations of meanings that evolve in different contexts and at different times.

Storey, 2006 notes that in qualitative research, participants have an opportunity to influence a researcher's conception and representation of their words and to co-construct meaning with the researcher.

Given my interest in how parents make sense of their experience, a qualitative approach appeared suitable. The purpose of my study was not to test an established theory or seek technical-rational knowledge.

2.3 Phenomenology

Phenomenology is a philosophical approach to studying experience which seeks to explicate what being human is like. Smith (2009) defines phenomenology as the study of “phenomena”, understood as the appearance of things, or things as they appear in our experience, and the meanings things have in our experience: in other words, how people make sense of their own experiences. As Johnson and Christensen (2004) put it, “the key element of a phenomenological research study is that the researcher attempts to understand how people experience a phenomenon from the person's own perspectives” (p.46).

Finlay (2011, p.15) identifies the characteristics of a phenomenological project thus:

- A focus on lived experience and meanings
- The use of rigorous, rich, resonant description
- A concern with existential issues and the ‘lifeworld’, including sense of self-identity, embodiment, lived space, lived time and lived relations with others

- The assumption that the body and world are intertwined
- A potentially transformative relational approach

Phenomenological research uses description and/or interpretation to operationalize this exploration of experience and the lifeworld. The origins of the descriptive and interpretative versions of phenomenology lie in the early 20th Century, when Husserl (1963) first proposed that our experience of the world was mediated by our relationship with the phenomena we encounter. An individual's experience of a phenomenon could differ over time, and be very different from that of another individual.

Phenomenology repudiates the subject-object dualism of positivism; it holds that it does not make sense to conceive of objects in the world in a discrete fashion, as completely separate from our perception of them, from our subjectivity. Rather, phenomenologists aim to capture and describe the *perception* of an object rather than the object itself. They study what happens when an object becomes real to us –when we perceive it.

Ordinarily, we match each experience to our previous ones, labelling each according to pre-existing categories. Husserl proposed that through the intentional, conscious examination of individual psychological processes, we are able to “go back to the things themselves”(Husserl 1963). In other words, he argued that phenomena could be reduced to their fundamental essences. He proposed that this be done through a complicated series of reductions, including the epoché and the eidetic reduction. The epoché can be equated with bracketing, or putting aside pre-existing ontological assumptions, understandings and theory. The eidetic reduction is an analytic method using imaginative variation which successively reduces the field to the essences. As Husserl saw it, each reduction would lead to a deeper understanding. He envisioned that the final and perhaps most complex reduction – the “transcendental reduction” -- would lead to understanding of the processes beneath consciousness.

That meaning can often be obscured by the natural attitude explains the need to use the reduction, even though it is acknowledged that it can never be complete. Noting that “Husserl's intention is to bring out the full richness of our subjectivity as ways of discovering the world” (Finlay, 2011, p.45), Finlay describes the reduction as a “radical self-meditative process” (2011, p.74.). For her, the phenomenological attitude can be described as “the

process of retaining a wonder and openness to the world while reflexively restraining pre-understandings” (Finlay, 2008, p.1). The researcher using phenomenological analysis confronts the challenge of learning to leave behind their own ‘natural attitude’ and find a way to remain open to new understandings.

Finlay draws attention to important differences between the reduction and what is needed for phenomenological research. She called for a “modified” reduction to account for the fact that researchers are dealing with the accounts of other people, not themselves, and that for research reflection is not the only purpose. The phenomenological researcher seeks to focus on the “psychological reality of the lived experience”— it’s ‘givenness’ -- rather than the ‘reality’ (material or otherwise) itself” (Finlay, 2011, p.75).

2.3 Hermeneutics and hermeneutic phenomenology

Existential followers of Husserl such as Heidegger (1962), Sartre (1956) and Merleau-Ponty (1962) argued that the transcendental, Gods-eye view was not achievable, although bracketing and trying to go beyond the natural attitude as far as possible was still seen as desirable. They focused on the grounded and embodied nature of our being in the world and saw our existence as occurring through engagement with the world around us. They wanted to study the nature of existence.

In a hermeneutic turn, Heidegger studied features of human subjectivity such as our relationship with time. He felt that interpretation was an inevitable part of description, that there was a context to any understanding and that language, with its signs, symbols and social aspects, was already an interpretative act. Heidegger conceptualized this interpretative, or hermeneutic, process as cycles of self-reference that contextualize our understanding in pre-conceptions. These ideas were built upon within the interpretative/hermeneutic research tradition (Cohen, 1987).

For Gadamer (2004), a hermeneutic philosopher like Heidegger, language was not just a tool for accurately reflecting experience. It was in fact the key to understanding the world through its ability to reveal previously hidden meanings. Understanding was linguistically mediated, through conversations with others. Experience expressed through language needed to be

interpreted, since our understanding arises not just from our fore-understandings but also from within the 'horizons' of our understanding. Horizons of understanding can move and overlap; when we agree with another, we experience fusion of our horizons.

Gadamer proposed a different conception of the hermeneutic circle: that of an iterative process through which a new understanding of a whole reality is developed by means of exploring its parts. The focus on conversation was later developed by Schön (1983), who saw the hermeneutic circle furthering understanding through "a conversation with the situation" (Schon, 1983, p.76).

Ricoeur (1974) also focused on language, seeing discourse, or conversation, as the key. This led to the development of discourse analysis. Like Gadamer and others, Ricoeur saw humans as embodied beings in the world who exist independently, beyond language. Langdridge (2007) points out that this was not unique. However this was the first time this idea had not been seen as oppositional to an interpretative understanding of humans through their language use.

Gadamer and Ricoeur cemented the connection between hermeneutics and phenomenology, paving the way to the development of hermeneutic, or interpretative, phenomenology. This in turn generated the idea of the hermeneutic circle, the name for the iterative, cyclical process whereby we revise our understanding with each successive attempt in the light of new but sometimes hitherto unnoticed information.

For the purposes of research, Finlay (2011) suggests that hermeneutic phenomenology is characterised by four aspects: commitment to the humanities rather than science; explicit use of interpretation; critical reflexive acknowledgement of the researcher's involvement in the research; and emphasis on expressive presentations, including attention being paid to artful writing and the use of myths and metaphors. As she puts it, "a net may be cast wide across space and time, the cosmos and history, drawing on myths and parables" (Finlay, 2011, p.114).

2.4 Alternatives within the qualitative paradigm

Approaches other than phenomenology could have been utilized for this study. One alternative was Grounded theory (GT), which was developed by Glazer and Strauss in 1967 (Willig, 2008). Here, theories are built up inductively from the data; interpersonal as well as individual experiences and processes can be studied. However, an underlying assumption of GT is that meaning needs to be constructed. This approach therefore uses data to generate *theory* (Gil-Rodriguez, 2012). In contrast, my interest lies in finding meanings already in place and describing the subtle components of my participants' experience as richly as possible.

While early GT also sought to analyse data from different sources to confirm the hypotheses underlying the theory, later grounded theory was much less positivistic. Constructivist grounded theory (Charmaz, 2006; 2009), which stems from an epistemology not dissimilar from that of phenomenology, is closer to my stance. It also places emphasis on reflection as an analytic tool. However, it is essentially a sociological approach (Willig, 2008) rather than a psychological one and, as in other variants of GT, the aim to theorise, not simply describe.

Discourse analysis (DA) offered another alternative to a phenomenological approach for the purposes of my study. In DA, the focus is on language and its role in constructing accounts of experience. However, a researcher using DA is primarily interested in *how* participants use language, rather than in getting as close as possible to the experience itself. There is a denial of subjectivity in DA. How words are used to construct the social world is its prime focus, whereas I wanted to gain a detailed understanding of participants' experience.

Whereas DA seeks out linguistic devices that the speaker uses (for example, how they position themselves in relation to others in the dialogue), Interpretative Phenomenological Analysis (IPA) seeks to discover the meaning of the experience for the participant. In IPA, language is a tool to express and explore meaning; in DA language itself creates meaning.

Gil-Rodriguez points out (2012, p.4) that in phenomenological research thoughts and feelings may form part of the analysis, which would not happen in DA. As Smith *et al.* (2009, p. 54) note, "IPA has a theoretical commitment to the individual as a cognitive, affective, linguistic

and physical being.” It assumes these processes to be connected, albeit in ways that can be difficult to describe and understand.

Narrative Analysis was another approach that could have been utilized for my study. It is concerned with meaning making, and considers narrative to be an important way of making meaning. For phenomenology, with its focus is on pre-reflective, embodied inter-subjectivity and the lifeworld, narrative, (and discourse) is simply one element rather than a prime focus.

I found that the quest for a methodology for this study was in itself an iterative process, involving successive readings and re-readings in the light of new material regarding different methodologies. Overall, however, I knew I was seeking a methodological paradigm which would enable me to understand and portray the unique lived experience of particular individuals and in which I could focus on description to co-construct new knowledge with participants. Given these requirements I judged that phenomenological research, with its emphasis on holistic, nuanced, detailed description, was particularly apt.

2.5 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was developed by the psychologist Jonathan Smith, currently (2014) based at Birkbeck, University of London. Used widely within psychology as well as such fields as health, IPA is a qualitative approach which aims to “explore in detail how participants are making sense of their personal and social world” (Smith and Osborn, 2003, p. 51) It seeks to understand what an experience is like from the first person perspective of the participant. At the same time, as Biggerstaff and Thomas (2008) point out, a detailed IPA analysis has an interpretative element, which can help access an individual’s inner world. Smith and Osborne (2003) suggest asking critical questions of texts from participants, such as asking what the person is trying to achieve.

IPA gives consideration to narrative when making sense of participants’ sense-making but is not limited to, or hindered by, a focus on narrative (Smith *et al.*, 2009). The meanings the researcher arrives at are a blend of the understandings and interpretations produced by both participant and researcher (Koch, 1995), an idea which stems from Gadamer’s (1976)

“fusion of horizons”. IPA is therefore both phenomenological and interpretative (or hermeneutic).

At a more pragmatic level, Fade (2004) suggests that utilizing a clear research framework such as IPA helps the researcher be demonstrably clear in her or his methodology, something which is especially helpful for a novice researcher like myself.

I will now explore what Finlay (2011) has identified as the three “touchstones” of IPA: “a reflective focus on subjective accounts of personal experience, an idiographic sensibility, and the commitment to a hermeneutic approach.” (Finlay, 2011, p.140).

2.5.1 Reflective focus

IPA involves a detailed, interpretative engagement with the data in order to generate themes. The researcher is “constantly digging deeper” with his or her interpretation (Smith, 2007, p.5). Finlay argues that it is critically important that the researcher move beyond a cognitive level to also include the emotional context of cognitions and existential and embodied elements of experience (Finlay, 2011, p.140). Reflexivity is a tool which can help realize the necessary reflective focus and also aid the hermeneutic process.

Smith *et al.* (2009) differentiate between spontaneous intuitive, everyday reflection and the reflection undertaken by the phenomenological researcher. They argue that the different levels of reflection range from being almost completely unaware of our conscious mind, through being just barely aware (as in daydreams), to thinking about our experience spontaneously in response to events, and lastly to deliberate reflection. In this last form, the phenomenological researcher chooses to consciously and deliberately reflect on an aspect of experience.

2.5.2 Idiographic sensitivity

Smith (1996) emphasizes that as well as having a basis in Husserlian phenomenology and hermeneutic phenomenology, IPA is committed to an idiographic approach: that is, the

detailed study of one or more individual cases. For Smith, “the participant, like me, is a unique individual worthy of an idiographic, holistic analysis” (Smith, 1996, p.5).

IPA is therefore concerned with the *particular*, with revealing something about the experience of each of the individuals involved, and being able to say something in detail about the participant group. This commitment to the particular operates at two levels (Smith *et al.*, 2009). There is a commitment to detail and depth of analysis, and also one “to understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context” (Smith *et al.*, 2009, p.29).

Lyons and Coyle (2007) argue that the single case study and its importance have been badly neglected within psychology and that IPA is a good way of bringing the focus to the detail of a particular case. Where there is more than a single case involved, IPA can also draw out a sense of sharing experience with others, of being part of something greater than the individual (Smith *et al.*, 2009). As Smith puts it, IPA is a “research methodology aimed at producing rich textual descriptions of the experiencing of selected phenomena in the life world of individuals that are able to connect with the experience of all of us collectively” (Smith, 1997, p. 80).

2.5.3 The hermeneutic approach and the double hermeneutic

IPA, with its underpinning of hermeneutic phenomenology, sees people as sense-making and interpretative individuals whose dialogue will reflect this. However, “access to experience always depends on what participants tell us about that experience... The researcher needs to interpret that account, in order to understand that experience” (Smith and Osborne 2003.p53).

As has been noted, such access “depends on, and is complicated by, the researcher’s own conceptions; indeed, these are required in order to make sense of that other personal world through a process of interpretative activity” (Smith and Osborn, 2003, p.53).

Access to the participant's experience therefore depends on and is necessarily complicated by the researcher's own ideas, ideas which are needed to make sense of the world of the other person. “The participant is trying to make sense of her world and the researcher is trying to make sense of how the participant is trying to make sense of their world” (Smith and Osborn,

2003, p.51). This is the “double hermeneutic”. In one sense, then the researcher shares the perspective and world of the participant. At the same time, she is a completely different individual (as compared with the participant) who is attempting to make sense of the participant’s sense-making. She empathizes with the participant but then steps back to question, to look for potential alternative meanings. The IPA researcher aims to use a hermeneutics of empathy, endeavouring to understand what it is like for the participant. This stems from Heidegger’s (1927) idea of a hermeneutic of empathy, and the distinction made by Ricoeur’s (1974) between a hermeneutic of empathy and one of suspicion.

Smith *et al.* (2009) suggest that in the later stages of IPA outside theory can be added as a means to ask critical questions of the transcript. Introduced at this late stage, such additions would avoid compromising the bracketing and the phenomenological attitude.

Finlay (2008) suggests that the task of the researcher is to explicate the lifeworld of participants and explore their meanings while “simultaneously grappling” with the researcher’s own meanings. She explains how, as a researcher, she gradually learned to “move back and forth in a kind of iterative dialectic between experience and awareness, immersing myself in multiple layers of meanings” (Finlay, 2008, p.2). As she points out,

None of us, – whether researcher or participant, – have privileged access to the ‘reality’ of our lived experience. When, as a participant, we narrate our experience in an interview, or when, as a researcher, we provide a reflexive account, we offer an interpretation that seems to work at that time. (Finlay, 2005, pp.19-20)

Smith *et al.* (2009) concur that “the analytical process is multi-directional; there is a constant shift between different analytical processes. As such, analysis is open to change and is only ‘fixed’ by the act of writing up” (Smith *et al.*, 2009, p.81).

IPA, then, assumes that we can access a person’s experience through their thoughts, words, emotions and embodiment while acknowledging that the links between these are not easy to access. Hence the need for the in-depth, iterative process that is IPA.

Smith (2007) suggests that the modern sciences such as psychology have different needs from those of the original users of hermeneutics, and that the texts usually studied do not possess the historical distance that traditional texts (for example, the bible) have. Whereas those texts were designed for public use, interview transcripts are highly personal accounts of experience. This means that, when analysing the language of an IPA text or transcript, “I am also analysing the person. My analysis of the person helps me make sense of the analysis of the language” (Smith, 2007, p.9).

2.6 Reflexivity

While not an explicit feature of IPA, reflexivity can aid the process of making sense of a participant’s sense of the experience (Finlay, 2011). Going further, Finlay argues that reflexivity is necessary for *any* research project through its ability to increase the trustworthiness and transparency of the research. She defines researcher reflexivity as “critical self-awareness of the historical-cultural situatedness of the researcher and the context of the research towards discovering the ‘is-ness’ of the phenomenon” (Finlay, 2008, p.12).

In other words, “How does who I am, who I have been, who I think I am, and how I feel, affect data collection and analysis?” (Pillow, 2003, p.176).

Heidegger (1927/1962) and Gadamer (1975) argue that when we experience something we cannot help but bring our own fore-understandings and pre-judgements into the experience. Researchers bring their own experience to the research in the same way. Finlay argues that, to be effective, reflexivity should start at the very beginning of the research process and continue as an ongoing process throughout. Since every stage of the research project can be affected by our personal influence, “personal reflection is undertaken not as an exercise in solipsistic self-indulgence but as a way of gaining further insight into our mutual, embodied intersubjective world” (Finlay, 2013, p.12). Such reflexivity involves “continually reflecting upon interpretations of both our own experience and the phenomenon being studied, in order to move beyond the partiality of previous understandings and investments in particular outcomes” (Finlay, 2013, p.12).

Drawing on the view of Merleau-Ponty (1962) that “the body is our general medium for having a world” (p.146). Finlay suggests that the embodied perspective of the researcher can help the development of a reflexive focus. Supportive of philosophy that rejects the Cartesian separation of body and mind, she argues that whilst researchers often consider the embodied elements relating to *participants*, they often do not study their own embodied experience. While many therapists *do* use their bodies in therapy and can be said to operate a “somatic compass” (Milloy, 2010, in Finlay, 2011), they may not think to do the same with research participants.

Recognising the truth inherent in Finlay’s argument, during my research interviews I endeavoured to use my “felt sense” (Gendlin, 1992) as I would in the therapy room with a client. This in turn allowed me to operate at a different level when it came to analysis, as I could use my notes on bodily sensations in conjunction with my reading and re-reading of the text. For example, I noticed that I felt tense in my shoulders when Sarah’s body shifted to a slumped position, as it always did when she talked about her husband. This alerted me to the fact that there might be material coming up that was important to her but also of a sensitive nature, and I would strengthen my efforts to be gentle and non-intrusive.

For me, reflexivity was the key to beginning to “break free from the basic data” (Finlay, 2011, p16.) in order to focus on the phenomenon. As I began to enter the participant’s world, I became aware of what Finlay describes as the “dance-like quality to the way that research findings evolve between the researcher and the participant” (2011, p.24).

Borg *et al.*(2012) distinguish between personal and epistemological reflexivity. Whereas personal reflexivity focuses on the personal assumptions, values, experiences and so forth that shape the research, epistemological reflexivity requires the researcher to recognize the limits of the research that are determined by decisions regarding the research question, methodology, method of analysis, and so on. Here, Willig (2008) suggests that researchers question themselves on how the research question has been defined.

Some authors, such as Mauthner and Doucet (2003), also discuss methodological reflexivity as a separate entity, to highlight that reflexivity is needed at every stage of the process of

research. They point out that many aspects of research, including data analysis, are ongoing processes throughout the research. In this case, the decisions I have made regarding how many people to interview, who they might be, what questions I might ask, and so on, can all potentially be influenced by my conscious and unconscious understandings. A further example of methodological reflexivity engaged in during the current research can be found in the study report, where I compare the relative merits of phenomenology versus grounded theory and discourse analysis.

For Kasket (2012), personal reflexivity involves the recognition that the self of the researcher, including the researcher's presuppositions, influences the research process at every stage, from the selection of the research area to the writing up of the study. In other words, "how have the researcher's values, experiences, interests, beliefs, politics, ambitions and social identity shaped the research?" (Kasket, 2012,p.8)

In my research, my efforts to develop reflexivity were aided by attending an external IPA course which allowed me to engage in exercises designed to prompt reflexive engagement and begin to understand areas for examination that may not have been otherwise obvious to me. As Robson (2002) observes, the researcher may, consciously or not, ignore information which conflicts with their own views while highlighting data that supports those views. For example, I might have particular, unconscious beliefs about parents in specific communities that might affect my data. I am aware that in the past I have struggled to understand parents who find it difficult to afford nappies or baby food but still smoke or go out at night; I have tended to see them as deliberately putting their own needs before those of their children. However, my training as a therapist has helped me explore the world from the perspective of my clients, enabling me to see how all of us can behave in ways difficult for others to understand. I may also have a vested interest in findings which are positive about SureStart's counselling services, since I have been employed within them. I may, too, have assumed that all the participants were in heterosexual relationships, or my recruitment materials may have unwittingly excluded certain groups of people because of limitations in my own experience.

Kasket (2012) points out that counselling psychologists are practised at utilizing reflexivity, hence are likely to avoid choosing a topic for research that is "too close" to them. Reflexivity

helped me realise that this had in fact happened to me. My first choice of topic was one about which I was passionate, but after discussions with my clinical supervisor and others who knew me, I decided that I was, indeed, “too close” to this topic. While my final choice of topic lay in a related area, my interest in it was not quite as burning, if still considerable.

In the early stages of this research, when I was constructing the interview schedule, I had to be careful to avoid influencing the research inappropriately. At this point I need to clarify that am a parent who has been in therapy and who has had paid employment within SureStart children’s centres. As such, I needed to ensure as far as possible that I acknowledged how those factors might be influencing the research. For example, I needed to consider carefully the setting for the interviews, along with the questions. As participants were invited to a children’s centre that was local to them, this may have been the place where they had received their counselling, and it was possible that this could have caused concern or even an emotional reaction on the part of the participant. Awareness of this enabled me to take appropriate steps to avoid such a situation.

Engaging reflexivity also encouraged me to consult several people outside SureStart regarding the questions on my interview schedule. I also made a point of not recruiting participants from centres where I worked, so that there was less likelihood of participants knowing of, and perhaps being anxious about, my connection to the service.

However, I was also aware that however much I might try to prevent such influences, there might have been an element of participants wishing to please me, the researcher. For example, when Joanna commented very positively on how grateful she felt for the existence of the SureStart counselling service, I needed to be aware that while this could be an illustration of her feelings about the service, it could also represent what she felt would be useful for me to hear.

For Smith *et al.* (1999), the purpose of IPA is to gain an “insider” position on what is being studied, whilst acknowledging that the researcher is “the primary analytical instrument” (Fade, 2004, p.648). Here, the researcher’s beliefs are not seen as biases to be rejected but rather as necessary for making sense of the experiences of other individuals. Reflexivity has

the potential to let the researcher acknowledge their role in the interpretation and thus engage in critical evaluation.

Among the tools which helped me maximize the usefulness of the reflexive process was the keeping of a reflective diary alongside my research notes. As Mauthner and Doucet (2003) point out, the researcher, the data and the method are “reflexively interdependent and interconnected” (p.414). Finlay (2002) suggests that while we can never fully know the extent to which we influence our research, we should still make the effort. For example, when writing about reflexivity regarding research interviews with occupational therapists, she asked herself ‘What are my investments in the research?’ She also looked for how the dynamics of the relationship between the participants and herself as the researcher might be influencing the data and subsequent analysis.

Lyons and Coyle (2007) argue that identification with participants, either positive or negative, can cause problems in analysis. For example, as I am myself a parent it would have been easy for me to identify with my parent participants. But just as I would in the therapy room, I needed to acknowledge this and avoid mapping my own experience on theirs. For example, in my reflexive journal, I noted that I initially felt quite negative towards Al, my sole father participant. Writing about this allowed me to acknowledge that this was partially a negative identification stemming from a conversation with a former colleague regarding Al’s negative beliefs regarding counselling and psychotherapy. Lyons and Coyle (2007) emphasize that negative identification with an interviewee can make it difficult to gain an empathic, ‘insider’ perspective.

As Biggerstaff and Thompson (2008) put it,

Rather than attempt the impossible task of seeking to diminish the researcher’s role, IPA makes the positive step of acknowledging and exploring her role. The interviewer’s thoughts and feelings are admitted as explicit and thus legitimate components of the enquiry, and their congruence or divergence from those of the participant are matters of proper enquiry. (p.17)

During the research, I attempted to ask myself questions as described. Supervision and personal therapy were also helpful, as was meeting with the IPA group from my cohort at university. This was because, just as with clients, interaction with participants can illustrate

processes originating from the researcher which are influencing the interaction. For example, while I was aware from the start that my status as a parent who had received paid employment at SureStart might affect my data, but it did not occur to me that my status as a parent who was receiving counselling at the time of conducting the research also needed to be taken into account. It was not until a fellow group member pointed this out to me that I was able to spend some time reflecting on the ways in which it might affect my research project. For example, my own belief that parenting toddlers is always very difficult, might not be true for other parents, and could have led to my framing questions in a leading manner or interpreting data in a specific way. When Rhianna spoke during her interview about a toddler having a tantrum on a plane, it was important for me to recognize that I should try to avoid seeing that situation as necessarily upsetting for the parent. Given the power differential between us, Rhianna might not have felt able to correct me if I had undermined her own sense of the meaning of her communication.

Having the group there to share elements of analysis and discuss these types of issue was invaluable. Similarly, by recognizing my initial negative perception of Al, I was able to modify my view of our interaction. When that modified view was fed back into the analytical process when I next came to look at the transcript, I was able to tentatively suggest that Al might have a sense of fear, where before I had only sensed anger. Through this process, I began to understand how a research interview represents a fusion of the shared horizons of researcher and participant (Shaw, 2011; Gadamer, 1997). I was learning to recognize which concepts were mine, and which the participants. Throughout the research process, then, reflexivity can be seen to facilitate the transparency and credibility of the research.

2.7 Evaluation

IPA is a specific, detailed, qualitative approach to research which creates rich data at an individual level and is driven by the data, with the researcher actively exploring her own impact on the research and the impact of the research upon her. However, IPA research procedural steps, although flexible, insufficiently emphasise or provide expression for the reflexive, embodied, and ethical nature of this form of analysis. This explains why, in the following chapter of this thesis, I single out reflexivity by making it into a separate procedural step.

For my study, I sought a methodology that acknowledged the often intuitive, tacit nature of experiential knowledge, as well as a way of working capable of addressing the power imbalance inherent in certain traditional research methodologies. I have no doubt that IPA, with the features detailed above and its philosophical underpinning of phenomenology and hermeneutics, is well suited to exploring parents' experiences of counselling within SureStart.

Early attempts to show that qualitative research was as credible as quantitative research focused on devising concepts parallel to those within the quantitative framework. For example, trustworthiness and authenticity were proposed as parallels for reliability and validity (Lincoln and Guba, 1955). As Marschan-Piekkari and Welch (2004) and others (Yin, 1994; Miles and Huberman, 1994) have pointed out, rejecting positivist, objectivist assumptions does not mean that qualitative researchers have no responsibility to demonstrate that their research is valid and transparent. Although specific conceptions of what should constitute valid qualitative research may vary according to the epistemological and ontological stance of the researcher, wider definitions of validity, such as how well the data reflects the phenomena it is intended to study, apply to all qualitative projects.

The process of critically reflecting upon and acknowledging the interpretative framework that the analyst applies to the data is important as it helps to increase the transparency and trustworthiness of the analysis, despite the fact that some aspects of an analyst's framework may not be readily identifiable by him/her. My use of reflexivity has been key part of this process.

Given that in IPA the researcher is the research instrument, then transparency in terms of actions is crucial. In the current research, my research journal notes, reflexivity journal, and other material relating to transcripts constitute elements in this transparent process. Smith (2004) suggests that "the personal analytical work done at each stage of the procedure" (p.40) is the key to quality. The audit trail of journal notes, memos and other data help evidence such analytical work.

Guides to evaluating the quality of qualitative research include the framework devised by the National Centre for Social Research in the UK (Spencer, 2003). This laid down four basic principles:

- 1) Qualitative research should contribute to the advance of knowledge.
- 2) It should be defensible in design, with a research strategy adequate to explain the findings so that readers can see how they were obtained.
- 3) It should be rigorous in terms of conduct and data collection, with analysis that is systematic and transparent
- 4) Its claims should be credible, with plausible findings.

