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COUNSELLING PSYCHOLOGISTS' PERSPECTIVES ON PROFESSIONALISM

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**A thesis submitted in fulfilment of the requirements for the Degree
of Doctor of Psychology**

**City University, London
Department of Psychology**

June 2005

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ACKNOWLEDGEMENTS

Firstly, I would like to thank my supervisors Nick Lee and Malcolm Cross for their enthusiasm, encouragement, and guidance. I would also like to thank my practice supervisor, Dee Stanfield, who provided wisdom and support. I would like to thank my employers, Keele University and The University of the Arts; in particular, Rob Imeson, Director of Student Services. I should also like to extend my appreciation to the librarians and libraries at City, London, Keele and Oxford Universities for providing help, and quiet places to work. Many people have been a source of inspiration and stimulation, in particular: John McLeod and Tony Bolger who were formative research teachers; Sophia Balamoutsou, Bernadette Bartlam, Carole Chapman, Pat Didsbury, Barbara Fayers, Pam Horrocks, David Marks and Julie Worthington for helpful conversations.

Heartfelt thanks to Alex Danchev for his unfailing love, support and optimism. Thanks also to my daughters Sarah Grochala and Jemma Cooper for love, stimulation and diversion.

My greatest debt is to the participants who gave up their valuable time to be interviewed. Especial thanks to Ali who was both generous and encouraging in allowing me to explore our work together in the case study.

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ABSTRACT

This thesis is presented in four parts: an introduction, a critical literature review, an empirical research study, and a case study.

The first part introduces the thesis and highlights the linking theme of ethical practice. It also clarifies the provenance of the research study, introduces the researcher, and comments on the writing style of the thesis.

The critical literature review examines the ways in which ethics have been applied to counselling psychology. Firstly, the literature asserting the value-laden nature of therapeutic practice is explored. This is followed by a consideration of principle ethics, the frameworks through which principles have been applied to practice, the advantages of virtue ethics, cultural ethics, and finally the increasing focus on social ethics. The review concludes that a closer engagement with moral philosophy would be beneficial for counselling psychology.

The empirical research study explores counselling psychologists' perspectives on professionalism. Following a pilot study involving two participants, fourteen counselling psychologists were interviewed by means of semi-structured interviews. The interviews were transcribed and analysed using social constructionist grounded theory methodology. An overall theme of ethical practice in its widest sense emerged from the data. The main findings were an "arc" of professional identity that emerged from participants' histories of work in social contexts and positions of dissent; a pattern of professional identity involving a stable central core of ethical practice and a penumbra of professional legitimacy; and the identification of tensions between the perspectives of the participants and traditional forms of professionalism. The research concludes that ethical practice is the defining factor of participants' professionalism. Habermas's theory of communicative rationality is suggested as a philosophical basis for ethical practice and as an appropriate substitute for the scientist-practitioner model.

The case study explores therapeutic work with a student who had been refused refugee status. It considers the development of a therapeutic relationship in a context of fear and powerlessness. It also reviews the ethical obligations of being a witness in therapeutic and judicial processes.

ABBREVIATIONS

BAC	British Association for Counselling
BACP	British Association for Counselling and Psychotherapy
BCP	British Confederation of Psychotherapists
BPS	British Psychological Society
EAP	Employee Assistance Programme
ECT	Electro-convulsive therapy
GBR	Graduate Basis for Registration
HPC	Health Professions Council
NHS	National Health Service
UKCP	United Kingdom Council for Psychotherapy

INTRODUCTION TO THE THESIS

This is the first of the four parts that comprise this thesis. I did not set out to have a linking theme but as the work has progressed it has become clear that the three following parts are linked by a theme of ethical practice in its widest sense. This theme is represented in the literature review which considers the ways in which ethics have been applied to the practice of counselling psychology; it is the primary finding in the empirical research study; and alongside an examination of the therapeutic process, it is explored in the case study.

The second part of the thesis critically reviews the literature on the application of ethics to counselling psychology. Ethics are not immutable as the need to revise codes of practice demonstrates. The ethics that we live and practise by are subject to changes in emphasis and are influenced by their social and political contexts. This is revealed by examining the changes to the chapter on ethics that have occurred between the first and second editions of the Handbook of Counselling Psychology (Shillito-Clarke, 1996; 2003). In the first edition, values, codes of practice, principle ethics and frameworks for managing these in practice are emphasised. Seven years later virtue ethics are also included. This marks a change in emphasis to how counselling psychologists should “be” as well as underlining the importance of what they do. The critical literature review in part two explores the literature relating to these forms of ethics and incorporates the more recent emphasis on the communal nature of ethics and the social responsibilities of counselling psychologists. It also highlights the need for counselling psychology to develop a closer relationship with moral philosophy in order to raise its awareness of the implications of its use of ethical theory.

The third part of the thesis is an empirical research study of the perspectives of counselling psychologists on professionalism. My interest

in professionalism and counselling psychology was stimulated by the research project that I undertook for the BPS Diploma in Counselling Psychology (Danchev, 2000). This project involved a discourse analysis of three consecutive supervision sessions involving the same supervisor and supervisee. One aspect of the results revealed a deep unease in the supervisee in relation to becoming a professional. In particular, the supervisee felt uncomfortable about expertise. Expertise and professional status were experienced as creating a barrier between the supervisee and her client. This theme recurred several times in the supervision sessions and was not satisfactorily resolved for the supervisee. This raised my own awareness of the apparent contradictions between therapeutic practice and professionalism. It motivated me to study the area in greater depth; to ask if dissonances existed for other counselling psychologists in relation to professionalism, and to explore how they managed them. I was intrigued by the apparent lack of discussion of this area. It had not arisen in my training and, although some debate had taken place in the field of psychotherapy, it was not in the foreground of counselling psychology literature. I was also aware that psychology and counselling psychology were moving towards a greater degree of professionalisation by seeking statutory regulation; at that time little debate had occurred about the wisdom and appropriateness of this process. More recently, the proposed regulation of counselling psychologists by the Health Professions Council underscores the need to explore counselling psychologists' views on professionalism. This study gathers their perspectives on the individual experience of being a professional and their views on the process of professionalisation. It seeks to bring the issue into the foreground and to stimulate discussion of the subject within counselling psychology.

The fourth part of the thesis is a case study of the development and outcomes of a therapeutic relationship with a person who was seeking refugee status. In particular it examines the formation of a therapeutic relationship and its process, within a context of fear and powerlessness.

It also considers the ethical position and obligations of being in the position of a witness to a judicial process that is felt to be detrimental to mental health. It attempts to show that it is possible to achieve some therapeutic movement in such circumstances and underlines the importance of supervision in maintaining focus on the therapeutic tasks.

In this thesis I write in both the third person and the first person singular. The third person singular is used to enable the voices present in the literature and the voices of the participants to predominate. At other times the first person singular is used to remind the reader of the presence of a narrator. Rowan (1999) underlines the importance for the researcher to be made known to readers. I hope that the following information about myself will help the reader to contextualise this research.

I am a woman in my mid-fifties from a white, working class background. I studied zoology and psychology at West Ham College of Technology in the late 1960s. I have thirty years of involvement with the voluntary sector and in particular the self-help movement, alongside careers in social work and then university counselling services. Throughout my career I have returned to studying many times; psychology and the therapeutic disciplines have predominated in these studies. Unlike some of my contemporaries, I did not experience an alienation from psychology, but have only described myself as a psychologist since I achieved Chartered Status in 2000. The experience of writing this thesis has stimulated an interest in ethics and has led me back time and time again to the view that ethics are at the heart of the practice of counselling psychology.

A word on terms

Where necessary in this thesis I use the words therapy and therapists as general terms for psychotherapy and counselling, in line with the precedent set by Spinelli (1996) and James (1996). I have also used the plural pronoun “their” in preference to “he” or “she” when referring to participants. Whilst this decision can be criticised on grammatical and stylistic grounds, Clarkson (1995) recommends the substitution in order to maintain the anonymity of participants.

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PART TWO

CRITICAL LITERATURE REVIEW

THE APPLICATION OF ETHICS TO COUNSELLING PSYCHOLOGY

Introduction and aims

This literature review considers the ways in which ethics have been applied to counselling psychology. The aim of the review is to appraise the utility of current applications and to indicate directions for future development. As well as reviewing the literature on ethics and counselling psychology, I have also drawn on literature from psychology, sociology and philosophy and the therapeutic professions in an effort to attain a more effective critique and balanced perspective.

To provide a basis for this critical review, I begin with a consideration of the case for regarding therapeutic practice as value-laden. I then consider the arguments for the embedded and implicit nature of ethics within counselling psychology practice. This section is followed by a review of the literature on the relationship of ethics to professionalism and its representation in codes of conduct. A critique of the literature on principle ethics is succeeded by a discussion of the frameworks for ethical reasoning and the advantages proposed by virtue ethics. A review of cultural and social ethics leads to two conclusions. Firstly, the therapeutic practice of counselling psychology is, itself, inherently an ethical practice that may also have an impact at a social and political level. Secondly, in view of this, counselling psychology should develop a deeper engagement with moral philosophy in order to make more informed choices about its ethical foundations.

Beauchamp and Childress (1994: 4) define ethics as “a generic term for various ways of understanding and examining the moral life”. Slote’s (1995) definition is more descriptive. Ethics, according to Slote, encompasses a wide range of questions about what is good, right and/or virtuous, and questions of value: “What kind of life is best for the individual and how ought one behave in regard to other individuals and society as a whole” (Slote, 1995:721).

The value-laden nature of therapeutic practice

Therapeutic practice is now widely acknowledged to be value-laden (Cushman, 1995; Gordon, 1999a; Le Bon, 2001). Despite an increasing awareness of its value-laden nature, the ethical dimension of therapy is often unacknowledged and understated. Cushman (1995) observes that therapists like to think that they engage in a neutral fashion with clients and that any opinion offered is based on “sound” scientific evidence. He argues that there is a proscription of morality and politics in the therapeutic process and that this has arisen from counselling and psychotherapy’s “unexamined legacy” of modernism and the enlightenment era agenda that preceded it.

...most psychotherapy theorists have claimed a privileged epistemological position, one that is outside of or removed from social influence. Therapists who take this position claim that they can be present without being influenced, and intercede without “bias” or political motive. Thus the power involved in setting the frame of reference is not acknowledged – instead it is obscured or “disguised”. Ideology that is camouflaged is *particularly* dangerous, because those wielding the influence deny its power at the same time as they exercise it.... By *exercising* power while *disguising* power, psychotherapy is an unintentional but major player in socio-historical processes including ... processes that reproduce the current configuration of the self and the political arrangements and moral agreements in which the self is embedded. In other words to claim that psychotherapy is an apolitical, amoral practice is itself a political act.

(Cushman, 1995:285)

Tjeltveit (1999) endorses this view. He underlines the role of the major theorists in producing the deeply enshrined myth that therapy is ethically neutral. Freud, for example, emphasised the neutrality of the therapist and Rogers initially proposed that therapy could be non-directive. Writers such as Cushman (1995) have linked the major theoretical perspectives to the ethical values of the time in which they emerged. Thus Rogerian and cognitive behavioural theories are deeply connected to the ethical values of mid-C20th America, and Freud’s to the ethical zeitgeist of late

C19th and early C20th Vienna. Theoretical orientations are thus not simply value-laden, but are implicitly laden with ethical theory.

Convinced that psychotherapy always has been and always will be a moral discourse which reproduces the status quo, Cushman (1995) also acknowledges that it can serve to undermine the status quo.

There is also a morality implicit in the legacy and mainstream practices of psychotherapy that offers an *alternative* to the status quo. These practices have their roots in aspects of Western tradition that stand in *opposition* to the alienation and commodification of our time. In fact, the moral practices of psychotherapy both collude with and resist the status quo.... For instance, mainstream practices often stipulate that patients must be treated with respect, listened to and understood, granted the privilege of confidentiality and protected from dual relationship with the therapist that would cause financial, ideological, or sexual exploitation.

(Cushman, 1995:281;287)

Psychotherapy, Cushman (1995) argues, implicitly conveys conflicting moral ideas, but because the alternative values are conveyed under an individualistic framework they are weaker than the values that support the status quo.

The values and ethics of counselling psychologists

As well as implicit ethical biases in counselling theory, individual therapists have their own sets of values taught or imbibed from familial and significant others such as supervisors. The literature urges therapists to become aware of their values (Corey, 1991; Lakin, 1988). However these values are underpinned by ethical theories of which the practitioner is usually unaware. May (1984:266) describes these ethical theories as “underground root systems”. It appears that much of the ethical theory by which therapists operate at personal and theoretical levels is implicit and unacknowledged. These rarely examined ethics are

subtly conveyed in the language, symbols and institutions of therapy and may be so widely or deeply embedded in a particular culture that they remain unnoticed (Tjeltveit, 1999).

Ethical issues and professionalism

Another strand in the literature that underpins the argument that ethical issues pervade the practice of counselling psychology relates to the professional status of the counselling psychologist. Meara, Schmidt and Day (1996) remind us that more is expected of a professional than in a commercial or other type of contractual relationship. The professional is governed by a code of conduct and there is an assumption that she will behave ethically. Bellah et al. (1983) take up this point and argue that economic reductionism (that is to say therapists as service providers) has eroded the ethical status of the professional. They urge professionals to return to placing their moral practices in the foreground rather than emphasising their skill and knowledge.

As a relatively new profession, counselling psychology is attempting to increase its professional standing. Gordon (1999a) is sceptical about moves towards securing professional status. He argues that the focus on increasing our professional status has led to a withdrawal from the political world. He reminds us that there was a time in the 1960/1970s when psychotherapy and political reform were represented in the work of Laing and Cooper, and that psychotherapy has a radical history (for example, the work of Fromm and Fenichel). Gordon's (1999a) argument that the drive for status has resulted in conservatism and an erosion of ethical engagement with socio-political issues is persuasive.

Codes of conduct

Codes of conduct encapsulate a standard of behaviour to guide professionals in their work. The aim is to set standards to which psychologists are required to adhere in order to ensure that they will be “competent in their work, concerned about the common good, trustworthy, neither deceptive nor exploitative in their professional relationships with others” (Tjeltveit, 1999:36). The British Psychological Society (BPS) code of ethics and conduct outlines the minimal standards of practice expected from psychologists. It was modified in 1993 in the light of the experience of the committee that deals with complaints for unethical behaviour, and is currently undergoing further revision. The Divisions of BPS add aims and guidelines (Palmer Barnes, 1998) but standards are monitored and complaints managed centrally.

Although there is a general acceptance of codes of conduct, the literature is mostly critical. Codes of conduct purport to protect the public but the literature identifies other less admirable functions. Bersoff (1994) feels that such codes are too concerned with the well-being of psychology. They are often generated and dominated from within the profession although there may be lay people sitting on ethical committees. Veatch (1989) agrees and argues that clients and other key stakeholders should have a much greater degree of participation in the development of ethical standards. If codes of conduct are to cater for a diverse community then this diversity must be represented on the committee and within the codes. Pederson (1989) warns that this is especially important as codes can inscribe the dominant culture.

The BPS code of conduct, like many such codes, does not cite evidence or provide an intellectual rationale or offer any theoretical basis for its rules. There is no theory of the common good on which to base practice; rather a list of behaviours required to ensure the maintenance of professional standards and status. O'Donahue and Mangold (1996) are concerned that such an approach may result in psychologists practising

in ways that are self-protective rather than ethically sound. Tjeltveit (1999) concurs and suggests that a minimalist code may provide a sound basis but does not inspire. In order to operate at a higher level, greater attention to public obligation is necessary.

Bond (2004) observes that the motivation for developing an ethical code often arises from a “concern to redress earlier wrongs”. Such codes are therefore developed to avoid harm rather than do good. This is confirmed by May (1984), who observes a lack of identification of the “common good” in codes of conduct. The aim of a code of conduct is to protect the public, but Gordon (1999a) questions whether in fact they do this.

... they do little or nothing to protect the public. They tell us nothing, surely, that we do not accept for ourselves as a result of how we understand the process of psychotherapy. As a psychotherapist I do not need a code of ethics to tell me not to exploit someone ... I do not do this because of my own personal ethics and because of my understanding of transference and of the power relationship between therapist and patient....

(Gordon, 1999a:35;36)

Pettifor (1996) takes a stronger line and rejects the idea that codes are aimed at protecting the public and argues that codes of conduct are part of psychology’s professionalisation strategy. Bond (2005) agrees that codes serve a function in the professionalisation process but recasts this view in a more positive light. He argues that an important function of codes of conduct is to create “ a collective moral authority for the professional to exert against employers in order to protect their ethical ‘space’ to practise and to influence the circumstances of their work” (Bond, 2005:9).

Both Tantum (1999) and Kitchener (1996) consider that ethical practice depends on individual psychologists taking responsibility to treat others with care and that it is not dependent on regularly consulting their ethical codes. “No code can legislate goodness” (Kitchener, 1996:369). In other

words, the predominating view in the literature is that minimalist codes of conduct are not enough to ensure ethical practice. Moreover, interpreting such codes and guidelines is not a simple matter. At times it requires the “utmost ethical sensitivity. Even among responsible practitioners there are differences of opinion over the application of established ethical principles to specific situations” (Corey, 1991:49). Pattison (1999) is concerned that adherence to codes of conduct may even encourage unethical behaviour.

They do little to develop or support the active independent critical judgement or discernment that should be associated with true moral responsibility. They may engender confusion, passivity, apathy and even immorality – the antithesis to ethical discourse and responsibility.

(Pattison, 1999:375)

Loewenthal and Snell (1997:2) expand on this perspective. They underline Levinas' (1989) emphasis on heteronomy (putting the other first) and highlight two consequences that follow from this position. If the other is to be put first, then a code of conduct cannot be “put first” as it provides us with the wrong conceptual starting point. Secondly, they say that codes of conduct militate against being thoughtful about practice. Gordon (1999b) comes to the same conclusions and finds codes and rules to be of limited value.

Bond (2005:9) places codes of conduct in a useful perspective. He argues against rules “becoming too dominant as a method of constructing ethics”. As an external authority, they demand compliance and weaken the capacity of the individual to develop an individual sense of ethical responsibility. However, he feels that a basic code of conduct is necessary and that it can provide a springboard for the individual practitioner to develop ethical mindfulness. He describes ethical mindfulness as a heightened awareness of the interplay between externally imposed ethics (extrinsic ethics) and individual ethical values (intrinsic ethics).

Despite much criticism in the literature, there seems to be only one radical rethinking of codes of conduct. This is a summary of the ethical code proposed by the philosopher Popper (1992) found in O'Donohue and Mangold (1996). Popper rejects the idea that mistakes are avoidable. In accepting that mistakes will occur, the unethical action is to cover them up as this prevents learning from taking place. The hiding of mistakes is the "greatest intellectual sin" and the ethical duty is to be open about them. Whilst this contribution deserves more attention, it is important to note that unethical behaviour is not restricted to mistakes. Palmer Barnes (1998) draws our attention to three additional forms: poor practice, negligence, and malpractice. It is unlikely that these forms of unethical behaviour would be acknowledged by the perpetrators.

From the literature it is clear that psychologists need more than a code of conduct; they need a framework for ethical reasoning, a way to manage ethical dilemmas when these emerge in practice.

Managing ethical issues in practice

Shillito-Clarke (2003) advocates a model of moral and ethical reasoning developed by Beauchamp and Childress (1994) to assist with ethical dilemmas. This principle ethics model was developed by Kitchener (1984), who defines an ethical dilemma as a situation where there are "good but contradictory reasons to take conflicting and incompatible courses of action" (Kitchener, 1984:43). Beauchamp and Childress (1994) describe two levels of ethical reasoning, an intuitive level and a critical-evaluative level. The intuitive level is the immediate response of the individual's moral conscience and is based upon moral upbringing and experience. Shillito-Clarke (2003) suggests that this is often a sound guide but may not be adequate when there are time pressures or unusual circumstances. The critical-evaluative level consists of a hierarchy of three levels. At the lowest level there are rules and these are

the specific laws and codes of conduct. At the next level are principles which are “universally applicable values of equal merit” (Shillito-Clarke, 2003:616). At the highest level are theories which encompass philosophical ideas about the nature and meaning of human existence. The principles and rules provide bridges between ethical theory and practice. Shillito-Clarke (2003) says that a problem that appears to be insoluble at one level may be clearer at a higher, more abstract level. In practice the most useful level, according to Kitchener (1984), is the critical-evaluative level of principles.

Beauchamp and Childress (1994) have identified four principles that have a “prima facie” validity. These are beneficence, non-maleficence, autonomy, and justice. Two further principles have been identified as integral to ethical reasoning. Shillito-Clarke (1996) adds Kitchener’s (1984) principle of fidelity, which she identifies as important to the therapeutic relationship; Meara, Schmidt and Day (1996) add veracity elevating it from Beauchamp and Childress’ (1994) scheme where it is at the level of rules.

The principle of beneficence entails taking positive action to do good and involves an obligation to act. Adequately debriefing research participants, or choosing the interventions most likely to provide a positive outcome in therapy, are examples of beneficent acts. Non-maleficence is defined as an obligation to do no harm to others. This embraces issues of competence as well as ensuring that exploitation and abuse of power do not occur in therapeutic practice, research and professional dealings with others. Autonomy means ensuring the right of the other to self-determination. This applies to such aspects of therapy and research as informed choice and the recognition of issues that may oppress or disadvantage clients or participants. Justice in counselling psychology, according to Meara et al. (1996), is primarily concerned with distributive justice, for example, ensuring equal access to counselling provision, sensitivity to inequalities, and attention to civil rights. Fidelity involves the obligation to be trustworthy and loyal within relationships and to ensure

that disruptions of trust such as inappropriate dual relationships do not occur. Meara et al. (1996) describe veracity as truthfulness and cite Bok's (1989) argument that veracity is a foundation of human community. "I can have different kinds of trust: that you will have my interest at heart, that you will do me no harm. But if I do not trust your word, can I have genuine trust ...?" (Bok, 1989:31).

When making an ethical judgement no principle is considered paramount. Principles are examined for their relevance to a particular situation and then weighed against each other. Shillito-Clarke (2003) and Cross and Wood (2005) provide practical frameworks for ethical problem solving. These frameworks enable the demands of extrinsic and intrinsic ethics to be balanced (Bond, 2005). Shillito-Clarke's (2003) framework is based on a model developed by Bond (1993) and consists of a logical procedure involving five stages: clarify, consult, consider, choose, and check. Cross and Wood's (2005) framework explores the discomfort that arises for therapists when their individual value system conflicts with the rules and principles of practice. They review Rowson's (2001) three classifications for understanding this issue. These are: the consequentialist perspective which focuses on the "best outcome"; the deontological perspective which is based on duty; and the pluralistic perspective which seeks to balance the best outcome for the client with duty (in the form of adherence to rules and principles). Cross and Wood (2005) provide a useful and practical system of learning by reflection and identifying core values by utilising Hinkle's (1965) ladder technique. The individual development of the practitioner is given the greatest emphasis. However, rules and principles are not static entities and need revision in order to be relevant to current individual, social and cultural practices (Shillito-Clarke, 2003). As well as self-reflection, feedback on the utility of rules and principles needs to be given to professional bodies to facilitate reconsideration and revision.

Are principle ethics sufficient?

The concept of principle ethics and the models for ethical problem solving have provided useful frameworks for resolving ethical dilemmas and have served the purpose of raising the level of ethical discourse within counselling psychology. However, just as counselling theories are value-laden, it can be argued that these forms of ethics are also value-laden. Principle ethics has been developed from the Western individualistic tradition and has attracted criticism in its application to other cultural settings. The emphasis on the principle of autonomy has been especially criticised as inappropriate for non-Western cultures (Varma, 1988). Pojman (2002) identifies four further problems with principle ethics. They lack a motivational component. They are founded on a theological-legal model that is no longer appropriate in different cultural settings. They ignore the spiritual dimension of morality. And, in overemphasising the principle of autonomy, they neglect the communal context of morality. Pojman's (2002) observations indicate that a fundamental rethinking of principle ethics may be needed.

Principle ethics are also criticised from a feminist perspective by Rave and Larsen (1995), who assert that the feeling-intuitive dimension is under-emphasised. Gilligan (1982) supports the view that subjective feelings should be given a greater emphasis and sees intuition as a significant factor in the decision making process. Robson et al. (2000) suggest that a rationalisation of actions takes place after the intuitive decision has been made, creating the illusion that a logical process has been followed. Their view is that the role of intuition should be fully acknowledged and balanced by opening the decision making process to the scrutiny of peers and the public.

The literature promoting principle ethics can also be criticised in that it focuses on dilemmas and quandaries. In their ground-breaking paper, Meara, Schmidt and Day (1996) argue that professional ethics encompass more than just moral actions. Principle ethics emphasises

only the *obligations* of counselling psychologists. Meara et al. (1996) say that the profession of counselling psychology should have *ideals* to which members aspire. This “ethical gap” can be filled by virtue ethics.

Virtue ethics

MacIntyre (1981) has refocused philosophical thought on the Aristotelian idea of virtues. Virtue ethics emphasises people’s ethical characteristics (such as prudence, fortitude, integrity) rather than their ethical principles, dilemma-solving capacity or individual behaviour. Meara et al. (1996) underline the relevance of virtue ethics for counselling psychologists and argue that virtue ethics complement principle ethics and should be integrated with them. For Meara et al. (1996:24) virtue ethics “calls upon individuals to aspire toward ideals and to develop virtues or traits of character that enable them to achieve these ideals”. They propose five attributes of virtuous agents (for our purposes counselling psychologists). These are: motivation to do good; possession of vision and discernment; ability to realise the role of affect or emotion in assessing or judging proper conduct; having a high degree of self-understanding or awareness; and understanding the mores of the community and the importance of community in moral decision making, policy setting and character development, and being alert to the legitimacy of client diversity in these respects. They suggest the four virtues of prudence, integrity, respectfulness and benevolence as important ways of being for counselling psychologists. These virtues form their profile of the virtuous professional. Meara et al. (1996) relate prudence and integrity to the goal of competence; and respectfulness and benevolence to the development of a psychology that is sensitive to all cultures, difference and the common good.

MacIntyre (1981) emphasises the role of the community in shaping virtues, an approach which contrasts with the individual development and other forms of individualism that are more familiar to counselling

psychologists from Western backgrounds. Jordan and Meara (1990) say that this shaping of virtues by the community makes virtue ethics more relevant than principle ethics for ethical discussions in multi-cultural settings.

Cultural and social ethics

A greater awareness in the literature of the impact of cultural and social factors on the therapeutic process has been pivotal in stimulating deeper ethical and philosophical thought. Pettifor (1996:1) argues that psychology needs to extend its concept of ethics to the social and cultural environment. "A morally responsible perspective includes a political role for psychologists which encompasses strategies to shape that environment".

Callahan (1995) describes cultural ethics as relating ethics to historical, ideological and cultural factors. According to Cushman (1995:282), "the configuration of the self is one of the most important moral and political issues in the cultural terrain". Counselling psychology is one of the social practices through which the self is configured and is therefore of central importance. Both Cushman (1995) and Hare-Mustin (1994) have mapped ways in which the moral values of the culture in which it has emerged has shaped the ethics of psychotherapy. For example, American psychotherapy supports individualism and autonomy, yet these values may be antithetical to other cultural groups such as those of the Indian sub-continent (Varma, 1988). Tjeltveit (1999) expresses a similar view and argues that therapists should ask themselves if it is beneficial to society to free individuals from their moral obligations (shoulds and oughts) and consider the impact that this may have on families and society as a whole. An alternative to autonomy is communitarianism where the community rather than the individual is the centre of the value system (Jenkins, 2003). In addition to social relatedness Varma (1988) highlights variables such as religious and philosophical belief systems

and differing cognitive styles that require awareness and sensitivity if a form of therapeutic hegemony is to be avoided. Chaplin (2002:23) observes such hegemony operating at a class level: "...psychotherapy and counselling have become vital parts of this process, implanting middle class ideas into the heads of trainees and clients alike." Gordon (1996) is critical of approaches to culture that lead to generalisations.

The meaning of cultural otherness or difference cannot be reduced to a few facts about other places, religions or ways of life. Rather it is found in the whole of a person's being...supposed cultural knowledge can be a form of colonising the other's experience.

(Gordon, 1996:202)

This area of the literature urges counselling psychologists to consider both the ethical impact of society on counselling psychology and the ethical impact of counselling psychology on society. Prilleltensky and Nelson (2002) argue that therapy has emphasised the western capitalist values of individualism, instrumentality, conformity and efficiency. They argue for a greater emphasis on social ethics and for attention to be paid to relational and collective values.

Social responsibility is a facet of ethics that is only partially covered in the literature. The need to be socially responsible is underlined; how this is to be translated into action receives less attention. Cunningham (1999) remarks on the increasing numbers of people with mental health problems, and links these with the social, economic and demographic changes of the last twenty years. Du Plock (1997) argues that therapists have a responsibility to "clarify links between the internal life of the client and events in the external world". Corey (1991) agrees and asserts that counsellors have an ethical responsibility to exert influence against such wrongs as the discrimination against women and minority groups, racism, ageism and inhuman practices against children. He also argues that therapists should be active agents for progressive social change. Clark (1993) sees this being achieved by working at the macro-level of social policy as well as at the micro-level with individual clients. By acting

only at the micro-level we are providing “band-aids ... for a sick and disabling society” (Gordon, 1999:146). Strawbridge (1994:7) notes that “we can easily anaesthetise ourselves” to the ideological functions of therapeutic work and emphasises the ethical responsibility of being aware of these issues.

Given the movement towards a greater ethical awareness of the social, cultural and political impact of therapeutic practices evident in the literature, there is little exploration of the forms that unethical behaviour might take in this realm. An exception to this is Clarkson’s (1996) work The Bystander in which she identifies patterns of “bystanding” and considers the issue of “right action”. Bystanding involves failing to take action when another person needs help. Right action involves a movement from the position of bystander to active witnessing and “standing by”. She argues for social responsibility to be viewed as an integral part of the therapeutic encounter and sees the inclusion of social, cultural and ecological contexts as necessary for the formation of an effective working alliance. In supporting this position, Du Plock (1997) provides a description of the socially responsible therapist:

A person in pursuit of integrity, living in a state of constant alertness to lies and half truths, challenging rationalistic myths and phobias, eccentric in the etymological sense of being ‘outside the centre’, a marginal figure and questioner of the status quo, a hater of all systems, an undomesticated, anti-establishment figure who speaks the truth to power and lives in metaphorical exile.

(Du Plock, 1997:52)

Whilst this work provides a useful exploration of social responsibility, the literature has little to say on the more difficult question of appropriate social and political interventions that extend beyond the therapeutic relationship. An exception to this is Clark (1993:307). He defines social responsibility as “an ethical obligation that extends beyond self-interest and also beyond the particular relationships in which psychologists encounter individuals”. At the macro level, he sees social responsibility

ethics as psychology's broadest overarching ethical imperative. However, he is cautious and reminds us that opinion within psychology is varied; gaining consensus on which social policies to support is not an easy matter. He also reminds us that in the past psychology has contributed to fundamentally mistaken policies such as eugenics. "In the post-Holocaust era, the enormity of the moral errors ... is impossible to underestimate" (Clark, 1993). He concludes that the ethics of social responsibility pivot on accuracy and the scrupulous avoidance of misrepresentation, but warns of a double bind. Social activism at the macro level may bias individual work. Can a depressed person from one faction feel wholly accepted by a counselling psychologist whose professional organisation is publicly supporting an opposing faction?

Therapeutic practice and social ethics

Given the dilemmas evident in the application of social ethics at the macro level, can they be successfully applied at the micro level? Gergen (1999) and Lewis (2003) both link reflexive communication to the production of the moral self and emphasise the transformative nature of dialogue in the construction of an ethical society. This perspective gives weight to the view that therapy, itself, is an ethical practice that may have an impact at a broader level. Cushman argues that therapy is always a dialogue about the "proper way of being. ... It is an attempt to develop a set of shared understandings about what it is to be human" (Cushman, 1995:282). Miller (1996) underlines the importance of Buber's (2004) work and its emphasis on the quality of the relationship: the I – Thou dialogue. Miller (1996), utilising the ideas of Gadamer, argues that dialogue is an inherently ethical process of mutual exploration. "Each benefits from the interaction. Each has the opportunity to be heard; each may have his or her life enriched and life's meanings deepened from the mutual exploration of perspective and truth. Such consequences follow from an inherently ethical process" (Miller, 1996:135). Habermas (1993) and Bauman (1995) both prioritise the moral value of dialogue.

Habermas says “that dialogue can lead to ethical self-reflection that forwards the developmental concerns of both the individual and the larger whole... (people) can clarify who they are and who they want to be, whether members of a family or citizens of a state” (Habermas, 1993: 23).

Gordon (1999a) is emphatic that such ethics lie at the heart of therapy. He utilises the radical ethical thinking of Levinas to support his view. Levinas asserted that ethical practice is encapsulated in our responsibility for the other. By responsibility Levinas means *being for* the other. This responsibility exists prior to the relationship; the *being for* is unconditional. Gordon explains Levinas’s form of responsibility as follows:

This responsibility, moreover, is the essential, primary and fundamental structure of subjectivity. It is what constitutes me as a human subject. Ethics does not supplement a preceding existential base; it is not something added on to my being; rather the very node of the subjective is knotted in ethics understood as responsibility... The notion of ethical responsibility is inextricably tied up with what Levinas calls the face.... It is the face that gives access to the ethical demand; the face is a demand ... we are hostage to the other.

(Gordon, 1999a:51:53;54;57)

Gordon (1999a) argues that it is Levinas’s sense of responsibility, *the being for*, that constitutes counselling psychology as an ethical practice. Peperzak et al. (1996:161) underline that Levinas (1984) links ethics and politics through the relationship with the other. “The order of the state rests upon the irreducible ethical responsibility of the face-to-face relationship”. This partially answers the question “how should practitioners intervene at a social and political level?” by indicating that the one-to-one ethical relationship has a synergistic effect and also impacts on a third party – the social and political context. These arguments are persuasive; however the feminist therapist Chaplin (2002:24) prudently focuses our attention on the difficulties involved in

achieving social change. “Once I hoped that individual inner change would lead to progressive social change. Now I’m not so sure.”

Conclusion

This critical review of the relevant literature has examined the ways in which ethics have been applied to counselling psychology. It has shown that psychological theory and practice are laden with values. It has underlined the importance for counselling psychologists of understanding the ethical bases of our socially and culturally constituted selves, and our professional practices. It has also emphasised the need to become adept at utilising ethical theory in order to make informed decisions about research and practice. It suggests that the view that therapy, itself, is an ethical practice is gaining ground. It also highlights the need for a wider discussion from different social, cultural and political perspectives of the values and practices of counselling psychology. This review adds weight to the assertion that there is a movement in contemporary psychology to give more salience to the philosophical and ethical bases of scholarship and practice.

Psychology has traditionally aligned itself with positivist research methodologies. Emphasis has been placed on conclusions drawn from scientific experiment and logic. Ethical reflection was considered to be unfruitful because it could not be scientifically verified (Tjeltveit, 1999). In recent decades positivism has ceased to be the high road to understanding. Ethics are emerging as central factors in psychology and counselling psychology for practitioners, academics and researchers alike. From the literature, the view is evolving that both science and ethics have a considerable contribution to make to psychology and to counselling psychology in particular. “Science alone will not resolve the ethical questions raised by the presence of values in therapy. The ethical questions raised by the presence of values in therapy cannot be

adequately resolved without relying upon pertinent scientific findings” (Tjeltveit, 1999:10).