Since the appearance of this framework, other researchers (Finlay, 2006; Pidgeon and Henwood, 1992) have devised their own evaluative tools. As Smith *et al.* (2009) advocate the use of Yardley's (2000) criteria in evaluating IPA, I have opted to utilize these criteria to evaluate this research: for example, whether the study is sensitive to its context, and the extent to which I, the researcher, have been able to examine and reflect upon my impact on the study. Using the criteria of transparency and coherence, I have sought to assess the clarity of the audit trail of evidence presented by the researcher and the clarity of the findings. Yardley also suggests that the research needs to be able to show that the knowledge produced makes a relevant and meaningful contribution to its field of study. (A summary of the evaluation based on Yardley's criteria, together with further detail on the criteria, can be found in Chapter 5). I hope to demonstrate that the current research meets all such evaluation criteria.

METHOD

3.1 Selection of participants

Four participants took part in this study. Smith *et al.* (2009) note that for novice researchers the danger is that “if the sample size is too large they become overwhelmed by the vast amount of data generated by a qualitative study and are not able to produce a sufficiently penetrating analysis” (p.57).

As Gil - Rodriguez and Hefferon (2011) point out,

Students consistently appear to experience pressure to include too many participants, seemingly in order to placate research boards and supervisors in line with the quantitative monopoly within academic research. This, necessarily, de-emphasises IPA’s commitment to idiography” (p.2).

Participants were recruited through advertisements in SureStart children centres, parent and toddler groups, libraries and coffee mornings in three localities. Flyers were also emailed to twelve children’s centres across England, three of which agreed to display them. Potential participants who expressed an interest and left telephone numbers were then telephoned, during which they received more information and were offered a pre-participation discussion in person with no obligation to continue.

Whilst there was no requirement for detailed demographic data, given that the study was not a quantitative exercise where individual factors are “controlled for,” it helps enhance the “sensitivity to context” (Yardley 2000) of this study to include some demographic details about the four participants.

The participants comprised three women and one man, aged between 28 and 47. They were all White British in ethnicity. All were heterosexual and all had resident partners (two were married). All had received counselling at their local children’s centre, with the length of therapy varying from 3 weeks to 18 months. All had received therapy on a weekly basis. (See Appendix 7 for participant vignettes.)

Although there were no explicit exclusion criteria, I planned to exclude anyone who on initial contact appeared at risk of extreme emotional sensitivity; for example, the recently bereaved.

3.2 Data collection

The data were collected through semi-structured interviews conducted by the researcher at mutually agreed venues, often a meeting room at a local children's centre or community centre. Semi-structured interviews were utilized in order to generate rich descriptive data, with the content being participant-led.

Pilot interviews were conducted with two colleagues, and on this basis the interview schedule was finalised (Appendix 1) The aim of the schedule was to provide an approximate guide which would facilitate elicitation of answers to the research questions. To this end, the specific order and content of questions were subject to change.

The schedule utilized prompts, probes, and funnelling to obtain fuller data.

An example of a prompt was: "can you say more about that?" A probe could take the form of "what do you mean by that?" Examples of funnelling included: "when you say that, could you describe that in a bit more detail?" and "what does it mean for you that...?" and "what might happen if...?"

Broadly, the questions were intended to cover the following areas: parenthood, being a parent in counselling, and the relationship between the counsellor and the parent. They were not framed more specifically around particular areas of literature because I was keen not to pre-empt participants' responses or lose their unique meaning. I also wanted to leave space for areas that spontaneously occurred to participants.

The questions were aimed at eliciting rich, descriptive data. Smith *et al.* (2009) point out that many modern-day participants may be used to marketing questionnaires and similar 'interviews' comprising closed questions designed to produce short, factual answers. This highlighted the need to explain to participants that the research interviews were an opportunity for them to freely share their experiences, and that longer answers were encouraged.

Vogt *et al.* (2007) point out that the linguistic construction of a question can facilitate or hinder the respondent. For example, a question starting with “why...?” is less likely to produce a wide range of thoughtful responses than one beginning with “what..?” The latter is a more powerful question and powerful questions are more likely to elicit creative thinking and deeper meaning. Counselling psychologists are well-placed to facilitate interviews of this sort since this style lies at the heart of most models of practice.

In the light of these reflections the following changes were made to the interview schedule. While some of them were made after the pilot interviews, which had taken place with two colleagues, the rest were made after the first interview. As a result, the interview schedule included a greater proportion of more constructivist, or projective, questions.

- 1) A preamble of a few sentences of non-questions was added after the two pilot interviews. Krueger and Casey (2000, pp.58-59) suggest that introductory and transitional questions give clients preparation time for the “think-back” process required in order to respond to the key questions.
- 2) The wording of questions or statements that included the phrase “parent in counselling” was changed as my supervisor felt that this might imply to some parents that they were attending therapy involuntarily.
- 3) It was emphasised to the participant that there was no ‘right’ or ‘wrong’ way to answer the questions, the idea being to explore the subject area freely, and that this might feel a little strange to them.
- 4) One particular question was added: “If there is one thing that hasn’t yet been said in order to reach a deeper level of understanding, what would that be?” (Vogt *et al.*, 2003, p.3). This was to give the participant an opportunity to disclose any information they may be keen to discuss but which lay outside the question categories.
- 5) A question specifically about the participant’s relationship with the counsellor was added.

As for all the questions, I came to view this last question as optional, depending on whether other questions had already elicited the desired information.

Smith *et al.* (2009) suggest that interview schedules be changed: interviews do not have to be identical. The schedule can be changed once an interview is underway, since the research

interview aims to “come at the research question ‘sideways’” (p.58). It is not the schedule *itself* that predicts a successful interview. Rather, “unless one has engaged deeply with the participant and their concerns, unless one has listened intently and probed, in order to learn more about their lifeworld, then the data will be too thin for analysis” (p.59)

I became aware that whilst my schedule would help prepare me for the interviews, it was not a recipe. I realized, for example, that I did not need to follow up pauses too quickly; in many cases, more interesting, deeper information was elicited by waiting. In the words of Smith *et al.* (2009, p.64), I was “a naïve but curious listener, trying to get to know the person in front of them.” Similarly, straying from the schedule, provided it is participant-led, may bring valuable information related to the research question. This is especially true given the fact that implicit, taken-for-granted, pre-reflective meanings may be masking deeper, underlying meanings. Such profound meanings are often not verbalized by participants but are nevertheless present in the spaces between utterances.

I gave serious consideration to sending the interview schedule to participants ahead of the interview, an option suggested by Smith *et al.* (2009). However, I felt that spontaneity might be lost if that were the case and decided against it.

The interviews were recorded on an Olympus digital voice recorder. Transcripts were transcribed verbatim, including non-verbal material such as sighs and pauses. All details that might identify participants were removed. Quotes were edited in order to improve fluency for the reader. Care was taken not to alter the meaning of the quotes so as to remain true to the dialogue of the original speaker. False starts and words that were not considered necessary for the full understanding of the quote to be fully understood were removed. Some quotes were left with hesitations present where this was deemed salient to the meaning

3.3 Data analysis

In keeping with the idiographic nature of IPA (Smith and Osborn, 2008), the transcript for each participant was worked through individually in the first instance. In keeping with the hermeneutic nature of IPA I engaged with the transcripts in an interpretative as well as an empathic way, as will be shown below. The transcripts were analysed individually, with emergent and then super-ordinate themes being identified in case one. The summary table from case one was then used to study the second case, which was examined to see what evidence of the themes could be found in case two, and what new themes had emerged. Case one was then re-visited to see if the new themes from case two were evident there before I moved on to case three.

This process of identifying themes in each interview and then returning to the previous cases was repeated throughout (see Appendix 2). While case one was analysed using paper methods, subsequent cases were computer-analysed for all steps apart from the initial comments, which were hand-written onto the typed transcript. The use of paper in the first case was due to my wishing to experience the spatial conceptualization of emergent theme groupings, which was made possible by putting post-it notes onto a wall and studying the different juxtapositions (Smith *et al.*, 2009). (Some reflections on the use of this process can be found in Appendix 4.)

In the subsequent cases, such analysis was performed within word files on a computer by cutting and pasting. This made it easier to record different stages.

One of the tools utilized in the analysis was reading sections in reverse order to decontextualize them (Smith *et al.*, 2009); an example of this can be found in Appendix 6. An example of the process of developing the emergent themes process, using a method described by Gee (2001), is presented in Appendix 3.

As the super-ordinate themes were written up, the data was further reorganised and super-ordinate theme and sub-theme labels were revised to form the final analysis section of the thesis. (A detailed account of the analysis of case one can be found in Appendix 9.)

When the summary table for each case was contrasted with those of other cases, themes were kept or discarded on the basis of meaning rather than frequency. This enabled the retention of themes that might have occurred in the case of only one participant but were significant in

terms of powerful meaning. Quotes illustrative of the themes identified were revisited frequently to ensure they were representative. (An example of a summary table and part of the comparison of another case can be seen in Appendix 5, with the resultant final themes are listed in Appendix.) being generated through a cyclical, iterative process, in which previous findings were revisited and explored anew from the perspective of new data. Once the themes for case two were identified I referred back to case one to see if there was material there that fitted the new themes from case two. I then repeated this same process with the other transcripts. The totality of themes was then listed as final themes that reflected the experiences of the group as a whole and gave something of the flavour of the shared experience. The findings were then written up, together with illustrative quotes from each participant where possible, and examined in the discussion in the light of the extant literature.

It should be noted that although I am interested in Idiographic data, the sample was purposive and homogenous, making a more generalized understanding of the phenomena possible (Willig, 2008; Smith *et al.*, 2009).

3.4 Ethics

One reason for my seeking an idiographic methodology with a participant group such as this was my concern that they might feel disempowered. In addition, it is often suggested to parents that they would benefit from counselling, and sometimes this is framed in a way that makes the therapy appear mandatory or imposes potential or perceived conditions of worth on the client such that the approval of professionals may be seen to be contingent on their attendance. I wanted to make sure as far as was possible that I did not inadvertently impose similar conditions on the research. Informed consent was therefore an area of particular concern.

Through the IPA group my cohort had established at City University, I was able to clarify my understanding of a number of ethical issues, including those relating to the duration of consent. For example, while I had originally written “you may withdraw from the study at any time” on my information sheets, it was pointed out within the group that this is not necessarily the case. If the findings had already been written up, for example, would I really be happy to remove the data and all other content relating to that particular participant?

Although the information was anonymised, there would still be an ethical dilemma. I subsequently amended the statement to say “You may withdraw from the study at any point up to write-up and publication.”

This experience encouraged me to examine my research from as many angles relating to ethics as possible.

I made a point of obtaining both written and verbal consent from each participant.

Participants were thanked for their participation and reminded that the information sheets I had given them contained information regarding what to do if they wished to withdraw from the study at any time before write-up. They were also de-briefed, which included checking that they did not feel upset by any of the interview content and ensuring they were aware of the mechanism for onward referral, should they require this. It was reiterated that they could if they wished contact the researcher (or her supervisor) at any point. It was also explained that the data would be destroyed once the project was completed and that in the meantime it would be securely stored on a password-protected, non-networked computer, and would not be labelled with any identifiable detail.

Participants were informed from the outset that taking part was completely optional and would in no way affect any service provided to them by the children’s centre. Permission for the project was obtained from the City University ethics committee (see Appendix 11) and the lead agency (Spurgeons) for the children’s centres. While Spurgeons did not have a formal ethics process, I made them aware verbally of the same information that participants received, and their verbal consent was obtained.

Eligible participants who understood the verbal and written information (see Appendix 10 for the information sheet) and wished to take part were asked to give written consent. The consent form also asked for consent for interviews to be tape-recorded (see Appendix 12). It was explained, both verbally and in writing that they were free to withdraw from the study at any time until write-up. There was no material incentive for taking part in the study, although recruitment flyers (Appendix 10) emphasized the opportunity to have their experience heard and be part of a research project that might help others in the long term. Participants were offered de-briefing and access to a written copy of the final research. They were informed

that all information held would be stored in such a way as to protect confidentiality: for example, no names would be used or identifiable details included.

Transcripts were coded, with all identifiable data removed. For example, the names and geographical location of the centres were deleted, in addition to any information which could be used to identify individuals. Audio material and transcripts were kept in a locked location and were to be destroyed one year after completion of the project. Computer-stored data was password-protected and held on a non-networked computer.

In keeping with the principles of ethical research and of codes of practice of the Health Professionals Council and the British Psychological Society, I have endeavoured to be honest in all my written and verbal communication. It was made clear to participants that the results of the research would be disseminated and/or published within appropriate academic settings, but always with the above precautions regarding confidential information.

It is widely acknowledged (Kasket, 2012) that whilst research participants have some power, including over which material is up for discussion, it is more likely that the power dynamic will sway in favour of the researcher. Participants may have felt a desire to please me, for example, or felt that they could not refuse to take part despite my assurances to the contrary. This is one of the reasons why it would not have been appropriate for me to select participants from a centre where I worked myself.

Reid *et al.* (2005) suggest that the 'bottom up' approach of IPA is consistent with a growing contemporary emphasis on listening to service users' voices. I was aware of a great responsibility to share my participants' stories in a way that honoured their experience. As I was not creating a chronological account or factual report, I did not feel that I could have asked participants to check the content of transcripts. My tentative descriptions and interpretations were not designed to accurately capture what might be termed the superficial level of what they expressed. I endeavoured to ensure that during the interviews themselves I was welcoming and warm, respectful and empathic, in order to help participants feel as comfortable as possible. Before the session began I re-iterated that there was no obligation to take part and there would be no negative consequences if they opted out. In addition I endeavoured to use plain English in my written and verbal communications with participants

so as not to retreat into language that would be too subject-specific or technical for them to understand. At the same time, I attempted to avoid patronizing them and spoke to them in the same manner as I might a colleague or client.

Skourteli and Lennie (2011) point out that counselling psychologists aim to be reflexive, ethical, and to “de-pathologise client difficulties” (p.20). If the words “client difficulties” are replaced by “participants’ accounts”, similar aims apply to my research. This is an important consideration in my choice of IPA as a methodology, and another reason for seeking an Idiographic methodology.

Counselling psychology and IPA both assume that the individual has agency. As with therapy, IPA is used to make sense of a particular individual’s world. Kasket and Gil-Rodriguez (2011) suggest that counselling psychologists are expected to be different things to different people: they are expected to be both empiricist-minded scientists and reflective, subjective investigators. Overall, counselling psychologists are expected to be pluralists, both in the therapy room and outside it, in the realm of research.

IPA, it can be argued, has more in common with humanistic psychology than do other schools. However, Lyons and Coyle (2007) argue that while IPA has a holistic model of the person with a humanistic heritage, it is still concordant with psychology as a discipline and with academic research within that. Rather than being part of the reaction against positivism, IPA seeks “to change psychology from within, to broaden its conceptualization both of what the person is and of how research on this person is to be conducted” (Lyons and Coyle, 2007, p.37).

For Kasket (2012), the values underlying counselling psychology can be mapped directly onto research practice so that counselling psychologists can see the value of research in their role. She stresses that research has always been “at the heart of the field of counselling psychology” (p.2).

Regarding research undertaken in the pursuit of a professional doctorate, Kasket (2012) argues that this should seek to answer “a need in the field by producing knowledge that practitioners can readily use, and that knowledge may arise from the practice setting itself”

(p.3). For Kasket, counselling psychologists are particularly able to “tolerate uncertainty, to remain open and receptive to phenomena as they are revealed to us and to resist the urge to reduce and categorize those phenomena” (p.4). She notes that the influential American psychologist Carl Rogers highlighted the need for therapists to have this tolerance for complexity and ambiguity, which certainly fits with the phenomenological heritage of IPA. She also suggests that counselling psychologists are particularly mindful of the importance of recognizing our preconceptions and reflexively analysing our knowledge. This fits well with IPA’s emphasis on the phenomenological yet hermeneutic, the impossibility of ignoring our pre-conceptions and the need to sensitively interrogate the data.

Kasket also reminds us that, just as counselling psychologists seek to understand the particular individual rather than generalise, generalisability is not a goal of IPA. The individual in front of us, whether in the therapy room or during the research interview, is the focus of our attention.

I note from my reflexive diary that I found such theoretical insights helpful and appropriate. The interviews did feel in many ways like a person-centred therapy process, with the client doing most of the talking, and my interventions being mainly prompts inviting them to flesh out their account.

FINDINGS

In this chapter I explore the master themes and related sub-themes that emerged from participants' narratives, providing examples illustrated by quotes. The first two master themes are each divided into "Meanings of parenthood" and "Meanings of Counselling" and the sub-themes then explored within those categories. The third master theme draws together the new meanings of parenthood that emerge for the participants following therapy, and examines how these meanings are created. I have divided the chapter into sections. The first major theme looks at "identity" and how that affects firstly, parenthood and secondly, therapy. The second major theme looks at feelings of loss of control – again, firstly, in terms of the impact of parenthood, and secondly, in term of their subsequent counselling experience. Lastly, the third major theme examines more closely how the participant's meanings of parenthood have been changed through the counselling experience.

For ease of reading, quotes have been amended slightly: for example, where an ellipsis appears (indicating that a participant has trailed off unexpectedly at the end of their utterance) probable missing words are placed within brackets. Pseudonyms are used for all participants, from all of whom identifiable details have been removed. A detailed examination of how the findings relate to the extant literature relating to parenthood and counselling can be found in the discussion chapter.

The major and sub-themes are summarized in TABLE A overleaf:

TABLE A

MASTER THEME ONE – WHO AM I?	
MEANINGS OF PARENTHOOD	MEANINGS OF COUNSELLING
Parenting Identity	Parent-as- Client identity
Parent, person, mother, father	Client gender and counselling

MASTER THEME TWO – FEELING OUT OF CONTROL	
MEANINGS OF PARENTHOOD	MEANINGS OF COUNSELLING
Parents feeling out of control	Control in counselling
Parenting over time	Counselling over time
	Therapy in the dark room

MASTER THEME THREE - COUNSELLING AND PARENTING
The counselling experience Making sense of parenthood through counselling

4.1 Master Theme One: Who am I?

Under the master theme “Who am I?” are the sub–themes which relate to Meanings of Parenthood, followed by those which relate to Meanings of Counselling. Both groups of sub–themes highlight the participants changing sense of identity and perceived differences in gender.

Who am I? - Meanings of parenthood

The parents struggle with their sense of identity and what it means to be a parent. The irrevocable nature of this new status as parent, and the accompanying new sense of self, stirs them to reflect on all aspects of their identity, past and present. In an echo of their confusion over this new identity, they hesitate, repeat themselves, and flounder for words. They find it hard to capture the nuances of the difference between their old identity and their new one, within the new universe of parenthood. But they know it is there. They realize that new experiences are forcing them to reassess the fundamental assumptions that they previously cherished about who they were, who they are now, and who they will be in the future.

4.1.1 Parenting Identity

The shared language of parenthood means different things to different participants, as they grapple to understand and express their experiences. Although, for all participants, their sense of identity had changed with parenthood, they each experienced this change in a unique manner:

Rhianna suggests:

I’m a different person, having children. A different person to when I didn’t have children [Rhianna, 37]

And:

I do feel I’m a different person, having children. A different person to when I didn’t have children. It’s definitely different, and just, you look at things differently, and you see, things, differently, and, like, so, the people I know that don’t have children, their reactions are completely different to mine, and I don’t understand how they can think that, and they can’t understand how I can think like I do [Rhianna, 37- 44]

Whilst Kay says;

I'm just not myself [Kay, 17]

And then with halting phrases, she conveys the difficulty she seems to encounter when seeking to express her ideas:

It's not ... (parenting)... an add-on, it's more underneath, the whole, erm, it's a facet of me..., rather than the whole of me. My primary identity erm but being, I'm not, I'm not ... Myself as a parent is part of me [Kay,18.19]

It is “underneath”, she says. It seems that her parenthood lies hidden within the layers, the folds of herself, and when she brings it to the surface for examination it transpires that it is a really important part of her identity: it affects every other part. However, it is not so great that it takes her whole self over; as she notes, it is not “the whole of me.” It is, perhaps, like the annular rings of a tree. If it were possible to make a cross-section of Kay, one would find, among her flesh and blood, an ever-present mark indicating the stage of parenthood she had reached at any specific moment: an indelible mark, indicating its importance.

Rhianna reaches out for her visual and kinaesthetic senses to explain the change:

You have, you see, things differently. I do feel I'm a different person, having children. A different person to when I didn't have children [Rhianna, 37,38.]

Al, at a more pragmatic level, suggests that parents and non-parents cannot speculate about each other's lives since:

You're either in one situation (being a parent) or the other, aren't you? [Al,43,44]

Who am I? Meanings of Parenthood

4.1.2 Person, Parent, Mother, Father.

Participants struggled to merge their new parenting identity to their previous roles. For Kay, her new identity is complicated: parenthood constitutes a part of herself but not the totality;

“I’m just not myself” [Kay,...17].

It’s as if she finds herself thrown into alien territory where she does not know who she is. Is she the parent? The child? The person she was? A new person? A composite of different “selves”? Her comment perhaps evokes the embodied sense of the new mother as different to her pre-parenthood self, a sense of mother and child as merged, just as mothers of very new babies – especially breast-feeding women - may struggle to know where lies the boundary between their own body/self and the baby’s.

She is at pains to point out that it is not the quantity of time and effort spent on the parenting aspect of her life that she defines as the parenting part of her identity. Instead, she measures how much of her identity is taken up with parenthood by assessing the relative importance of her other roles: career-builder, friend, wife. She is not just a parent, she is a person, and that person is part friend, part worker, part wife, part daughter. The ‘part’ of the person who dominates at any one time also has a temporal dimension for her.

Among participants, parenting is often defined in terms of the difference it is thought to have brought to the person they felt themselves to be before parenthood. To be a parent, it seems, is to be the person you once were, and simultaneously, paradoxically, to be someone completely different. The paradox does not end there. While parenthood might make a person more anxious or frustrated, it might at the same time make them more mellow.

Referring to the dimension of herself that she identifies as ‘mother’, Kay describes motherhood as having had a “massive, massive impact” and a “massive disruption in my life” [Kay,line 10]. Similar adjectives, for example “huge”, are used with emphasis, as if no word can quite portray the scale and weight of the change in her identity. Moreover, she is aware that parenthood has been different for her partner, the father of her child.

Interestingly, Rhianna’s interview did not yield any suggestion of difference between motherhood and fatherhood. It was important for me to remember that, within IPA, themes

are not privileged for their frequency but for their resonance: they are those which are important for one or more participants at that specific time.

Kay wonders about the links between her parenting identity, her marital identity, and her mothering identity:

So, and then, a parent, that's tricky because, I mean, when I say a wife and a mother, I mean that's predominately still, probably, what I am except when I am at work. And being a parent, is kind of both, maybe, so 'a parent' says wife and mother maybe. Maybe parent says what we, what I do with my husband, and to my children, and so maybe the role of wife and mother becomes merged in the parent [Kay,56-60]

But she does not feel that the same is true of the terms husband and father, which she does not see as merging to become parent in the same way. As she goes on to explain,

We have differing amounts of time, and the role of mother is much bigger than the role of father, in a very small, humdrum kind of way [Kay, 65, 66]

Once again she mentions the large amount of time that mothering involves; this is not the same for fathers, in her experience. Yet the big (“massive”) impact of motherhood on her identity is created via a mosaic of tiny, seemingly inconsequential tasks, such as picking up the washing and taking the children to school. She seeks to explain what is so difficult at times about the mothering role when each task is seemingly so simple: it is the sheer volume of these tasks, and their nature (“small, humdrum”) that overwhelms her and suppresses all other parts of her identity. She becomes “just” a mother – a massive sprawling manifestation of inconsequential tasks.

When reviewing Kay’s script here, the image came into my head of brightly coloured weaning dishes - green, orange and blue ones with matching spoons - raining down on Kay’s head and concealing her identifiable features behind a shower of food and plastic: the paraphernalia of toddlerhood obscuring all that she had previously felt herself to be, until her embodied motherhood became this sense of being smothered and stained. Perhaps because of this, it is important for Kay to emphasize that what the outside world may see is not her in her totality. The gaze of other people may rest upon the superficial, failing to register the depth of her being.

Interestingly, Kay describes parenting as an activity she does “with” her husband, but delivers “to” her children. She also perceives her husband as being much less reflective than her regarding their parenting responsibilities and his role as father:

So things are far more concrete and black and white for him and the children do something and then there is a consequence and it might not be the more measured lets negotiate or let's talk about this [Kay,247,246]

Although parenting is done “with” her husband, paradoxically he is seen to do some of the delivering of parenting alone. His role as father is absolute and non-equivocal, while mothering is full of ambiguity and shades of grey. Comments like this illustrate some of the tensions often inherent in parenting when role expectations differ. Kay’s partner, it seems, has come to expect to play a traditional patriarchal role as a father, whilst she would prefer they worked more in partnership .

For the participants, then, parental identity seems at once easy, and at the same time impossible, to define. The next section illustrates how participants’ sense of identity was affected by becoming a therapy client.

Who am I? Meanings of Counselling

The lived experience of being a client gave participants a forum to explore the intersections between their parenting identity and other identities they had held, as well as those that they were currently holding. Again, they also anticipated their future selves, and how the different identities might inter-relate. But the client experience also gave them another identity to grapple with. That of being a client. The participants brought to the therapy room all their assumptions and expectations of what it means to “be” a counselling client. Subsequently they explored and juggled this new identity as client within the context of being a parent, a person, a sibling, a friend, etc.

4.1.3 Parent – as - client identity

If identity had become complicated once participants became parenthood, this sense of complicated identity follows on into their role as client.

In her counselling sessions, Kay says,

*I don't feel like I'm a parent in counselling. I'm a **person** in counselling, who as an added dimension of myself, is that I am a parent [Kay,...4-6]*

While not taking the position that parenting itself produces problems for her to bring to counselling (see above), she acknowledges that for some mothers the situation could be different, particularly early on:

And perhaps that would have been different when I was a new mother, right in the thick of it, you know all consumed, all, you know, just totally engrossed and feeling out of my depth and all those other things. It certainly would have felt different then, I think [Kay, ...120,121, 122.]

Sarah acknowledges that her identity as a mother, whilst not at the forefront of her counselling experience, nevertheless has a presence in the counselling room:

It's kind of like, I might not say anything to the counsellor that's necessarily directly related to me being her mother, but it still, it's like I wouldn't have asked the same questions, or be thinking in the same way if I didn't have her (child) so it's a bit strange but.....it has an impact. And I suppose it's things like, urm, I am talking to the counsellor about things like, my mood, [Sarah 79-83....]

This section seeks to capture participants' new meanings of parenthood as they evolved on their parenting experience during and following counselling

Al did not regard his SureStart counselling experience as being directly related to his being a parent. He was also the only one who did not speculate as to whether his therapist was a parent: for him, whether clients or counsellors are parents is irrelevant if the presenting issue does not relate directly to parenting:

It depends what you go into counselling for. If you go into counselling for alcohol addiction, then it doesn't matter whether you're a parent or not, whereas if you go into counselling because of something to do with being a parent, well that's different [Al, ...46-49.].

Al's decisiveness here makes sense in the context of the larger Gestalt of his identity, where parenting is seen as only a small part of the person he considers himself to be. If parenting is

only a small part of who Al considers himself to be, then it is unlikely to be a significant part of his evaluation of the setting or the counselling process either.

This does not mean however, that his experience as a client had no influence on his perception, or experience, of parenthood. For example, it caused him to reflect on his perceived gender differences. He is at pains to point out that, for him, there are clear differences between men and women regarding the expression of emotion:

I mean, men talk about stuff but I don't think that we quite go to the same level as women do [Al,97].

This is explored further in the next section. He goes on to add that as an individual client, he may appear to seem casual in his utterances, this does not mean that his words are less meaningful or intense:

That surface level jocular sort of, er, short sharp sentences, there's a lot more meaning to that than you might think we just don't, you know, necessarily feel the need to explain something in an hour's worth of conversation. You might be able to explain something in three or four sentences and the other bloke would understand exactly what you are thinking without the need to go that far [Al,98-104]

For him, "a short sentence conveys a lot of information: A look, a nod, a sentence" [Al,170]. There is a level of meaning in his communications that he fears is not picked up when compared with women's longer utterances.

So, Al appears to understand his experience in terms of a single domain for a particular problem. Rather than seeing these as domains or roles or parts of self that overlap and intermingle (for example, parenting and addiction), Al sees no overlap and therefore no need for intervention in areas of overlap. For example, if he were to receive therapy for alcohol dependence he would see no relevance in discussing parenting issues with the counsellor.

This may have wider relevance. While counsellors may assume that a parent with an addiction problem would understand professional concern around possible parenting difficulties, Al's case suggests that such an assumption may be mistaken. If some other parents process their experience in similar ways to Al, this could explain why some parents

seem surprised when therapy is suggested, or mandated, because of the effect of their addiction, on their children. They might genuinely struggle, if they compartmentalize their thoughts, like Al does, into separate categories, or domains, to understand the connections. *and how it might affect her* [Sarah, 79-83.]

While participants had varying views about the extent to which parenthood had impacted on their identity, none seemed to feel that parenting in itself was likely to be a reason for seeking help. Despite counselling often being encouraged, or even mandated, for users of children's centres (with the referrer often explicitly recommending a focus on parenting support), participants did not support the view that parenthood *per se* was an important factor in their experience of counselling.

Who am I? Meanings of Counselling.

4.1.4 Client Gender

The gender differences identified above may play a larger role in therapy than at first thought. For example the role expectations described above by Kay regarding her and her husband may point to possible differences which therapists need to bear in mind. More importantly there may be concerns around gender that are not explicitly revealed by clients. For example, Al had previously identified that he did not feel it was significant if a man attending therapy was a parent unless the 'issue' was parenting itself:

If you go into counselling for alcohol addiction, then it doesn't matter whether you're a parent or not, it doesn't matter [Al,46-49.]

But his repetition of "doesn't matter" is followed by a sigh. There is, perhaps a tired quality to the utterance, as if he is saying "nothing really matters". Although he had volunteered to talk about being a parent who had experienced counselling, he made it clear that he had been "pushed" (as he had described it) into the counselling by his family. Perhaps this had affected how he felt about being interviewed. Al then refers obliquely to a male identity, different from a female one, with specific implications for fathers in counselling:

I think fathers, or men in general, are less likely to admit that there are emotional issues and therefore they would they'd be less likely to, to engage in counselling and, or that sort of stuff [Al,137-139.]

It is known that fewer men than women seek counselling and this is as true for parents as it is for the general population. For Al, the reason seems to be that *”that sort of stuff”* involves talking to an extent that men may not find useful:

I mean men talk about stuff but I don’t think that we quite go to the same level as women do [Al,145,146]

For Al, “stuff” seems to refer to a vague, possibly murky concept that is best held at arm’s length. There are eight points in Al’s transcript where he refers to “stuff,” and all but one (where he refers to lots of “stuff” going on at the children’s centre) refer to interpersonal relating, where material that is alien to Al is the “stuff” to which he refers. At first, he seems to be saying that murky, perhaps emotional “stuff” is for women and not men. But then he clarifies that, no, this is not what he means: men’s communications can be absolutely as meaningful as women’s, but their style is often different.

Whilst Al’s experience cannot be generalized, it again suggests that as therapists it is important to remember that there may be factors related to gender that are influencing our clients’ experience of the process of counselling. If we knew that a client, like Al, felt that gender differences meant that therapists would be likely to misunderstand him, then not only could an individual therapist be alert to this possibility and to plan for it, but also it could be debated as a phenomena within counselling psychology and other professional arenas so that different interventions could be developed.

4.1.5. Who am I? Summary

Participants sense of who they “were”, at different stages in parenthood was affected by culturally and socially determined role identities as well as individual sense-making. These influences led participants to conceptualize therapy, and their identity as “client,” through these same individual, cultural and social lenses.

4.2 Master Theme Two: Feeling out of Control

Control is a complex concept, implying agency, ownership, and navigation of the different components of experience. The sense of loss of control over many areas of participants' lives, which often arrives with parenthood, is reflected in participants' attempts to grapple with control-related issues. These are illustrated here, first in terms of parenthood, and then in terms of the counselling, where similarly, a sense of control is sometimes felt to be taken out of the parents' hands.

Feeling out of control: Meanings of parenthood:

Participants were vividly aware of the feelings of mayhem and chaos that parenthood frequently invoked in them, and they pondered how to regain a sense of lost agency. Awareness of the need to re-evaluate meanings and values in their lives is evident. For example, chaos and mess have both positive and negative meanings. Time takes on new variability of perception, and different aspects of daily life become more or less important, making it hard for participants to know what control should mean.

4.2.1 Parents feeling out of Control

Most participants spoke of their struggle to maintain a sense of control over their lives following the arrival of their children. But Kay, while acknowledging the upheaval that children had brought to her life, spoke of parenting as “what we *do to* our children”, indicating a slightly different perspective.

Kay, appears different. For her, parenting appears to involve a strong sense of agency. This may be linked to the fact that, for her, becoming a parent was a very deliberate choice. She is also well supported by family and friends and has a financially stable household.

However, even she, when discussing the changes brought by parenthood, also says “*I’m just not myself*” [Kay,17.] This suggests that she senses a lack of control over her own identity (see 4.1.1) as having resulted from parenthood. So, beyond the superficial nature of some of her comments, she can be seen to share the view of other participants that some degree of spontaneity has been lost.

Sarah mourns the loss of control, which for her includes the freedom to act on impulse :

'Cos when you have got children to think about, you can't just take off ...

It's like, no matter how down you feel, there's always this person, then, that you're responsible for, and in one way it makes things, it makes it harder [Sarah,46,47]

However, she also recognizes that no longer being able to control large aspects of her life also has its benefits:

Like if you're feeling really down because you can't just stop life, you've got to, you've got to do everything you normally do, uhhm, and in another way it makes it easier, because you've got a future to plan for, and you've got somebody relying on you and you want them to have the best experience they possibly can, so, it is. It is different in that sense. Whether I would have talked about different things, before she (child) came along, I don't know, no, and I suppose, it's like having that life to look after and it's having that sense of mortality and that you're only on the planet once, and, it kind of makes you think, and well I want to be around for them and it kind of makes you want to look after yourself for them, and be around for them and to want to look after them [Sarah,67,68.]

For Sarah, then, control in the sense of being able to behave spontaneously and do the activities of her choice has been lost. But she is beginning to see the benefits of a new form of control: planning for the future so that she can be there for her children.

Rhianna brings up the topic of other people's perceptions of parents as being in control (or not) of their offspring:

If you see them with a screaming child, in the middle of a supermarket, people that don't have children, just think "oh my God, she can't control her child" [Rhianna, ...43,44]

But, like Kay, she also sees a positive side to the chaos and lack of control that children bring, as this extract from her interview makes clear:

And I think you just realize, I mean I feel very blessed having children. I think, once you have them and it's, it's, it's so completely different. [Rhianna59...].

[That idea of being blessed. Tell me more about that?]

(sighs.) *Ah, it, I think. I tried a long time for (child's name). Not too long, not as long as others, but in my head, a long time. I think I just thought it would be instant, it would happen straight away, and then it didn't. And you then realize, that it's, that you're actually really lucky, to be able to have children. If you try, and you have one, and they're healthy and they're fine, it's actually amazing, and nothing wrong with, if they did have something wrong, but it's just, you don't realize until you have children that you're very lucky to have these little beings to guide and, to bring up. So then you realize what your parents tell you (laughs). You don't believe it at the time. You can't imagine what it will feel like.* [Rhianna....62-67]

[So there's this kind of loop?]

Yes, of being able to understand things from different perspectives.

Yes, yeah (chuckles). And it's hard work. A lot harder than I was expecting [Rhianna,71.].

Here, Rhianna explores the paradox that while she feels fortunate and “blessed” in comparison to those who are not able to have children, it is nevertheless often very hard to be a parent. She then alludes to the fact that it is rare for prospective parents to be “warned” about the difficulties parenting can cause, and what they do hear is difficult to remember or understand outside the frame of reference of already being a parent:

It's a bit like, even if you go on a course, like when I was pregnant and you go on the, there's different little sessions, I forget what they call them... You don't actually take a lot in. You go in for say three hours of them, and you say, yeah, I know how to change a nappy, I know how to do this. And then you get the baby and you think, now I don't. I wasn't ready for any of this [Rhianna,. ..75-80.]

Rhianna is touching upon the fact that no one can know what the lived, embodied experience of being a parent is like until it is upon them. Part of the feeling of lack of control comes from the newness of this lived parenthood. No amount of antenatal advice or support

prepared her for the experience. And to help gain some control, she wants to talk about this experience, to make sense of it with family, friends, her counsellor, me.

For Al, his way, or embodied sense, of reaching out to other men to communicate with them about this experience would be to “*punch each other on the shoulder and (say), Hey*” [Al,148]. It is perhaps curious that the embodied experience of parenting for women is arguably more significant because of the physicality of pregnancy and birth, and yet when it comes to exploring that experience, the women in this study tend to use words as the primary tool, whereas Al uses physical gestures, perhaps to pre-empt, or replace, conversation. For him, gestures ‘say’ as much as words and long conversations are unnecessary.

Al makes no mention of control as an issue relating to parenthood. While there is nothing to suggest he feels the same lack of control as the other participants, it is possible that he feels a need to curtail his use of words, which may spill over into emotional “stuff.”

Feeling in control is important for parents, not just for their peace of mind but also to help them learn how to shape their children’s behaviour: if they do not feel in control, they will struggle to put boundaries in place. This is certainly a common area of enquiry and referral into parenting support programmes – with parents asking both for help to control their children’s behaviour and help in dealing with the (real or imagined) perceptions of other adults about their control, or lack of it.

Parents who are perceived as being unable to control their children’s behaviour can also find themselves in the child protection system. Such aspects of control will be returned to in the discussion chapter.

Feeling out of control. Meanings of Parenthood

4.2.2. Parenting over Time

Parents expressed differences in their perceived control over their parenting over time, according to the age and stage that they and their children were at.

Kay describes her experience of having children in terms of the change in her identity, and the perceived permanence of that change:

Having children is such a fundamental shock that you'll never go back, I'll never go back, to just being you [Kay,200]

She emphasizes the importance by reverting to the first person in an embedded phrase within the references to a generalised “you.” “I’ll never go back,” sounds permanent, but it also suggests time passing, with her pre-motherhood identity linked to a time so very long ago as to be unrecognizable. Echoes of her earlier identity doubts emerge as she vacillates between “you” (the general, the other) “one” (part of all people) and “I” - the last with its terrifying acknowledgement that the “I” (the lived, embodied, experiential essence that is Kay) can never turn back time. Her comment expresses the shock of acknowledging the implications of parenthood as an existential crisis. The realization lies along the fault line of her life experiences through time, where shock waves can strike at seemingly random points. Realising the implications of parenthood may at times take the form of mini-shocks and vibrations. At other times, however, it can take the form of a full-scale earthquake wreaking existential havoc, changing Kay’s sense of who she is and so linking back to identity once again.

Sarah provides the most striking account of this temporal element. Here, she reflects on the impact parenthood has had on her life at different stages:

How you can, you know, kind of change your life goals, I mean I think you do that anyway as you get a bit older, you sort of, you know, you kind of realize that you are going to have to be quite conventional, and knuckle down, and you know, go to work, and tidy your house, and all that stuff [Sarah,42-45.]

Feeling out of Control: Meanings of counselling

The chaos that arrives with parenthood was not the reason for participants to access counselling, but where it intertwined with the other aspects of their lives they were able to explore these and reassess what was important to them, and how to regain a sense of agency in different ways, or to re-frame what being in control meant. Before they could do this, however, they had to cope with the feelings of lack of agency about being a client, which often mirrored for them the confusion that new parenthood had brought. Being, a client, like being a parent, was new, uncharted territory for all but one participant, and even for that one, the experience was different, and unpredictable, this time around.

4.2.3: Control in Counselling

This second sub-theme reveals participants' varying perceptions regarding the extent to which their counselling journey is within their own agency.

Much within the accounts suggests that there were times when participants felt that neither the counselling service nor its consequences were within their control. Whilst this was most striking in Al's account (see below), it also featured elsewhere.

Kay, for example, who in some utterances appears very confident, worries that her counsellor might take control by judging her:

The talking about your children, and talking about those difficult emotions and talking about those difficulties with your children and being judged, I don't know
[Kay,200,201]

She recognizes that this may be her individual perception:

But maybe that's got less to do with being a parent and more to do with being me
[Kay,204]

Rather than opt for counselling, Al and his partner were "steered towards it" [Al, ...23]. This is true for many parents in counselling who are referred due to their perceived inability to parent effectively. This places them in a position where they have very little control; they may be at risk of having their children taken away from them if they do not comply. Even though the content of counselling sessions is confidential (except in clearly defined circumstances of which participants are made aware), such parents can feel highly controlled.

Rhianna, who did seek counselling as a matter of choice, mentions the temporal aspects which the therapist has control over, especially within the health authority where she previously accessed services:

If you go to the doctors you get on a waiting list and then you get an appointment and it's well it's Thursday at two, and if you can't make it or you can't get childcare that's too bad [Rhianna,107-109.]

In other settings, she had experienced the counselling service as faceless and completely out of her control: an anonymous letter would arrive with a time slot printed on an appointment

slip, with no chance to negotiate. She contrasted this with the children's centre setting, where crèche facilities were available. Because the service was local and familiar, she felt she could approach staff and negotiate the timing of her sessions so as to fit in with her busy mothering schedule.

For Sarah, it seems as if the counsellor controls everything about the session, including the timetable, and does not acknowledge how difficult this may be for parents:

In a way it almost annoys me about the counselling, it's like they don't kind of realize that you have got a normal life, it's like if you're late. And like one time I was late, and the counsellor was like "ooh, what's happening, does it mean, maybe you don't want to come to the session?", and I was thinking like "well no", but you know, if you've if you have got children, it can take... the best of plans can fall apart at the last minute and it's like the counsellors, they're like, it's like they're in this protective little bubble and they can, their world runs exactly on time and runs a certain way and it's not the real world in a way [Sarah,204-110].

Sarah questions how meaningful the counselling experience can be when the counsellor operates from their "protective little bubble":

I mean, you might discuss things in there, in this sort of perfect bubble, and how applicable they are they going to be, in the real world? [Sarah, ...109-110].

Feeling out of control. Meanings of counselling.

4.2.4 Counselling over time.

Kay foregrounds a temporal element when discussing, in therapy, the changing nature of parenting:

Maybe it has changed as my children are a bit older, my children are 8 and 5 and 3, and perhaps the parent part of my identity was much bigger than it has become nowWe have differing amounts of time, and the role of mother is much bigger than the role of father, in a very small, humdrum kind of way [Kay,29-34].

Sarah's account reveals that even when she is not talking explicitly about the relationship between time and her counselling experiences, temporal references are apparent. In the following extract from her interview, she compares different counselling episodes over time:

I mean the counsellor I had the first time aroundthe first time that I had the counselling, it was things like, it was an hour off, for me. The second time (of having counselling) it was a bit different, because she was a bit older, urm, so I suppose the second time, being a parent didn't impact on the sessions as much, 'cos it wasn't as much the things, I wasn't really talking about, her, as much [Sarah,4-9].

The counselling experience gives Kay the chance to reflect on her earlier experience of parenthood and to re-evaluate the perception that parenting overwhelmed the other parts of her – daughter, sister and friend, for example:

Perhaps as a result of exploring myself a bit more, reminds me a bit of the, the broadness – the breadth and depth of me that is wider than I first thought, so maybe I've got into the habit of thinking, that I am, am more mother and a wife and a housekeeper and much less so framed in the daughter and friend and sister and occupation and All those other things [Kay,44-47].

She says that counselling has made her “become acutely aware of my impact on my children” [Kay,141-142]. Not only that:

You become so aware of as a parent in therapy as you bitch about your own mother and father and as you just kind of shoot holes in the way they did everything [Kay,137-139].

The temporal element spans the generations as she realizes that just as she critiques, in therapy, her parents parenting of her, so her own parenting, will come, in time, under the scrutiny of her children.

Rhianna talks of how she might not have needed counselling if she had not had children, because more time would have been available to her. :

Yeah. I dunno, I think, it depends, some of the reasons, I think I still would have seen a counsellor, or someone, but others things no, I may not have done, because, I feel, well I suppose I would have had time to talk to people [Rhianna,22-23].

When Rhianna said this, I was reminded of the Crosby, Stills, Nash and Young song whose lyrics talk of leaving the rat race in order to have “time to cry”. If parenthood had not stolen

time in which she might have reflected with friends, she might not have needed to see a counsellor. That fifty-minute slot was protected time, enabling her to process her emotions.

Feeling out of Control. Meanings of Counselling:

4.2.5 Therapy in the dark room

For Al, there is something oppressive, even fearful, about the very prospect of undergoing counselling in a medical setting such as a hospital or clinic. This he imagines as being very different from the setting of the children's centre, which for him is "a more sort of, it's a like a, it's a less clinical situation, you probably feel..., I felt, more relaxed"[Al,...78]. He continues:

Rather than going into a kind of dark room with a light shining on you and somebody trying to kind of get to grips with your personality and all that sort of stuff, I think it was a much more relaxed way of doing things, yeah.

That's quite interesting, yes, so your traditional view might be of someone in a white coat almost, almost like a hospital, type of experience?

Well, yeah, a control.... A very controlled situation, yeah, of one sort or another [Al, ...80-86.].

Al's choice of words here -- "a dark room" and "someone shining a light on you to try and get to grips with your personality" -- suggests a perception of counselling as controlling in the extreme. In fact he goes on to describes it as "a control... a very controlled situation" [Al,87].

Like Kay, he is disturbed by the fact that the therapist has this degree of physical control. He talks of the light as if it represents an effort to focus on his personality, to spotlight the self. There are dark overtones to his account, which makes therapy seem more like torture than anything therapeutic: the client, sitting in the lonely spotlight, awaiting the frightening intervention of the therapist, which is entirely beyond his control.

Al's description evoked in me an image of an equivalent fear: that of dentists. Like a dentist pulling teeth, the therapist takes pliers to the clients' personality, which is then exposed to its raw roots. Within this context, the sense I had of the whole of Al's account being quite guarded, and at times cynical, made sense. When I analysed his transcript, I remembered that

during the interview I had found it hard to elicit his actual experience, rather than his intellectualization of his experience. Yet comments like these were throwing me powerful hints. How must it feel to enter counselling, already beset by the problems that brought you there and with the expectation that it will be like torture? Al's words seemed to speak to the power differential between therapist and client.

For Al, the children's centre is seen as part of a more benign, less controlling system than the medical one he perceives to exist elsewhere. Significantly, when speaking about the children's centre he changes from "you probably feel" to "I felt more relaxed". It is as if he is, at last, owning his feeling.

4.2.6. Feeling out of Control: summary

Clients coming to counselling often experience feelings of lack of control. The participants in this study offer perspectives that include feelings of being out of control as a parent as well as lacking agency more generally. Such feelings can extend to the counselling experience, where clients feel anxious about how much control the therapist will take, and how this will affect them. Therapists, then, need to be sensitive to this added layer of anxiety. In addition, it seems likely that the physical setting, and the degree of control clients can take in different settings, also have implications for how counselling services for parents are set up (see the discussion chapter below).

4.3 Master Theme Three: Counselling and Parenting

This section draws together the participants' experience of counselling and how they used it to make new sense of their parenthood. For example, the parents' experience of both parenting and counselling was sometimes processed through the participants' relationship with time. Quotes are again given for each participant who expressed views relevant to the sub-theme.

4.3.1 Counselling and Parenting. The counselling experience

Participants did not know what to expect when they met their counsellor, and spent time working out how much they could trust them. Their new role of client, like their new role of parenthood earlier, has to be tried, experimented with, before participants feel comfortable to bring their real concerns. In time, they re-evaluate aspects of their parenthood while they re-evaluate the issue that brought them to therapy.

Al provides insights into what he identifies as being important factors in establishing rapport with a therapist. For example, he interpreted information from the counsellor in order to decide whether this was someone he felt comfortable with. This process does not appear to have been conscious. He either "clicked" with a professional or he didn't:

It depends on the personality of the individual counsellor, doesn't it? It's like when you acquire friends rather than acquaintances, you feel more empathy, more of an empathy, er, with people you, you would have more of an empathy with certain counsellors over and above others personalities. It's like doctors, isn't it? You feel more of an empathy with certain doctors, certain ones you click with, and others that are clinicians that are just sort of there, so I can't imagine it's any different with counsellors [Al,249 -255.].

Al makes conscious sense, of these feelings of affiliation with some professionals over others, by ascribing them to the professional's "personality". Interestingly, he then goes on to use the word "empathy" four times in that one small paragraph. What he describes as the "click" that he feels with some professionals and not others suggests that what he calls personality factors may be what others call points of perceived mutual empathy.

This suggests that different speech styles and patterns may be something that counsellors need to be aware of when building rapport. It struck me that possibly Al felt doomed to be misunderstood by female professionals, whom he sees as certain to dismiss his utterances or accept their superficial meaning without seeking to fully understand. It seemed important to endeavour to raise his interview to a level that would transcend his sparse interjections and capture some of the depth of what he was seeking to say.

At a more practical level, Al might well be able to relate more readily to a therapist with a minimalist speech style, or one who is naturally kinaesthetic. At the same time, the “click” - the mutual understanding or empathy - may stem from other factors, as yet unknown.

Kay reveals a certain ambivalence about her relationship with her counsellor, in particular over whether her counsellor may judge her parenting. At first this does not seem to be a concern:

I don't find myself having to explain my position or in any way feel judged if I express – you know those more difficult emotions we have in being a parent [Kay,93].

But a short while later:

Talking about those difficult emotions and talking about those difficulties with your children and being judged, I don't know [Kay, 200,201].

She feels the urge to disclose information around the “difficult emotions and difficulties with children” within a trusting, safe relationship. At the same time, however, she senses the possibility of being judged by the therapist, so that it might not be safe to make those disclosures after all. Pushed and pulled by her conflicting anxieties, she feels stuck in the middle.

It is significant that such ambivalence was expressed by a participant who had not been referred to the service by others and had not had concerns raised about her parenting by professionals. This, points to a risk of underestimating the significance to clients of the perceived powerfulness of counsellors and their potential to appear judgmental.

Rhianna's position of:

I'm a different person, having children. A different person to when I didn't have children [Rhianna, 37,38].

had repercussions when she came to counselling:

I mean it could be...I mean, it didn't come across, but if the counselling, it could be, that they are slightly different, just because I think sometimes you mellow, with children, and sometimes you're less mellow, you're frustrated or you're anxious, but overall, it's there, the parent thing, it's part of you, and so it's part of counselling too [Rhianna,32,33].

For Rhianna, there is also a unique quality to her counselling relationship:

Something that is mine. I mean, my parents, my brother, my aunt and uncle, they all want a piece of me. It's all, it's... none of that is for me. If I want something, I have to fight for it. At least with her (therapist.) that's someone that's for me [Rhianna,105,106] .

It is clear that Rhianna spends a great deal of time looking after others. In addition to having young children who take much time, she has a wider family of adults whom she portrays as quite demanding: they regard her as the family member who can always sort things out. In addition, she feels that the therapeutic relationship is more valuable because she does not have to 'pay' the therapist, whether in cash or kind:

I can trust x, and I can trust y, and my counsellor, and that's about it. There's no one else who can, they've all got it in for me basically, except them. She (counsellor) is the only one I don't have to pay. I even have to pay my uncle petrol money, or for baby-sitting [Rhianna,220-223]

There is an almost painful quality to Rhianna's account of how much trust she invests in professional relationships. Those around her are so untrustworthy that she puts her faith in the few professionals she perceives to have her interests at heart, including her therapist. The therapeutic relationship is one of the very few that she experiences as authentic, with even her own family – perhaps especially her own family – trading in favours. In her mind, therapy is the only relationship without an attendant currency; she cannot become indebted to the therapist the way she can with family and friends.

4.3.2 Counselling and Parenting: Making sense of parenting through counselling

Al, as seen earlier, was not aware of using therapy to understand his experience of parenthood. The three mothers, in contrast when they reviewed their therapy retrospectively, realized that they had used counselling to make explicit sense of their parenting experience.

For example, Sarah used temporal references to assess her progress over time, in feeling confident as a parent, while Kay compared her reflections, in therapy, about her own parents, to those her children might one day make about her own parenting.

Sarah recognises that, no matter what her presenting issues are, her parenting identity cannot be left at the door when she enters the therapeutic space:

It's a bit kind of, it's kind of like, I might not say anything to the counsellor that's necessarily directly related to her (daughter), but it still, it's like I wouldn't have asked the same questions, or be thinking in the same way if I didn't have her so it's a bit strange but.....it has an impact [Sarah,79-82]

And because it has not been left at the door, the counselling process impacts on her perception of parenthood. New meanings of parenthood that emerged for Sarah included the realisation that actually - once looked at over the longer term, rather than from the midst of a particular stage of parenting - she had achieved a lot, as a parent, had coped with a lot, and had not been overwhelmed by parenthood in the way she had felt previously. She was able to gain this perspective because of time passing, but she was able to notice it, to bring it to her own attention, because of therapy.

*It's about looking after yourself isn't it. Noticing the positives.
And taking the time[Sarah...58,59]*

Rhianna, too, acknowledges the link between her parenting and her counselling sessions:

As a parent, you're always busy with the children doing absolutely everything for them, and I think for me it helped, speaking to someone about my problems ... And some of my issue were, children related anyway [Rhianna,.... 9-10, 25] .

For Rhianna, therapy allowed her to reflect on some of the paradoxes of parenthood. The feeling of being very “blessed” versus the feeling of struggling. The joy of having new little beings to guide, against the worry of how to guide them “right”. She felt that therapy had helped her regain that balance. For her, a key outcome of the counselling was a rediscovering of the joyful side of parenting, partly through describing it to another, and partly by removing some of her other worries so that she could focus more on enjoying the time spent with her children.