The conclusions of this critical literature review demonstrate that a consciousness of the centrality of ethics is pivotal to the development of counselling psychology. These conclusions are an endorsement of Feltham’s (1999) view that we do not need new theoretical orientations to achieve progress. What we need is a more focussed engagement with moral philosophy.

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PART THREE

EMPIRICAL RESEARCH STUDY

COUNSELLING PSYCHOLOGISTS' PERSPECTIVES ON PROFESSIONALISM

ABSTRACT

This empirical research study explores counselling psychologists' perspectives on professionalism. Following a pilot study involving two participants, fourteen counselling psychologists were interviewed using a semi-structured interview method. The interviews were transcribed and analysed using social constructionist grounded theory methodology. An overall theme of ethical practice in its widest sense emerged from the data. The main findings were an "arc" of professional identity that emerged from participants' histories of work in social contexts and positions of dissent; a pattern of professional identity involving a stable central core of ethical practice and a penumbra of professional legitimacy; and the identification of tensions between the perspectives of the participants and traditional forms of professionalism. The research concludes that ethical practice is the defining factor of participants' professionalism. Habermas's theory of communicative rationality is suggested as a philosophical basis for ethical practice and as an appropriate substitute for the scientist-practitioner model.

CHAPTER ONE

INTRODUCTION

“Can psychology find a new and better way?” (Rogers, 1990:366). Carl Rogers wrote these words thirty years ago to express the anxieties he was feeling about the process of the professionalisation of counselling in the USA. Although he felt empathy for individuals who had struggled to become “professionals” and had himself been involved in the developments towards certification and regulation, his ambivalence about professionalisation had grown to a point where he wished to take a stand against it. He based his resistance on three main points. Firstly, he felt that the certification process necessary for professionalisation would leave the profession frozen in an image of the past. He argued that curricula, examinations and examiners were inevitably several laps behind current thinking and thus tended to slow down progress. His second objection was that certification did not exclude charlatans or ensure competent practice. He saw no correlation between qualifications, and ethical behaviour and effective practice. Thirdly, he argued that the movement towards professionalisation brought with it an increasingly rigid bureaucracy and that bureaucratic rules became a substitute for sound judgement. In addition to these points, he noted that there were many effective therapists who existed outside professional organisations. They could be excluded from practising by regulation and this would be a loss for the therapeutic world. Rogers came to the conclusion that the negative results of professionalisation would outweigh the gains.

I am quite aware that the position I am taking has disadvantages and involves risks. But so does the path to certification and licensure. And I have slowly come to the conclusion that if we did away with the ‘expert’, the ‘certified professional’, ‘the

licensed psychologist', we might open our profession to a breeze of fresh air, a surge of creativity, such as it has not known for years.

(Rogers, 1990:366)

Despite Rogers' reservations, the professionalisation of the therapeutic occupations and psychology has continued to gain ground. Counselling psychology is rapidly emerging as a new profession both within psychology and alongside the emergent sister professions of counselling and psychotherapy. Professional regulation and professional recognition are both being achieved.

This study explores the meaning of professionalism for counselling psychologists in the UK. It considers counselling psychologists' perceptions of professionalism as it relates to themselves and to their professional organisation. When I began this study the issue of professionalism was rarely discussed amongst counselling psychologists. The recently proposed statutory regulation of psychology by the Health Professions Council has brought it into the foreground. A consideration of the issues relating to professionalism is therefore timely. It also raises the question – are Rogers' words relevant for Counselling Psychology today?

To place this study in context, following an exploration of the ways in which professionalism has been defined and critiqued, there is a brief review of the professionalisation of Counselling Psychology and its related occupations. The main factors that impact on the professionalisation of counselling psychology then are considered. A further section explores the concept of professional identity for the individual and for the Division of Counselling Psychology. Finally, the relationship between ethics and professionalism is discussed. I hope that this study will add to a greater understanding of the perspectives of counselling psychologists on professionalism and contribute to the debate on the future direction of counselling psychology.

DEFINITIONS AND CRITIQUES OF PROFESSIONALISM

This section explores the definitions and main critiques of professionalism. Visser (1994:122) simply and percipiently defines a professional as someone who is “officially placed in a position to do direct, personal damage to a client”. Pilgrim and Rogers (1999:101) take a more orthodox stance and argue that a profession carries with it notions of special services and ethical propriety. It implies “competence, efficiency, altruism and integrity”. They identify six characteristics of the professions:

1. Professions have grown in importance over the past 200 years and expanded massively in number during this century.
2. Professions are concerned with providing services to people rather than providing inanimate goods.
3. Salaried or self-employed, professionals have a higher social status than manual workers.
4. This status tends to increase as a function of the length of training required to practice.
5. Generally professionals claim specialist knowledge about the service they provide and expect to define and control that knowledge.
6. Credentials gain professionals a particular credibility in the eyes of the government and public.

Table 1. Characteristics of the professions (Pilgrim and Rogers, 1999:101)

According to Totton (1999: 317) there are two defining features of a profession: the possession of expert knowledge, and the “use of political strategies to establish a small élite group in control of its own boundaries”. Autonomy is a main feature of a well-established profession; the profession decides on its own standards of training, recruitment and performance (Toren, 1972).

Williams (1993) observes that an important element of professionalism is mystification. Professionals make their particular knowledge base inaccessible to others by using technical language (Hughes, 1993) and claim the unique right to utilise specialised skills. This creates a “social distance” from their clients and increases professional autonomy (Johnson, 1989). Several commentators note that professions often claim a knowledge base that is initially not well substantiated (Kemmm, 1991).

As well as demarcating a special knowledge base, the professions also move beyond it. According to Hughes (1993:21) they claim “a broad legal, moral and intellectual mandate”. He argues that they “presume to tell society what is good and right for it” and that this is done against a fictitious background of political neutrality (Hughes, 1993:21).

Originally three occupational groups were deemed as forming the professions. These were law, medicine and the church. To be a professional also entailed responsibilities. A high standard of moral behaviour within and outside that profession was expected. Early descriptions of the professions took them at face value. They were represented by Durkheim (1957) as providing a stable, cohesive social force. Illich (1977) was amongst the first to provide an effective critique. He rejected the view, often provided by professionals themselves, that they possessed unique skills and were motivated by altruism and public

service. In his powerful critique of medicine Illich (1977) argued that this profession manipulates others for its own interests, creates illness through iatrogenesis, and by its practices disables rather than enables. Illich (1977) concluded that medicine is a primary form of social control and advocated its deprofessionalisation.

Additional critiques were provided by the neo-Weberians who highlighted the means by which professions established and maintained their dominance over others. Dominance was achieved by social closure, occupational imperialism, state support and market control (Larkin, 1983; Larson, 1977). According to the neo-Weberians, professionals organised themselves so that they could regulate their own practices (Freidson, 1994). Power was achieved over clients by mystifying the professional knowledge base, over new recruits by a process of socialisation into the profession's hierarchy and practices, and over related occupational groups by subordinating their work and limiting their power and scope of practice (Pilgrim and Rogers, 1999).

Marxist analyses of the professions have varied. Some saw the professions as part of the ruling class and agents of state control (Navarro, 1979). Others felt that the professions had been eroded by bureaucracy and that they had become part of the working class (Wright, 1980). A more recent Marxist perspective recognises the current position of the professions as complex and combines these two perspectives. Professionals are seen both as supporting capitalism and, as employees, also subject to capitalist exploitation (Pilgrim and Rogers, 1999).

Post-structuralists have argued that the discursive practices of professions and their control over knowledge serve as a means of social subjugation (Morrell, 1998). Foucault saw an increase in the specialisation and regulation of roles. He located the origins of this in the emergence of industrialisation and capitalism during which the state's

means of controlling the population moved from violence to the “microphysics of power” whereby individuals are controlled by disciplinary regimes which include self-regulation. He argued that these regimes are maintained by “hierarchical surveillance, continuous registration, perpetual assessment and classification” (Foucault, 1984: 209). These forms of control appear to be being reproduced within counselling psychology and the therapeutic occupations as professionalisation proceeds (Howard, 2005).

Today the situation remains complex. Professions are many and they vary in their degree of professionalisation. Toren (1972) identified some occupations as “semi-professions” as they had some of the attributes of the professions but not all. There appear to be increasing numbers of professions as many of the semi-professions such as nursing, social work, and psychology are seeking or have obtained full professional status, with statutory regulation (Williams, 1993). As well as an increase in the number of professions, deprofessionalisation has been observed. Feminisation, bureaucratisation, proletarianisation and demystification have all been cited as contributing towards deprofessionalisation.

The three original professions have been male-dominated from their inception. Witz (1992) noted that if an occupational group is male-dominated then it is more likely to achieve and maintain professional status. The link between deprofessionalisation and feminisation is currently seen most clearly in medicine. The president of the Royal College of Physicians has voiced fears that the medical profession is losing power due to the increasing numbers of women in its ranks (Black, 2004). Further erosion of professional status has arisen as the professions are increasingly subjected to state control and bureaucratisation. Toren (1972) asserts that these forms of external control lead to a loss of professional autonomy and power. They have also contributed towards reducing the status of professionals to

members of the proletariat (Oppenheimer, 1973). Haug (1988) has noted increasing consumer scepticism in relation to professionals. This is underpinned by wider access to information (e.g. the internet and self-help initiatives) and has resulted in an unravelling of esoteric professional knowledge. Professional actions and decisions can be more easily challenged by non-professionals.

Some professions show a more complicated picture. Morrall (1998) observes that at one end of the scale nurses are achieving greater professionalisation by assuming the duties of junior doctors and at the other end of the scale nursing tasks are being downgraded and given to “nursing assistants” contributing to a deprofessionalising of the role.

From the above review of the definitions and critiques of professionalism it can be seen that the subject is indeed complex involving moves towards greater professionalisation alongside processes of deprofessionalisation. Current government policies support both greater professionalisation and moves towards deregulation. Surveying the complexities and contradictions of the professions and professionalisation, House (2001:388) suggests that “the momentum towards institutional professionalisation is significantly out of step with leading-edge developments in postmodern epistemology, participatory and consensual ‘organisational’ ethics and New Paradigm thinking more generally”. He agrees with Barratt’s (1993:xii) view that it represents “the death throws” of the “master discourse of modernity”.

THE PROFESSIONALISATION OF COUNSELLING PSYCHOLOGY AND ITS RELATED PROFESSIONS

In order to clarify the context of the professionalisation of counselling psychology, the following section briefly reviews the histories of the

professionalisation of psychology, counselling psychology and its related professions.

“We remember the future and imagine the past” (Namier, 1942:70). Through this statement Namier is highlighting that histories are usually constructed to fit the current personal and professional needs of the teller. They must be viewed as having social, political and economic functions for the time of their construction. Histories are important as they tell us about current attitudes and beliefs, and set the scene and agenda for the future. Their utility in marking out territory for the professions has been noted by Newnes et al. (1999:21): “These histories become part of the wider battleground for ascendancy between and within professions in substantiating the claims of one vested interest group or other”. They also serve to socialise newcomers into adopting particular perspectives. Histories of the professions “indoctrinate” the new professional into the idea that their profession has achieved steady progress towards a “state of the art” present (Newnes, 1999:19). Within the medical and psychotherapeutic fields, critiques of historical progress have been provided by historians and sociologists, but rarely by members of these professions (Pilgrim, 1990).

Psychology

Leary (1980) places the origins of psychology in the seventeenth century philosophy of Descartes and Locke. It developed initially as a moral science with the goal of improving the human condition. During the nineteenth century it separated from philosophy and became a discipline in its own right. According to Pilgrim and Treacher (1992), psychology has attempted to mirror the professionalisation pathway of medicine. Its adherence to linear cause and effect relationships has been an important part of this process (Woolfe, 1996a).

Today the British Psychological Society has ten Divisions, many of which overlap. Unlike the therapeutic professions, Divisions are not aligned by theory but by occupational or interest groups. However, this arrangement is not without its confusions as, for example, psychologists who engage in therapeutic work could be members of the Division of Counselling Psychology, Forensic Psychology, Clinical Psychology, Occupational Psychology or Health Psychology. There is also a Psychotherapy Special Group and, recently, the addition of a Register of Psychological Psychotherapists has added a further layer of confusion (James, 1996). Elton Wilson (1996:6) sees this extra layer of hierarchy as contributing to the formation of an “aristocratic and exclusive breed of psychological psychotherapist[s]”.

Counselling psychology

Strawbridge and Woolfe (2003) link the development of counselling psychology back to psychology’s roots in the late nineteenth century work of Wilhelm Wundt. Wundt’s interest in consciousness received little attention at the time but later was taken up by the symbolic interactionists who emphasised that the self has a capacity for reflection as well as being constructed in a social context. Counselling in the USA developed out of these ideas and more centrally from the work of the American humanists and existentialists such as Maslow, Rogers and May. In the UK, counselling and psychotherapy developed outside the realm of psychology. The Counselling Psychology Division of BPS was formed through the return to psychology of psychologists who had trained in counselling and psychotherapy (Strawbridge and Woolfe, 2003). Woolfe (1996a) notes that the Counselling Psychology Division brought humanist ideas and existential phenomenology into psychology and formed a counterweight to the behavioural and cognitive methods of clinical psychology. He sees the development of counselling psychology

as bringing together the best aspects of scientific and humanistic thinking.

Counselling psychologists have varied theoretical trainings and qualifications (Collins and Murray, 1995). However, by placing the therapeutic alliance at the heart of counselling psychology practice, the theory-based conflicts that have been evident in the counselling and psychotherapy organisations have been transcended (Clarkson, 1995).

Counselling psychology emerged within BPS as a section in 1982 and this became a Special Group in 1989. Psychologists working within the therapeutic world who had previously felt little identity with BPS found an integration that fitted their ideas. This is illustrated by the experience of Bellamy: "It was only with the advent of the then Special Group, now Division of Counselling Psychology that I felt there was a real place for me in the BPS" (Bellamy 1996:47).

The Special Group established the Diploma in Counselling Psychology and this provided a route to chartered status. Divisional status was achieved in 1994 and the equivalence route for the Diploma in Counselling Psychology closed in 1996. This point is identified by Pugh and Coyle (2000) as the moment when counselling psychology became a profession, as from then on formal training in counselling psychology was necessary. The establishment of counselling psychology was aided by a shortage of psychologists in the National Health Service (NHS) (Woolfe, 1996b).

The influence of medicine on the professionalisation of counselling psychology

Medicine and its professionalisation is well documented. It has achieved high pay and high status, and is highly restricted and regulated (Johnson, 1989). Medicine is important in relation to counselling

psychology for several reasons. It has provided a template of professionalisation for psychologists and therapists (Totton, 1999). It has also provided the dominant framework, the medical model, for the identification and treatment of emotional distress. The medical model represents mental distress as forms of disease with organic, biological, genetic or neurological origins (Laungani, 2002). Interventions to remedy these “mental disorders” take the form of drugs, surgery or other physical means (e.g. ECT). Laungani (2002) underlines the all-pervasive nature of the medical model for the treatment of emotional distress and argues that psychiatry is in urgent need of a paradigm shift. Laungani (2002) gives several reasons for the adherence of psychiatry to the medical model. Firstly, the political and economic power of the multinational pharmaceutical industries maintains a focus on treatment by drugs. Secondly, the disease model takes away the need to look for social origins for mental distress. Thirdly, there are economic reasons: more patients can be treated per day than with non-drug interventions. Finally, he argues that medicine is a hierarchical profession and psychiatry is a specialism that has less prestige within medicine. If it rejected the medical model it would be in danger of losing further power and status.

Like the emperor without clothes, psychiatrists, victims of their own self-deception, will perhaps be the last of the professionals to become aware of their own nudity and barrenness. But until such time as this realisation dawns on their psyche, if it ever does, they will continue to engage in practices which, to say the least, are both dubious and unethical. In the long run such practices may turn out to be inimical to the growth of a sane, healthy, and genuinely creative society.

(Laungani, 2002:31)

It is important to note that not all doctors and psychiatrists have adhered to the medical model. There have been notable counter-movements within medicine such as radical psychiatry (Laing, 1960), therapeutic communities and therapeutic groupwork (Bion, 1961; Balint, 1957). As Woolfe (1996a) observes, none of these departures has maintained

the ground it initially gained and Laungani's (2002) call for a paradigm shift in the medical approach seems far from realisation. However, there are signs that a new generation of doctors may be departing from medicine's traditional conservatism. Two recent striking examples are the publication in The Lancet, one of the world's two most highly rated medical journals, of a paper estimating Iraqi war dead (Roberts et al., 2004), and an editorial in the British Medical Journal supporting the publication of this paper (BMJ, 2005). The Lancet editor's reply to criticism was revealing: "One should openly acknowledge science is political and not be afraid to get stuck into the debate.... To me that's one of the failures of science. It sees itself as being very apolitical, and that's just nonsense" (Horton quoted in Doward, 2004:4).

Interestingly, criticism of the inclusion of the article came from politicians, for whom the data presented difficulties, rather than from the medical profession itself. Another liberalising influence is the feminisation of medicine. In a 1992 survey of general practice it was predicted that by 2010 women would predominate in general practice. Women GPs were identified as valuing the provision of counselling and its inclusion in primary care. This contrasted with older male GPs who showed little enthusiasm for non-medical interventions (BMA, 1992).

Finally, medicine is important to the professionalisation of counselling psychology because increasing numbers of counselling psychologists are finding work in the NHS (Bor and du Plessis, 1997; Ironside, 1997). Tatar and Bekerman (2002) observe that counsellors adapt their counselling interventions to the culture of its setting; they underline the impact of context on the provision of counselling. Furthermore, several commentators have emphasised that medicine powerfully influences its allied professions. For example, Mishler (1984) has described the way in which the medical model can become embedded in language. In the form of the "voice of medicine" it penetrates and colonises other cultures. In addition to this, Strawbridge (2002) has applied Ritzer's

(1993) concept of “McDonaldization”, involving increasing control, bureaucratisation, standardisation and dehumanisation, to medicine. Strawbridge and Woolfe (2003) are concerned that counselling psychologists may be unwittingly assisting the spread of McDonaldization.