For Kay, the counselling relationship is clearly linked to parenting because parent and client are both roles that she plays:

This is not about me. Well it is about me, but it's more about my roles and how am I, I mean maybe it's just me, but I don't think so. it's about my roles and how I'm negotiating them and how I'm carving out some space for me and how I'm redirecting focus on me, and so there's never just Kay, it's always. No, it's always roles the whole timethings in your life, I don't know you can, something, I don't know. Having children is such a fundamental shock that you'll never go back, I'll never go back to just being you, or it doesn't feel like that right now. And then also maybe I don't know, but you know, like the relationship, the talking about your children and talking about those difficult emotions and talking about those difficulties with your children
[Kay,190-201].

Once again, Kay highlights how becoming a parent hijacked her identity and overtook all the other roles she had played, at least while the children were small. She uses the counselling to help her make sense of her situation so that she can negotiate these roles and “carve out some space” for herself. So the counselling itself is a carved out space, which in turn helps her carve out a space in her life for her non parent identities, and the therapy helps carve a path through the complex Venn diagram of her different roles, by giving her neutral time to reflect.

It appears that one of Sarah's mechanisms for processing her experience is to structure it by making comparisons over time: where she is in terms of her age and stage in life, where her

child is, and how this colours her reflections on the impact of counselling. Her perception of the benefit (or otherwise) is affected by what parenting - and counselling – mean to her at that particular time. She describes the temporal aspect of parenting and its intersection with the counselling experience:

The first time, that I had the counselling, it was things like, it was an hour off, I mean, for me. She (daughter) was so young at the time, with me not feeling like, I could, literally, go to the toilet on your own, it actually gave me a break... Urm. The second time (of having counselling) it was a bit different, because she was a bit older, urm, so I suppose the second time, being a parent didn't impact on the sessions as much, cos' it wasn't as much the things, I wasn't really talking about, her, as much [Sarah, ...4-9].

Sarah's understanding, not just of parenting but also of the interplay between parenting and counselling, is thus temporally mediated. At first this reflection on her own understanding is fairly superficial, but further reflection leads her to re-examine her own statement. She then goes on to say:

Although, having said that, when I was talking about, how I was wanting to sort my life out, and move forward, and get used to things how they were, obviously, she (child) did come in to that, 'cos she's getting to that very hormonal stage and there's lots of family arguments, and, (pause) it did still impact, even though I wasn't going (to counselling) to talk about her, whereas when I went when she was a baby, and I went, I suppose I felt that quite a lot of it was about her, because, I suppose the whole of my life was taken up very much with looking after a baby, and it's very difficult to work out [Sarah,4-9].

Again there seems to be a sense in which the impact of her parenting slips in and out like waves in the foreground of her life experience over time. And this in turn impacts upon the perceived connection between parenting and therapy. When her child was very small, the world of parenting swept in, overlaying the other aspects on the shore of her life. This meant that even when her therapy concerns did not directly involve parenting, parenting was so ingrained in her physical, emotional and psychological experience of life at that time that it permeated the therapy, regardless of the ostensible subject of the sessions. In a manner that

mirrors the hermeneutic aspect of analysis, it appears that over time she re-evaluates her memories of parenthood, in relation to the greater whole of her longer term experience.

Parents talked about the changes to their physical, spatial, world, as well as their psychological world, once they became parents. For example, they could no longer go out at will. Mothers, particularly, described how they often felt confined, cloistered with their children in less than ideal physical spaces such as parties, play areas and so on. Their embodied self, had changed, too. This was true not only for women who had been irrevocably changed by pregnancy and the process of giving birth but also for fathers, whose physical contact with their child via feeding, nappy changing and play meant that they got dirty and did not feel like “themselves” – where “themselves “ was their pre-child identity.

However, as alluded to earlier, it was when parenting was combined with ‘issues’ such as alcoholism, drugs, or longstanding mental health problems that participants considered counselling relevant. It was then that parenting was likely to enter the discussions within therapy. One participant, Al, provided a number of insights into this area.

For Al, an individual with ‘issues’ may need counselling whether or not s/he is a parent. Al does not regard himself in that category, however; he does not need support for parenting (or anything else). He says he has accessed counselling purely to please his family. As he sees it, the ‘troubled self’ is the alcoholic, the anorexic, the addict, the other: someone with an identity that places them in a different category, that of category of weak, mentally ill people requiring ‘help’ in the most negative sense of that term.

Al appears to want to disassociate himself from those “people with issues:”

*I suppose I was a bit, as I say cynical, as to whether or not counselling, I suppose if you have “issues” (**emphasis**) whether or not the counsellor, can sort those issues out, cause the person who is the counsellor isn’t in your situation [Al, 13,14,15].*

The following extract from my reflective journal illustrates some of the complexity I encountered when trying to analyse Al’s transcript:

Looking at Al’s comments around his mixed feelings about the counselling it seemed, to me that he might be saying: They can never understand me. It’s hopeless. Why do they make me come, when it’s not going to help? A lyric from a song came to my mind as I looked at his script. In the song, a

smoker is lamenting the fact that non-smokers who are near him when he smokes, “cough, like my lungs were theirs” (Passenger, 2013). There is a feeling of frustration, perhaps, at the inadequacy of words to tell his story, of therapists, to understand him, of researchers to grasp the importance of his points. He hints at therapists acting as if they know him, when, for him, this is not possible. For him, our fore-understandings cannot be set aside. We, the researcher, the reader, the therapist, cannot hope to understand him because we will have pre-conceived ideas about him which will bar us from seeing his true self. Ironically, I realized that this illustrated that there was a potential parallel process here. As I made that struggle to understand him, expressing his belief that no one can fully understand him, I was realizing that I, too, had rushed off into my own interpretations and risked validating his belief. I cannot know if he is angry or sad, or if even we share any trace of the same understanding regarding what those words mean to him. My lungs are not his. I began again the cycle of the struggle to understand. [Passenger 2013].

Al’s choice of word is important. The word alcoholic “Nomenclature can dictate how an individual’s whole identity is understood - wittingly or unwittingly. Labels can affect perception such that the same individual may be perceived (and treated) differently according to whether they are described as patient, client or customer” (Hodgkiss, 2002). Al appears to be categorizing the whole person as an alcoholic and therefore distinct from himself. Such a person is one “with issues” [Al, ...14, with heavy emphasis on the word “issues”].

For Al, uncontaminated by issues, his self is pure. And that adds to his ambivalence about the relevance for him of therapy and the therapeutic relationship.

And yet we know that difficulties with parenting are common, and that intervention, including psychological therapy, can have positive benefits for both the parent, in terms of their mental health and for the child/ren, through improved parenting.

Reflecting on identity-related issues was a key feature of participants’ sense-making when asked about their counselling experience. Overall, though, they did not feel that being a parent in counselling was a significantly different experience to being a non-parent in counselling. A view was expressed, in particular by one participant, that the identity of a person in counselling could be defined by their problem or ‘issue’. Such negative associations with the concept of a person needing help seemed to result in participants dissociating themselves from counselling for parenting support.

Parents who are perceived as being unable to control their children's behaviour can also find themselves in the child protection system. Such aspects of control will be returned to in the discussion chapter.

From participants' comments related to temporal aspects of their experience, it was obvious that they reflected on their experience in different ways at different times. They often referred to the way in which their past affected their present and their future

4.3.3. Counselling and parenthood; Summary

It would seem logical that a parent's need or desire to focus on parenting within their therapy may vary according to how much they need to give a new meaning to it. For example, for Rhianna the birth of her children was a delight, so while she found therapy useful in exploring paradoxes, she did not need to create a new reality. For Sarah, giving birth was a time of great anxiety; elation never came to parenting, and to understand in retrospect the temporal waves which rushed in and overtook the foreground of her parenting experience, for a while, before affecting their habitual ebb was key in being able to develop for herself a new narrative about her time as a parent. The new narrative recognized her strengths, and the fact that from the perspective of looking back over the years, the challenging phases of parenthood could be normalized.

4.4 Conclusion and reflections

The relationships between the different aspects of counselling for parents emerge from this analysis as multi-layered and complex. Participants appeared to feel as if they entered a different life world when they became parents: to varying degrees they had a sense of an identity crisis. They were ambivalent about how much of their identity was taken up with parenting, and how much they wanted to identify with that new identity. This in turn affected their view of how relevant (or not) counselling was for parents.

Participants reflected on their beliefs about parenting prior to experiencing it, and considered how this might have influenced their therapy. They explored differences in their lives over time and, in varying degrees, sought to draw comparisons between their pre-parent selves and

their parent selves. Participants also changed their views of events and relationships after the passage of time.

Some key existential paradoxes emerged. For example, in some accounts a sense of mourning for the lost pre-parent self, co-existed with a sense of wonderment and happiness at the new self, the parent, and the confusion engendered by this.

Participants were able to use aspects of therapy to gain new understandings of parenthood – for example, re-telling some of the more difficult episodes of parenthood enabled them to be placed in an appropriate historical context.

The findings have implications for the practice of therapy with parents. Awareness of how a particular individual makes meaning out of life events could help session planning: for example, if, like Sarah, a client processes new information by comparing it with similar situations over time, an intervention could be designed to take account of this.

The findings also emphasise the importance of spending time on understanding clients' *processes*, as much as the content of their story. It could be argued that therapists do this already, but the findings suggest that further research could fine-tune counsellors' meta-awareness of the process of meaning-making of our clients.

The analysis has yielded some simple, pragmatic findings along with more complex ones. At a simple level, it seems that SureStart centres are often more welcoming than health clinics and that part of this relates to the physical environment, indicating that efforts could be made to improve the environment of health clinics. A more complex finding is that it is not always apparent “who” it is that is coming to counselling. Is it a “false self”? Or a troubled, whole self with “issues”? And what difference might it make for a client and/or therapist to conceptualize client difficulties in these particular ways?

It feels as if potentially limitless analytical possibilities emerge from the same material, as it is understood in different ways at different times, each new understanding impacting earlier ones. This complexity forms the focus of the discussion chapter which follows and where the findings will be discussed in the light of the extant literature.

DISCUSSION

In this chapter I revisit the findings of my research and explore the themes evidenced in the findings chapter with a more interpretative focus. I then critically examine the study's methodology and suggest improvements which could be utilized in future as well as further research which could be undertaken. Throughout, relevant literature supporting that focus is referenced, and possible interventions for professional practice are suggested.

I have attempted to stay close to the original text but with sufficient distance to avoid assuming so much about the experience that it no longer reflects the participant's lived sense of that experience. On this basis, I tentatively postulate some possible interpretations based on psychological theory. Storey (2006, p.56) recommends that if theory is being used this way, it is better to be eclectic about it, rather than "squeezing" the text into a favoured theory.

In contrast to Chapter 4, I have not divided each theme into its component parts but have given a broad, overall sense of each. I have highlighted some possible understandings of the material based on compatible theoretical understandings from the extant literature. As with any such interpretations, each is only one of many possible understandings.

Quotations already presented in Chapter 4 are here given in abbreviated form to prompt recall but avoid unnecessary duplication.

5.1 Who am I?

While the parents in this study differed in the extent to which they felt parenthood affected their identity, all acknowledged that on the whole they had experienced a significant change. Even Kay, who spoke of herself as a *person* in counselling rather than a *parent* in counselling, felt at risk of being swallowed up by this new identity, which had submerged her identities as wife, worker, sister, daughter, friend.

Some participants expressed negative attitudes towards people who access mental health services. This may have contributed to their reluctance to connect their sense of themselves as parents with their experience of themselves as accessing mental health services. This suggests a paradox: while the participants did not feel that parenthood was a condition warranting psychological help, here they were, involved in therapy.

Such conflicts could be examples of Cognitive Dissonance (Festinger, 1957). For example, while Al was of the opinion that people accessing mental health services were in an entirely different category to himself, he nevertheless attended counselling. Perhaps he needed to ‘play down’ to himself the seriousness of his concerns about his own mental health to allow him to access therapy without feeling the incongruence between this and his own beliefs about people needing help. Alternatively, he might have been reducing his sense of dissonance by distancing himself from the decision to attend therapy in the first place: he was “steered” towards it, he said.

The process of adjusting to the new parenting and later, client identities, can be seen as analogous to what health psychologists call “response shift” (Schwartz and Sprangers , 2000). Here, feelings of self-worth (in illness) are maintained by adjusting personal values and re-conceptualizing personal goals. The participants in this study appear to be doing just that: adjusting their personal values and goals to ‘fit’ the life change of becoming a parent. Thus Sarah changes from experiencing chaos in parenthood to developing the goal of “looking after myself for them.” Her new aim is to be as fit and well as possible in order to be there for her children. Rhianna experiences a sensation of being “blessed” in having these “little people to guide”, and this new guiding role is shaped by her identity as a parent. Alternatively, the findings could be viewed in the light of Tushima and Burke’s (1999) theory of levels of parenting identity. According to the theory parents tend to form a parenting identity, which operates at one of two levels in relation to their parenting behaviour. Either they behave in ways consistent with a “principle”, or value,-led level of thinking in relation to parenthood, where they are aware of a longer term motivations behind their actions, or, they behave at a “programme” – led level, where only short term consequences are considered. A parent who mostly behaves in ways consistent with the programme level t would have greater difficulty understanding why they needed to undertake routine parenthood tasks. This could be one reason why parents might find parenthood so confusing. Perhaps many parents are likely to behave consistently with the programme level until they have more experience as a parent. It could explain why Kay, like many new parents, felt so overwhelmed initially. This is important, given that according to Tushima and Burke, parents who had not learned to operate at the principle level programme-led comments_were more likely to use harsh interventions with their children and did not tend to feel a sense of agency in controlling the child’s behaviour. This suggests that parents require

help, through therapy, to increase their sense of agency and awareness of the higher values behind some of their tasks in life. If Kay, for example, could view all of the tiny mundane pieces that make up her parenting mosaic as valuable and important, she might well find parenting easier. New therapies such as ACT (Acceptance and Commitment Therapy: see Harris, 2009) might be of relevance here.

While Al believed that the whole of a person's "self" was either troubled or not, the other participants saw the troubled self as only a part of the whole self, prominent or receding into the background at different times. This prompted me to pose the question: who exactly – which self -- was coming to counselling? Mearns and Thorne (1988) cite configurations of self in which whole identities are contained within identities. Two examples from the current study illustrate this:

There was a part of me that just could not cope (Rhianna, 40)

I don't know where it came from, it's not me. It's not what I want from my life. But I keep doing it...[arguing] It's like there's a side of me that just comes out, and it's not me. (Sarah, 55,56.)

These comments suggest not multiple personalities but rather multiple aspects of the one self. Mearns and Thorne(1988) emphasise that it is important for therapists to meet the needs of all such configurations. For example, for someone like Kay, whose identities of daughter, sister and friend were for the present subsumed within the configuration of wife and mother, it could be important to find expression within therapy for the voices of the daughter, sister and friend.

Kay was the only parent to mention that parental identity could have different implications for mothers as against fathers. While this small-scale qualitative piece of research does not aim for generalizability, it is worth noting that fathers are still statistically likely to return to work sooner than mothers after the birth of a child. Differences in the lived experience of mothers and fathers may be related in part to the expectations surrounding traditional gender roles. However, Rane and McBride (2000) found that fathers were no less involved in parenting even if they rated their identity as a worker more highly than their status as a parent. In fact, if working fathers considered that a *nurturing* role was an important part of their parent identity, they engaged in significantly more interaction with their children than fathers who did not place such importance on nurturing.

Aitkin (2009, p.283) described fathering as “ill-defined...and more a 'becoming' process than a fixed definition”. This suggests that fathers, like mothers, may vary in how much of their identity is related to their status as a parent, and that this may change at different times.

5.2. Feeling Out of Control

Parents expressed different aspects of their struggle to maintain a sense of control over their lives as their journey in parenthood moved forwards. A clue as to how therapy might be able to help clients feel more in control of their lives as parents came from Sarah, who wanted to look forward and plan for a future where she made sure her family were safe and provided for. She recognised that parenting had reduced her control over her time and environment, but she also understood that in the longer term there were ways of gaining a new sense of agency. This, as described, was consistent with the value – led principle level thinking discussed above, suggesting that being able to develop a principle – led sense of parenting identity could help parents feel in control as a parent, which in turn would improve the relationship between parent and child.

The extent to which parents feel out of control as parents is likely to be connected to their general beliefs and experience regarding control over their lives at other times. Some parents, like Sarah, spontaneously realise that a new sense of agency can be gained in parenthood. For others, however, therapy can be helpful. For example, a client's internal locus of evaluation (Rogers 1954) or locus of control (Rotter, 1954, 1966,) can be developed through psychological counselling. A psychologist using a person-centred approach would aim to provide a counter-conditioning to the conditions of worth that a client had experienced, and help the client develop a more positive self-concept.

It seems probable that parents experiencing an external locus of control/evaluation are more likely to have children with the same external locus. If such parents engaged in therapy that included work towards developing a stronger internal locus of control, this might also help the development of the children's own internal locus of control, thereby improving the children's behaviour. However, the evidence around this is complicated: Morton (1997) has pointed out, most studies in this area have used measures of general control beliefs. When using a measuring tool *specific* to parenting, as Morton did, researchers were more likely to find a relationship. Additionally, he found that children's *behaviour* was strongly correlated

with the parent's locus of parenting control. Those parents who struggled to contain their children's behaviour were more likely to have an external locus of parenting control.

Studies conducted over time and in different cultures (McCabe, Goehring, Leh & Lau, 2008) have drawn similar conclusions. This suggests that parents could enhance their parenting experience, and indirectly improve their children's behaviour, by developing an internal sense of control which was then modelled to the children.

However, the current study did not require participants to stipulate the orientation of their therapist, and it is therefore difficult to establish what part therapy may have played in the participants' regaining a sense of control. A follow-up study might specifically focus on therapists' work with parents (and children) where working to increase parents' internal sense of control or locus of evaluation was a specified aim. Such a study would seek to establish whether therapy helped parents significantly improve their relationship with their child, and whether improved child behaviour was observed.

This link between the adult's sense of control and their children's behaviour lends further support to the growing focus on helping services work in a more joined-up way and with a whole family approach. Traditionally, many therapists operating outside specific family services would work with an adult or a child as an *individual*, with any impact on the rest of the family being seen as tangential; therapists did not necessarily see it as being within their gift to work in a more systemic way. Recently, however, there has been a growing interest in models such as "Think Family" (SEUT, 2008), where the emphasis is on the family as a whole and on joining up services so that a family does not experience fragmented, chaotic care (as has sometimes been the case in the past). This suggests a need on the part of children's centres (where the participants of the current study experienced counselling) to be staffed by practitioners working in a whole family way.

Three out of four participants in this study expressed concern about therapists being in control and perhaps judging them. Overall, however, participants found their therapy useful, suggesting that any concerns were mitigated to the extent that the experience was positive overall. This may have been due in part to an increased sense of autonomy (Rogers, 1954) or locus of control (Rotter, 1966), as described above. A further mitigating factor was the extent to which participants felt they could control their physical experience, even if they could not control what the therapist might say.

Al's experience in particular might be explained in terms of his former experiences of lacking agency, of feeling that events were outside his control. This external locus of control may have given rise to his fear that a clinical setting for therapy would mean that the experience would be "a very controlled situation". Or perhaps he had formed a belief that this would be the case from his previous experiences of hospitals and clinics. Hospitals, with their heritage of the medical model of illness, often do appear controlling places. For Al, however, the children's centre did not appear to trigger his worries to the same degree. This suggests that someone who might not even have taken up an offer of therapy within a formal setting can in a less formal one get a chance to experience the benefits of the therapeutic relationship.

How different settings affect parents' degree of control has implications for the way counselling services are established. Manthei (2006) found that clients preferred therapy settings which were less formal or clinical in appearance, with their first impressions of the physical location often proving crucial.

Within children's centres, whilst some boundaries remain (for example, the length of sessions), there is often freedom to make the environment less clinical and thereby heighten parents' sense of involvement and agency. In some centres, children and parents have helped choose wall colours and soft furnishings for the building and items such as toys for the crèche. Participants in the current research spoke of the advantages of using a local centre where they knew the staff; they felt they had more autonomy, for example over when appointments could be made, and were not just a statistic in a "*big NHS machine*" [Rhianna, 110].

This suggests that future counselling work with parents could be enhanced by recording in detail how individual parents process their experience of counselling, both within children's centres and at group level. Al's perception of counselling in clinical settings was extreme but very revealing, and understanding it seems of relevance to service providers. While therapists are aware that traumatised clients will often take weeks or months to share their experiences, it can sometimes be the case that counselling itself is perceived as traumatic.

Smith *et al.* emphasize that learning from a particular case in the greatest possible detail gives us a sense of shared humanity, as we truly begin to understand the experience of another individual. Al's perspectives on therapy provide a forceful reminder of this.

The findings of the current study also have implications for the development of parenting programmes, where exercises aimed at bolstering parents' locus of control might improve adherence and success rates, especially if introduced at an early stage. For example, solution-focused questions could be used to elicit past and present occasions on which the parent has used their own agency to effect a positive behaviour.

5.3 Counselling and parenting

Two of the participants in the current study -- Kay and, to a lesser extent, Sarah -- were ambivalent regarding the therapeutic relationship. They did not seem completely certain that they could trust the therapist not to judge their parenting. Cogan (2003) suggests that parents are often reluctant to ask for help with mental health issues because of fears that their parenting will be judged to be inadequate and that their children might be removed from their care.

In Al's case, there was much less ambivalence: he felt he knew when he could trust a therapist and he attributed this purely to personality factors on the part of the therapist. It is equally possible, however, that the therapist performs certain "micro-behaviours" (Duff and Bedi, 2010), such as smiling at certain points in the session, which Al experiences at a less than conscious level or that he sub-consciously perceives the core conditions of counselling as described earlier (Rogers 1957).

Al also felt that men's communication needs are not always understood by therapists. Lewis and O'Brien (1987) argue that in the context of therapy fathers are often seen as passive figures who are difficult to work with. It may be that perceptions of this sort persist, complicating the relationship and making it more likely for men to feel, as Al did, that their communication needs are not understood by women, who make up the majority of counselling psychologists and other therapists.

For Rhianna, the therapeutic relationship with her counsellor was extremely important: it was the only relationship in her life which she felt had her welfare as its specific focus. This reinforces the importance of findings such as those of Erickson, Korfmacher and Egeland (1993), who found they could use a strong therapeutic alliance with parents to help the latter

form a more positive view of themselves and others. Erickson *et al.* were then able to use this to begin preventative work, strengthening the parenting skills of those at risk of poor parenting due to deprivation or other factors. This suggests that counselling for SureStart parents could act as a gateway, influencing the receptiveness of parents to other interventions such as parenting courses.

Participants' relationships were affected by whether or not they worked outside the home and also by gender differences. Kay, Sarah and Rhianna perceived their partners' work as shielding the partners from the challenging reality of long hours looking after children. It has been suggested, (e.g. Hochschild, and Machung 1990) that the new distribution of tasks once children arrive often leaves women feeling disempowered, especially those who were working before. Kay, who works part time, spends the majority of her hours with the children, in contrast to her husband, who has a long working week and only limited time with the family. This suggests that counselling services may need to take different considerations into account when dealing with parents working outside the home versus those who do not. Therapists also need to be sensitive to gender-related parenting issues.

The findings also suggest that professionals in general lack credibility in the eyes of some parents. Parenting advice and support often comes from friends and family, who may appear to be coping well with parenting. Support from that informal network may be conditional on the struggling parent adopting the beliefs of the supporter: for example, the view that parents do not need counselling. This may be one of the factors behind the reluctance of parents to admit to difficulties in parenting. The British Prime Minister David Cameron felt the need to normalise parenting support, For example, saying, in May 2012 at the launch of a new parent support package:

Parents are nation-builders. It's through love and sheer hard work that we raise the next generation with the right values. That's why governments do everything possible to support parents (DoH, 2012, p.1.) The then UK Children's Minister, Sarah Teather, in 2011 expressed her desire to "get rid of the stigma attached to asking for help. Parenting classes aren't just for struggling families with complex problems. All parents should know it's ok to ask for extra support and guidance when they need it - just as most do when they attend ante-natal classes before their child is born" (Teather, 2011, p.1).

This suggests a stigma attached to any admission of struggling with parenthood. Possibly this is another incidence of the parent experiencing cognitive dissonance: the parent needs the love and support of his/her friends and family but knows that this informal support network does not view professional help as appropriate. In order to keep the regard of loved ones, the parent must disregard the professional. This concurs with research (Epstein and Jolly, 2009) indicating that safe infant care advice is often rejected in favour of longstanding family routines suggested by grandparents or other family members.

The social context of parenting may also lead to particular expectations: parents may be expected to cope well with parenting in a context where friends and relatives promote the positive aspects of parenthood. In such a situation, the individual parent may all too easily feel inadequate. This may be one reason why difficulties in parenting are sometimes expressed by identifying the child as the problem. The parent may be conceptualising their need for support in terms of 'a difficult child'. Many parenting courses in fact use this perception of the child as the difficulty as a way to recruit parents to their programmes – for example, from my own experience Bedfordshire, Hertfordshire and Essex children's centres, though managed by different agencies, have all used posters referring to things like coping with tantrums.

The existential philosopher Heidegger (1962) suggested that we have to take responsibility for our lives within bodies, places and times that we do not choose. Parenthood appears a fitting example of the idea of being "thrown" into the world (Heidegger, 1962) with these types conditions of existence.

Of these three conditions that Heidegger mentions, that of time is of particular relevance to the current study, where every participant mentioned the temporal dimension of being a parent and how this had affected them. Kay believed she needed to lay claim to her time; Sarah felt that the counselling sessions gave her the time that as a parent she very rarely had; and Rhianna experienced time passing far more slowly when she was looking after "littlies" as opposed to older children.

One of the mechanisms participants used for processing their experience was structuring it by comparisons in time. Duranti (2005) (quoted by Siegal, 2010) found that parents often used memories to reconstruct their experience in this way, and were thereby able to form secure attachments with their own children, provided that they had been able to make sense of their

childhood memories through re-constructing their story in therapy. This would seem to be a key finding for counselling psychologists working with parents.

During the current research, there was evidence of participants learning to re-interpret their experiences within the context of their longer term memories. Kay's comment that "*You become, or I've become, acutely aware of my impact on my children*" [Kay, 141-142] suggests that therapy has the potential to change longstanding patterns of abusive or neglectful behaviour. However, despite the genuine efforts of their parents, many children seen by children's centres and other services are growing up within negative environments that duplicate their parents' own childhood experiences.

How much better, then, if parents could be given an opportunity to reflect on their past experience and, by making sense of it in the here and now, learn to form more secure attachments with their own children. Van Manen (2012) described the task of parenting as a pedagogy, in which parents and educators alike ponder the question: "How are we to act and live with children, helping them to create their human capabilities, while realizing that we are apt to do damage?" (Van Manen, 2012, p.1)

The chance for parents to reflect, in real time, on the interplay between therapy and their parenting is being offered by some parenting support programmes: for example, the Anna Freud Centre, in London, which offers one-to-one mentalisation therapy alongside group parenting work.