... the professional alliance with medicine, whilst serving the quest for legitimacy, encourages a general tendency to adopt biomedical language and practices (e.g. psychopathological assessment categories) in non-medical settings such as Employee Assistance Programmes. So counselling psychology can become an inadvertent vector for the spread of McDonaldization.”

(Strawbridge and Woolfe, 2003:17)

To remedy this insidious process, Strawbridge and Woolfe (2003:17) underline the need to “associate counselling psychology with existing challenges to the biomedical model of distress within medical settings”. Tatar and Bekerman (2002) take a stronger line and emphasise the responsibility involved in maintaining the prevailing culture arguing that “we all actively author the ‘culture’ of the contexts we inhabit”. Understanding institutional cultures enables counsellors to be aware of organisational expectations regarding their tasks and to work tactically to maintain their ground (Tatar and Bekerman, 2002:382).

Making space within the therapeutic professions

In asserting itself as a new profession, counselling psychology has needed to create a professional space both within the therapeutic professions and within psychology. Its main competitors for professional space outside the realm of psychology are the therapeutic professions of psychotherapy and counselling. There is a considerable overlap between the domains of counselling psychology and the therapeutic

professions. Many counselling psychologists have trained and worked as counsellors and psychotherapists, and belong to the counselling and psychotherapy professional organisations (BACP; UKCP; BCP).

Psychodynamic psychotherapy developed in the UK between 1920 and 1950 as a response to mental illness and has been closely allied to the medical model (Pilgrim, 2002; Dryden et al., 2000). It has a tradition of providing private practice for those who can afford it and medical referral for those who cannot (Dryden et al., 2000). The organisations that provide psychotherapy have a history of fragmentation and dispute (O'Brien, 1996). This led Owen (1992:71) to call psychotherapy a "tower of Babel", noting that the psychotherapy organisations had no agreement on common training, on how psychotherapy should be practised or on who should qualify as a psychotherapist. The United Kingdom Council for Psychotherapy was formed in 1989 with the aim of unifying these diverse psychotherapy groups. This was only partially successful as some organisations broke away to form the British Confederation for Psychotherapy. Spinelli (1996:55) described this split as a "war of attrition" fought over counterfeit distinctions. The professionalisation of psychotherapy has moved ahead towards state regulation despite vigorous objection (Mowbray, 1995; House, 1996; 1999; 2001; Howard, 1996; House and Totton, 1997). The objections to registration essentially take the following form:

- There is no research evidence that it reduces unethical behaviour.
- It reduces the number of available therapists.
- It increases costs to clients.
- It restricts the entry to the profession of people who are economically disadvantaged.

(Mowbray, 1995)

There is no serious rebuttal of these objections in the literature (House, 2001). The counter-arguments to professionalisation have been largely ignored. House concludes that the debate has not been thorough enough and doubts that individual practitioners have knowledge of the arguments. He therefore questions whether the decision to move towards greater professionalisation within psychotherapy has been democratic (House, 2001).

It can be argued that the modern practice of counselling developed from an instance of professional exclusion. Rogers (1951) decided to use the title of counsellor as, in America, only the medically qualified were able to describe themselves as psychotherapists. In the UK, as in other English-speaking countries, counselling has grown haphazardly (Hooper, 1998). According to Dryden et al. (2000), the number of marital breakdowns during the Second World War resulted in the establishment of Marriage Guidance counselling. In the 1960s counselling gained ground in educational settings and university-based training courses were established. BAC was formed in 1976 by the amalgamation of the Association for Student Counselling and the Association for Pastoral Care and Counselling. Dryden et al. (2000) argue that counselling's root in educational and spiritual understandings of human growth and development underpins its distance from the medical model.

In its early days counselling was carried out within other professions such as social work and nursing and was not regarded as a separate occupation (Clarkson, 1998). In the late 1980s counselling began to develop as a profession in its own right. BAC provided counselling accreditation from 1983 and UKRC registration from 1996. In 2000 it changed its name to BACP to include psychotherapy, although apart from adding the word to the title it did not make any major alterations to accommodate this addition. This change has been described as a power move to incorporate psychotherapy (Rowan, 2002). BACP

describe it as a way of recognising the existing skills and titles of members. In 1999 the NVQ level for qualification in counselling was set at level three, which is below graduate standard. Historically there has been an organisational bias against research in BACP and there is no research element on accredited counselling courses. During its development BACP went through a process of having increasingly detailed and complex codes of ethics. This was allied to a harsh disciplinary process which failed to distinguish between poor practice and malpractice. In addition to this, the guidelines for accredited training courses became “less developmental and increasingly prescriptive” (Dryden et al., 2000:474). These moves toward professionalisation brought with them “a creeping institutionalisation” (Dryden et al., 2000:474) and have been criticised as being at odds with counselling’s founding philosophies (Heron, 1997; Thorne, 1997).

This vigorous ‘professionalisation’ of counselling which has gathered irresistible momentum in recent years does not sit altogether comfortably in the historical evolution of an activity which...has many of its roots in the voluntary sector.... There is also the danger that what was once a pioneering and creative activity pursued by the talented few will become an institutionalised, rule-bound and essentially stultifying pursuit which loses the vitality and the imaginative élan on which it depends for its effectiveness and healing power.

(Dryden et al., 2000:471)

The restrictive nature of the process of the professionalisation of counselling has led Thorne to comment: “I have felt for some time like a man who is in danger because he has become imprisoned in the profession of therapy” (Thorne, 1997:141).

There have also been undercurrents relating to the status of the different therapeutic groups. Van Deurzen (1996) and Bond (1996) have identified hierarchies within the therapeutic professions. Van Deurzen (1996)

finds psychoanalysts in the superior position and below them psychotherapists. Psychotherapists view counselling psychologists as too academic, too scientific, and not well trained in personal terms, but she feels that they envy counselling psychologists their chartered status and their access to the NHS. Counsellors are at the bottom of the hierarchy with shorter training and lower fees. Counsellors feel superior to other groups in their ability to do “short term” and crisis work and are “streetwise and pragmatic”. Van Deuzen (1996) observes that these hierarchical relationships are a taboo subject, rarely made explicit. The silence prevents the testing of self and other perceptions against alternative views and evidence. The current situation is also confusing for the public and myths abound (Van Deurzen, 1996).

The confusion of the public is further exacerbated by the multiplicity of titles used by the therapeutic professions. Titles reflect professional identity and mark out professional territory; they are tied to status and money, and invoke authority (Dryden, 1996; Spinelli, 1996). With the high degree of overlap amongst the therapeutic professions, titles say more about allegiance to the rules and culture of a particular tribe (Bond, 1996) than about what the person actually does. James (1996) asks whether these titles are worth protecting if they cause such confusion. Generic titles such as mental health professional or applied psychologist have been suggested (Owen, 1992). However, Neimeyer and Diamond (2001:50) warn that for counselling psychology to align with other health professionals will lead to “elasticity” of identity and this will affect “the integrity and coherence of its core moorings”.

A few psychologists, such as Spinelli (1996) and Dryden (1996), are registered with the three main registering organisations (BPS, BACP and UKCP). They can and do use the titles psychotherapist, counsellor and counselling psychologist. They both say that their practice remains the

same regardless of the label that they adopt. Dryden (1996) argues that the emphasis should be placed on activities rather than titles. Pilgrim (2002) summarises the situation as follows:

The current scenario is a jumble of coexisting types of therapy, coexisting disciplines and coexisting professionalisation processes (of psychology, psychotherapy and counselling). In the latter regard, credentialism burgeons, an obsession with registration continues and relatively simple communicable models (for example person-centred counselling, cognitive-behaviour therapy or cognitive analytic therapy) have become elaborate hierarchies of graded exclusive competence, defined by longer and longer training periods.

(Pilgrim, 2002: 11)

The expansion of counselling and psychotherapy has required an increase in clients and this has led to a move to get other institutions and the state to pay the fees (Totton, 1999). Totton (1999) argues that in order for this to occur counselling and psychotherapy have had to represent themselves in ways that are acceptable to the medical establishment.

Creating professional space within psychology

Counselling psychologists are working increasingly in the NHS (Bor and du Plessis, 1997). Two other groups of psychologists occupy the same territory. These supporters or competitors for professional space are clinical and health psychologists.

Clinical psychology

Clinical psychology emerged as a profession in 1947 with the establishment of a course at the Institute of Psychiatry in London

(Pilgrim, 2002). Eysenck, possibly influenced by the then medical director Lewis, held the view that clinical psychologists should confine their work to research and diagnosis. In 1958 Eysenck reversed this view and promoted a therapeutic role for clinical psychologists embracing the newly emerging field of behaviour therapy. The therapeutic successor to behaviour therapy, cognitive-behavioural therapy, remains a favoured treatment in clinical psychology and in medical settings. Prilleltensky and Nelson (2002:82) suggest that, by aligning itself with medicine, clinical psychology has “saddled itself with all the trappings of the medical model”.

Research suggests that clinical psychologists do not perceive counselling psychologists to be equal professionals (Collins and Murray, 1995; Lewis and Bor, 1998). Barkham (1990:537) underlines the similarities and says that “while the philosophies, rationales and implementations of each discipline may differ, the effects in terms of skills, impact and service delivery are broadly equivalent.” This view has also been held by James (1996), who advocated merging counselling and clinical psychology into a new division of BPS called the Division of Therapeutic Psychology and Assessment.

Health psychology

Health psychology emerged in the 1970s as a response to and a critique of the biomedical model (Crossley, 2001). Health psychology embraced the biopsychosocial model which integrates the biological, social and psychological features of illness (Engel, 1977). Health psychology is a comparatively new occupational group and has been largely university-based, providing post-graduate courses for members of the medical and allied professions. It favours systems theory and takes a critical stance in relation to psychology and medicine. Like counselling psychology,

health psychology has its roots in humanism and has been described as “a liberal, humanist and ethical discipline” (Nicolson, 2001:256). Despite the common theoretical bases there has been little evidence of interaction between the two divisions.

Statutory regulation

In the belief that it is necessary to ensure long-term survival, considerable effort has gone into joint discussions between the professions that provide psychotherapy and counselling so that statutory regulation could be achieved in unison (Van Deurzen, 1996). However, this has not proved easy and “bigotry” as well as cooperation has been observed (Van Deurzen 1996:35). The main argument in favour of regulation is that it safeguards the public. Palmer (1999) has supported statutory regulation as currently people expelled from BPS, BACP or UKCP can still practice. He feels that the time has arrived for this to be a criminal offence but also notes that professional registers do not stop exploitation or serious errors.

Pilgrim (2002) locates the beginnings of moves towards statutory regulation for therapeutic occupations in the Foster (1973) and Seighart (1978) Inquiries of the 1970s. The Department of Health identified key stakeholders in the field of psychotherapy and from 1999 the stakeholders worked on the Elton Bill. This Bill sought the regulation of psychotherapy and had its first reading in parliament in 2000. The Elton Bill received encouragement from psychiatry because medical practitioners of psychotherapy would not need to be registered (Pilgrim, 2002). Following the new Health Act (1999), which included powers for the regulation of health professionals, BPS asked that the Psychotherapy Bill should not be brought forward sooner than 2002, so that an opt-out clause could be included for psychologists who wished to use the title psychotherapist but were not registered with the proposed

General Council for Psychotherapy (Casement, 2001). In 2001 the Minister of Health confirmed that the government would proceed with an inclusive approach to the regulation of health professionals under a Health Professions Council (HPC) rather than create a free-standing statutory body for psychotherapists as proposed under the Psychotherapy Bill.

Psychologists have been seeking statutory regulation for more than 30 years (Wedderburn, 2003). They are also to be included under the HPC. Psychology will be one of the largest of some thirteen groups. In 2003 the HPC received an application from BPS and decided to recommend to the Secretary for State for Health that it be accepted. Three ballots of the membership have resulted in support for statutory regulation for the title psychologist, but there has been no ballot relating to regulation by the HPC. As President of BPS, Wedderburn (2003:395) underlined that the “protection of the public has always been the main purpose of a drive towards statutory regulation... [it] will provide a better safety net to catch the few deviants who fall short of these standards.” Wedderburn (2003:395) described it as a “huge step”. Following the drafting of an Order and a consultation period, the Order will be put before parliament and if accepted a registration procedure for practising psychologists will ensue. Wedderburn (2003:395) is at pains to underline that BPS is not a closed shop and that psychologists who are not members of BPS will also be eligible to register if they meet the criteria. From the registration fee the HPC will “run their disciplinary procedures, share in our accreditation of undergraduate and post-graduate degrees, and take an interest in CPD”.

Some disquiet about the implied role subservient to medicine in the health professions label is evident, as Wedderburn went on to say:

Registration under the HPC may not be ideal. We would have preferred a freestanding body specifically for psychologists. But it

was made abundantly clear by ministers that this was the only route available, and our Council and Board of Trustees have approved this vehicle, which should attain statutory regulation after thirty years of trying to get it.

(Wedderburn, 2003:395)

This route to statutory registration is not welcomed by psychologists who feel their work lies outside medicine nor by those who may be struggling within the NHS to work with alternatives to the traditional medical approaches. There is also some dismay at the prospect of non-psychologists being involved in the regulation and setting of educational standards of psychologists. A further concern is that currently all the other professions to be regulated by the HPC have a graduate rather than a post-graduate qualifying level.

FACTORS THAT HAVE IMPACTED ON THE PROFESSIONALISATION OF COUNSELLING PSYCHOLOGY

Several factors have influenced the development of counselling psychology as a profession. These are its adoption of the scientist-practitioner model, its attempt to establish a distinct professional identity, its forms of training, and its relationship to expertise and power.

The scientist-practitioner model

Counselling psychology's relationship with science provides a key to understanding the dissonances within its development (Strawbridge and Woolfe, 2003). Psychology established itself as an academic subject by embracing positivistic science (Woolfe, 1996a). The scientist-

practitioner model has been important in emphasising the central position of research and evidence-based practice for counselling psychologists. It is also probable that this approach has been embraced to give counselling psychology credibility with the rest of psychology and medicine.

The American Psychological Association officially adopted the scientist-practitioner model in 1949 and it has been important in the development of clinical psychology as a profession. Clinical psychology “emerged in a milieu dominated by the medical model which was both positivist and empirical in its foundations” and the adoption of the scientist-practitioner model was seen as necessary for its survival (Corrie and Callahan, 2000:415). Counselling psychology appears to have followed this example. Corrie and Callahan (2000) note the utility of this model for both professions.

[the] scientist-practitioner model... represents a heuristic framework for uniting the neighbouring professions of clinical and counselling psychology....The fact that these neighbouring professions both chose to champion the scientist-practitioner model during their early years rather than promote an alternative suggests that the model is perceived as serving an important function for emerging therapeutic professions.

(Corrie and Callahan, 2000: 424;416)

The scientist-practitioner model is now felt to have outlived its usefulness as it has residual links with positivistic, quantitative science (Corrie, 2003). Many counselling psychologists have urged greater clarification of the kind of science that counselling psychology adopts and advocated a stronger identification with qualitative methodology (Monk, 2003; Hart and Hogan, 2003)

The positivist scientific approach within the NHS is represented in the call for evidence-based practice and the position of the randomised controlled trial as the gold standard. Corrie (2003) notes, that evidence-based practice within the NHS has been elevated to a "moral position". Abrahamson and Pearlman (1993) argue that the scientist-practitioner model is an internalised professional identity which carries with it a moral injunction to distinguish between sources of knowledge on the basis of their origins. Corrie and Callahan (2000) remark that this idea echoes Singer (1980), who argues that keeping abreast of research is an ethical imperative. However, this positivist model is felt to be at odds with the humanistic origins of counselling psychology (Hart and Hogan, 2003). This dissonance has led Corrie and Callahan (2000) to suggest a reformulation of the scientist-practitioner model to enable greater consistency between evidence-based practice and the philosophical underpinnings of counselling psychology. They suggest "that different scientist-practitioners will organise their practice in different ways, according to the philosophy of science to which they adhere" (Corrie and Callahan, 2000:422), thus distinguishing science from a purely positivistic approach and including, for example, social constructionism and critical realism. They underline the need for counselling psychology to rethink its definition of science within the scientist-practitioner model.

Hart and Hogan (2003) reject this retention of the scientist-practitioner model based on a broadening of the definition of science. They emphasise the differences in the epistemologies that underlie evidence-based practice and counselling psychology and warn against allowing counselling psychology to be positioned by the medicine-led privileging of evidence-based practice. They see practice-based evidence as key for the retention of a distinctive identity.

The adoption of evidence-based practice may be seen as a pragmatic strategy in the establishment of counselling psychology as a profession. It has been argued that this compromise of core values may be needed to gain influence within the NHS (Holmes, 2000). Monk (2003) accepts that compartmentalisation may be necessary for counselling psychologists working in the NHS. She goes further, to argue that taking up evidence-based practice may be the means through which counselling psychologists can bring about change within the medical stronghold. The bracketing of core beliefs is seen as a strategic move to gain ground and influence the future direction of the medical world: "...counselling psychologists first willing to enter NHS Troy in the wooden horse of current evidence-based practice may eventually be able to burst out and force a re-examination of old paradigms" (Monk, 2003:19). Hart and Hogan (2003) are emphatic that this strategy is fundamentally flawed and warn that by embracing evidence-based practice counselling psychology could become detached from its central values and philosophy.

Professional identity

The establishment of a professional identity has been seen as essential for the long-term survival of counselling psychology. This also impacts on individuals and their conception of themselves as professionals. Any exploration of professional identity, at either an individual or group level, rests on the assumption of an individual self and identity. The study of self and identity has been "bogged down in a conceptual quagmire as muddy as any in the social and behavioural sciences" (Leary and Tangney, 2003:6). Leary and Tangney (2003) identify the capacity for reflexive thinking as the key quality underlying conceptions of the self and link it to the formation of identity. In addition to its self-reflective nature, most conceptions of the self also emphasise its dynamic connection to social interaction.