Another temporal feature was evidenced when Rhianna captured something of the chasm parents cross when traversing the time from non-parent to parent:

They (non-parents) just think of reasons why they (other people's children) should not be screaming. But if you DO have children, you realize actually she's doing that because she's not going to give in, and that's a tantrum, and it won't last long, you know, they scream for a bit and, and then they get over it. But I think, if you just see that split second, before I had children. It's like sitting on an aeroplane, and you have children kick your seat (giggle).

R. It's irritating.

P. Irritating, but when you have children you realize, you then realize, they're probably tired, hungry, they don't like being on an aeroplane, they're bored, they're gonna kick the seat, they're gonna be irritating. I think that changes [Rhianna, 50-56].

Inherent in this is the acknowledgement of the irony of the change from non-parent to parent, where it takes just “a split second” to enter a life-world where nothing is the same as it was just that tiny split second ago. It is a split second that lasts a lifetime: “*If you just see that split second before I had children*” [Rhianna, 52].

Parenting has in the past been seen as a natural developmental stage (Sugarman, 1986; Erikson, 1980). But Azar (2003) (in Demick and Andreoletti, 2003) points out that there is an equally valid but much less researched perspective which views parenthood as just one of many potentially “transformative events” which may happen in an adult’s life. Whether parenthood is or is not a transformative event for a particular person depends on that individual’s expectations, usual coping methods, and so on. For some, the split second leap into parenthood passes smoothly; for others, the metaphor of “blinking in the new light” (Luzia, 2010) captures the shock of the transition to this new reality.

It is beyond the scope of this work to explore the transition to parenthood further, as it is a large research field in itself. As Fukuda-Parr and Shiva (2009) put it, “Development in parenthood requires flexible and appropriate expectancies about the role, and active capacities to learn ‘in the moment’”(p.392).

The participants in the current research also indicated a relationship between the time that the counselling sessions gave them and their role as a parent. For example, Sarah spoke of her first counselling session as “an hour off, I mean, for me... it actually gave me a break.” [Sarah, 5,6] Luzia (2010) showed how routine mobilities and temporalities in the parent’s life changed into unpredictable logistical problems. In my research, Kay appeared to be using counselling to carve out a space in time for herself in order to address some of these problems. This sense of carving out a space for therapy was also felt by Rhianna and Sarah.

Luzia’s research reminds us that this sense of “carving out a space” has spatial as well as temporal associations. When Kay talks of how, by coming to therapy, she carves out a space in time, she experiences that time within a particular setting: that of the therapy room. The importance of the space that has been carved out for therapy is reiterated in the literature. For

example, Manthei 2006) interviewed clients who had experienced therapy in different settings and were therefore in a position to draw comparisons.

Although my research involved only a handful of participants, three of them had experienced counselling in other settings. In view of Manthei's argument that participants who have experienced more than one setting are better qualified to compare, this suggests that the positive comments of these participants regarding their current therapy setting are significant. However, Manthei also points out that those willing to come forward and participate in research may be more confident in general, hence more likely to be positive about the setting (Manthei, 2006).

It is possible that the physical space in which therapy occurs may be more important for parents than for other clients. This is because parents often bring their children to be looked after in a crèche while they are in another room for the therapy hour. If the parent does not trust and value the setting regarding the needs of their child, therapy will not take place.

Sarangi (2010) suggests that by the use of reflective questions such as hypothetical past and future scenarios oriented to different places and times, the clinical setting can be extended both temporally and spatially. Therapists can then use sensitive questioning help clients through a reflective process to help them make decisions. Sarangi's work was in the context of genetic counselling, but, for example, the therapist might use questions about the hypothetical past and future scenarios to help elucidate what may be occurring in the clients present relationships. A systemic family therapy approach could be said to use similar principles (Winek, 2010).

5.4 Themes: general conclusions

The findings of the current research suggest that concepts such as cognitive dissonance, response shift, and levels of parent identity (Tushima and Burke, 1999) can enrich our understanding of parents' experience. Recognizing the impact of the temporal and spatial elements relevant to parents, and an understanding of how parenthood affects agency, self-concept and locus of evaluation could help counselling psychologists refine their practice when working with families.

The therapeutic relationship with SureStart parents may be important in influencing whether parents will be receptive to parenting interventions more generally. Counselling psychologists need to be aware that while trust can be an issue for any client, it is particularly crucial for clients who are parents. For some parents, the fear of their children being removed will lessen the chances of them asking for help at all. If they enter therapy, they may not reveal the extent of their difficulties for the same reason.

Just as we are alert to modifying our behaviours with people from different cultures where appropriate, we need to be aware that some fathers may need to express themselves differently to mothers and we need to be able to work with this.

Another key finding of this research is the importance of the perceived credibility of the practitioner versus the perceived credibility of the client's friends and family. This suggests that counselling psychologists and other practitioners may need to focus on how to strengthen their perceived credibility.

5.5 Evaluating the research

“If the issues of reliability, validity, trustworthiness, quality and rigor are meant to be differentiating 'good' from bad research, then testing and increasing the reliability, validity, trustworthiness, quality and rigor will be important to the research in any paradigm” Muhammad, Muhammad, and Muhummad, 2008.p.41.)

How the above might be ensured, and whether in fact Muhummad et al's statement is true for qualitative research, are matters of hot debate. Many researchers, for example Strauss and Corbin (1990), suggest that we need to redefine the criteria for measuring quality in research in order to fit the qualitative paradigm.

Many methods of evaluating qualitative research have evolved, among them some incorporating parallel concepts to those used in quantitative research (Lincoln & Guba, 1985.) In the case of the current research, and in keeping with its epistemology, criteria designed specifically for qualitative research (Finlay, 2006 ; Elliott, Fischer & Rennie, 1999; Yardley, 2000; NCSR, 2003) have been referenced. Yardley's (2000) criteria, recommended specifically by Smith et al (2009), emerge as particularly relevant and appropriate. They form the basis of the discussion which follows, together with additional comments illustrating where the research can be shown to meet the criteria of others.

5.5.1 Sensitivity to context

Good quality research, argues Yardley (2000), will show evidence of sensitivity to context: throughout the research process the researcher will engage with, and acknowledge, the context. In the current study, the theoretical context has been explored both in the literature review and in the discussion chapter, which has sought to situate the findings within that theoretical context, noting where the findings concur with, contest or extend concepts within that body of literature. Through this, it has been hoped to reveal new ways to conceptualise aspects of parents' experience of counselling.

Yardley highlights the importance of exploring the impact of the researcher on the research. In the current study, this is done through attention to personal and methodological reflexivity. In addition, Smith *et al.* (2009) point out that within IPA, sensitivity to the data context is illustrated through the care the researcher takes during data collection and analysis. Sensitivity is also shown by adhering to strict ethical principles by such measures as those designed to protect anonymity and keep the data secure. Asking others to study the data, as has been done in the current study, also helps to show sensitivity to participants and their accounts and illustrates the researcher's efforts to get as close to participants' experience as possible (Yardley, 2000). Use of participant quotes, as Smith *et al.* (2009) point out, provides direct evidence of the voice of the participant and lends credibility to interpretations.

On the issue of power relationships, Yardley (2000) argues that although qualitative researchers in the field of therapy often claim to reject the medical model, with its inherent power inequalities, such researchers still essentially place themselves in the position of experts, commanding more power than their participants. I have attempted to address this through such measures as making maximum use of participants' voices and carefully constructing invitations and explanations of procedures so that consent to take part was fully informed and participants were aware of their rights, including that of withdrawing from the study at any stage. My research journal and reflexivity notes have also provided a means to explore the issue of power as it has played out during the research.

Sensitivity to context is also shown in the relationship between participant and researcher and being transparent about how/why interpretations are made. Being mindful of my phenomenological base, I sought primarily to describe participants' experiences. At the same time I recognise my way of being as an interviewer will have led participants to tell a particular version of their story. Similarly, in my interpretative analysis I acknowledge the partial, emergent and tentative nature of my research. To some extent my reflexivity sought to address the impact of the relationship on the research. I recognise the intersubjective dynamics could have been explored more deeply.

5.5.2 Commitment and rigour

For Yardley, showing commitment and rigour involves demonstrating a prolonged engagement with the research topic. Yardley points out that the researcher's personal connection to the topic can evidence this, not just their role as researcher (Yardley, 2000, p.221). In my case, this would include the fact that I am parent myself, that I am also in therapy by virtue of being a student psychologist, and that I am a practitioner who has worked with parents experiencing difficulties for many years. I have worked within SureStart, both as a trainee therapist, and prior to that, for many years, as a project co-ordinator. This gives me, potentially, an insider perspective, which has both benefits and limitations. It adds to my commitment, as I have professional and personal (parental) interest in ensuring the research is useful, but it also brings an awareness of the need for a strong reflexive focus.

Smith *et al.* (2009) argue out that for the IPA researcher commitment and sensitivity to context can be seen as synonymous. For them, rigour can be demonstrated by taking care over the research process and analysis and showing depth and breadth of analysis. Although the current study is small-scale, and despite the constraints imposed by time and other pressures, I have attempted to respect the spirit of rigour by adding value to my learning about IPA via virtual and real-world groups and seminars, and by examining my work through Yardley's concepts. In addition I have sought guidance from peers, tutors and my supervisor when, for example, selecting questions and assessing the validity of my interpretations as well as when engaging the layered analysis and writing up.

The study could have been more homogenous, which Smith *et al.* (2009) suggest can aid scientific rigour. I did consider excluding fathers for this reason. However, when a father volunteered, I felt that it valuable to utilise the relatively scarce opportunity to hear from a father. Additionally, when we refer to parents we so often mean mothers, so I felt that there would be real added value in having a male parental perspective. I acknowledge, however, that this reduced the homogeneity of the group.

In my attempts to be rigorous I had concerns about my themes. Were they in danger of being the same themes that I had read about or others had found? Had I not sufficiently set aside my fore-understandings? However, as Lyons and Coyle (2007) point out, IPA is interested in individual meaning-making around significant events in individual lives, and this naturally involves an individual's sense of identity, embodied experience and sense of self.

My attempts to be rigorous also included efforts to be true to the process. The following extract from my research diary illustrates my struggle with the hermeneutic process as well as my concern to ensure that I was distinguishing my participants' experience from my own interpretations:

I, as a researcher, am so aware of wanting to study in a phenomenological and hermeneutic way, but that has led me to wonder whether I can truly say that philosophical concepts such as those related to the participants life-world -- such as time, embodied experience and the lived reality – have naturally and genuinely pervaded the analysis? Or, is my intellectual self inserting them, following my reading. So, for example, time is a huge issue in my participants' transcripts. A fifth of all the utterances in the first script, for example, have a time reference. From a reflexive point of view, this awareness of time as an important issue for the participant may be there just because I was, in effect, primed to look for it, to find it, from my reading about Heidegger (1962), for example.

So even at the early stages of reading the transcripts, where I was ostensibly freeing my mind from all pre-conceived knowledge, all fore-understandings, or rather laying it and them aside in order to meet the phenomenon of the transcript as it was expressed by the participant, I find that this cannot be done. It is similar to the theme of identity which leapt from the pages at me. Again, knowing that themes related to identity are commonly found in IPA research led me to wonder whether I found what I was expecting to find. However, Smith

et al note that because IPA does tend to focus on life-changing experiences, an effect on identity is very probable.

The next extract from my research diary shows my concern to establish a genuine sense of meeting with the clients and the anxiety I was experiencing as a result:

I was worried. How would I know, when I conducted my interviews, whether moments which I had experienced as profound were as meaningful as I thought. Would there even be any such moments? Would there be any part of my interviews which would meet criteria such as that described by Van Manen when quoting Gadamer (1996): “The experience of contact is that moment when, in a manner of speaking, a soul touches a soul.” (Van Manen, 2012, p.24) But then I remembered that one of my favourite quotes when I am reflecting on my role as a therapist with a given individual, is by Carl Jung: “Learn your theories as well as you can but put them aside when you touch the miracle of the human soul” (Jung, 1953.p4)

And I remembered that therapists are one of very few occupations where intuition, the felt sense of a meaningful contact, guides our work. And I remembered that though I sometimes lose confidence in my own sense of this meaningfulness, it does return, as soon as I focus on the client more than on myself, on their needs and not my confidence, or lack of it. Once I remembered to treat the interviews like a therapy session (just in regard to that aspect), and to focus on openness to the participant’s agenda, and not mine, I was able to trust my felt sense to tell me which parts of the interviews, at the time and afterwards, were significant.

5.5.3 Transparency and coherence

In research, transparency and coherence derive from explicating the research process in such detail that it is completely clear how the work has been conducted. Only on such a basis can an assessment be made that the findings fit well together throughout. My research diary notes have helped me outline my procedures in detail and I have attempted to demonstrate enough of these within the text in order for the work to be transparent (see also the appendices.) One aspect which helped with this my sharing aspects of my analysis and procedural steps with the university IPA group formed by my cohort to support each other. My reflexive journal also helped with this process, providing a record of how the group facilitated this. On occasion, I have checked my work with others from my IPA group, to enhance the credibility

of my findings, although I was conscious that findings are never concrete, never right or wrong.

When discussing coherence, Yardley refers to the quality of the research narrative and the need to establish that the research question is compatible with epistemology, method and analysis. For example, for a study like the current one, whose main objective is the exploration of the participants' lived experience, it would not be appropriate to triangulate data by including the views of experts: in my case, it would not be appropriate to talk to the therapists my participants had been to, in an effort to validate their accounts.

Sharing the analysis with tutors, peers and supervisors helped me in my efforts to establish a transparent and coherent account.

5.5.4 Impact and importance

For Yardley, impact and importance relate to the theoretical, practical and socio-cultural impact of the study. It can be difficult to demonstrate this for small-scale qualitative work, and it could be argued that the findings do not have to be widely relevant (Coyle 2007; Smith *et al.*, 2009). From a theoretical perspective, however, the current study may encourage researchers to build on the glimpses it provides of parental experience. Coyle suggests that this kind of research can be viewed as a step towards building a bigger understanding of the area. In such cases, impact will be demonstrated through a series of research works over time rather than from one small piece. In addition, as Smith *et al.* (2009) point out, knowledge about aspects of our shared humanity can be glimpsed from the analysis of one or more transcripts.

Despite the limitations of this study, its potential impact could include heightened awareness of the possibility that therapy itself can be traumatic and that clients bring this past experience with them. In addition, an awareness that even apparently confident and eloquent parents (such as Kay) have expressed concerns about being judged by therapists. It also provides a reminder that for many parents the threat of them being removed from parental care lies at the heart of much of what is said -- and left unsaid.

I would argue that the study, even if its findings are not generalizable, provides glimpses of our shared humanity (Smith *et al.*, 2009). Knowledge of such individual differences in experience helps us be more sensitive to factors in our practice that we may not routinely reflect upon. For example, Al was helped to mitigate his quite severely negative experience of NHS counselling by the informal nature and surroundings of a SureStart children's centre. Working with Al certainly caused me to wonder if I sometimes neglected the importance of the physical surroundings and social encounters (for example, with receptionists and other staff) that are on the fringes of my practice.

Parents who attend SureStart have rarely been thought of by researchers as a group of people worthy of study in their own right. Research around SureStart has tended to focus either on the children or, in the case of adults, on parenting courses and other specific interventions (Bynner *et al.*, 1999).

A relevant consideration is the growing trend, within the current political climate, to view parenting difficulties as a problem limited to an underclass. The solution to parenting problems is seen to be linked to parental *training*, via children's centres and interventions such as the Family Nurse Partnership. Whilst this emphasis may help those parents struggling the most, studies like the current one bear out the need for a universal service such as SureStart: a non-stigmatizing service available to parents who are not at the extreme end of needing help. None of the parents interviewed were involved with statutory child protection services. This suggests that services such as the SureStart counselling service play an important role in providing early intervention and prevention. While it can be difficult to prove that a service prevents more intensive, difficult and costly intervention, studies like the current one provide evidence of this possibility.

5.6 Considerations for future projects

5.6.1 Recruitment and sampling

Arguably, the face validity of the current study could have been improved: for example, by utilising glossier recruitment materials. However, as discussed earlier, it could also be argued that validity is a positivist term (Golafshani, 2003) and therefore inappropriate to a qualitative research project of this nature. There was also a tension between wanting this purposive sample to be homogenous, and using the opportunity to incorporate the views of a male parent. Future studies into mothers and fathers separately may be appropriate, as each category of parenthood has such a rich pool of potential insights.

It should be noted is that all the participants in this study were white heterosexuals who were living, or had lived, in traditional family constructions: mother, father and one or more children in a nuclear family model. Although generalisability was not an aim of the study, it is important to acknowledge that specific context, which forms part of the participants' culture. Similarly, participants were all part of the SureStart community as well as their own local cultures. As such, they had access to what Heidegger (1962/1977 quoted in Cushman 1990.p.599) called the "horizon of shared understandings", "the clearing" carved out by the particular practices of a particular culture.

"Whose culture is being advocated through SureStart," asked Schneider, Avis, & Leighton (2007, p.251), "and are its values compatible with the cultures it claims to support?" . This question highlights the tensions that are created when a project aiming to be inclusive at the same time gets its funding from a political establishment whose goal is to reduce the cost to society of "problem" families. The question also suggests that awareness of the ideological and cultural pressures on parents may be important when interpreting findings. One example of this was the understanding, discussed earlier, that parents may be unwilling to admit to feeling joyless in a context where expectations around parenting are positive and where parenting is regularly presented as a happy process. Future research in this area might seek out ways to overcome barriers brought about by cultural expectations of parental happiness.

Regarding the sample size of this study, it has been argued (Smith *et al.*, 2009; Lyons and Coyle, 2007) that individual findings such as those obtained through IPA are important for learning how people's minds work, how they make decisions, and how they make sense of

situations. Such information can help improve service design, even if a study has involved only a single participant.

Understanding how an individual makes sense of their experience is helpful when we seek to understand individual behaviour. For example, knowing that some participants feel fearful of judgement when they talk about their children could aid therapists in planning their sessions: it may take longer – and more sessions -- than previously thought until a parent feels safe enough to discuss parenting issues. That, for a parent like Sarah, going to counselling, whilst being a parent, means different things at different times also raises issues for practitioners to ponder. How can we most sensitively pick up on such differences in processing experience and respond accordingly? The first step is to know that these individual processes exist, a finding made possible by research (such as the current study) involving small samples where individual nuances can be captured.

As regards the relevance of the interviews which form the basis of this study, I would aim to structure future interviews even more loosely, so as to free up participants further. Whilst I gained some valuable insights, my fears as a novice researcher may have meant that at times I rushed towards structure and safety, perhaps not pausing long enough to bring out a fuller narrative from a participant. In future research interviews I intend to value my counselling skills (e.g. listening, enabling expression) more and use them in the service of the research.

Ashworth (2003) suggests that life-world concepts can be utilised not simply at the analysis stage: they can be kept in mind throughout the interviews. This might be recommended for future studies. I would also advocate putting greater focus on teasing out meanings with participants during interviews, just as I might while counselling clients. This might result in greater co-construction of meaning, with the participant being able to refine the tentative thoughts of the researcher more readily. Had I done this, it might even have led me to re-focus the research. For example, just as Kay felt that parenthood overwhelmed her identity, I felt that my questions about counselling in children's centres seemed overwhelmed at times by the participants' need to express how parenthood generally was affecting them. For them, this was much more important than where, or even whether, they had attended counselling.

Utilising other forms of data would be consistent with the methodology. I could also have triangulated my data by, for example, using additional data sources such as diaries. (, 2000). However, triangulation is a concept whose translation from quantitative to qualitative

psychology is much debated. By asking fellow doctoral students to examine extracts from my data to see if they found similar themes, it could be argued that I have triangulated my interpretations (Barbour, 1998) without the need for additional data sources.

5.6.2 Analysis

A study such as this, where the researcher describes a theme as applying to all participants, may result in tension for the IPA researcher, who aims to capture the idiographic detail of individuals (Smith *et al.*, 2009). However, Smith *et al.* point out that these details are part of the overall, mostly shared, perspective. Willig (2008) similarly points out that comparing individual cases will result in a sense of the essence of the shared experience. It is possible, in my endeavours to focus on a person-centred approach, that I may have focused more on the individual perspective, thus not getting as much of a shared perspective as might be desirable. This would be something that I would aim to do in future research.

Future studies in this area might aim to spend even longer dwelling with the participants' texts and producing artfully evocative findings. As a newcomer to a project of this depth, I myself encountered an iterative process of changing what I thought I had learned, repeatedly, throughout the experience. I revised the text over and over, letting empathy and intuition play their part. For example, I, at first, perceived Al's sense of overwhelming emotion to be evidence of anger. But on taking the time to really get to know the mood of his text, by listening to the tape again and leaving deliberate space between periods of reflection, my intuition, or my felt sense of his situation, emerged and I sensed fear rather than anger. However, authors such as Van Manen (2012) advocate being much more artful – more poetic in their analysis. As a novice researcher I felt as if I had begun to get a sense of this, but not to the extent that the hermeneutic tradition would encourage. There could be more depth, more layers to the analysis, in order to capture further, elements of the participants lived experience. I could make more use of metaphor and philosophy: had this been a longer project, - a PhD for example, I would have liked to have used that extra time to read more of the work of the philosophers underpinning the model, which may have enhanced my use of the phenomenological and hermeneutic concepts involved. That said, I would like to hope

that within this small scale research project, I have honoured the spirit of IPA, if not the breadth, and captured at least some of the unique reality of the participants.

5.7 Conclusion and reflections

Counselling psychologists will inevitably work with parents during their career. They may be surprised to learn that these participants did not identify themselves with service users in mental health settings. If this barrier can be overcome, more parents can be helped to gain access to services which could increase not just their understanding of the meanings of parenthood, but their sense of agency, and could model this to their children, thus potentially changing the patterns that have negatively affected generations of families. This is of enormous significance therefore. Factors affecting whether parents access mental health services include the way they are presented – for example SureStart is not seen as a mental health programme. Parents do not attend a psychiatric clinic or hospital, for example, and the features of the setting can help resolve their cognitive dissonance around perceiving themselves as “not mentally ill” but using mental health services. They can conceptualize it as a normative parental experience to talk to professionals. In this way, SureStart could act as a gateway to specialist mental health services for parents.

Counselling psychologists may not have considered parents as needing to have specialist consideration of their needs around childcare. When parents do not attend for appointments, we do not always think to ask if there is adequate provision for children so that the parent can access therapy without worrying whether their child is safe and happy.

Temporal aspects of the parents’ relationship to counselling were another aspect which I and possibly other counselling psychologists had not considered, with counselling sometimes being seen as giving back time to the parent that the arrival of the child/ren had taken away. It was a space, and a time, that the parent could take for his/her own needs. Time was also a key feature whereby parents could re-conceptualize their own difficult early experiences so that they could make sense of them, move forward and open up a space where they could relate to their own children, potentially more effectively. Time could also be taken in therapy for the parent to express the parts of their identity which did not relate to parenting – to reclaim, and integrate, the roles they played pre-children.

Many counselling psychologists, who like myself work predominantly with women, may be interested in the gender differences that were expressed by Al. He viewed men's needs in therapy to be different to women's and considered that their way of communicating, and the differences, were not necessarily taken into account by therapists, who might expect them to use more verbal communication than they were comfortable with. As for the mothers, if their therapy is useful to them it is likely to have positive effects on their relationship with their children, and the way those children develop and learn to express themselves as they grow up. It also has implications for service providers – could it be that for some fathers, an intervention that is less focused on talking might be appropriate. SureStart centres often provide activities that are more task-focused for their father and child groups, recognizing that men are often less comfortable with a coffee morning style session their female partners might attend. Perhaps we need to extend this thinking to mental health interventions.

In conclusion, this qualitative project was designed to capture nuances of experience that would not be captured in a quantitative study. The in-depth experience of a group of parents who all used the SureStart centre service was explored, and the written report gave a slightly interpretative, as well as descriptive, account of the parents' experience. Findings were not necessarily directed to the interview questions but emerged out of the parents' experience as expressed in their words. I hope that the account, though conducted by a novice researcher, gives some small sense at least of the parents' lived, embodied experience of counselling at SureStart children's centres.

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Appendix 1 Interview schedule

(guide to possible questions)

What did it feel like to be a parent who has been to counselling?

Prompts; What comes in to your mind when I say that?
What drew you to the study?

How did you experience the relationship with the therapist?

How did it feel to access counselling through the children's centre?

Prompts – explain the concept of the therapeutic relationship

Probe: do you feel the counsellor treated you any differently

Prompt: were you aware of whether the counsellor themselves had children?

Probe: Do you feel that this influenced the relationship at all?

Prompt: If there was one thing that hasn't yet been said in order to reach a deeper level of understanding, what would it be?

Appendix 2:

Insurance Data Collection form for Arts and Social Sciences Research Projects

All students planning to undertake any research activity in the Schools of Arts and Social Sciences are required to complete this Insurance Data Collection as part of their ethical approval application. The completed form should be emailed to Peter Aggar (<mailto:██████████?subject=Insurance form>)

Researcher(s) Names(s)	Clare Jolly
Supervisor(s) Name(s)	Malcolm Cross
Degree Programme	D Psychology
Project Title	Parents experiences of counselling in a Children's Centre setting.
Abstract (maximum 100 words)	Parents of young children are often signposted to counselling services within children's centre settings. The proposed study will utilize an IPA methodology to explore the experience, or phenomena, of counselling within that context, for a small number of parents. Data from semi-structured interviews will be recorded, transcribed and analyzed according to IPA methods. Results will be studied within relevant theoretical frameworks. Data will be safeguarded to ensure participants are not identifiable – for example transcripts and audio material will be coded, stored in secure locations and any identifiable references removed. Data will be stored securely and destroyed after one year.

MAKING SENSE OF PARENTHOOD

Brief descriptions of method of recruitment, procedures and participants	Advertisements will be placed in one or more Children's Centre bases inviting interested adult participants to take part in a semi-structured interview. Interested parents will be given more detailed information, in writing and verbally, may opt out at any time, and will be informed that this will not affect any service they may receive.
Expected end date of project	September 2013
Will the research involved involve children or vulnerable groups?	No children. No adults involved in current or past child protection or having other known vulnerability factors.
Will the research take place abroad?	No

For office use only

Application reference	
Application submission date	
Application approval date	
Approving body	
External ethical approval sought?	/ NO N/A
	Body (e.g. NRES):

APPENDIX 3**Development of
emergent themes –Table
B****Emergent Theme****Transcript**

Exploratory Comments summary following from descriptive, linguistic and conceptual analysis on original transcript.

Self as mother**Imother non-mother****Relationship with time –
time as in first and second
time.**

P. Ermm, I suppose the first time that I had the counselling, it was things like, it was an hour off, I mean for me. She (daughter) was so young at the time, with me not feeling like, I could, literally, go to the toilet on your own, it actually gave me a break. Pause. "Urm. The second time (of having counselling) it was a bit different, because she was a bit older, urmmh, so I suppose the second time, being a parent didn't impact on the sessions as much, cos' it wasn't as much the things, I wasn't really talking about, her, as much,

Although, having said that, when I was talking about, how I was wanting to sort my life out, and move forward, and get used to things how they were, obviously, she did come in to that ,cos she's getting to that very hormonal stage and there's lots of family arguments, and, (pause,) it did still impact, even though I wasn't going

Counselling as "Me" -time. Non Mum time . Identity change as a parent –who was she before? What is the identity of a parent

Parenting in the present tense. Lots of errms -?nervous. Curious use of "your"?? Distancing from that time

Counselling more relevant with a younger child ?because a younger child is easier. Ages of children affects impact.