It is dynamic in that the system continuously accommodates and assimilates to information from the social world within which it is contextualised, and it is an action system in so far as it generates behaviour. These actions are motivated, and the meanings and goals that inform and guide them are largely constructed interpersonally in the social world.

(Mischel and Morf, 2003:23)

Stets and Burke (2003) have attempted to build a coherent, cumulative theory of identity. This bridges the gap between individuals and society by emphasising their interwoven nature and highlighting the similarities between existing individual, role and social identity theories. The acquisition and maintenance of identity is seen as a process of assimilation involving a complex, multi-layered, dynamic interaction between individuals and social forces (Ryan and Deci, 2003). In this account identity is seen as formed over time, and individual identities are shaped by larger identities such as culture and gender (Appiah, 2005). A similar interaction may take place between individual and professional identities.

For modern people, the narrative form entails seeing one's life as having a certain arc, as making sense through a life story that expresses who one is through one's own project of self-making. The narrative arc is yet another way in which an individual's life depends deeply on something socially created and transmitted.

(Appiah, 2005:23)

The concept of a social identity introduces the idea that identity can be attached to groups as well as to the self (Tajfel, 1981). For Tajfel (1981) social identity relates to group membership and includes emotional attachment to the group and knowledge of the status of the group in relation to other groups. "Social identity as self-embedded-in-groups makes salient the fact that social identities are not simply individual cognitive constructions; they are based on collective beliefs about shared

attributes, values and experiences that constitute the content of specific social identities” (Brewer, 2003:480).

Group identity has been shown to reduce uncertainty and achieve meaning and clarity in social contexts (Brewer, 2003). According to Brewer (2003), people select group identities that provide a balance between the inclusiveness of being part of a larger collective and the exclusiveness of providing distinctiveness from others. Research has also demonstrated that when a collective social identity has been activated self-evaluations are based on inter-group rather than interpersonal comparisons (Brewer and Weber, 1994).

In the development of individual identity within a group setting, Ryan and Deci (2003) remind us that five decades of operant conditioning research has shown that external regulation can be a powerful form of motivation. However, their research has also demonstrated that, although external regulation can provide the desired behaviour, it is not internalised if the individual does not identify with its values (Deci and Ryan, 1985). The person complies whilst the external pressure is present but does not continue with the behaviour when it is absent. Deci and Ryan (1985) distinguish between extrinsic and intrinsic motivation. Extrinsic motivation is produced by external pressure and is not representative of the values of the person but may be of value for instrumental or utilitarian outcomes. Intrinsic motivation involves a high level of individual autonomy and personal identification with the values and needs of the self. A repeated research finding has been that the greater the internalisation of the values, practices and goals of the group, the greater the well-being experienced by the person (Ryan and Deci, 2001); and the more a sense of belonging is engendered (Baumeister and Leary, 1995).

In understanding how environments support or undermine intrinsic motivation, research suggests that autonomy support, optimal challenge and informational (non-controlling) feedback help to foster and maintain intrinsic motivation.

Regarding identities, we predict that when an intrinsic interest flowers into an identity, considerable support for autonomy and competence will have been afforded.... The more pressure and control that is used in the socialisation of identity, the less well anchored that identity will be in the self of that individual.... Heavy external control ... produces poor internalisation, alienation and sometimes out-right resistance to what socialisers intend to foster.

(Ryan and Deci, 2003:263;265)

Identities are taken on to avoid feeling vulnerable, to gain power, or to oppose the values of controlling authorities (Ryan and Deci, 2003). Stets and Burke (2003) observe that those with more power use more negative behaviour when they encounter challenges to their position. Additionally, social groups are selected to support feelings of competence and fulfil need for autonomy by providing a forum for the development and expression of personal interests, values and capacities (Ryan and Deci, 2003).

For American counselling psychologists a distinctive identity has been seen as key for the survival of counselling psychology (Brammer et al., 1988). Neimeyer and Diamond (2001) conducted a Delphi poll of directors of American counselling psychology courses. Their study found that Counselling Psychology in the USA has struggled to articulate a distinct and stable identity. This problem with identity has been experienced as chronic (Hamilton, 1987) and has had both an internal and an external effect. It has raised concerns that counselling psychology will be assimilated into other areas or face extinction because of its diffuse identity.

There have been similar concerns in the UK. Lewis and Bor (1998) say that defining counselling psychology is problematic because of the confusion that surrounds its professional identity. Miller (1996) observes that even BPS committees have struggled to make distinctions between the applied psychologies. Lewis and Bor (1998) see counselling psychology as an evolving speciality and feel that identity for counselling psychology will become clearer over time as more counselling psychologists complete training and begin practice. They also see the future of counselling psychology being shaped by the developments that take place in allied professions.

Concern has been expressed that counselling psychology will lose its distinctive identity by being subsumed in clinical psychology. Lewis and Bor (1998) carried out a study to explore how 161 NHS clinical psychologists perceived counselling psychologists. The results showed confusion amongst clinical psychologists about the identity and competencies of counselling psychologists. Lewis and Bor (1998) conclude that counselling psychology requires a clear “corporate identity”. To achieve this it needs to clarify, promote and publicise its identity to enable its contribution to psychological care to be recognised.

In a further study, Pugh and Coyle (2000) conducted a discourse analysis of the 1990 and 1996 volumes of Counselling Psychology Review. In 1990 they identified themes concerned with the construction of the identity and the legitimacy of counselling psychology. They found that at this time identity was constructed in two ways. Firstly there was differentiation from clinical psychology: “...counselling psychology [is] constructed as something of a final destination for those strong enough to have held on to their beliefs or found their way past the clinical impostor” (Pugh and Coyle, 2000:89). Pugh and Coyle (2000) argue that this position mapped out a professional space for counselling psychology. Secondly, similarities with well-established professional

domains in psychology were emphasised. This served to convey the message that, if there were similarities, then counselling psychology was “worthy of similar status”. In the 1996 reviews they found that the emphasis was on more sophisticated constructions of similarity or difference to the other professional groups, resulting in the creation of an “equivalence paradox”. Similarities to other professions were achieved by minimizing differences and highlighting common ground. These strategies were underpinned by a “need to simplify things for the public”. Difference was achieved by emphasising that, despite the similarities, there were different value systems and perspectives on the traditional science model (Pugh and Coyle, 2000:91).

Van Deurzen (1996) observes that counselling psychologists have more difficulty in establishing themselves amongst psychologists than they do amongst counsellors and psychotherapists. Miller (1996) notes, that the shortage of clinical psychologists and the emergence of counselling psychology have changed the form of psychological services within the NHS. He feels that it is unlikely that clinical psychology will continue as a discrete entity. He observes that some departments have changed to departments of psychological services consisting of a mixture of psychologists, or departments of psychological therapies with psychologists plus counsellors and psychotherapists. He wonders whether it would be more effective to abandon the current BPS Divisions and have a College of Applied Psychologists with a common training base and specialist modules which prepare people to work in different settings.

Contributors to the distinct identity of counselling psychology

Three factors have been identified as contributing to counselling psychology’s distinct identity, distinguishing it from the other applied

psychologies. These are self-reflection, personal therapy, and supervision (Woolfe, 1990).

1. Reflection

Schön (1983) emphasised the role of reflection in professional practice and viewed it as a means of countering the technical rationality of traditional professionalism. Hammersley (2003) confirms the importance of this approach and underlines its incompatibility with professionalisation:

[Schön's] Reflection-In-Action involves tacit knowing, know-how, surprise, spontaneity, trial and error, thinking on your feet, developing a feel for something, being intuitive and inquiring. But because professionalism is mainly identified with technical rationality, reflection-in-action is not generally accepted as a legitimate form of knowing even by those who practise it.

(Hammersley, 2003:639)

Hammersley (2003) also argues that this form of learning from practice is an art rather than a science.

2. Personal therapy

The Counselling Psychology Division of BPS requires 40 hours of personal therapy for the Diploma in Counselling Psychology. No other psychology Division has a personal therapy requirement (Woolfe, 1996). Some counselling psychologists experience personal therapy as a rite of passage and Grimmer and Tribe (2001) argue that it serves as an important means of socialisation into the professional role. They cite modelling and validation of therapy as the means by which this socialisation is achieved. By experiencing expert practice, the trainee develops an "internalised therapist". This may be one or an amalgam of

several professional figures that the participant consults during their training. Validation occurs by the direct experience of Rogers' core conditions and by using personal therapy to evaluate the efficacy of a particular approach. Personal therapy was also found to be helpful in relation to the development of reflexivity, validation experiences and normalisation (Grimmer and Tribe, 2001).

3. Supervision

Supervision has been identified as a key factor in the formation of professional identity (Watkins, 1996; Friedman and Kaslow, 1986). Bernard and Goodyear (1992) emphasise the role that supervision plays in professional development. They see supervision as the means by which senior members of the profession pass on their learning to more junior members. In their view, the supervisory relationship also serves to enhance the professional functioning of supervisees, and to monitor the quality of professional service offered to clients; it is also a means of gate keeping those who enter the profession. From its early days BACP promoted continuing supervision for all counsellors. This contrasted with the situation in the USA where it was only required during training (Dryden et al., 2000). BACP emphasised its educational and ethical features and argued that it was primarily necessary for client safety. Counselling psychology adopted this approach and, as with personal therapy within psychology, supervision is a requirement only in the Division of Counselling Psychology.

Hess (1998) says that supervision has now established a "cultural presence". It is considered a necessary part of being a well-trained and ethical counsellor. Gravitz (1986:xiii) highlights the role supervision has played in the professionalisation process: "...there has been an increasing emphasis on accountability in recent years. The public and its social, legislative and economic bodies are demanding that

practitioners deliver services which are effective and of high quality". Supervision can be seen as the profession's chosen assurance of quality of practice (Proctor, 1994).

In his 1998 review Hess concluded that research evidence is yet to be provided for the core concepts and practices of supervision. We do not have evidence for stage theories and the training programmes based on them, for basic measurement devices for progress in supervision, for showing that supervision makes a difference in training; nor do we have the evidence to show that it makes a difference to the ultimate service delivered to clients. Yet despite these concerns and the lack of empirical evidence, there is a groundswell of positive feeling for supervision both within counselling psychology and within the literature. Davis (1989) argues that the principal function of supervision is the instillation of self-belief and the alleviation of demoralisation. It is essentially a means of providing support and the quality of the relationship, as in counselling, may be the pivotal factor. There are some evocative accounts of the "immeasurable" in the supervisory relationship that support this view. Watkins (1996:140) identifies key supervisory tasks as countering demoralisation, and inspiring awe, curiosity and wonder. He asks "how can we 'moralise' trainees or stimulate 'wonder'?" Barnat (1990) describes:

...the exquisite rarity of healing moments of wit and insight that seem to make the burdens of doubt more tolerable. Such restorative experiences cannot be programmed into supervision. But they constitute crucial data. I sometimes felt that supervision was a kind of ritual relief from doubt. It was a chance to draw strength in part from the transient identification with the supervisor (when I did identify) and also the supportive alliance....

(Barnat, 1990:55)

Toren (1972), however, has argued that supervision plays a role in maintaining occupations as semi-professions rather than professions. She sees supervision as impeding movement towards full professional status as it implies that the members of that occupation have not reached full development and do not have autonomy. She also notes that forms of supervision are more likely to be found in female-dominated professions (Toren, 1972). Within the therapeutic professions, Proctor (1994) describes the lack of demarcation between the supervision of the trainee and the trained as “unfortunate”.

Training

In addition to the adoption of the scientist-practitioner model and the importance of a distinct identity, training has also been highlighted as impacting on the development of counselling psychology as a profession.

Training towards becoming a counselling psychologist is possible via two routes. These are BPS-approved university training and the BPS Independent Route where a coordinator of training assists the candidate in putting together a coherent training package that is then examined by the Division of Counselling Psychology. University-based training is a relatively recent phenomenon within the therapeutic professions and concerns have been raised about this academicisation of therapeutic training. Williams (1993:13) notes that “the traditional professional emphasis on a body of academic knowledge has been designed, not to enhance the effectiveness of professional practice and hence to benefit clients, but to advance the cause of professionalization.” O'Brien (1996) links academic training with the medical model and notions of expertness and sees this as antithetical to the development of the sensitive therapist. Her view of practice resonates with Schön's (1983) idea of the reflective practitioner and questions the ability of academic settings to develop the art of practice.

Expertise

Professional status is underpinned by specialised knowledge. This expertise is used by professional groups to create areas of autonomy for themselves. The traditional professional approach is to “profess”. It is a prescriptive interaction and involves a one-way transmission from expert to client (Williams, 1993). “Its theoretical base is in rationalism: a belief in scientific objectivity, a belief that knowledge is certain and absolute, and has a status and origin independent of individual human beings” (Williams, 1993:10).

This relationship between professionalism and expertise has been identified as problematic for counselling psychology (Williams, 1993; O'Brien, 1996). The BPS Diploma in Counselling Psychology, according to O'Brien (1996), places the client rather than the expert “centre stage”. There is a sense in which expertise, the very underpinning of the traditional view of professional status, runs against the grain of the therapeutic endeavour, where uncertainty, ambiguity and “not knowing” are essential factors in developing the therapeutic relationship (O'Brien, 1996).

Pilgrim notes that “ the overwhelming complexity of people's lives can push experts into ways of thinking which are sometimes simplistic and reductionist, always partial, and generally associated with bids for legitimacy to exclude others competing in the marketplace for the same client group” (Pilgrim, 1997:vii).

The problem with expertise is clarified by Foucault (1980) who asserts that knowledge and power are one. Foucault's work has influenced Hartman (1992) to raise the issue of an inherent conflict between

empowerment (which ideally lies at the core of helping endeavours) and professionalism. Underlying any moves towards equality is the process of professionalisation:

There is a painful paradox in being a professional and being committed to empowerment. A key part of the definition of a profession is the possession of knowledge and, in fact, the ownership of a specific area of knowledge. As professionals we are supposed to be experts, but the power in our expertise can disempower our clients and thus subvert the goals of our profession.

(Hartman, 1992:484)

Hartman argues that we should not discard our knowledge but cease to privilege it, "... with the recognition that it is one of many truths, with the awareness that it is a social construction and that the social group that defines the problems, concepts, assumptions and hypotheses in a field leaves its 'social fingerprints' on the image that emerges" (Hartman, 1993: 366).

Power

In addition to a complex relationship with expertise, counselling psychology also has difficulties in acknowledging power. Morrall (1998) argues that power is at the core of a critical understanding of the professions and that professional status comes freighted with power. The power of the professional should not be underestimated. At the press conference for the final publication of the Shipman Inquiry, the chair of the inquiry, Dame Janet Smith, said that Shipman was not a serial killer who happened to be a doctor; it was his very profession that provided him with the means to kill and to remain undetected. Psychologists are not in such a position to do direct harm as is the medical profession but

there are examples of professional misconduct and the argument that the public need protection from misuse of power is widespread (Wedderburn, 2003).

Hart (1998) observes that there is an extensive literature on power but very little has been written on this subject within psychology, psychotherapy and counselling. However, this is not necessarily surprising as power dynamics are often invisible. Taylor (1994:320) argues that power “obscure[s] the conditions of its own existence so that it *appears* natural”. Hart (1998) emphasises that power is part of counselling psychology and its professionalisation and it is important to acknowledge its presence. “Why are we struggling to establish ourselves as a recognised profession with national registers, accreditation schemes and representation on lead bodies if we are not after a power base and all the influence that goes with it?” (Hart, 1998:1). She underlines that power can be used in positive and negative ways and argues that it is important to have power so that it can be used as a force for good (Hart, 1998). The view that professional power can be used to do good raises questions about the nature of “good” and the position of ethics in relation to professionalism.

THE RELATIONSHIP BETWEEN PROFESSIONALISM AND ETHICS

For much of its history counselling psychology has placed the scientist-practitioner model at the centre of its professional identity. However, as has been demonstrated, there are concerns that this model no longer merits such a central position. This raises the question: what should be the central focus for counselling psychology?

An answer to this question may be emerging from the therapeutic professions of counselling and psychotherapy. Owen (1992) has argued for ethics to be the central basis of the profession of psychotherapy and

identified this as the unifying thread of all the mental health professions. "At the centre of communications in therapy lies a heart of ethical concerns which unite all practitioners" (Owen, 1992:67). Gross (2001) also recognises the central place of ethics. He argues that it is the integrity of the individual practitioner that "will best safeguard for the interest of the client and ultimately the image and reputation of the ... profession" (Gross, 2001:207). However, Gross (2001) sees integrity as a fixed entity that is not attainable through personal development and remarks that the challenge to the profession is to select individuals with integrity at the outset of training. The idea that integrity cannot be developed contrasts sharply with humanist principles and Rogers' optimistic view of personal growth.

Howard (1998) recommends the "integrity route" for professionalisation but warns that integrity brings with it a need to be open to change. We may need to "leave many, and possibly all, current theories, practices and practitioners behind on the grounds that they are ineffective" (Howard, 1998:308).

The emphasis on ethical practice and integrity has led to a reconsideration of the idea of vocation. Vocation derives from the latin verb *vocare*, to be called, and has been primarily associated with having a religious calling (Oxford English Dictionary, 1989). The mention of vocation has been rare in counselling and psychotherapy literature. An exception is Coltart (1993), who insisted that she had a vocation to be a psychotherapist but divorced it from any religious association by rejecting the idea of "a caller". More recently Bennett (2005) has sought to revive the concept of vocation and, like Coltart (1993), advocates a secular form. "Perhaps we need to rekindle our notion of professionalism more in line with a sense of vocation and calling and away from career, status and material rewards" (Bennett, 2005:155). The basis of his argument is similar to Strawbridge's (2002) McDonaldisation; counselling is being reduced from a social movement to a service delivery enterprise and

in this process it is becoming detached from its moral and ethical values. Bennett argues for a future where:

The counselling room might be more productively envisaged as a secular church, a place of sanctuary and transition to a new community of people who are ethically and morally autonomous. Rather than solving problems it enables people to emerge as citizens of a democracy. We could reverse the process of colonisation. Rather than acting as an agent of the dominant culture by colonizing the psyches of its clients with coping strategies and a managed sense of self, it might act as a counter-colonial enterprise populating society with increasingly autonomously individuals who recognise their embeddedness in social solidarity, much as Christians infiltrated pagan Rome.