The things? Coincidental resonance

Older child has less impact on life and therefore on counselling

I went, I went

difference

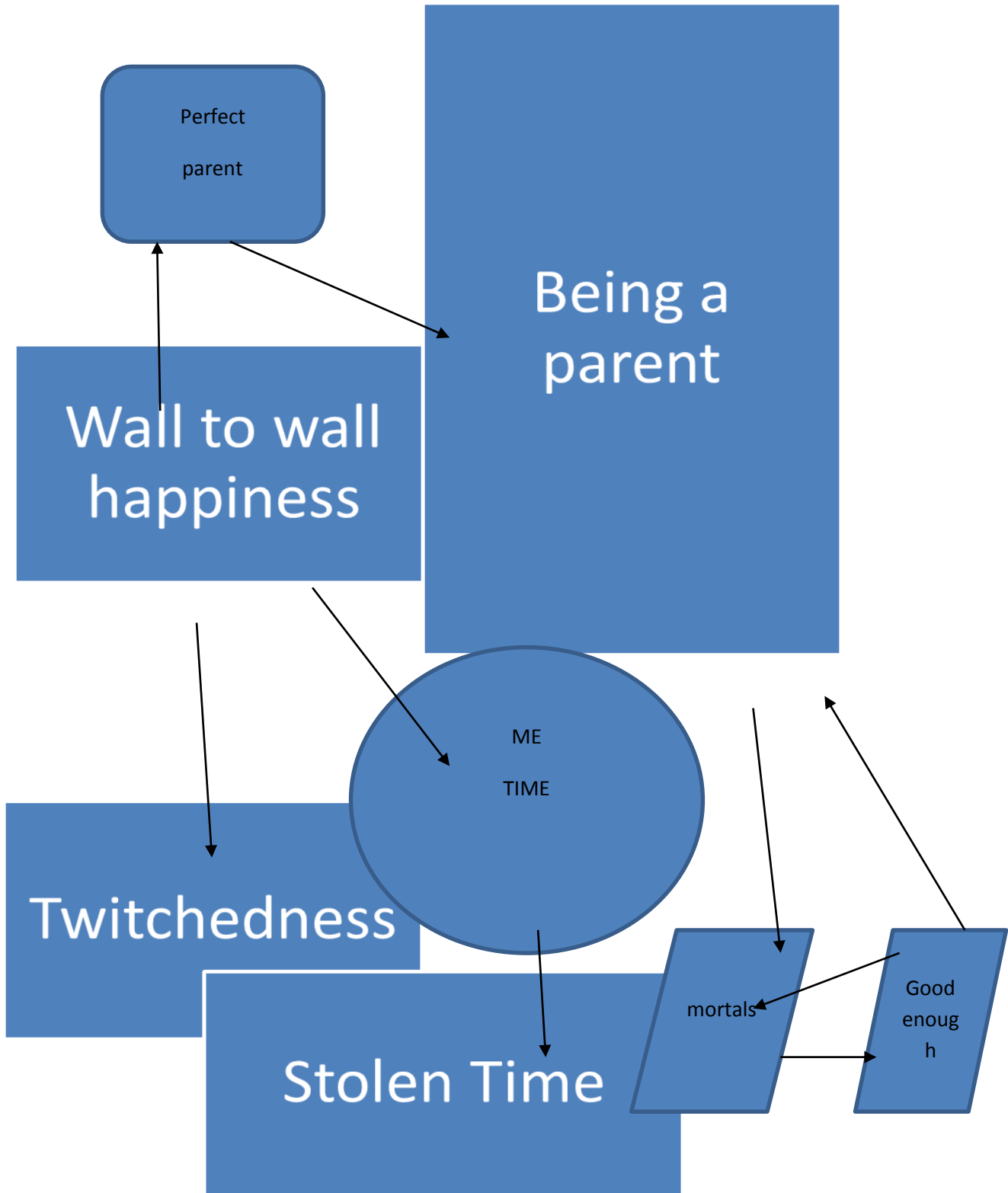
Recognition –in the moment

impact of older child on counselling, though more subtle

Theme (cont'd)

Parenthood overwhelms	(there) to talk about her, whereas when I went when she was a baby, and I went, I suppose I felt that quite a lot of it was about her, because, I suppose the whole of my life was taken up very much with looking after a baby, and it's very difficult to work out, pause, R.hmmh	impact, collide, crash, arguments Counselling content more parent related I suppose, I suppose Whole of my life –parenting took up Overwhelmed by parenthood Swallowed up
Being a mum Shared identity or not	P Which bits were getting used to being a mum, trying to work out whether I was the same as other mums , doing the things other mums.. well, no, I suppose I knew I was doing the things I should do, and other mums did, but was I feeling the way (pause) other mums did. Was I supposed to feel a certain way,	How to do parenting right. The things Uncertainty What is right? What should I feel?

Appendix 4: Table C - Reflection on Spatial elements of initial analysis



Appendix 4 (Continued.) Reflection on Spatial elements of initial analysis

I listed the emergent themes on post it notes in order to be able to “play” with them. This allowed me to move them around and group them. It allowed me to draw lines between titles that linked in more than one way and to use shapes to represent different features and emphases. The ability to be more tactile as well as visual, in the early stages, with differently coloured paper and pens adding different dimensions.

I found that often, options for abstraction and subsumption (Smith et al 2009) within groupings that I was unsure about, would become more obvious to me once I could see the visual patterns the themes were making.

Appendix 5:

Summary table participant two - analysis-comparison of themes.

Here I have shown an example of themes from participant one, showing where those themes were also found in participant two. After this process new themes from participant two were added in and these new and the existing themes, were brought back to case one and the script re - examined in the context of the new material, and so on for each case.

Table D

<u>Participant one</u>	<u>Participant 2</u>	<u>Line number</u>
Life stage	Not found	
The future	Not found	
Parenthood takes up life time	Tried a long time	65
	In my head, a long time	66
Existential beliefs	Not found	
Time of Counselling	If you go to the doctors you	113
	get on a waiting list	114
	Some me time then	18
Mushn't be late	If you can't make it ...that's	114
	too bad.	115
Being a parent	I do feel I'm a different person	36,37
Wall to wall happiness	I feel very blessed	62
Twitchedness	Not found	
Prevention is better than cure	Not found	
Doing it right	It's really good that the centres	115
	do it	
	Having someone to speak to.	9,10.
Gender	Mens views are a bit different	97

Appendix 6: Decontextualizing text

Smith et al (2009) suggest that decontextualizing the text – for example by reading it backwards, can highlight the importance of context.

For example, in the sentence that reads;

how you can, you know, kind of change your life goals, I mean I think you do that anyway as you get a bit older, you sort of, you know, you kind of realize that you are going to have to be quite conventional, and knuckle down, and, you know, go to work, and tidy your house and all that stuff [Sarah.42-45]

The descriptive and linguistic features had been those that stood out most initially, such as the vagueness of what “you” had to do. There are eight references to you and two to “your” in the sentence, as if Sarah is distancing her own self from the expectations pervading her life-world, i.e. that she will settle down and conform to the expectations she feels are upon her.

The words that stood out from the backwards reading were;

...stuff...house....tidy....work....conventional...., which suggested a similar struggle with the concept of parenthood, as if by behaving in a conventional way by having a baby, Sarah knew there would be losses as well as gains – for example, the loss of time to do things she chose for herself. Smith et al, (2009) suggest exercises such as this one, looking at text backwards help to begin to make tentative efforts to find some of the many meanings associated with the text. We are more likely to be able to think creatively without our habitual associations taking precedence.

For example, in line 98, Sarah comments “in a few years she’ll leave home, and I’ll need to sort out what I’m doing with my life....,” which I initially conceptualized as representing the idea of a mid-life crisis. However, reflecting on my own preconceptions, I felt that this may have been an assumption based on the age at which I had my own children, and the life stage I am now at. I would have completely missed the distancing example above, if I had read the script only in the traditional forward direction.

In IPA, unlike other methodologies, frequency is not necessarily relevant in theme-finding. However I found that looking for occurrences of the same single word was another exercise

which had the effect of decontextualizing text in order to be able to view it differently. For example that in 100 utterances, there are 21 time references. This also illustrates the concept, similar to that of a Gestalt, of parts of the text making a more complete meaning once viewed as a whole. For example, a word or phrase in a sentence or section, but also, in this case, individual references making up different individual meanings for the way time is referenced in a particular instance, but also illustrating that for Sarah, the whole concept of her relationship with time, and its measuring of her existence, is inextricably linked with her parenting experience. As suggested above, I initially assumed that parenting, for Sarah resulted in a purely negative relationship with time. Time was stolen from her by having children. However, further analysis – for example looking at each instance, its grammar, its language and its possible meanings, suggested that there seemed to be positive and negative consequences of time being taken (or taken up), by parenting, and that these could be explored through the counselling process, which itself “created” time, for Sarah to focus, with the counsellor, on herself. When I then analysed the text at word level, different understandings were possible. For example, it was only when breaking sentences down that I noticed the references that made up the themes of “using time selfishly” and “running out of time”. Once broken down, they formed parts of these different whole concepts.

Appendix 7 – participant vignettes

Brief details of participants are given here to help contextualize their situation. For example, age of children may be relevant to the type of parenting experience that parents talk about.

Sarah.

Sarah was aged 43 and was married. Her husband worked full time and she had worked part time for most of her time as a parent. She had a daughter of five years and one of fifteen. She was the only one of the participants to have a teenage child, which may contextualize some of her experience. In the interview she frequently compared the early years of her teenage daughter with that of her younger one. She had used her local children's centre for three years. Children's centres had not been in existence when her eldest child was born.

Kay

Kay was 33 and had four children aged between 1 and 8 years. Her husband commuted to work, meaning that her day at home with the children was a long one. She had been using her children's centre since the midwife for her youngest child had suggested it, and she had self-referred to the counselling service .

Al

Al was the only father among the participants. He was aged 40 and had two children aged eight and ten. He worked full time. He had used his children's centre fathers' group and baby clinic before using the counselling service. He and his wife had been offered (individual) counselling sessions at the centre by centre staff who were aware of a recent trauma.

Rhianna

Rhianna had two children aged 4yrs and 8 months. Her husband worked from the family home. She intended to return to part time work when her baby was a year old. She had been using her local children's centre since for four years –since her older daughter was born. She had been referred to the counselling service at her centre by her health visitor when her youngest daughter was born.

Appendix 8 - detailed notes of case analysis in case one.

Following repeated reading, pausing and re-reading to immerse myself in the text, I made free flowing notes of any thoughts or observations. This is partly to record thoughts which may not be useful later, as well as those that might, Smith and Osborn (2008). Then early impressions were marked in yellow highlight pen on the text and initial notes recorded in pencil in the left margin. These steps were taken from Gee (2011) who outlined her process of using IPA in detail.

My intention, on first readings of the transcripts was to empathize with the participant, without deliberately interpreting their data. However, even when I think I understand what a participant is saying, as noted earlier, I will inevitably be adding a degree of interpretation from my experience. Van Manen 2012 (p6) talks of the “experiential sub-strate as the source of participants’ individual meaning”. For example, we may believe we understand a participants’ use of a word but it may still represent something different to the participant than that which it represents to me. To help mitigate the likelihood of this, I attempted, much as I might with a therapy client, to let my intuition guide me. Put another way, I utilized my felt sense (Gendlin 1978) to notice when the participants words or actions resonated with me and to then endeavoured to utilize my “ internal supervisor” (Casement 1988) to let me know when I might be allowing my own interpretation to cloud the material to permeate the early empathic analysis. The aim was to capture “something about the essential quality of what is represented by the text” (Willig, 2008, p.58).

I then paused for a number of days. I found the act of pausing was, for me, the key to understanding what Smith et al (2009) term “slowing down our habitual propensity for quick and dirty reduction and synopsis” (p.82). For me, a pause of days, rather than minutes or hours appeared to allow for a richer understanding of nuances within the text. I felt this may have been, at least in part, due to allowing a space for tacit, intuitive knowledge of the text to develop in my unconscious mind before re-aligning itself with my conscious thought processes. Possibly this is similar to Schon’s (1983) distinction between reflection in action and reflection on action (find). It perhaps is also an interesting parallel to the recent

recognition, within psychology of the importance of “being” as well as “doing”. For example it has been acknowledged in therapeutic arenas in recent years that mindfulness based therapies, which focus on “being with” mental distress, rather than “doing ” - for example in an attempt to attempt to chase the distress away – can be very helpful.

Descriptive comments were recorded in blue pen in the left margin. After another pause, linguistic observations were underlined in red, and after a further pause, conceptual comments were written in black biro the ‘pauses’ allowed space to dwell with my data in order to go beyond participants’ words capturing something of implicit horizons of meaning and pre-reflective experience.

The initial noting stage, Smith et al suggest (p.83), is likely to highlight the participants “relationships processes, places, events, and values”. I found myself re-visiting each step repeatedly, after the next steps were completed. Once I had used the initial conceptual, linguistic and descriptive ideas to form exploratory comments, the exploratory comments were analysed to form emergent themes. Smith et al recognize that this can be difficult for the researcher who has seen the participants’ material as a coherent whole up to this stage. For example when looking at the idea mentioned above, of time stolen from life, I had been looking at the level of phrases and sentences. However when I then analysed the text at word level, different understandings were possible. For example, it was only when breaking sentences down that I noticed the references that made up the themes of “using time selfishly” and “running out of time”. Once broken down, they formed parts of a different whole..

Next, the transcript was examined in the light of Ashworth’s life - world concepts (Ashworth 2003). These were used to help begin to explicate the data. That is to say that what Ashworth called the “fragments” of the life world, were borne in mind during the analysis. The fragments used – which are inter-related elements of the lived world were: selfhoods, sociality, embodiment, temporality, spatiality. (For details, see Ashworth, 2003). As Ashworth and Ashworth (2012) put it;

We take it, then, that one can — without loss of the phenomenological attitude — employ the notion of life-world as a research heuristic in the description of any particular life-world (p.189 Ashworth and Ashworth2012).

So, for example, gestures that Rhianna made, when she talked about her baby – for example she would soften her voice and her posture looked like she could almost be holding her baby as she spoke. That is an embodied sense of parenthood that would have passed me by completely if I were not using the Ashworth concepts. Similarly, I might not have had the insight or language to capture the many temporal and spatial dimensions of the parents lived experience –for example I had never thought of parenthood as bringing key changes to a persons’ use of time and space, but this is a truth for many. Using a heuristic in this way enabled me to reflect on more potential aspects to the meanings described by participants

As a novice researcher I found these concepts useful prompts to help me shape my understandings in terms of the participants lived, embodied experience.

Once I had used the initial conceptual, linguistic and descriptive ideas to form exploratory comments, the exploratory comments were analysed to form emergent themes which were then listed in chronological order: These were arrived at by listing the emergent themes on post it notes which allowed me to move them around and group them (see example, Appendix 4.). For example I could see that An hour off, and “me time” were related to the “relationship with the counsellor “and” good enough mother” themes but I could only notice the connections because I could physically draw lines between them and then see if they were a coherent match.

So in this way I could see how the themes fitted together but also could then see the links to other themes that were related in ways that were not immediately obvious – for example relationships in time is part of time-related themes but also forms part of “relationships” see Appendix 4 – drawing). I then drew out the new groupings on a fresh piece of paper. This allowed me to examine relationships between themes and instances where they linked in more than one way. Then I moved, through a similar process towards the development of relationships between emergent themes in order to find superordinate themes.

This next stage of analysis then, established clusters between emergent themes in order to find superordinate themes. Smith et al, explain the ongoing iterative interpreting as “Opening up a range of provisional meanings” by asking questions of the data and forming interpretations. This is a circular process, where one level of understanding frequently alters the nature of another.

Throughout the process, and particularly as the process became gradually more interpretative, I checked back with the transcript to ensure that I was not straying too far from the original text – that a link could still be made. Samples were shown to peers to see if my choice of interpretation was credible to them since while there are many possible interpretations none of which are wrong or right, nevertheless there needs to be evidence that interpretations can be related back to the transcript –that I am “showing my workings.” of this process.

The themes were also scrutinized to establish where there were repetitions and overlaps. Fade (2004) points out that if “pruning is necessary, the decision should not be made on the basis of prevalence, but rather on the ability of the theme to illuminate other themes and on the richness and power of the extracts of data that the themes represent”. So, for example, if I had just been looking at prevalence, some themes would have been taken out that had an important place in the data once contextualized with the other themes. .” So, for example, if I had just been looking at prevalence, then Al’s theme of “The dark room” would have been taken out, but it had an important place in the data once contextualized with the other themes as it came across so strongly as to be significant.

Below are illustrated the first participants utterances that came to be grouped later under different aspects of the relationship to time sub-themes:.

Participant one – time related.

(36) Forseen – looking into the future (36)

44 first time around

61 get older

72 at that age

8 the first time

9 so young (time in the past)

11 the second time

12 a bit older (time past)

MAKING SENSE OF PARENTHOOD

13 the second time

22 the whole of my life taken up

80 think about the future

86 you've got a future to plan for

91 you're only on the planet once

96 when she's been older

97 thinking ahead a bit more

142 if you're late

143 one time I was late

148 their world runs exactly on time

152 they have to run to a timetable

157,158 you gear yourself up for this particular time

159,160, maybe you do get there on time but everything was so rushed,

116 early experiences

Next is a list of themes from case one before comparison across cases.

Case one (see also Appendices 3 and 5 for comparisons and page numbers.)

Life stage

The future

Parenthood takes up your life

Existential beliefs

Time of counselling

Mustn't be late

Being a parent

Wall to wall happiness

Twitchedness

Prevention is better than counselling

Psychological responsibilities of parenthood

Good enough parent

I found that often, after a break, a grouping would become very obvious to me. Smith et al mention, (2009) - that processes of abstraction and subsumption can be helpful.

So for example, “The future,” mustn’t be late” and “time of counselling” were abstracted to form the superordinate theme of “TIME.”

Subsumption, is where an emergent theme becomes the title of a super-ordinate theme as it accurately describes the overall theme. So for example , prevention is better than counselling, incorporated counselling as positive, counselling as negative, and psychological responsibilities of parents, and so was “promoted” to a super-ordinate them.

Appendix 9

Letter to Participants

I would like to invite you to take part in this research study. Before you decide whether to take part, I would like you to know more about why the research is being done and what it would involve for you. I will explain the information sheet to you person and answer any questions you have.

It is up to you to decide whether to take part. If you agree, I will then ask you to sign a consent form. You will be given a copy of this to keep for your records along with this information sheet. You are free to withdraw at any time, without giving a reason.

The Research

The research aims to explore the following: “How do parents experience counselling at SureStart Children’s centres?”

Why have I been invited to take part in this study?

As a parent within the children’s centre community, who has experienced counselling you have a unique perspective on this experience. This study is aimed at exploring that experience. It is envisaged that your participation will help the researcher understand more about what experience is like, and whether there are ways that practice could be improved in the future.

Do I have to take part?

You do not have to take part in this study. Should you decline to participate this will not effect your relationship with, or service from, the centre.

What you will be asked to do?

You will be invited to attend a semi – structured interview, which means that you will be asked some questions about your experience of counselling within the SureStart setting. It is anticipated that this will take approximately one hour and would take place in a meeting room within one of the SureStart centres. The session will be recorded, but any identifying details will be removed (see below.)

After signing the consent form and acknowledging your interest in participating in this study you still retain the right to withdraw at anytime. It is anticipated that the results of this study will be available in 2014.

Will my data be confidential?

The recording of what you say will be typed up exactly as you say it and studied with great care so that I can study the parts of that experience that are most important to you. I will be looking at your experience together with that of the other participants to see if there are connections that may be important.

All information which is collected about you during the course of the research will be kept strictly confidential. The data will be stored anonymously on a password protected laptop. Any written material will be stored in a locked cabinet. The data will be used in partial fulfilment of a Professional Doctorate in Counselling Psychology at City University, London, and it is possible that the results of the study could be published in peer - reviewed journals. The results of the study will also be available for personal discussion. All data will be destroyed 1 year after completion of the research project.

What will happen to the information that I give you?

The final written report, will be available to the public, although, it is anticipated that it will be mainly other researchers and professionals, who choose to read it. I will include quotes from your interview, and from those that the other participants have undergone. Readers will be able to see extracts from what you said in the interview, but they won't know who said it.. We will give you a false name, and will change any references that you make to any identifying details such as names of people or places. If I think that there is a hypothetical risk that you could be identified, I will check them with you before using them.

What will happen to my data if I withdraw?

If you withdraw from the study, before write up and dissemination, any data collected will be destroyed.

Will there be any benefits from taking part?

Information obtained may help in the creation of new knowledge and understanding which may benefit counselling clients in the future.

What are the possible disadvantages and risks of taking part?

The main disadvantage is the time involved. There are no anticipated risks of being involved in the study. However, there will be an opportunity to access further counselling support if you wish, for example should the project raise any difficult issues for you.

If you have any further questions or concerns about any part of this study, please contact the researcher, or supervisor (details below).

THANK YOU

Researcher; Clare Jolly,

MAKING SENSE OF PARENTHOOD

Trainee Counselling Psychologist

City University

Northampton Square

London EC1V 0HB

[REDACTED]

Supervisor;

Dr Malcolm Cross*

Dean of Students

Room: DG30

City University

London EC1V 0HB

[REDACTED]

Telephone: [REDACTED]

(*Editing notice: Dr Cross was my supervisor at the start of the project.)

Appendix 10

Advertisement

City University

PARTICIPANTS NEEDED FOR RESEARCH IN Counselling Psychology

We are looking for volunteers to take part in a study of adults experiences of counselling within a Children's centre setting.

As a participant in this study, you would be invited to take part in an interview session, lasting approximately one hour where you would be asked about your experience of counselling. You will not be asked to disclose information regarding the *content* of sessions (unless you choose to do so.)

The study represents a chance for your unique views to be heard and to contribute to research which could help the others in the future.

If you express a interest in the study you will be given fuller details, and will be under no obligation to continue.

For more information about this study, or to volunteer for this study, please contact:

Clare Jolly
City university


This study has been reviewed by, and received ethics clearance through, City University, London.

Appendix 11

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

↑ D.Psychology ↑ ↑

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

Parents perceptions of counselling in a SureStart Children's Centre setting.

2. Name of student researcher (please include contact address and telephone number)

Clare Jolly

3. Name of research supervisor

Malcolm Cross

4. Is a research proposal appended to this ethics release form? Yes

5. Does the research involve the use of human subjects/participants? Yes

If yes,

a. Approximately how many are planned to be involved? 1 - 6

b. How will you recruit them?

Local advertisement (see Appendix 11)

c. What are your recruitment criteria?

Parents should have had counselling through a children's centre setting. Participants with known recent (within the last six months) counselling, or sensitive involvement in other services - such as active child protection - will be excluded as will those with a recent bereavement, where known.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? No

d1. If yes, will signed parental/carers consent be obtained? n/a

d2. If yes, has a CRB check been obtained? n/a

(Please append a copy of your CRB check)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

A Time commitment of approximately one hour for an interview. Plus time for preliminary explanations and optional post interview de-briefing.

7. Is there any risk of physical or psychological harm to the subjects/participants? Yes.

If yes,

a. Please detail the possible harm?

Although it will be made clear that participants do not have to discuss at interview the specific content of their counselling sessions, there is a possibility of psychological distress being caused by revisiting the counselling experience.

b. How can this be justified?

The possibility is not great, and precautions will be taken.

c. What precautions are you taking to address the risks posed?

Potential participants will be fully briefed regarding the nature of the questions. They will be informed that there will be de-briefing opportunities, and, if required, further counselling available to them from a counsellor unrelated to the project.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes

(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

MAKING SENSE OF PARENTHOOD

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes

If no, please justify

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

Research journal/notes. Audio recording and transcripts.

12. What provision will there be for the safe-keeping of these records?

Transcripts and audio material will be coded, with all identifiable data removed. The name and geographical location of the service will be

deleted in addition to any information, which could be used to identify individuals. Audio material and transcripts will be kept in a locked location and destroyed one year after completion of the project. Data stored on a computer will be on a non-networked password protected computer.

13. What will happen to the records at the end of the project?

Audio material and transcripts will be kept in a locked location and destroyed one year after completion of the project.

14. How will you protect the anonymity of the subjects/participants?

Data will be coded, as above, and identifiable details removed from text/recording.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

De – briefing will be offered at the time, by the researcher and it will also be made clear to the participants that should they wish to return for a de-briefing session at a later date, that can also be arranged. In addition, there will be further counselling available through a partner agency if required.

If you have circled an item in **underlined bold** print or wish to provide additional details of the research please provide further explanation here:

Signature of student researcher -----C Jolly by email-----
Date 08/11/2011

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal ↑

Recruitment Material ↑

Information Sheet ↑

Consent Form ↑

De-brief Information ↑

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? Yes

If yes,

a. Please detail possible harm?

As with any client contact, there is slight potential for psychological impact.

b. How can this be justified?

Minimal risk, not beyond usual custom and practice.

What precautions are to be taken to address the risks posed?

Supervision and personal therapy accessible to researcher.

Section C: To be completed by the research supervisor

(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Yes

Signature



Thursday, 10 November 2011

Section D: To be completed by the 2nd Departmental staff member *(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

Signature

returned by email as complete

Thursday, 10 November 2011

Appendix 12 consent form

Participant Identification Number:

CONSENT FORM
Parents experiences of counselling at SureStart children's centres

Name of Researcher: Clare Jolly

initial box

Please

1. I confirm that I have read and understand the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time before write up and publication without giving any reason. ☐
3. I understand that any information given by me may be used in future reports, articles or presentations by the research team. ☐
4. I understand that my name will not appear in any reports, articles or presentations. I understand that my interview will be audiotaped and the tape held securely and any identifying details removed. ☐
5. I agree to take part in the above study. ☐

_____ Name of Participant	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature

PART TWO

Client study

HETTY* – A Mothers Journey

CLARE JOLLY

City University

PART A: Introduction

This client study follows the progress of Hetty*, a 30 year old mother of two children through 18 months of person-centred counselling in a family support service setting. A person-centred model (Rogers 1956) was chosen as Hetty did not trust other people or herself, having experienced extreme conditions of worth. The model gave me an opportunity to demonstrate through my words and actions the absolute belief, inherent within the model, that the individual will always move towards self - actualization. Knowing that I had the opportunity within the placement to offer counselling for up to two years, I felt that I could offer Hetty a prolonged experience of the core conditions, and hoped to enable her to re-connect with her organismic valuing process. I saw how the counselling relationship developed over time, and how my own reflections and practice changed over time, which was an experience I had not had before, since my work was mainly short term.