(Bennett, 2005:157)

Bennett's (2005) arguments are based in the theory of communicative rationality of Habermas (1987). Habermas aims to reformulate the enlightenment project "in terms of a 'transcendental pragmatics', a theory that retains the commitment to values of truth, critique, and rational consensus, but which pins its faith to the regulative precept of an ideal speech situation, a public sphere of uncoerced participant debate wherein those values might achieve their fullest expression" (Honderich, 1995:330).

Habermas seeks to restore the emancipatory role of reason. For the enlightenment philosophers, error represented evil and truth represented liberation and human good. Habermas argues that industrialisation and the growth of science and technology have led to reason taking an instrumental form and becoming a source of oppression. Habermas's communicative rationality provides for equity in power and just relations between individuals. It also serves to counter the depoliticisation of life in a technological society (Hausheer, 1983). "The ideal speech situation" has much in common with the ideal therapeutic relationship and has some similarities with elements of humanist philosophy.

The ideal speech situation also underpins the formation of identity. “An ideal communication community ... serves to reconstruct an undamaged intersubjectivity that allows both for unconstrained mutual understanding among individuals and for the identities of individuals who come to an unconstrained understanding with themselves” (Habermas, 1987, 2:2). Inspired by Habermas, Howard (2005: 192) places ethics at the “heart of social formation” and argues that much of our identity emerges from our ethics.

It can be seen that Habermas’s ideas could form the basis for establishing an ethical communication community as the defining core element of counselling psychology. However, these ideas are theoretically derived. It is now time to consider the views of practitioners.

SUMMARY

This introduction has endeavoured to provide the context for the research study. It has described the complex background of the emergence of the profession of counselling psychology and has highlighted the factors that have contributed to the process of its professionalisation. In particular, it has emphasised the influence of the medical model and the focus on the scientist-practitioner model in the development of counselling psychology. It has explored the controversy that both these models have generated and outlined the gathering discontent about the central position of the scientist-practitioner model within counselling psychology. It has drawn attention to the struggle of counselling psychology to articulate a distinct identity to mark it out from the other Divisions of Psychology and the therapeutic professions. It has also described the main contributors to the formation of individual professional identity and considered the relationships between training, expertise, power, ethics, and professional practice. Finally it has suggested that the ideas of Habermas may provide an underpinning for

ethics to be a greater focus within the professionalisation of counselling psychology.

From the literature it is evident that there has been little exploration of professionalism from the standpoint of individual counselling psychologists. This study aims to contribute towards the closing of that gap by presenting the perspectives of counselling psychologists on professionalism as they attempt to practise as professionals in the UK at the beginning of the 21st century.

CHAPTER TWO

METHODOLOGY

Introduction

A qualitative methodology has been chosen for this study of the perspectives of counselling psychologists on professionalism. A qualitative method enables participants' perspectives to be viewed in their complexity and in their context.

If researchers are to be able to understand people's participation in the social world, they must therefore engage in close inspection of how that world is perceived through the eyes of participants themselves – from their own social and phenomenological perspectives....close detailed qualitative analyses which are grounded in participants' understandings and local contextual knowledges, and which seek to make explicit what is otherwise taken for granted, is an invaluable resource for the generation of new ideas.

(Pidgeon and Henwood, 1997:251)

This chapter is written in a narrative style, interweaving method with theory. The narrative style has been adopted as it illustrates the unfolding nature of the research process. It also enables the decisions and thinking behind them to be conveyed in a more transparent fashion. This decision is in keeping with the spirit of qualitative methodology, for example, Kvale's (1996) description of the researcher as a "traveller", and gives a more accurate reflection of the twists and turns of the research process.

CHOICE OF METHODOLOGY

The qualitative methodological approach chosen for this study is grounded theory. Charmaz (2000) argues that grounded theory can be

combined with constructivist ideas. This approach emphasises meaning without assuming the existence of a uni-dimensional external reality. It acknowledges the interactive and dialectical nature of the creation of meaning and underlines the active involvement of both the researcher and the participant in the research process. This study proceeds from the position that knowledge is socially constructed. The basis for that construction is dialogue. This view is consistent with Habermas' (1987) concept of communicative rationality and the dialogic emphasis of Buber (2004) and Levinas (1989). For Habermas, truth is negotiated through dialogue. Truth is seen as provisional and contextual. An ideal speech situation provides the setting where democracy and just relations between people prevail; this enables truths to emerge and to be prioritised. In emphasising the emergence of truth through dialogue Habermas seeks to avoid political neutrality and provide the basis for action (Habermas, 1987).

The original form of grounded theory was proposed by Glaser and Strauss in 1967. Since its inception it has undergone many modifications and its founders have engaged in bitter dispute (Dey, 1999). It is a methodology full of confusions (Dey, 1999), struggling to do its best. Currently it is flourishing (McLeod, 1998); its success is explained by its durability and elasticity. It has survived the postmodern transformation and has been adopted and adapted by diverse theoretical perspectives from positivists to interpretivists and postmodern constructivists (Corbin and Strauss, 1988; Addison, 1989; Charmaz, 1995).

Its problems lie partially in its history. Glaser and Strauss came from rival traditions. Glaser had been involved in quantitative survey methods of social research at Columbia University; Strauss was from the symbolic interactionist school of Chicago University (Robrecht, 1995). Dey (1999: 25) remarks that "it was intended to harness the logic and rigour of quantitative methods to the rich interpretive insights of the symbolic

interactionist tradition.” They developed grounded theory to bring systematic, “scientific” method to qualitative research.

In grounded theory the data are paramount. Theory is grounded in and emerges from the data. The data are usually in the form of interview transcripts but can be other texts such as field notes, published material, or organisational descriptions and regulations. Although there are many varieties of the methodology, essentially it follows the following pattern (Dey, 1999; Charmaz, 2000). The data are dissected into meaning units which are exhaustively coded. They are coded to such a level that the data will admit of no further coding. The coded units of meaning are then grouped together to form categories. These are reduced into clusters by axial coding where linkages between categories are identified. From the clusters a core concept and finally a theory emerges. The process of analysis is underpinned by constant comparison within and between concepts, codes and categories which enables, for example, gaps, omissions, inconsistencies and misunderstandings to be made explicit. During coding and categorising any ideas that occur to the researcher are set aside in the form of memos for later consideration. This enables the focus to be maintained on the data. Addison (1989) questions whether it is possible to maintain the separation of data from theorising as the grounded theory method suggests. He argues that in practice the process is concurrent and intertwined and not as readily separable as Glaser, Strauss and Corbin propose.

A feature of the method is that, following an initial gathering of data, collection and analysis occur concurrently. There is a forward spiral with each new interview building on the analyses of the previous interviews. There is also a backward spiral in which new interviews throw light on meaning units from previous interviews that initially seemed less significant. Where it is merited, further data gathering known as “theoretical sampling” takes place to deepen the understanding of

particular issues. This inductive method seeks to enable the emergence of novel perspectives and to represent faithfully the experience of the research participants. Cowie and Salm (1998:180) describe grounded theory as challenging because “there is a tension between capturing the account of the experience in the words of the participant...and actively constructing new perspectives and understandings”.

Traditionally, grounded theorists gather data until a sense of saturation is achieved (Morse, 1995), that is, until new data fits into the emergent model and no new categories are formed. From engaging in the research process, however, it is evident that an ultimate point of saturation is unachievable as theories are not static or fixed, but subject to change and modification. It is therefore necessary to aim for a point approaching saturation.

In classic grounded theory the researcher was urged to avoid reading the literature as this prior knowledge might prevent her from recognising new perspectives. This injunction has been challenged in that it is almost impossible for a researcher to avoid some knowledge of the area of study, and this knowledge cannot be simply “set aside”. By the 1990s Strauss and Corbin had moved to a position of urging caution rather than avoidance: “the researcher does not want to be so steeped in the literature as to be constrained and even stifled by it” (Strauss and Corbin, 1998:49). Cowie and Salm (1998) attempted to resolve the issue by “bracketing” prior knowledge so that it does not obscure new learning. However, in practice it is apparent that something more positive than “bracketing” is needed. An active attitude of openness to learning from the data is necessary and a preparedness to change and be modified in the process. McLeod (1994) finds positive elements in prior reading, arguing that whilst knowledge of the literature can obscure new perspectives it can also sensitise the researcher to potential dimensions of meaning. A similar view takes this further and underlines the positive

synergistic effect that can occur through a “flip/flop” process between the researcher’s knowledge and the data (Henwood and Pidgeon, 2002:135). Essentially the reflexivity and sensitivity of the researcher are the key to being able to recognise new issues in the data and utilise pre-existing knowledge creatively. Grounded theory, especially in the form elaborated by Strauss and Corbin, involves a highly specified analytical process but this will not compensate for a lack of reflexivity and self-awareness in the researcher.

The positivist notion of the researcher as a value-free entity is also refuted. Charmaz (1990) says that the researcher must be aware of her own philosophical stance as this gives shape to the way she interprets meaning and assigns data to meaning units. This self-awareness is necessary so that the researcher can identify her own biases and facilitate the recognition of new issues as they arise from the data. In its early form grounded theory was based on the positivist idea that there is a static truth that can be revealed by research. This conception has been vigorously challenged (Addison, 1989; Henwood and Pigeon, 1995; Dey, 1999). Addison (1989) argues that truth should be seen as an unfolding process without an end point. Strauss and Corbin (1994) underline the provisional nature of every theory. Additionally, research is always context-bound. “There is not a concern with the discovery of an ontological ‘real’ world but only a focus on how people construct knowledge within an individual and social context” (Cowie and Salm, 1998: 205).

An important factor in choosing grounded theory for this project is its resonance with the process of counselling (Coyle, 1998). The counsellor adopts a position of openness in order to experience the client’s world. The counsellor listens attentively to the client’s issues and works with the client to establish a view of the client’s world that enables the client to feel fully understood. The client and therapist work to arrive at a theory that accounts for the client’s experiences. “Such theorising arises from

and is grounded in the client's understanding of their experiences. This process of abstracting theory from qualitative data is central to the qualitative research method of grounded theory" (Coyle 1998:57).

VERIFICATION

Kvale (1996) argues that, as postmodernism has rejected the possibility of an objective reality against which research can be measured, the key measure of research is craftsmanship. "Validation comes to depend on the quality of craftsmanship during investigation, continually checking, questioning and theoretically interpreting the findings" (Kvale, 1996:241). This thoroughness is not to be confused with an unthinking adherence to the chosen method. Salmon (2003) warns that "methodologism" is beginning to shape qualitative work where the degree of adherence to the method becomes the measure of its rigour. He cites Feyerabend (1975) who argues that justification for scientific methods cannot logically emerge from the methods themselves. More importantly "methodologism" can block progress by stifling creativity; actually inhibiting the emergence of new methodologies.

In recent years attempts have been made to provide guidelines for assessing the quality of qualitative research (e.g. Elliott, Fischer and Rennie, 1999). These guidelines were written to assist journal editors and are as follows:

Publishability guidelines shared by both qualitative and quantitative approaches.

1. Explicit scientific context and purpose.
2. Appropriate methods.
3. Respect for participants
4. Specification of methods.
5. Appropriate discussion.
6. Clarity of presentation.
7. Contribution to knowledge.

Publishability guidelines especially pertinent to qualitative research

1. Owning one's perspective.
2. Situating the sample.
3. Grounding in examples.
4. Providing credibility checks.
5. Coherence.
6. Accomplishing general vs specific tasks.
7. Resonating with readers.

(Elliott et al., 1999: 220)

The aim was to provide an alternative set of guidelines to those utilised for judging the quality of quantitative research, thereby reducing the tendency for qualitative research to be judged by quantitative standards. This endeavour has attracted criticism. Despite Elliott et al.'s (1999) emphasis that their guidelines should be regarded as evolving, Reicher (2000) sees the attempt to specify a general standard of "good" qualitative research as problematic. He argues that qualitative methods have basic differences and a single methodological prescription of excellence is neither achievable nor desirable. He ends his paper by returning to the issue of methodologism: "One cannot settle methodological issues by confining oneself to a methodological level. One might say also say (with apologies) that those who only of methodology know, know nothing of methodology" (Reicher, 2000:5).

Though they may be inappropriate for some types of qualitative research such as discourse analysis, Elliott et al.'s (1999) criteria do have practical relevance for grounded theory and I have been mindful of them throughout this project. However, the standards of validity for qualitative research should reach beyond methodological rigour to encompass the dissemination of research and its ability to effect change and stimulate

further enquiry. For these reasons “rhetorical power” and “fruitfulness” are included as measures of the validity of this study.

In keeping with Elliott et al. (1999), the strength of the rhetorical power of the research is maintained by careful attention to the design of the study, the range of research participants included, the faithful representation and analysis of their perspectives, the sharing of the results with participants and peers, and the clarity of the discussion. The research diary and reflexive account will underpin the credibility of the research by demonstrating an openness to new ideas as they have emerged and by dispelling the notion that preconceptions have been confirmed. It is the strength of the rhetorical power that provides the underpinning for fruitfulness.

Bleicher’s (1982) concept of fruitfulness measures the value of research by its ability to facilitate a form of deeper understanding that will be enriching. Subsumed within this fruitfulness is Henwood and Pigeon’s (1995) idea of generativity. This research should not only encourage deeper understanding but should act as a springboard for further research and discussion on the direction of the professionalisation of counselling psychology. Essentially, the fruitfulness of the research will be demonstrated by the after-life of the study, in its breadth of dissemination, durability, utility, and power to stimulate future research.

THE RESEARCH AIMS

The aims of this research study are:

- To ascertain counselling psychologists’ perspectives on professionalism.

- To explore counselling psychologists' pathways towards becoming a professional.
- To clarify if and how counselling psychologists experience themselves as professionals.
- To make explicit counselling psychologists' views on the professionalisation of counselling psychology.

INITIAL RESEARCH PLAN

The initial plan was to conduct face-to-face interviews with twelve to fifteen counselling psychologists about their views on the professionalisation of counselling psychology and then send each of them a transcript for correction. Preliminary discussions with colleagues on the subject of the professionalisation of counselling psychology revealed that it was not an area that people had thought much about. Concern arose that a single interview might be insufficient to achieve the desired depth. A design that included two interviews was therefore decided on. This process would involve a tape-recorded interview followed by a one-week gap, during which a transcript was provided for the interviewee, and then a second interview. The gap between the interviews would give the participant a space for further reflection. The second interview would also be tape-recorded and the content of both interviews would be included in the analysis.

PILOT STUDY

This interview design was piloted on two university-based counsellors who had both studied psychology. One attended Counselling Psychology

Divisional meetings. The other had only peripheral contact with the Division of Counselling Psychology. They were each interviewed, the interviews recorded and a transcript provided the next day for each participant to read. They were re-interviewed one week later and transcripts were again provided. The interviewees were then asked to comment on the research process.

Both participants said that they had enjoyed the interviews and described a sense of “thinking on their feet”. Neither had thought much or spoken before about the issue but they found that they did have a good deal to say about it. However, both said that they felt that the second interview should be omitted. Their primary reason was the time factor involved; they thought that this might deter busy people from participating. One felt that priming participants about the research questions prior to the interview would give them time to think about the subject. The other suggested that participants could be given an opportunity to add any further thoughts in writing when they received the transcript of the first interview. Both of these suggestions were adopted and the decision was made to undertake one interview rather than two.

They were asked if the chosen method of interview was suitable for the subject and whether they would have preferred other methods. Both felt that an interview was the best option. One felt that talking was the preferred mode of communication for counselling psychologists. The other said that their sense of emerging and crystallising views in the course of the interview, underlined that this method was effective. They felt that their range and depth of thinking would not have been stimulated or captured by a questionnaire. Both appreciated the freedom of the semi-structured nature of the interview and felt that the questions asked and their ordering were appropriate and logical (see below and Appendix 7:247).

On the interviewing style, both said that they were not aware of being led in any particular direction. One participant said they appreciated the space given to them to think and the interest shown in their responses. This heightened an awareness of the need to pace the interview appropriately and the importance of being sensitive to interviewees' responses.

On the method of initial contact, the pilot interviewees preferred to be contacted by e-mail rather than by telephone. They felt that this would

give the participants time to make a considered decision about whether to participate and avoided, as one interviewee said, "feeling cornered" when phoned. This advice was also adopted.

PARTICIPANTS

Participants were selected to ensure the inclusion of a wide range of counselling psychologists. The aim was firstly, to include equal proportions of late-stage trainees, counselling psychologists and senior counselling psychologists (with more than ten years experience). Secondly, the participants were to be widely distributed geographically to avoid schools of thinking due to close personal contact. Thirdly, participants from a wide age-range were to be included. Participants were not selected for gender but the final sample did reflect the proportions of men and women generally found within the Division of Counselling Psychology.

Participants were initially elicited through an e-mail request posted on the Universities Counselling Services' mailbase (see Appendix 3:243). Four participants were recruited in this way. The second recruitment method was through the BPS Counselling Psychology Conference 2002. Following an explanation of the research project, potential participants

who fitted the above criteria were asked if they would like to participate and a list of possible participants was created. As the research proceeded these people were then contacted by e-mail (for an example, see Appendix 4:244) or telephone, according to their preference, and further information given (for an example, see Appendix 5:245). Participants were invited for interview in sequence to maintain a balanced group that reflected the selection criteria. When a sufficient number of participants had been interviewed the two participants remaining on the recruitment list were e-mailed and thanked for their offer of participation.