The person-centred model required me to facilitate a deep therapeutic relationship utilizing empathy, congruence and unconditional regard, to ease the client's state of incongruence, thus helping her to facilitate change. My client needed to be able to recognize this relationship, even if unconsciously (Rogers 1956.) My behaviours, my presence, my way of being, within the relationship were the tools for the process. My aim was to help her reconnect with her organismic valuing process such that she would be able to trust her own experiences, find an internalized locus of evaluation, and develop her own agency. The aim of the process was to provide a "counter-conditioning" to the conditions of worth and to facilitate a change in self-concept until Hetty was "faced with the hypothesis that she may be a person of value" (Mearns, 2003, p.90). This is particularly pertinent for Hetty*, whose opinion of herself was the lowest I have encountered in a client.

Other models could have been used with Hetty. For example many of her statements suggested what, in cognitive behavioural therapy (CBT), would be called thinking errors, and I did contemplate using a CBT frame and utilizing tools such as thought records. However, Hetty did not like rules, she had a bad experience of school and homework, and resisted tasks set by professionals. CBT might therefore

be too prescriptive for Hetty. I felt it was important that in one area of her life at least, she could lead.

Many of the above terms will be referred to more fully in forthcoming sections. For a fuller introduction to the person-centred model, readers are referred to texts such as Rogers (1956), Mearns and Thorne (2008), Casemore (2006) or Tolan (2012).

The context of the work

The counselling room provided privacy during sessions although others could see the clients coming and going. I was aware that the power imbalance is at its greatest at the start of therapy (Tolan, 2012) and that careful attention to small elements such as this were important. For example, this client knew people who were likely to be passing through these areas so I endeavoured not to book clients who knew each other into consecutive time slots and avoided exploring sensitive material near the end of sessions. We discussed what we would do if we met outside the session and the fact that Hetty did not need to explain to others that she was attending counselling, especially since other services also used this room.

Background

Hetty*, was a 30 old mother of two children, aged 5 and 3 years old who self-referred to the low cost counselling service because she had been experiencing periods of depression. This had been more problematic recently because her inability to look after the children appropriately at times had brought her to the attentions of social services. In keeping with my placement practice, Hetty* had been assessed by someone else. However, I also spent the first couple of sessions completing a complementary assessment of my own, which took in her personal and medical history, and a risk assessment to screen for suicidal tendencies. She had a long-standing history of depression, consistent with criteria for DSM 1V-TR (APA, 2000) and for which she took Citalopram 20mg daily. Although, as consistent with the person-centred model, I would try to avoid conceptualizing her difficulties in this specific way, it is important to be aware of the frame of reference that both she and others had previously used to conceptualize her experience. This balance between

consistency of philosophy and pragmatic use of terms, balanced by reflexivity, is discussed further in the formulation section below.

Initial assessment and hypothesis/formulation of the problem

As mentioned above, inherent within my person-centred philosophical approach, there is a tension with the use of positivistic, medical model, concepts and terminology. However, when needing to share with colleagues information like risk of suicide, or medication history, it is necessary to be pragmatic and utilize language that can be used across models and disciplines. As Lambers (2003) points out, it is important that practitioners “seek to articulate with the language and the frame of reference of psychiatry and mental health” (Lambers, 2003 p.103).

My own stance would perhaps be a compromise between Bozarth (1998) - who rejects any concept relating to diagnosis - and the DSM above, preferring myself to utilize the concept of 'difficult client processes' (Warner, 2007). This concept acknowledges that Hetty may have methods of processing her experiences that are difficult for her, the client, and/or for me as the therapist. For example, Hetty, when feeling threatened would often become uncommunicative - gazing downwards and becoming minimally responsive. Warner takes the stance that these processes are not disorders. The client is not being labelled, is not “abnormal”. Avoiding a diagnosis in this way also avoids external judgement which, with the other external judgements she experienced, would lessen her chances of developing her own internal locus of evaluation.

Warner suggests a range of difficult processes that individuals may experience. Other person-centred theorists have suggested additional 'difficult processes', such as 'ego-syntonic' processing, (Mearns, 2003) in which individuals endeavour to protect themselves from intimacy, for example by detachment and attempts to control others (p.28). Sometime into the therapy, (see Changes in the Therapeutic process over time), I realized that Hetty's behaviour could be explained as resulting from just such an ego-syntonic process whereby she controlled people to such a degree that the other person would eventually disengage. I was alert to the possibility that this tendency could affect our therapeutic relationship.

Her risk of suicide was assessed at 2 on a five point scale (WHO, 2006). This means that she had experienced some suicidal ideation but had no concrete plan. She was also strongly motivated by the fact that she felt that if she were to take even a deliberately non - fatal overdose (as she had done many years ago), she was at risk of having her children taken away from her. I was aware of the need to monitor this closely by noting and asking about any changes in mood or behaviour which might suggest increased risk, such as having a specific method in mind.

At the first session she presented as alert and responsive to questions and maintained good eye contact. She spoke very freely about her past. She had been attending children's centre groups and had been doing one to one parenting training with a family support worker.

In addition to the conditions of worth described, Hetty appeared to have an external locus of evaluation to a large extent. For example, when she referred to the "Team around the family" meetings in which she was involved, she was convinced that these were bound to end badly because those involved would judge her harshly. Some of Hetty's statements in the early sessions suggested that she expected me to take control, or in her words: "see if you can sort me out" , and I wondered if this was more evidence of her strong external locus of evaluation.

In childhood, the conditions of worth laid down by her parents appeared to have been remorseless, and their inconsistency in positive interactions contributed to a sense of shame and lack of trust.

For example, she described how, as a child, her parents used to pay other adults to have her beaten for minor misdemeanours. She might have done everything her parents expected of her in a particular situation, only to be punished because of some perceived transgression. Often, when a child has experienced harsh criticism and judgement by significant others, they will tailor their behaviour to elicit positive regard wherever possible (Mearns & Thorne, 2008). However, in Hetty's case, she had no reason to believe that her own behaviour would have any predictable effect on others, and so it was understandable that she expected a group of adults meeting to discuss her case, to collude against her, no matter how she behaved. Perhaps because of this conviction, and her lack of perceived self-worth, she would

sometimes inadvertently compound the problem by becoming defensively aggressive in the meetings. This heightened the likelihood of a negative response from the professionals. This cycle compounded her fear that the professionals might remove her children from her.

My role was to remain steadfast in my unconditional positive regard and not to be directive in the way that other professionals might be. Mearns (2003) reinforces this, saying that “any elements of directivity which are out of line with experiencing would be internalized at the expense of the own valuing process” (p.81) and similarly I need to be mindful that Hetty has “come armoured with sophisticated self - protective mechanisms that have been serving the purpose of keeping other people away” (p.99).

My goal with Hetty was to give her a therapeutic space which would not threaten her self-structure, so that she could learn to recognize and accept experiences she would not previously been aware of, and recognize herself as capable. For example, although Hetty had made an enormous change in her life by moving away from her parents, she felt she not achieved independence from them. It was not until after a year of therapy that she recognized that she was becoming more independent, and was able to change her perception of herself to that of an independent woman with a future to look forward to.

The start of the work

Hetty was invited to attend for an open ended number of sessions of 50 minutes in length. In order to utilize the core conditions to create a relationship, I needed to learn from Hetty how she was responding to my interventions, and to become aware of what Mearns (2003) calls the “unspoken relationship between counsellor and client”. Techniques I used to develop the relationship fully, with empathy, congruence and Unconditional Positive Regard (UPR), included simple empathic responses such as nodding, reflecting back the content and/or meaning of her words, and paraphrasing (Mearns & Thorne, 2008). They also included process identifications and process directions (Rennie, 1998) – for example, tentatively offering verbal signposts to material of possible significance that was outside, or at the edge of, her awareness. Examples of these are included in later sections.

However the core conditions are wider and less easily described than individual responses or techniques. For example Mearns and Thorne (2008) describe empathy as “a process,” UPR as “an attitude”, and congruence as “a way of being.” For Rogers (1961), empathy was “to sense the client’s private world as if it were my own but without ever losing the “as if” (p.284)”. UPR was an acceptance, a “prizing”, of the client, and congruence was “to be myself without front or façade.” Tolan (2012) points out that the three core conditions are related: “If authentic communication is centred in the counsellors’ congruence, it is always unconditionally accepting of the client”.

An example of how each of these interlinked processes is relevant to Hetty, is given here before looking more at process and relational depth. It is this interlinking, the inter-related wholeness of these concepts that for me marks a significant development in my learning. It is this, which challenges the idea I had in the early days of my training, where I saw them as discrete entities. I shall endeavour to reflect their symbiotic interaction in the work with Hetty, the realization of which is, I believe, what sets this piece of work out from my former more naïve understanding of the model, and arguably, what may have made the difference for Hetty. I was experiencing the complexity and the power of a model I had once assumed to be simplistic. Mearns and Thorne agree, pointing out that relational depth is “more than the sum of the parts” of the core conditions. I have included brief illustrations of Hetty’s experience of the core conditions before looking more at relational depth in the next section.

Unconditional positive regard recognizes that clients have a good reason for doing what they do, even if the behaviour is outdated for its original purpose. For Hetty, her self - structure prevented her from perceiving herself as someone who could be a good mother, even though her organismic valuing process may have been striving for that. As Tolan (2012) suggests, the strongest conditions of worth are those that are experienced as reality because they are not available to awareness. For example, when Hetty managed to achieve a parenting goal, she would perceive this as being due to luck, rather than her own skill. Hetty also risked losing acceptance from her family if she co-operated with services. Because of this, it was particularly important that I show her unvarying acceptance, as this would not be forthcoming

from these other sources of evaluation. My fundamental accepting attitude, (Mearns & Thorne, 2008) could then act as a form of counter-conditioning to the conditions of worth. Acceptance might be in the form of reflecting back her experience from her standpoint, avoiding the temptation to rush in with approving words. Even if she gave examples of behaviour illustrating herself as a “dreadful mother” for example, it was important not to answer this as other professionals might, by confronting her with examples of times when she has behaved well as a mother, since that could mean she did not feel fully heard. She would be incapable of hearing me, as my comments would not be in accord with her self - concept.

It was likely that Hetty would find it very difficult initially to cope with my acceptance of her. Tolan (2012) points out that unconditional acceptance is very threatening to someone whose concept of themselves is as unlovable. This was evidenced in phrases Hetty used such as “I don’t really think it’s going to do anything. I’ve been like this all my life”.

Empathy – whereby the therapist stays with the clients’ frame of reference and attempts to state her perceptions as empathic responses, (e.g. Rogers, 1956). Tolan (2012) also brought challenges, particularly when Hetty was feeling very low, when it was easy to let empathy overspill into over-identification and feeling as hopeless as Hetty herself. (See “difficulties in the work”.) As time went on, I learned to use subtle process directions to gently encourage forward movement for Hetty. For example, if she said, “I Don’t want to talk about that”, I might say, “It’s too much, at the moment”, which acknowledges the feeling but allows for future movement. Tolan (2012) points out that empathy can be prevented if the therapist is anxious about what the client is saying, and protects herself by moving too quickly to speak rather than attending to the client’s emotions. Perhaps, at times, I use words as my own “lace curtains” (Mearns & Cooper, 2005 p.38) e.g. to cover up my nervousness, my insecurity. I resolved to explore this further in supervision and therapy.

Omylinska-Thurston and James (2011) point out that the communication aspect of empathy links with Congruence, the therapist’s use of herself within the therapy. They emphasize that increasing evidence suggests that to use congruence to the clients best interest, it is important to learn to “be present and to tune in internally”

(p.30). Awareness of the different stages of process taking place within the therapist to achieve this, can be developed by learning skills such as meditation where mindfulness to one's own experience in the present moment is key. This idea links back to Rogers who suggested that to be fully congruent as a therapist, takes a degree of reflexivity which, Rogers says we can also model to clients by showing our self – awareness.

Congruence is not just about being genuine, but about knowing when to communicate our experience to the client. Rogers (1951) suggested that whilst congruence is living and being our feelings, we should only communicate them “if appropriate”. Again, as the therapist, I am in the position of having the most power within the relationship and could easily abuse it – for example anger could be used punitively (Tolan, 2012). Congruence then, is what helps us to recognize things at the fringes of our awareness. For example when I explained the sense of heaviness in me, when she described her most burdensome troubles, this could be seen as congruent (e.g. Mearns & Thorne, 2008, p. 129).

As our relationship developed, I was better able to spot patterns within in Hetty's behaviour. For example, her voice tone, even when describing very distressing experiences, often suggested a lack of emotion. I began, through becoming sensitive to experiences at the edge of my own awareness, and exploring these in supervision and therapy, to notice subtle nuances in her tone and body movements that suggested that an emotional connection was in fact, present.

As time went on I felt better able to judge where it might be helpful to comment on these nuances which might be at the edge of awareness (Gendlin, 2003) for Hetty. For example, I felt able to pose a tentative “I notice that when you tell me stories about your parents, your voice seems to change?”. Hetty answered this with a “probably does, yeah”, the first time I mentioned it and chose not to elaborate further. However, the next time I made a similar comment she nodded and paused. I asked if she would like to say a bit more about that, and this process direction seemed to enable Hetty to talk at length about some key incidents from her past.

I was aware of the need to be careful with making edge awareness reflection with someone like Hetty, who might accept my description of what is her experience, due

to her inability to trust in her own judgements, her external locus of evaluation (Mearns & Thorne, 2008). However I felt that being as vague as possible – (“would you like to say more?”) and remaining alert to the possibility, should prevent this being an issue.

PART B: The development of the therapy and the therapeutic process

As already alluded to, the core conditions are more than the words involved, more than the sum of their parts. Concepts used to try and elucidate this whole, include “Presence” (Rogers, 1980) and “Relational Depth” (Mearns, 1996), where “High levels of the ‘therapeutic conditions are present in mutually enhancing interaction” (Mearns, 2006). Mearns also points out that you do not need to understand the content of the client’s communication to be able to work at depth and that “You can be with someone and have conversation without having any idea what it’s about. Yet all the time you can feel them - and be with them feeling” (2006, slide 20). This was an important lesson for me, as I know I sometimes ask unnecessary questions to clarify detail.

Mearns points out elsewhere that both the therapist and the client regularly report that the type of communication required to work at relational depth is very subtle (Mearns, 1996, p. 308). There were times when I felt I may have been there, that I was “going to the (emotional) edge” with the client, to the depth of her despair. (Jordan, 2008).

Evidence came from the increasingly sensitive nature of the material Hetty was willing to share with me and from comments such as when, almost as an aside, Hetty told me that she trusted me. This was over a year into the therapy but a significant point. I do need to bear in mind the fact that concepts like Relational Depth are hard to measure and Cooper (2005) notes that clients’ and therapists’ perceptions are not always the same, but I felt cautiously optimistic.

It was perhaps natural that it would take Hetty the length of time that it did before I felt that we were connecting at this level. Mearns and Cooper (2005) point out that some clients resist contact at this level because they feel existentially vulnerable, and

for Hetty, controlling her relationships was a key safety strategy. Perhaps it was all the more meaningful for occurring after a year.

The therapeutic process

Many aspects of process have already been mentioned, and there are multiple ways of describing it. Vincent (2005) reminds us that in keeping with the model, Rogers saw process as a series of steps experienced by the client. Vincent points out that it is congruent with the model for process to be described entirely through the clients' experience in this way, but others, as seen in the last section, have examined the process as experienced by the therapist, and the factors that seem to combine the two (e.g. Mearns & Coopers, 2005).

In the early stages of therapy, Hetty's experience and her self-structure or self-perception were very distant. She was aware that she had many problems, but did not have a sense of agency in addressing these. As therapy progressed, her self-perception changed and she became more confident – for example, feeling able to correct me when I made errors in paraphrasing. She began to recognize small achievements in her everyday life as being due to her own efforts, demonstrating that her internal locus of evaluation was developing. Some of the best illustrations of the therapeutic process are described through the next sections when describing, for example, the difficulties experienced and how these were addressed, and how changes in the work and in the therapeutic process over time became evident.

So Hetty's process was beginning to change. As Mearns and Thorne highlight, person-centred therapy could be termed "two-person therapy". My process is looked at further in the section "learning about yourself as a therapist", and the process between us, the factors that combine the therapist and the client's process, that form the basis for relational depth (Mearns & Cooper, 2005) is illustrated through the examples and discussion around our interactions.

Difficulties in the work

I struggled, particularly in the early stages of the work, to be authentically accepting of Hetty because of her problems in caring appropriately for her children. They had previously been on a child protection plan, and the possibility of being re-assessed

was ever-present. This posed an ethical dilemma. It felt to me, in the early sessions as if, were I to fully accept Hetty, then I would be colluding with her.

I recognized, through supervision and reflection, that my own values could impose themselves. For example, the belief that someone like Hetty cannot improve enough to be a good enough mother (e.g. Winnicott, 1956) if not examined and deconstructed, would impose a condition of worth on Hetty. Similarly, being a parent myself was helpful in some ways, but I needed to be careful to separate her experience from my own (we did not have the same experience), and being a parent made it harder to understand how another parent could behave in ways that adversely affected their children. I had to disregard my own experiences and recognize that the person is not their behaviour. I can recognize and truly prize the person that is Hetty without getting caught in the detail of her actions. I learned to view the situation with her eyes, feel as if with her feelings. As Tolan (2012) points out, if Hetty had not recognized her successes, for example, it would be important to stay with her frame of reference, even if that meant acknowledging for her that nothing had changed.

I also struggled with Hetty's attitude at times. She could be sarcastic or non – communicative, or she would attempt to control me as she had done with others; asking for longer sessions, leaving sessions after five minutes saying she wasn't in the mood, etc. It seemed that she alternately draw me in or pushed me away. This mirrored the pattern of her personal relationships – for example with her partner. Mearns (2003) suggests that clients like Hetty, who feel unlovable, create patterns in relationships where this is confirmed. It is the "consistency and durability" of the therapist's empathic acceptance over time which may help them feel worthwhile. (p.119).

Making use of supervision

I consulted with my supervisor around the feelings of heaviness that I experienced during and after the sessions, particularly in the first few months. We negotiated that I would leave at least a half hour space between her and the next client and I learned to use this time to reflect. As Tolan (2012) reminds us "When we listen to the sheer awfulness of another person's life, it is human to feel inadequate" (p.1).

This time also prompted me to take the same issue to therapy, where I learned to distinguish which feelings stemmed from my own history, and which from hers.

It may also be that my feelings stemmed from the fact that Hetty was in the early stages of process, where, as Tolan (2012) points out, many helpers feel “heart sink” because the client is aware of wanting help, but is unable to find the help useful because they are still unable to understand their own feelings, and so will be seeking external solutions.

Supervision was useful for discussing the importance of “showing my workings” (Mearns 2003). For example, either of us may assume a phrase or a gesture means one thing but we might be mistaken. In the case of the heavy feeling, I learned through supervision that it might be appropriate to verbalize a congruent phrase such as, “Gosh what we spoke about today has been so heavy, I can feel it pulling at me. My shoulders feel like they are being dragged down. I can only imagine how that must be for you”.

I also learned in supervision, how to recognize unconscious competence (Howell & Fleischman, 1982). Playing tapes of a section of a session where I had felt as if I did not do much showed that there were interventions present. As Mearns points out: “Reacting to a client always involves a decision, or at least retrospectively we should be able to construct which elements played a role in our decision” (Mearns, 2003, p.125). This illustrates the importance of reflecting both in and on action (Schon, 1983). Certain interventions become intuitive over time, but it will still be important to analyse the process. The therapist, said Bohart, O’Hara, and Leitner “is a disciplined improvisational artist” (1998, p.145).

Changes in the formulation and the therapeutic plan

It became evident that Hetty felt a need to control her relationships to such a degree that it pushed the other person away. For example her relationship with the father of her children was such that he would live with them for a period of time during which, by her own account, she would dictate his behaviour in his every waking moment. After a few months he would leave without warning - for example, getting up in the middle of the night, or going to the corner shop and not returning. This had

happened three times since her eldest child was born. It was then that I began to think of her as possibly exhibiting the type of difficult process known as “ego-syntonic” (Warner, 2007). She had survived a parenting in which love and acceptance was not reliable. Negative experiences would follow when positives might be expected – there was no way to rely on the relationship. To survive this, Hetty needed to find ways to control her relationships: at times, hearing her talk, watching her try and control me by changing sessions, demanding more sessions or seeming completely disinterested, I would feel frustration. Also, of course, my feelings were quite possibly the same as those she evoked in others.

This understanding helped to change the plan in that I was able to gently discuss with Hetty the feelings evoked in me by her erratic behaviour, for example, confusion. At the same time, I was able to show that her behaviour would not change my consistency in any way. It also helped me personally to remember that Hetty was “Surviving her survival” (Mearns & Thorne, 2008). In other words, her behaviour had served a function in overcoming those severe childhood circumstances.

Hetty now wanted to be independent from her family, and this suggests that the actualizing tendency is at work here. However, I had not fully appreciated that actualization is mediated by social processes (Mearns & Thorne, p.23). For example, Hetty still felt a need for a relational connection with her family even though she did not feel she could live near them anymore. Mearns and Thorne called this balance the “Actualizing process”. I then realized that Hetty needed to work through how her family relationships would operate now that she had made this move toward independence, before she could progress further.

I also realized after working with Hetty for some time, that the conditions of worth, were having more of an impact than I had initially realized. For example, her parents viewed engagement with social workers, health visitors – and, by implication, counsellors - as wrong. So, although Hetty’s organismic valuing process could be conceptualized as striving to co-operate with professionals, she had these strong undercurrents of parental censure. This helped explain some of her behaviour.

The core of the therapeutic plan, then, remained the same throughout, but with subtle alterations in the light of such realizations. For example, often knowing the possible reason for a particular behaviour helped me stay with Hetty.

Changes in the therapeutic process over time

A significant turning point came when Hetty realized that she had achieved a great deal more than she gave herself credit for. So when she said in a flat, low, voice “I think I’ve got a life now”. I sensed that there was a discrepancy between the voice tone and the words. It seemed that either she did not feel at all that she “had a life now” but said it, or, she felt that she did have a life now, but struggled to express it with the appropriate positivity. My reflection back, in the same tone, of “you think you’ve got a life now”,

may have triggered in her the sense of “the picture not hanging right”, Gendlin (2003) of the felt sense being at odds with the assumed reality. Her next statement, was significantly different, even though the words were the same. She said:

“I have, I have got a life now”.

Her whole demeanour had changed. She appeared to be letting herself believe in the truth of her statement.

PART C: The conclusion of the therapy and the review

It can be easy when progress is slow, to fail to overlook progress that has been made. For Hetty, recognizing the incongruence between her experience and her awareness began to lead to a change in her perception of herself. The significance of the statement “I’ve got a life now” was major. This is someone who for the majority of her 30 years had not felt that she has had any “life”. The significance for therapy is not that she felt so positive. What was important was that she was able to not only recognize these positives to such a degree that she felt hopeful for the future, but that crucially, she recognized that her own agency and personal power had been utilized, and it was these that had given her “a life”. She was beginning to develop an internal locus of evaluation.

This process could not have been rushed, or addressed with problem solving strategies since Hetty's phenomenal self, her sense of how she "really" was told her that she was ugly, undeserving and incapable. No amount of telling her that these things were not true would ever challenge that resolve. Hetty had to discover for herself that she could make achievements of her own, that she could be thought of as a person with skills. For example, instead of denying that she had any influence on her children's behaviour she was able to see that she was a good mother, saying,

"Actually, I do a hell of a lot for my children".

Rogers believed that when a client changed, due to fully experiencing the six necessary and sufficient conditions, (1957, 2007) the change was permanent, with the client continuing to make positive changes in his/her life;

"He has changed, but what seems to be most significant, he has become an integrated process of changingness" (Rogers, 1961, p.158).

I am continuing to work with Hetty in order to plan an end to the work. For example, we may decide to meet fortnightly and then monthly for a while. However I have no doubt that she has the skills she needs to cope with future adversity, and feel privileged to have been a part of her journey.

Evaluation of the work and What I learned about psychotherapeutic practice and theory

Before looking at my own evaluation, it is worth noting that the therapists' view may not be the same as others in all relevant matters regarding the counselling work. When liaising with professionals in the children's centre team about six months after the work had begun, for example, they were concerned regarding how long this piece of work might take because of the possible child protection implications if Hetty could not improve quickly. Within the bounds of confidentiality, I did my best to emphasize that rushing the work was unlikely to lead to long term change. This discussion emphasized for me, the fact that that we have a role in educating other professionals.

I realized that I had inadvertently bought into some of the myths about person-centred therapy. I had assumed, for example, that I could not attempt to move a client along in any way, as I might in solution focused or cognitive behavioural therapy; that this would be too directive, too suggestive of myself as the expert, dictating - or prescribing - to the client. A client like Hetty who has long periods where she is profoundly depressed and stuck can benefit from gentle forms of challenge, perhaps with process identification or process direction, as seen earlier.

I had also bought into the myth that person-centred theory was simplistic, whereas in fact, as Cooper (2007) points out, “it is now achieving a depth and complexity of analysis that is not so dissimilar from some of its more philosophy-rich counterparts, such as psychoanalysis and existential psychotherapy” (p.41).

I have learned that the practice can be simple, but that simple does not mean easy, or straight-forward. The demands of the model – to be fully present, fully myself, to throw my whole self wholeheartedly into each session, are extremely difficult to fulfil. It is not surprising that meditation is often cited as an aid to developing the moment to moment awareness needed, because the discipline involved helps to develop the skills to be able to be more sensitive to information at the edges of the client’s or therapist’s awareness, and to attain relational depth – but again these are not easy things to develop.

Learning from the case about yourself as a therapist

I am aware that I need to continue to foster self - awareness and awareness of my own values (e.g. Jordan, 2008). For example, I am a mother, as Hetty is, but I cannot know what her experience of parenting is like. My education, class and culture affect my perception.

I have learned that I need to be mindful of occasions where I might be wary of expressing myself congruently, because I am afraid of the reaction. An example was my anxiety around expressing my feelings of “heaviness”.

I realize that through practice, reflection, supervision and personal therapy I am for the first time coming to terms with my fear of being able to contain client’s anxiety. As Mearns (2003) reflects, clients with chronic difficulties need the therapeutic

space to provide “as much containment as the prison they have built around themselves” (p.11).

I have realized that the more fully I can authentically engage, the more I can bring my “presence”, the more likely it is that relational depth is achieved. This realization has come about in part from an awareness that as a trainee, my fears of being able to contain anxiety stemmed from conscious incompetence (Howell & Fleischman, 1982). With practice over time, and reflection in and on my actions (Schon, 1983), I may, at least some of the time, be approaching unconscious competence.

An important area where I learned about myself as a therapist came about by my feeling overwhelmed by my perception of Hetty’s desire for me to be able to make her feel better. She actually had low expectations, having been in therapy many times before, but, as I described it to my supervisor and to my therapist, I felt “pushed”. I spent time working out in therapy, to what degree this “pushed” feeling was stemming from my own material, and to what degree it might be from Hetty. It could be that my own fear of failure, and desire to be liked, may have been interfering with my ability to help Hetty. Although these are not easy issues to overcome, I found it empowering to understand these aspects of myself, and in doing so, to be better able to lay them to one side when I needed to. As Mearns says (p.40), it is more important for counsellors to be aware and working toward resolution of their own problems than to be “perfect”.