In addition to the two pilot interviewees, fourteen people were interviewed. These participants were all counselling psychologists. Ten were female and four were male. The following table describes the participants' age range, geographical distribution and level of experience as counselling psychologists:

	Number of participants
Age range	
20-29	1
30-39	3
40-49	2
50-59	6
60-69	1
70-79	1
Geographical location	
North West	2
North	1
Midlands	2
West	3
South East	4
London	2
Level of experience	
Late stage trainee	4
0-9 years	5
10 + years	5

Table 2. Age, geographical location and experience of participants.

Nine of the participants were chartered counselling psychologists. Of these, seven had obtained a statement of equivalence and two had completed the BPS independent route to chartered status. Of the five non-chartered people, four were students. Three were on a university training course and one was on the independent route. One person had completed training but had not applied for chartered status.

Thirteen people were working and one was on placement. Six were in NHS settings; three worked as counsellors in educational settings; five were college or university lecturers in counselling or counselling psychology; and three were in private practice. Three people had more than one form of employment. Two participants had a disability and appropriate adjustments were made to the interview process to facilitate their participation. Specification of these adjustments is omitted as this could result in their identification. Three participants were born outside Britain. For two, English was not their first language but both were skilled English speakers. One participant was known to the researcher as a past colleague but there had been little contact in recent years. The rest of the participants were either unknown or were distantly acquainted (i.e. met briefly at a conference).

INTERVIEWS

Rorty (1979) emphasises that the construction of knowledge is a matter of interaction between people; it is not due to engaging with a non-human reality. Kvale's (1996) understanding of the interview as conversation fits well with this view of knowledge as a social construction. My aim as an interviewer was to be very open to hearing the participants' perspectives and to encourage deeper exploration. Kvale (1996) describes the interviewer as a traveller. "The interviewer wanders along with the local inhabitants, asks questions that lead the subjects to tell their own story of their lived world, and converses with

them in the original Latin meaning of *conversation* as ‘wandering together with’” (Kvale, 1996:4). Kvale (1996: 2) also emphasises that the interview is a two-way process. “[It] is literally an *inter view*, an interchange of views between two persons conversing about a theme of mutual interest”.

As they were speaking about their views, participants often came to new understandings. Their perspectives and insights in turn changed my understanding. The interview was a dynamic process; it was not simply an eliciting of their views but a mutual engagement. Kvale (1996:4) uses the German term “*Bildungsreise* - a scholarly, formative journey” to capture the transformative nature of the interview. Several participants said that, although previously they had not thought deeply about professionalisation, when they began to talk about it they found themselves becoming increasingly engaged and passionate.

The face-to-face interviews lasted between one, and one and a half hours and participants were alerted to the subject area in advance. Each interview was conducted at a place specified by the participant; usually either their home or their office. The interviews were semi-structured. Their semi-structured nature provided a guiding framework but also included the flexibility to accommodate the breadth and depth of participants’ views (see Appendix 7:247). The process began with structured questions asking for their age range, their pathway towards becoming a counselling psychologist, and their current employment. This was followed by a series of open questions. These questions began by establishing if they considered themselves to be a professional and if so their pathway and feelings in relation to becoming a professional. Further questions attempted to elucidate how they experienced being a professional and what it meant to them. Following this they were asked about their views on the professionalisation of counselling psychology. Their answers were followed with responses to clarify and achieve depth of understanding. Care was taken to confirm understanding of the participant’s thoughts. An overall attitude of “not knowing”, a curiosity to

learn more, and an openness to understand better were demonstrated. The aim was to uncover the “usually ignored background within which our lives are rooted” (Shotter, 1993:vi).

Gupta (1998) regards a counselling style as necessary for a productive research interview and the skills utilised were similar to the core conditions of Carl Rogers (1951). The necessity of developing a working relationship with each participant was apparent and a consciousness of the similarity of this process to the establishment of a therapeutic alliance emerged. A sense of engagement with the participants was experienced and this contrasted with the traditional “objective distance” that has been described as a desired interviewing style.

Each interview was transcribed, studied and analysed prior to the next. As the interviews progressed, and if time permitted, the second part of the interview included questions on themes that were emerging from previous analyses if these were not mentioned by the participant.

TRANSCRIPTION

The grounded theory research process requires the production of transcripts from the audiotapes of the interviews. The quantity of material was such that a text was necessary in order for the analysis to proceed in a systematic fashion. The transcripts are not appended to this thesis as they included details relating to participants’ careers and workplaces that would enable individuals and organisations to be identified. As this would compromise participants’ confidentiality they could not be included. The transcripts and tapes of the interviews were seen by the thesis supervisor and were available for inspection by the examiners.

The process of transcription was not found to be a straightforward matter and warrants some further discussion. As tapes were transcribed it

became clear that there are many complexities and dilemmas involved in the transcription process. The aim was to achieve as accurate a representation as possible but it became apparent that the creation of a text in fact diminished the accuracy of the representation.

Originally I had viewed transcription as simply producing a written record of the recordings. When listening to the tape-recordings it was evident that the spoken word differed from its usual written form. It often lacked grammatical coherence; words were left unfinished and lines of thought abandoned mid-sentence. For some researchers the opportunity to provide a transcript has been viewed as a positive feature and their temptation to tidy the interview has proved irresistible.

I edited the conversations with an eye towards eliminating what I believe insignificant, trivial or repetitious. I have used ellipses to telescope many conversations and often have omitted dutiful choruses of agreement by those present unless I believed them particularly important. ...When the first transcripts were published nearly a quarter of a century ago, few could understand their meaning. Conversations were cryptic and vague....

(Kutler [transcriber of the Nixon Tapes], 1997: vii;viii)

The possibility of creating a fiction by attempting to make the text coherent is evident. The tapes also contained an array of unintelligible sounds - grunts, murmurs and words mumbled or spoken so softly that they were hard to decipher. Despite their individual unintelligibility these paraverbal colourations enriched and gave meaning to the interviews. In their absence, it became clear that the transcripts were a "pale" representation (Mishler, 1991) of the actual interaction.

The work of sociologists and linguists, such as Mishler (1991), Ochs (1979), Gee (1985) and Riessman (1993), has shed light on the

transcription process. Mishler (1991) likens transcription to photography and emphasises that, contrary to popular belief, a photograph is not a clear representation of reality. There are myriad techniques involved in photography, for example, the choice and placing of a subject, the lens used and the developing techniques. There is also the context in which the photograph is taken and displayed. A portrait hung next to photographs of a concentration camp assumes an entirely different meaning than if it is placed with photographs of a football crowd. Mishler (1991) also alerts us to the political issues surrounding representation and reminds us that photographs have been used deliberately to distort perceptions for propaganda purposes.

The endeavour to produce a faithful representation has also perplexed the art world. The cubist or impressionistic painting may relate a more profound sense of an object than an apparently realistic photograph. Herbert Read (1964) says that an instantaneous photograph is deceptive because it illustrates arrested movement.

[Gericault] painted racehorses with their four legs simultaneously extended, which never occurs in reality but is indicative of the sensation in watching a race. The artist depicts his visual feelings, which may be illusory, but the result is nearer to the truth than any photograph.

(Read, 1964:17)

The painter Francis Bacon devoted his life to the conundrum of representation:

To me, the mystery of painting today is how can appearance be made. I know it can be illustrated, I know it can be photographed. But how can this thing be made so that you catch the mystery of appearance within the mystery of the making?

(Bacon quoted in Sylvester, 1975:105)

Mystery is the essence of hermeneutic research. The transcriber of the Nixon tapes treated the issue of transcription as a problem. Gallagher (1992) makes a distinction between a problem and a mystery:

A problem is something that can be totally objectified and resolved in objective terms because the person confronting the problem can completely detach himself from it and view it externally. ...A mystery, on the other hand, is somewhat different. A mystery is something that involves the person in such a way that the person cannot step outside of it in order to see it in an objective manner. She is caught within the situation with no possibility of escape, and no possibility of clear-cut solutions. Indeed, ambiguity is the rule within a mystery.

(Gallagher, 1992:152)

How then to represent an interview in the form of a transcription? There is the dilemma of how much paraverbal information to represent. It is possible to include stage directions as in a play or use symbols to represent pauses and intonation. Ochs (1979) finds that a transcript that is too detailed is difficult to assess. There is a tension between including so much detail that the transcript becomes unreadable, and including too little, omitting important emphases. Ochs (1979) recommends a minimalist system of paraverbal symbols (e.g. Sacks, Schegloff and Jefferson, 1974) in preference to stage directions which, being written in prose may be lengthy and distract from the text. Peräkylä (1997:207) says that "a rich transcript is a resource of analysis; at the time of transcribing, the researcher cannot know which of the details will turn out to be important for the analysis". She suggests that after analysis the annotation can be left out.

In attempting to produce as accurate a representation of the interview as possible the question is raised of collaboration; help from other people being sought by the researcher. It is fairly common practice to send the transcripts of the tapes to participants for them to check. This stage can also be part of the ethical process allowing the participants to make a

further decision about participation when they have seen the research data in writing. Spence (1982) argues that the participants should be interviewed as soon as possible after the tape is made and asked to provide a gloss. "...glosses are needed to explicate all ambiguities, to supply the missing paralinguistic cues, and where necessary, the missing syntax...the more complete the gloss, the closer we come to naturalising the text" (Spence, 1982: 228).

By getting participants to clarify their utterances Spence (1982) says that misguided interpretations by the researcher can be avoided and further meaning gained. Finally, colleagues can be asked to listen to the tapes to verify transcriptions. This can lead to a helpful consensus but equally may result in conflicting accounts.

It is apparent that we are not able to rely on a "stable, universal, non-contextual, and transparent relation between representation and reality" (Mishler, 1991:278). In many ways transcripts are indeed pale imitations and their biases and attenuations had to be borne in mind and balanced against their practical value for the analysis. Spence's idea of an extra interview to "unpack" the original also involves a further imposition on participants' time and this was not felt to be acceptable for this study.

The interviews conducted for this study were transcribed and checked several times to confirm their content. They were then returned to the participants, usually within one week but no longer than three weeks after the interviews. Eight participants made corrections. Most involved a few corrections of mishearing during transcription. Four people deleted sentences or paragraphs. This was usually because they referred to a specific issue or person and the participant no longer felt comfortable with this being included in the research. Participants were also asked to add any further thoughts on the subject, if they wished, and to confirm that they still wanted to be included in the research project. Three

participants added further thoughts. All said that they still wanted to be included.

Having become sensitised to the dangers of relying too heavily on transcriptions, during the analysis the tapes were played and replayed in order to retain the voices of the participants and their rich paraverbal nuances. This provided the best way of maintaining as faithful a representation of the participants' perspectives as was possible. This experience of the inadequacy of rendering communication into a textual form supports Habermas's assertion that communication through dialogue is at the heart of truth-seeking (Habermas, 1987).

ANALYSIS

The aim of the analysis was to develop a theory or model of the phenomenon studied that reflected and resonated with the experience of participants. The analysis included immersion in the data by carefully reading and rereading the transcripts and listening to frequent replays of the interview tapes. The transcripts were then analysed into meaning units. The identification of meaning units followed Charmaz's recommendation of a line by line analysis involving the setting aside of preconceptions and attempting to see "even apparently ordinary comments in new ways" (Charmaz, 1995:38). The meaning units were individually coded and a total of two thousand and seventy five were generated. These codes were then grouped into initial categories and clusters from which forty six first-level categories and then three second-level categories emerged. Finally a core category emerged from the second-level categories (see Appendix 8:253). Memos were written throughout to describe and expand categories and to retain ideas generated during coding and categorising. The process of identifying meaning units, coding, categorizing, forming clusters, memo writing, and re-categorising was a circular process that occurred concurrently with

data collection. Within this circular process the analysis informed the interviews. Open sampling occurred throughout the interviews to maintain breadth. If a topic was mentioned during the interviews then some relational sampling occurred. Towards the end of the analysis and during the later interviews the emerging theory was tested and enriched by theoretical sampling.

Initially the qualitative analysis programme NUD-IST was used to aid the analysis but the limits of the computer screen and its lack of portability were found to be constraining. The analysis was therefore carried out by hand using separate sheets for each code. Although slow and logistically complicated, the use of scissors and photocopying for multiply coded meaning units enabled the maintenance of a coherent system. A system of ring binders for each of the second-level categories meant that analysis could occur on trains and in cafés as well as in the study.

ETHICAL CONSIDERATIONS

The BPS code of conduct requires psychologists to value integrity, impartiality and respect for persons and evidence. Whilst carrying out this research I endeavoured to be rigorous in my research practices, faithful to conveying the perspectives of the participants, and sensitive to safeguarding their welfare and interests.

West (2002:264) warns against “hit and run” research where the interview is the sole contact that the researcher has with the participants. Informed consent was achieved through process permission following the example of Grafanaki (1996). Consent was gained at three points in the research process. Confirming consent on separate occasions ensured more “protection and freedom of choice for participants” (Grafanaki, 1996:333).

The aims and scope of the research project were explained to participants prior to their interviews. This was carried out by e-mail or telephone (see Appendix 5:245). It was explained that neither they nor their employers would be identifiable from the research report. It was made clear that the interviews would be taped and that they could withdraw from the research at any time. They were encouraged to raise any concerns they might have. These safeguards were reiterated at the beginning of each interview and an opportunity given for questions. Each participant was then asked to read and sign the consent form (see Appendix 6:246). It was made clear that the tape could be switched off, on request, at any point during the interview. At the end of the interview each participant was asked to confirm that the tape could be used for the research. They were also asked if they would like any sections of the tape deleted. They were offered copies of the tape and two people took up this offer. When the transcriptions were returned a further opportunity was given to delete any sections that they were concerned about. They were also asked if they wished to continue to participate in the research. I undertook to either destroy the tapes or to return them to participants (after the examination of this thesis was completed). Participants had my contact details and were assured that they could contact me at any point if they wished to do so. The tapes and file of participants' details were kept together in a locked filing cabinet at home. All identifying details were removed from the transcripts for discussion of the material with my supervisor and for computer storage. A password was used to protect the transcript computer file.

Beauchamp and Childress (1994) and Kitchener (1984) have identified five ethical principles that are relevant for counselling psychologists (Shillito-Clarke, 2003). Shillito-Clarke (2003) suggests that these principles can be used to check the ethical viability of practice. These are non-maleficence, beneficence, autonomy, justice and fidelity.

In relation to non-maleficence (doing no harm) the nature of my research project was such that it was difficult to envisage harm arising from exploration of the subject matter. There was no deception of any kind involved and participants were fully informed about the nature of the enterprise beforehand. However people were asked about their own pathways to professionalisation and for their personal views and it was possible that these may have triggered some issues that may be personally distressing. I gave my home phone number to participants and encouraged them to contact me if they wished to do so. One participant did phone. This person was unsure whether their contribution had been useful for the research. I was able to talk about the ways in which their views had confirmed and expanded on some perspectives and had also opened up an area that had not been previously spoken about.

In relation to beneficence, the aim was for the research to have a positive outcome for the participants, for counselling psychologists and for myself. As the interviews unfolded it became apparent that there were indeed some personal benefits for some participants. Generally people felt that they had gained a deeper understanding of their own position in relation to professionalisation. There were several examples of direct benefits from engaging in the research process. Two felt that they would include their insights in their writing. One felt that they would give more emphasis to the subject when teaching. One said that after relating their professional pathway during the interview they realised anew that they had a good deal of expertise and experience and felt empowered to question their assignment to a lower pay scale than other psychologists within their organisation. Another person said they had enjoyed speaking to another counselling psychologist and it made them realise that they had become isolated from fellow psychologists in recent years. They decided to attend a BPS meeting to re-engage with colleagues.

It is hoped that there will be a benefit for colleagues generally through the raising of the profile of an issue that affects all counselling psychologists. I myself have benefited in that I had a personal interest in the research topic and a qualification that I hope to gain. This experience has developed my research skills, expanded my reading and thinking, and the engagement with participants' views has stretched and developed my own perspectives. In turn I hope that my personal development will also be of benefit to my colleagues, clients and supervisees.

Participants' autonomy was respected by keeping them informed, being pro-active in obtaining consent, and respecting and valuing their perspectives. Participants were regarded as equals and co-researchers and I was mindful of this in my interaction with them. Justice and fidelity encompassed being reliable in my dealings with participants and rigorous in my research methods, analysis and reporting.

This research study aimed to adhere to Shillito-Clarke's (2003) ethical principles. However, adherence to guidelines and checking against principles are not enough. Although the BPS guidelines serve to ensure the rights of participants, research ethics should involve more than compliance with ethical requirements and principles. Meara, Schmidt and Day (1996) argued that virtues are at the heart of ethical practice for counselling psychologists. Ethical ways of being are fundamental to ethical practice.

Throughout the contact with research participants I was aware that the interview process had similarities to the establishment of a therapeutic relationship. Trust was a key part of this relationship. The establishment of trust was underpinned, not only by attention to ethical practice during the research process, but also and primarily by the ethical stance taken in relation to the participants. Effective ethical practice stems from the being of the researcher. My personal ethics include a belief in the pre-existing ethical obligations towards others as proposed by Levinas

(1989). Shillito-Clarke (2003) includes Levinas's "putting the other before oneself" (heteronomy) in her discussion of ethics. The emphasis on the well-being of the participants was fundamental to the conduct of the research.

CHAPTER THREE

THE RESULTS OF THE ANALYSIS

The results of the analysis are arranged under the headings of the three second level categories. These are: common themes in relation to participants, individual professional identity and perspectives on professionalisation. The results include quotations from the interviews with the participants. This enables the participants' voices to be heard and also demonstrates that the results of the analysis are grounded in the participants' perspectives. Quotations from the interviews with participants are in italics and are numbered (e.g. 01:327) to denote the interview and the transcript line reference.

COMMON THEMES IN RELATION TO THE PARTICIPANTS

This second level category consists of eleven first level categories.