So this sense at the edge of my awareness may be a “messenger” signalling to me any area where my own difficulties were intruding, as above. Also, it may signal that there is something at Hetty’s own edge of awareness (Gendlin, 2003) that “felt sense” could be brought to Hetty’s attention. Mearns and Thorne (p.82) suggest that even reflecting back the client’s exact words presents a useful “mirror” for the client to get in touch with his own edge of awareness. Similarly, Mearns (p.85) says “one of the most simple and yet powerful focusing responses is to present the client with an exact recording of what he has just said”. For example, when Hetty was talking about how she had taken many overdoses years ago, she said, thinking about her younger self;

“I wouldn’t want to be her.”

I experienced a sense at the edge of my awareness that this was important. My response of “you wouldn’t want to be her” may have helped Hetty get in touch with a deeper level of experience, a realisation that the feeling was much more intense than the statement - a felt sense. Possibly this happened for Hetty, in the quiet minutes she took for reflection afterward. If I had been insensitive to my own “messages” as well as hers, I might not have been able to give her that opportunity.

I learned that even interventions that I did not make are influential. For example, when Hetty was repeating a story, I was able to make an un-voiced process identification. (“She’s re-telling the story.”) Perhaps I was able to be more patient because I could understand her need to tell it many times. At other times I might use that identification and say “you are repeating what happened that day” to help her identify her own process.

Conclusion

I learned that the choice of intervention within the model can be very subtle but still important. For example, if I was aiming to help Hetty fully experience her feelings at a particular juncture I might use an empathic reflection. However, if my aim was to help Hetty understand her process, I might invite her to understand what she is doing by offering a process identification. And if my aim was to help her develop her process further, then I might invite her to do this via a process direction. I gained a greater understanding of key person-centred concepts such as an impaired actualising tendency, externalised locus of evaluation, and difficult process. I have gained further experience of what it means to encounter my client at relational depth, how the core conditions interact in the forming of this relationship, and the importance of bringing oneself fully to the encounter as a real human being (Mearns & Cooper, 2005). Mearns and Thorne talk about “earning the right to be allowed behind the shield” (Mearns & Thorne, 2008, p.84). I have learned how difficult and how rewarding that can be.

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PART THREE

Client Perceptions of Person-centred Counselling.

A Literature Review.

Clare Jolly

SECTION A

Introduction

The person-centred approach, pioneered by Carl Rogers, (1956,1961) requires the therapist to use the core conditions of empathy, congruence and unconditional positive regard in her behaviours, presence, and being, to create a psychological relationship which will be felt by the client, to ease distress and facilitate the process of therapeutic change. The approach has been shown to be effective for many client groups and for short or long term client difficulties (e.g. Bower et al 2000, Gibbard and Hanley 2008, Cooper Watson and Holldampf 2010). As Rogers first said "it is the way in which his ... (therapist) ...attitudes and procedures are perceived which makes a difference to the client, and that it is this perception which is crucial" (Rogers, 1958, p. 9). For a number of reasons, this critical perception from the perspective of the client was missing from much of the early research into person-centred counselling. An overview of the research is presented here.

Why study the clients' perspective of therapy

The clients' perspective of therapy is known to be important for outcomes. For example, Kurtz and Grummon (1972) found a relationship between client - perceived empathy and a variety of outcome measures. Orliinsky, Grawe and Parks (1994) found that variables perceived from the client perspective were more consistently associated with positive outcomes than either 'therapist'- or 'independent observer'- perceived variables. These include relational variables such as therapists' contribution to the bond, role engagement and interactive collaboration and affirmation of the client. The findings suggested that when a client perceives their therapist to be competent and affirming, and actively involved and engaged, then therapy is likely to be effective.

Despite evidence such as the above, it is only in recent years that the client perspective on their experience has begun to be taken more seriously. Many authors, like MacFarlane (2009), for example, have expressed regret at this dearth. Particularly, since these behaviours, have been identified as a reliable predictor of outcome. A better predictor, certainly, than therapist, or researcher predictors (e.g. Cooper 2010). McLeod, (1990) in a literature review, suggested that practitioners did not study the client perspective because, in effect, they did not trust clients' accounts to be suitably "scientific." (McLeod 1990 p.9).

This illustrates a dilemma, for research in this area, where traditionally quantitative research had been used in an attempt to be completely “objective”, but where the subjective experience of the client is lost. As Gordon (2000) put it, this quest for objectivity can “reduce human beings to measurables” Gordon (2000 para23). This meant that the clients’ voice and the clients’ issues of importance, were often hidden.

Many studies, including the Orlinsky, Grawe and Parks study mentioned above, refer, in the text, to “patients” rather than clients in the original texts, which illustrates that they situate themselves within the medical model, with the therapist as the expert who “does to” rather than “works with” the (patient) client. In addition, historically, clients were thought to be unreliable contributors to research, with Lazarus, for example (1992), suggesting that it was “naïve” to believe that clients know what is best for them, and Duncan and Miller (2000) pointing out that clients’ are seen as “pathological monsters or dim-witted plodders” (Duncan and Miller (2000 p171).

In contrast, Howe, (2006) pointed out that it can be all the more important to use clients’ accounts of their own therapy, since these consist of their own vocabulary without being hampered by the therapist’s and researcher’s conceptual abstractions. McLeod (2001) noted that counselling can be taken up by clients’ precisely because they feel as if they have been silenced by others in relation to an important area of their experience; therefore counselling gives them a way to be heard. It would seem especially salient, therefore, to ensure that the client voice is represented in research. Particularly so, when investigating the person - centred counselling field with its humanistic value base, prizing the client as an equal participant.

Another reason for the necessity of studying the client perspective, is that it has been shown to differ from the therapist perspective. For example, therapists often predict that it is particular interventions that are successful whereas clients most often cite relational aspects such as whether the therapist remembers their details, and whether they feel that the therapist fully understands them (e.g. Elliot and James 1989, Orlinsky and Howard,1986). This discrepancy added weight to the increasing recognition of the need to involve clients directly, rather than using indirect measures. Following this recognition, there was a corresponding increase of studies from the clients viewpoint – for example, Sells, Smith and Moon, (1996), Wilcox-Matthews, Ottens and Minor (1997), Lietaer 1982).

As Watson (2000) put it: “Clients remain the final arbiters of whether therapists have understood them correctly or caught a meaning of which they were not fully aware.”

Watson 2000. P.5.

The development of new categories of helpful aspects of therapy can also be a result of obtaining the clients’ perspective. For example, Paulson, Truscott and Stuart (1999) wanted to address the difficulty of pre-determined categorization. They utilized a mixed methods study whereby 80 clients from a university training clinic were asked an open ended question and then helped to categorize their own concepts. The authors found more categories than previous studies and suggested that as the client experience is broad, it is not helpful to restrict the number of categories. New categories that they identified included “emotional relief, client resolutions (being able to achieve what they wanted from therapy), and gaining knowledge. The authors pointed out that categorization by researchers on behalf of clients, would not identify these new categories.

Different therapeutic processes can also be examined and understood through obtaining client perspectives. Elliot (2008) looked at six studies to gain an overview, and found a wide range of descriptions of process -for example, content, action (what the client or therapist is trying to do), and style, (or state) – that is, how a person is doing, or saying, something, and which emotional responses and interpersonal perspectives are involved. Elliot suggested that neglected areas for research included work on exploring the context of therapeutic processes, and also clients’ assessments of responses – their own and the therapists’. Elliot speculated that the most significant development in client experience research in recent years may prove to be the finding that where therapy is found by the client to be effective, the client themselves is frequently an active change agent. This built on earlier work showing similar findings, such as Rennie (1994) and Knox, Goldberg, Woodhouse and Hill, (1999).

Common factors across modalities

Investigations into clients’ perceptions of psychological therapy have been taking place for more than sixty years. For example, Lipkin (1948), Strupp *et al.* (1964), and Yalom (1975), who each produced thorough, detailed reviews of the clients’ view of what was helpful in their therapy. Many studies did not differentiate between the styles of therapy experienced by clients, but identified common factors across therapy approaches. Some of this work is examined here before looking at aspects specifically concerning person-centred therapy.

A variety of coding systems and other measures were used in studies such as those mentioned above, which can make them difficult to compare. With this in mind, Elliott and James (1989) carried out a meta-analysis (or meta-synthesis) of the first 40 years of this literature by using the findings of all the studies selected as one data set and looking for themes across these. They identified a wide range of client experiences, which they categorized into nine “domains”. They found that a framework for categorizing the helpful factors could be made by dividing the helpful elements into two broad categories. The first of these was “interpersonal aspects”, where important helpful features included facilitative therapist characteristics, freedom to express themselves, and experiencing support in the relationship. The second grouping, which they termed “task aspects”, included things like the therapist giving them tasks between sessions.

Elliot and James acknowledged that their client data was not always as clear as it could have been – for example some of the research utilized observer ratings of client experience rather than client’s own ratings. They also make the important point that the studies often relied on coding schemes which recorded what researchers, rather than clients, felt was important. In particular, quantitative cumulative meta-analyses aim to be able to make claims across many studies by averaging effect sizes (by designing a “common metric”) and by correlating features of studies with this resultant common metric. They recognized the limits of the positivist frame in accessing client experience from their own perspective rather than pre-determined categories, and suggested that more qualitative research was needed.

Levitt, Butler and Hill (2006) suggested that whilst reviews such as Elliott and James (1989) have illustrated important aspects in therapy, they tend “not to be contextualized within the therapist – client interaction and not to convey *when* an element might best be used or privileged over another element,” (p.315)

Another quantitative study was conducted by Duff and Bedi (2010), which involved 79 participants. They hypothesized that the frequency of pre-established helpful therapist behaviours (as rated by clients on a modified Working Alliance Inventory) would correlate strongly with the strength of the therapeutic relationship (as measured using therapeutic alliance critical incidents questionnaires). Correlational analyses supported this, in that 11 of the 15 behaviours moderately to strongly correlated with the strength of the alliance. They

further predicted that three particular and specific behaviours (one, for example, was greeting the client with a smile), would be especially significant and this prediction was confirmed as demonstrated by hierarchical regression analyses. This, potentially, has very significant implications for practitioners, suggesting that encouraging the use of these “micro” behaviours in practitioners could improve outcomes. However, the authors recognize that this may be an oversimplification. For example, they caution against “constant and unscrupulous repetition” of the behaviours (p.103). In addition, they recognize that correlational methods are not equivalent to causal relationships - for example, we do not know whether the established alliance (clients who had had at least three sessions) increases the likelihood of the behaviours in question, or is caused by them. They also acknowledge that their chosen methods of data collection (internet and telephone) made the results more susceptible to self-report bias. In addition, the behaviours found in this Canadian study may not be replicated in all cultures. However, this study is not alone in finding that the most helpful aspect maybe the creation of an effective therapeutic relationship within a critical window of the first few session (e.g. Bachelor and Horvath 2010 p.139).

Tyron and Winograd’s (2011) meta-analysis of 28 studies, found a strong correlation between client-therapist goal consensus and positive therapy outcomes. This indicates that listening to clients about their needs from therapy is as important as sharing relevant expert knowledge with them. This is consistent with Bordin (1979) who maintained that the strength of the therapeutic relationship is both affected by and affecting the extent to which the therapist and the client agree on the tasks that are useful to attain the goals, and experience an emotional bond with each other.

The Importance of Qualitative Research.

Many authors (e.g. Smail 1987 and McLeod (1998) have regretted the fact that those researching therapy often feel pressurized into using “scientific” methods in order to produce statistically significant differences in some kind of objective measure and that these, necessarily ignore the perspective of the client. Bohart (2004) suggests that medical model positions clients as “the dependent variable who is operated on by supposedly potent therapeutic techniques”. Similarly, Gordon (2000) pointed out that the failure of positivist methods to engage with the complicated nature of client experience has led to the development of relational methodologies that accept social constructionist perspectives of

reality and attempt to redress the researcher-participant power differential. Citing Rennie (1996) he further recognizes the emergence of methodologies that “reflexively acknowledge the role of values and power in the research enterprise” (Gordon 2000, Para 19).

Lambert (2007), also stressed that it is important to conduct a study from the clients’ perspective that did not use the strict, highly reductive parameters (p.107) of quantitative research. She investigated 8 participants in three settings, using a qualitative, hermeneutic methodology to interview participants before during and after their first experiences of therapy and found that participants, (including half who underwent person centre counselling specifically), felt happier and more in control of themselves after the counselling.

In more recent times there has been more qualitative work (e.g. Jim and Pistrang, 2007, Vanaerschot and Lietaer 2007). One reason for this, as Rennie (1985) reminded researchers, is that client experience is not confined to verbal elements, with Gendlin’s “felt sense” (Gendlin, 1962, 1978), being a good example of this. These non - verbal elements are harder to notice and record. They include processes within the client such as self-awareness, or what was later termed the client’s ‘reflexivity’ Rennie (2001). This reflexivity, Rennie suggests, is an active process of the client choosing how to engage with therapy. It is not always verbalized, and might include the client actively controlling the therapeutic relationship by for example, leading the therapist, by their own behaviour, to make a response that is helpful to the client. (Rennie, 2001).

Sherwood (2001), researching in Australia, emphasized the lack of phenomenological research around the client’s experience. She noted that there had begun to be a move toward qualitative methodologies in this area, resulting in some varied methodological work such as studies utilizing grounded theory (e.g. Rennie1990), and ethnography, (e.g. O’ Connor, Meakes and Pickering, 1997). But she also noticed that there had not been any studies from a specifically phenomenological perspective. She conducted a hermeneutic phenomenological study of therapeutic intervention as perceived by the client and focused on its power to “harm or to heal”. Hermeneutic phenomenology like that used by Sherwood is strongly grounded in philosophy and attempts to fully capture the clients experience through in depth, prolonged engagement with the text. She found that participants, who had experienced therapy as healing, experienced feelings of safety, and comfort, and an awareness of the therapist as fully present.

Participants described the therapist's empathy as "a place of light" where it was completely safe to expose their pain, and where the counsellor would intuitively know when to respond and which response to choose. The counsellor was able to be fully engaged in a way that felt spiritual in nature. Sherwood suggested that therapists should aim to keep their sense of "being in a relationship with a client", at the forefront of their work.

As qualitative studies into client experience grow in number, so they can be studied in comparison to each other just as quantitative research had been. Timulak 2007, building on methods used in nursing, conducted a qualitative meta - analysis of studies that had looked at client identified significant events in therapy, the idea being to use compatible tools for evaluation to those used in the original studies.

He explained that a qualitative meta-analysis while not able to estimate effect sizes as quantitative research would, can identify, from detailed accounts, core components of helpful factors, and can prompt further qualitative analysis and integration of the pooled data. The idea is to collate a new conceptualization that is greater than the sum of its parts.

The studies commonly featured an open ended questionnaire (e.g. Timulak and Lietaer 2001), interviews about the therapy, and/or analysis of transcripts. To be included studies had to contain clients own accounts of helpful events (rather than using pre-organized categories). Five hundred and ninety significant events were identified from 7 studies. The meta-analysis focused on sorting categories of significant events according to their impact on the client. The 48 categories of impact obtained in the analysis of the original studies were used as the data for the meta-analysis. Nine Essential impact elements were arrived at by grouping themes with similar meanings and then summarizing the result. Independent auditors checked the findings for credibility in the context of the original studies.

A major finding was that evidence relating to the importance of awareness (or insight or self-understanding) was found in all seven studies. Other important helpful events were behavioural change, new feelings, and empowerment.

Three years later Timulak carried out a further, qualitative, meta-analysis, utilizing significant events research, which is a specific method of studying client-identified important moments in the therapy process. The aim was to provide an overview of the significant events research conducted, the findings and the implications.

He identified 41 primary studies that used client-identified significant events as a focus of study. The impacts of helpful events reported by clients were focused on contributions to therapeutic relationship and to in-session outcomes. He concluded that whilst some studies suggest that helpful significant events are therapeutically beneficial, it is a complex area where it is difficult to make assumptions. Helpful events, for example are often entangled with other parts of the therapy and more research would be needed to establish their significance in therapy outcomes. He speculated that the relational and emotional aspects of helpful moments, may be more important for the clients than the aspects of therapy which are frequently thought by therapists to be important – such as a change in thoughts.

Why single out person-centred therapy?

There is a large collection of evidence suggesting that common factors, rather than therapeutic orientation, are responsible for the effectiveness of therapy. For example, Grenovage and Norcross (1990), Wampold *et al.* (2002). This is known as the Dodo bird effect (Rosenzweig 1936). Many authors such as Wampold *et al.* (2002), have also suggested that the therapeutic alliance accounts for 99% of therapy outcome. Given the above, it could be argued that orientation is irrelevant. However there are several arguments to refute this. For example, as Cooper (2010) points out, the finding that all therapies, on average, produce the same results obscures the fact that different therapies may be very significant for the difficulties of particular individuals. For example, for the case study in this portfolio, I have argued that person-centred therapy, with its non-directive stance, may be more suitable for someone such as my client Hetty, who had experienced others controlling and directing her in abusive ways. When clients are asked what it is that they find helpful in therapy, the literature, as seen here, suggests that some of the helpful aspects are common to all modalities, whilst others are orientation specific. Secondly, the common factors identified, are often those that person-centred therapy puts at its heart. For example, Najavits and Strupp (1994), demonstrated that experiencing a positive, warm, caring, and genuine therapist generated statistically significant differences in patient outcome.

Specific Person-centred Research:

The studies above have mostly been ones where the therapeutic orientation was not specific to person-centred therapy. Whilst it could be argued that these may be more relevant than if another approach was being studied, in that the core conditions of the person-centred

approach are sometimes seen as synonymous with the conditions for creating a positive therapeutic relationship. Nevertheless, there may be important lessons to be learned from specifically studying the approach and its components in their own right.

Studies evidencing that client perception of the core conditions was predictive of positive outcome include Orlinsky and Howard (1978), Gurman 1877, Cohen (1994) supported the idea behind these – that is, rather than judge a therapist's effective conveyance of the core conditions by studying therapists' intent, it would be much better to study the clients perception. Again, this is particularly important given that the person-centred approach incorporates the belief that the client is the expert, and given the right conditions, will always effect positive change. Similarly, Watson (2000) pointed out that most early studies of empathy used observer's ratings and did not involve the client perspective at all. She, like the earlier authors, highlights that the values underlying the positivist climate and medical model are responsible for this.

Specific person-centred research: Core Conditions

Empathy

By far the most studied of the core conditions has been empathy – possibly it is an easier concept to understand than the others. Watson (2000) pointed to the findings from reviews of studies from 1976-1994 (Luborsky et al, 1988; Orlinsky et al; 1994) which showed that 8 of 10 studies reported positive findings for the relationship between therapists' empathy and outcome. She also noted that studies utilizing in-depth interviews with clients have consistently found that an important factor is the opportunity to talk with an understanding, warm, and involved person (e.g. Cross; Lietaer, 1990; Watson & Rennie, 1994).

Clients' perceptions of feeling understood was found to be related to outcome, by Elliott, Bohart, Watson & Greenberg, (2011); and Barkham and Shapiro (1986), who found that clients rated counsellors as being more empathic when they used high levels of exploration (defined as an intermediate area between reflection and interpretation). Myers (2000) studied the experience, by participants, of empathic listening. She chose clients experience of listening to represent empathy because listening seemed to be a key component in all definitions. She pointed out that while, therapists and researchers often highlight the

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importance of listening with relation to conveying empathy, there has been very little study of what that means, and what clients actually experience.

As she notes:

“If the therapeutic relationship is to be fully explored, it makes sense to listen to the voices of clients as they report their experiences of being heard” (p.149).

Her study again highlights the importance of qualitative research, as she concluded that empathy could not be reduced to specific ingredients regarding techniques and skills but that each therapeutic relationship contained unique elements.

Participants were interviewed and also invited to write narrative accounts afterwards which were also analysed. Her five participants experienced feeling truly heard when therapists created a safe space for clients for self-exploration, were felt to be genuinely engaged in the therapeutic dialogue and did not react negatively (e.g. flinching) when painful material was brought to the therapeutic process.

Specific person-centred research: Core Conditions: Congruence/Genuineness

Grafnaki and McLeod (2002), studied how congruence was experienced, by both clients and therapists. Six clients who had experienced person-centred therapy were interviewed and their accounts were analysed with narrative analysis. They found that participants' descriptions varied in the detail of how they experienced congruence, suggesting that it is unlikely to be a single phenomenon. Some studies, recognizing the difficulty of a consistent understanding of what is meant by congruence, use a proxy concept. The most frequent proxy for congruence in the research literature is therapist self-disclosure. This, perhaps, is a concept that can be understood to have a relatively stable meaning across contexts. Many authors have found that clients find self-disclosure useful; for example Hill, Helms, Tichenor, Spiegel, O'Grady, & Perry, (1988), and Tsai, Plummer, Kanter, Reo, Newring and Kohlenberg's (2010), who found that therapist's self-disclosure enhances trust, depth and intensity in sessions.

Specific person-centred research: Core Conditions

Unconditional Positive Regard (UPR)

There has been very little research regarding client perspectives on unconditional positive regard specifically, on the whole it has been studied alongside the other core conditions, and some of those studies are noted in the next section.

Patterson and Joseph (2006) did study UPSR – unconditional positive self-regard. They wanted to devise a measurement tool for the processes and outcomes of therapy that was not within the medical model. They argued that increasingly, funders expect psychotherapeutic models to be connected to specific conditions that they are best able to treat. With this in mind, a UPSR measuring tool could, given this funding climate, perhaps be used to demonstrate that the person-centred model was particularly effective for certain conditions. A scale for UPSR was devised utilizing a cross-sectional survey design and factor analysis to investigate the psychometric properties of the unconditional-positive self-regard scale (UPSR). They found two subscales measuring self-regard and conditionality of positive self-regard. Internal reliability of the main scale and subscales was ascertained. They suggested that the UPSR scale may be a useful tool for the “non-medicalised” evaluation of therapeutic change. However, whilst the authors may conceptualize it as “non-medicalised”, I would suggest that the language used is very much that of the medicalised positivist paradigm.

Specific person-centred research: Core Conditions

The core conditions combined

Patterson (1984), in a review of reviews, looked at empathy, warmth and genuineness all together and noted that some authors – (e.g. Lambert et al 1978, Strupp, 1986) appeared to be minimizing the positive findings for client perceptions of benefit from the core conditions. Patterson attributed this to reviewer bias – for example applying stricter criteria to studies which appeared to contradict the reviewer’s viewpoint. So, for example, they might criticize a small sample size, failing to take into account the fact that smaller scale studies can yield rich, in-depth data of the client experience. Again, this appears to have been due to the legacy of positivism, which can influence researchers without them fully realizing it (e.g. Pontoretto 1995).

Some of the key findings in the Patterson review, such as the importance to the client, of the therapist listening, affirming, being empathic, agreed with other findings such as Elliott and James (1989) and Patterson posited that this suggests these findings, being consistent, give real insight into the change process.

Specific person-centred research: Relational depth

The term “ relational depth” is similar to Rogers (1954) idea of “presence” and was first used by Mearns in 1996 when discussing the depth, intensity and quality of contact between client and therapist. The idea was further developed by Mearns and Cooper (2005) who described it as:

A state of profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other’s experiences at a high level.

(Mearns & Cooper, 2005, p. xii)

Knox (2008, p1746) suggested that whilst therapists often quoted relational depth as a significant experience for clients in bringing about change, very little research regarding the clients’ perspective on this had been undertaken. She wanted to see if clients experienced similar moments of Relational Depth to those identified by practitioners and what effects this moments might have on their progress. To that end she used semi-structured interviews to interview clients after showing them a definition of relational depth. Their comments were then compared with those of practitioners as identified by Cooper (2005) in his study of therapists’ experiences of relational depth. All participants identified at least one moment, where they felt the criteria for relational depth were met. They also experienced times when they felt the relationship was on a different level, and where they felt that the therapist had given support over and above the usual requirements of a therapist. Not every experience matched those of therapists in the Cooper study, but clients’ perceptions were very similar to that of therapists, and the benefits of experiencing relational depth was described as being long lasting. Specifically, participants felt that experiencing perceived depth in the relationship helped to engender better self-acceptance and understanding. A limitation of this study is that all the participants were therapists or trainee therapists.

Limitations of this review

As has been shown, seen, reviewing helpful aspects of client centred therapy can be difficult, because of the factors such as the complexity of defining, for example, the core conditions, and differences in understanding what the terms used to describe positive experience mean.

Furthermore, the complexities involved in studying and comparing across therapies, and across therapists are numerous. For example, one type of therapy may be delivered in different ways by different therapists. Also, different individual clients may perceive the same therapy very differently according to their perceptions, their experience, and their history. Further still, different researchers will perceive the accounts of participants differently. For qualitative researchers, the same researcher may retrieve different, equally valid significant findings from the same data at different times.

A limitation of the reviews is that cultural differences have not been explored – for example, if some cultures don't readily ask for help, it can be harder to know what they would find helpful.

The review does not look at negative events in therapy, which might elucidate further information about what is helpful. Elliot (2008), for example, notes that studying overlooked aspects of client experience – for example hidden processes such as unspoken dissatisfaction - can be important used to help therapists to be more effective.

Conclusion

Establishing what aspects clients find helpful about person-centred therapy is complex. There are many possible definitions and meanings attributable to the elements of the model such as the core conditions. It can be difficult to be wholly client-focused. For example, many studies that did incorporate client views, used pre-allocated categories which client experience had to be slotted into, and still privileged the “expert” view, which is inconsistent with the person-centred model. The move toward an acceptance of qualitative research has enabled unique elements of particular client experiences to be captured, and has added a rich data stream to existing findings as well as placing the client at the heart of the research.

The evidence suggests that where a person-centred approach has been used, helpful aspects included the opportunity to talk with an understanding, warm, and involved person. When the client experienced the therapist as creating a safe place for self-exploration, as someone who could take distressing material within their stride, and who could listen effectively, then the client was able to effect change. When they perceived relational depth in the relationship with their therapist, they felt better able to understand and accept themselves. Therapist self-disclosure, when clients experienced it, enhanced the depth of the relationship and the client's

ability to trust. Many of the features of person-centred therapy may be present at times within other therapies. However, for some clients, for example those who have experienced others as controlling, the person-centred model, with its non-directive stance, may contain the aspects that they find most helpful in therapy.

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Portfolio conclusion

This portfolio represents a professional journey that has taken far longer than the three years of study represented here. I have learned from the taught and practical components of the doctorate to be able to relate in new ways to clients, and to use tools that are more sophisticated than therapeutic models. For example, the use of my embodied perspective, as a therapist, and utilizing intuition and felt sense (Gendlin 1978). I have learned, as well, how to ensure that I am practicing from an evidence base that I understand and can critique, which is important for practitioners in order that we can engage in debates regarding commissioning, service provision, ethics and much more. I have also, through conducting a small scale research project, been given a deep insight into the complexities of conducting, as well as reading, research. I hope to utilize these skills in order to be able to carry out research and audit within clinical practice, and to critique the research underpinning my practice. Through working with clients such as Hetty* I have found that the most meaningful insights are gained through clinical practice, and having eighteen months of involvement with Hetty* gave me a very privileged glimpse of the challenges of parents, who unlike myself, have experienced extremely challenging childhoods, but who are fighting adversity to bring up their own children. If research and practice such as that illustrated in the portfolio, can be useful in the longer term, for practice with families like Hetty's, then that would be extremely rewarding to have been a part of.