These are:

- **Acceptance of being a professional**
- **Disillusionment with psychology**
- **Experience of social contexts**
- **Engagement with counselling and psychotherapy**
- **Against external constraints on practice**
- **Beyond the medical model**
- **Antipathy towards clinical psychology**
- **Resisting pressure from EAPs and insurance companies**
- **“Best of both worlds”**
- **Counselling Psychology Division as home**
- **Taking back psychology**

Acceptance of being a professional

The data showed that there was a general acceptance of the label “professional”. However there was some evidence of dissonance “.../ *feel very ambivalent*” (15:086). In one instance the ambivalence was expressed in terms of discomfort. “...*there’s a discomfort in thinking about it, there’s a definite discomfort...I’m not sure what that’s about*” (06:394). Feelings of discomfort were also located in a recognition that changes were occurring within counselling psychology without much acknowledgement or unpacking of the impact of such changes.

I think just the interesting thing for me is you coming and asking about this and how unaware I am of, I mean I still feel cloudy really as to what the term professionalisation is really...I just think it’s interesting that within the profession it’s quite an important shift...but yet it holds very little meaning for us on our little course. And I’m not sure what the implication of that is but I’m just... noting it (05:397).

No one said that they did not consider themselves to be a professional but the lack of an acceptable alternative was highlighted. “... *yet the opposite, being unprofessional or being amateur, would be something that I would see as being a real insult*” (15:117).

Disillusionment with psychology

Amongst the older participants there was a theme of being disillusioned with psychology during their first degree and some abandoned psychology altogether on the completion of their degree or soon after. “*I did a masters degree in sociology because I was pretty fed up with psychology (08:006). [I was] disenchanted with psychology (09:021).*

[Psychology was] stats and rats (09:020).... dead boring and totally irrelevant “ (09:037).

Experience of social contexts

A prevalent theme in the data was the involvement of participants in sociology, social work or voluntary sector work, at some point in their careers. This was especially evident in the older participants who had initially rejected psychology. *“I taught a lot of social science courses, nothing explicitly psychological” (09:007).* There was also evidence in the data that social and political awareness had been enhanced by experiences of social discrimination and marginalisation through being a member of a minority group. *“...again I go back to the disability, that I’m kind of having to educate even qualified counselling psychologists not to be so...prejudiced (05:373). If they haven’t stopped and questioned the representation of disabled people, who else are they just perceiving just in stereotyped ways” (05:379).*

Engagement with counselling and psychotherapy

The data demonstrated that many of the participants had been attracted by the counselling and psychotherapy world and had become part of it. There was a difficulty in fully identifying with this world because it lacked the rigour and research base that psychology offered. *“[I] have found it often disturbing that counsellors and psychotherapists have been so reluctant to look at evidence and research” (04:058).*

Against external constraints on practice

From the data it was evident that participants generally opposed external influences that were seen as restricting the way in which counselling

psychologists practised. Any interference with autonomy in practice was regarded as something to be resisted. There was a strong emphasis on the centrality of the therapeutic relationship; it was seen as essential that therapy proceeded by *"building from the sense of the person, how the person wants to look at it"* (14:093). The external influences seen as most likely to impinge on practice freedom were medicine, clinical psychology, employee assistance programmes (EAPs) and insurance companies.

Beyond the medical model

There was significant evidence in the data of a resistance to the medical model. There was concern about the pathologising and individualising practices of medicine. Some emphasised their positive approach in *"making people's lives richer rather than getting rid of problems"* (12:226). Others also emphasised the socio-political dimensions of their work *"we espouse...a critical mind-frame towards the medical model, collaborative relationships with clients, an awareness of diversity in society and locating our therapeutic work in a much broader socio-political context"* (11:132). It was felt that medicine placed little emphasis or value on these areas. The practice of counselling psychology was viewed as working to redress unhelpful approaches engendered by the medical model and described as *"unlabelling"* (09:191).

Counselling psychology was regarded as a practice that goes beyond the medical model *"...I go beyond it really [and] work in a much more functional way with the problems that people have"* (12:114). It was also described in the following way. The usual form of medical intervention, involving diagnosis, problem solving and treatment, was seen as the lowest form of intervention. The next level of intervention involved meeting the person and the full use of the self of the therapist in the interaction. The highest level of intervention was seen as occurring at a transpersonal level where the boundary between the therapist and client

disappears and a higher level of “*being with*” what is going on within that person is achieved. The need to “*not know*” was felt to be necessary to facilitate this level (10:165).

The central place of the relationship, “*the shared humanity* (15:219)” in counselling psychology practice, was apparent in the data. The strength of the therapeutic relationship was viewed as being unique to counselling psychology and the counselling world marking it out from the other professions. “*I think the intensity of the counselling relationship is quite unique*” (02:183). The ineffable qualities of the relationship meant that the heart of counselling psychology practice was not readily audited and did not fit with the prioritising of evidence-based practice in medicine. Experience in therapeutic practice was felt to lead to trusting “*practice-based evidence as much as evidence-based practice*” (15:201).

If everything has to be evidence-based and you have to be able to give your formulation and your reason for operating in this particular way with this particular intervention at this particular time where is intuition going, where is the transpersonal? (15:083).

Antipathy towards clinical psychology

There was a strong strand of antipathy towards clinical psychology present in the data. This was largely based on the view that clinical psychology was “*lodged in the medical model*” (16:044). “*Problems*” are the central focus and the person is “*considered a secondary issue*” (16:048). A participant who had trained as a clinical psychologist said that they “*thought clinical was very mechanistic and routine and ... never really identified with that profile*” (16:036). Another felt that there was an understanding that counselling psychology had been formed “*in antithesis to clinical psychology*” (03:038).

The data showed that a number of participants were initially drawn towards a career in clinical psychology. On further exploration they found that it was not in tune with their outlook, it seemed difficult to enter training, or they had applied for clinical training and had been rejected. *"As a clinical psychologist ...it was mainly testing" (16:010). "I knew about clinical ... but didn't feel that it fitted very well and knew how competitive it was" (05:010). "[I] actually applied for clinical training but...there were so few places" (13:052). "There are lots of trainees...[that] have been rejected by clinical training" (03:048).*

EAPs and insurance companies

There was concern that Employee Assistance Programmes and insurance companies exerted pressure to work in specific, time-limited ways *"The insurance companies...EAPs, any formal set up that pays...the tendency is to pull it down to something instrumental which can be counted, labelled and manualised (10:265)".* These influences were seen as primarily finance-driven and leading to poor practice.

"Best of all worlds"

It was apparent from the data that the formation of the Division of Counselling Psychology had enabled participants to find a place within psychology that did not compromise their essential beliefs and philosophies. They emphasised the positive aspects of the amalgamation of counselling and psychology. This was felt to be beneficial for counselling and psychotherapy, and for psychology. Psychology was seen as introducing rigour into counselling and psychotherapy: *"...counselling and psychotherapy looked as though it needed a bit more standardisation and control over it in a way" (08:265). "Sound academic base, research, understanding of research, how to make use of research ... [psychology is] a good relevant base" (06:422).*

Counselling and psychotherapy were also described as providing a buffer to the influence of the medical model within psychology. *"[Counselling and psychotherapy] also wasn't aligning itself with medical model professions like psychology, psychiatry and so on"* (08:266).

From the data a strong sense emerged that counselling psychology provided the *"best of all worlds"* (13:446) for most participants.

Counselling psychology division as home

It was evident that before the formation of the Counselling Psychology Division most participants from that era had not been able to find a place within psychology that fitted with their views. *"[Counselling Psychology was] the only bit of the BPS that I felt in a way represented what I believed in"* (16:035). The need for a professional base was apparent. *"I can't be adrift as a professional for ethical reasons, theoretical reasons ...you can't be a member of a profession of one, you have to have colleagues..."* (04:540). The Counselling Psychology Division or joining the Division was viewed in terms of "home" or "coming home".

[Counselling Psychology] felt like this would be the route for me because I would then have a home as a psychologist which I'd never had really (09:030)...it was only at that point that I actually developed an interest in becoming...a professional practitioner psychologist as opposed to just having a degree in it (09:046).

The feeling of kinship with other counselling psychologists was also apparent: *"... they are a very human bunch and very attractive and I love them. I feel very much at home"* (10:135). Feeling at home was equated with feeling *"comfortable"* and *"non-defensive"* (04:534). This was also related to a sense of inclusion and in particular the respect for, and

integration of, differing theoretical orientations and ideas within counselling psychology “ *space for alternative ways of thinking*” (05:092).

From the data there was evidence that for a few, the organisation that represented their theoretical orientation was their “home”. This situation was described as “*historical accident and habit*” (06:063) rather than an active decision against counselling psychology. Another person participated in the Division of Counselling Psychology in order to bring new psychotherapeutic ideas into psychology “*what I hope will happen is that everyone will become much more sophisticated about the idea of levels in therapy*” (10:161).

Taking back psychology

For the older people who had left psychology the sense of “coming home” linked to the previous disillusionment with the subject. These people had started their first psychology degrees with enthusiasm and had wanted to be part of psychology. Joining the Division of Counselling Psychology enabled them to take back the much desired label of psychologist on their own terms “*I decided to go back again into psychology having discovered that there was now this thing called Counselling Psychology*” (12:031).

There was evidence in the data that some people regarded themselves as applied psychologists “*I see myself as an applied psychologist with a wide interest*” (12:253). “*I’m also involved in the management of the wider departments...I still see myself very much as an applied psychologist*” (04:007). They felt that this title better encompassed the broad range of the work that they undertook. As well as therapeutic work they engaged in outreach work, consultancy, training and management of other support services.

Summary

These common themes in the data conveyed a sense of alienation from and disillusionment with mainstream psychology, a strong awareness of the social construction of emotional distress, a resistance to the medical model and its representation within clinical psychology, and a rejection of finance-driven modifications to practice. The therapeutic relationship was a central factor. There was pleasure at being able to take on the label of psychologist without compromising beliefs and an emotional attachment to the Division of Counselling Psychology was evident.

INDIVIDUAL PROFESSIONAL IDENTITY

Twenty eight first-level categories were identified and these formed into three groups - the ethical centre, the formation and maintenance of professional identity, and the variability of the professional self. These three groups formed the second level category of individual professional identity. Some of the first level categories have been grouped together for clarity of presentation. This section is therefore arranged as follows:

- **The ethical centre**

- Frustration with codes and regulations***

- Recognition of responsibility***

- Experience of irresponsibility***

- Dissent***

- **Formation and maintenance of professional identity**

- Practice***

- Supervision***

- Personal development***

- Inspirational person***

- Reading***

- Training***

- **Variability of the professional self**

Professional confidence

Development cycle

Daily variations

Expertise

Professional legitimacy

Qualifications

Power

The regard of others

Money

The ethical centre

As participants tried to untangle the meaning of professionalism, links were made with integrity and an ethical sense of self. A strong connection between ethics, integrity and practice was underlined with a majority making direct links. Consonance between their beliefs and their way of working was very important.

The whole reason I'm coming into this work is because I think it's meaningful...I can't see how I could then practice and not have it in line with my beliefs that I hold, quite core to the meaning of life type questions. I have to marry the two somehow I think or it would almost seem meaningless to me (05:036).

It would seem very unprofessional not to practise ethically. [Ethical practice comes] from inside...so somehow translating my core beliefs into the work that I am doing (01:190).

The moral and ethical side of it is that if we are going to do something we have to do it to the best of our ability (13:095).

It was apparent from the data that for most people there was no separation between the self, ethical beliefs, ethical practice, and being a professional.

I find it difficult to divide the professional from the personal because I think the ethics and integrity are so forged into my personal sense of values and beliefs, and my personal philosophy that they can't be separated out any more (02:025).

Maybe it's something to do with...whether you really align yourself totally with your profession, whether it becomes part of you as a person, part of your personality or whether it's just a job that you do. And I suppose maybe that's the basic definition of a profession; it's not a job you go and do (08:127).

Another facet of the awareness that the professional self is not experienced as a separate entity was demonstrated by an underlining of the continuity between professional self at work and professional self in personal life. The professional is seen as pervading the whole of life and not being limited to the workplace.

I don't see myself as a professional when I am at work and somebody or something else when I am at home. It's almost like there has been a merging, you know, a sort of integration which is not possible to define out (02:008). ...it's something which I have embraced which doesn't allow that disengagement at the end of the working day (02:013).

The indivisibility of the personal and the professional was also described as a source of satisfaction. It was related to being of help to others.

...spending your life doing something that means something to you and maybe makes a difference to other people is really

important...if I didn't have that opportunity I don't think I would have been as happy as I've been...it's about spending your life doing something that is meaningful to you and for me at some level that I think I can make a difference (08:213).

It was suggested that the indivisibility of the personal and the professional was an intrinsic feature of therapeutic work. *"I don't know if that's to do with the fact that it's counselling psychology, whether somebody in a different profession would link it up with what life means or not. Maybe it's just particular to this type of work"* (08:193). In addition to this the pervasiveness of the ethical throughout professional life was linked to the view that ethical practice is at the heart of client work. *"[I] see the whole business as profoundly ethical because it is about relationship and people"* (09:338).

Frustration with codes and regulation

The recognition that being a counselling psychologist is an ethical practice indivisible from the self was underlined by participants' lack of regard for codes of practice. Although they were felt to be necessary to establish minimum standards, it was clear from the data that many participants did not find them either useful or inspirational. It was felt that there was a fine balance between achieving a code that was neither ambiguous nor rigid. *"if they're too ambiguous you might as well not have them, if they're too rigid you lose the humanity of them"* (05:386). Ethics were seen as an integral part of being a professional and were daily practices that could not be encapsulated in rules. *"[Ethics], it's there it's part of a practice and it's not somehow looking at a cookbook"* (07:220). *"It's not just...learning...principles of ethical practice it's much more philosophical meaning making in terms of integrity"* (02:046).

Mention of ethical codes of practice seemed to produce weariness and a draining away of the enthusiasm and zeal that was evident when participants spoke of their ethical beliefs and practices.

I'm not certain of the title of each code but I have looked, not recently I have to say ...but in the past....Oh heck, I'm a member of three organisations and I'm an associate member of another and they've all got codes. I'd better see if they are compatible... (06:164).

Codes had been read but were not found to be useful for the daily ethical encounters and decisions that are a common feature of practice. There was an anxiety that codes could mask the need to develop the ethical self. *"I think people very blithely say they adhere to a code of ethics ... without really understanding what it is to practise ethically" (02:298).*

There was some evidence in the data that ethical practice was closely related to supervision and this was felt to be more important in the maintenance of integrity and high standards than codes of practice *"I actually think strong supervision is even more important" (15:128).* In contrast to this, teaching based on codes of ethics was thought to be inadequate for preparing students to deal with the *"subtleties and shadow places in practice" (02:307).* *I would like to see ethics introduced more formally across the curriculum and then evaluated in a much more experiential way" (02:296).*

Recognition of responsibility

The development of the professional, ethical self was linked with the taking on of responsibility.

The moment you become a professional is when you are able to take professional responsibility. When you are able to carry the

can and you feel sufficiently confident to do that in terms of your knowledge and skill (06:126).

I'm professional because I have a lot of responsibility I think that makes me feel professional.... It's quite onerous and it's quite anxiety provoking because if I make the wrong decision then a lot of people will be affected by it (08:073).

The connection between the bounds of responsibility and ethical duty was emphasised in a situation involving a traumatised person “*bereft in all senses*” (12:205). In such cases the line between responsibility for therapeutic intervention and for social and political action is not easily drawn.

Experience of irresponsibility

There were two descriptions in the data of unprofessional behaviour. Strong feelings were attached to these narratives. The stories were marked by repetition and were returned to after the interviews had moved on to another subject. In neither case had any rules or codes of practice been broken. The “unprofessional” nature of the actions involved the manner of engagement with colleagues in public, and for one, in the presence of people from other disciplines. In both cases the person in question had disagreed emphatically with the participant. This behaviour was clearly regarded as “unprofessional” by each participant. “*I was quite upset ... professionally it did not feel good to me*” (13:261).

There has been an absolute abuse of power and integrity. I found it awful.... I feel contaminated ...and that's it bringing the profession into disrepute and with that somehow we each become tainted” (02:230). *This is the sort of stuff which is difficult to regulate for, but which is really crucial because of the work we do. It is so dishonourable* (02:273).

Dissent

The indivisibility between the ethical self and the professional self, and its link to responsibility was also characterised by a commitment amongst participants to shifting the status quo. Freedom of thought was highly valued and a dislike of dogma was expressed. *"I don't approve a lot of the narrow minded...not liking any dogma" (16:263).*

I've always been a great believer in ...just going with my beliefs and what's important and what's meaningful and then seeing how it fits into the system rather than taking from the system and never really expanding on it or changing it in any way (05:354).

There was an underlying theme in the data of taking the position of rebel. *"I'm always better as a rebel than as part of the establishment" (09:199).* *"I have my identity as a rebel (15:101)....I find it very hard to conform to things knowing they have got it wrong" (15:187).*

"I was involved with other renegades who were starting up what is now the Division of Counselling Psychology (09:050). Very important to have been part of getting counselling and psychotherapeutic practice recognised within the mainstream of psychology... pushing psychology in a more humanistic direction (09:083).

This theme was apparent not only in older Counselling Psychologists but also in trainees.

How I can align the therapist with the social constructionist is by going in and being an activist of some sort...otherwise I'm just perpetuating the system...how could I do that and sit comfortably with myself? I couldn't (05:278). I've still got a toe in counselling psychology but really I'm in the realms of ...activism, social psychology, sociology..." (05:340).

Formation and maintenance of the professional self

Participants were asked to identify the elements that contributed to the development and maintenance of the core of their professional self. The main factors were practice, supervision, and personal development. Other factors mentioned were reading, and inspirational role models such as teachers, supervisors, colleagues and mentors.

Practice

There was an emphasis in the data on the centrality of client work in the development and maintenance of the professional self. *"[It's] such an impactful thing"* (05:322). *"Most of my learning has taken place with clients on placement and in supervision"* (12:068). *"...having done the training and got the qualification I did not feel a professional then. It was not until I was practising ..."* (01:318). This included *"practice during and after my training"* (03:262). The strand of practice that was particularly cited was the ability to develop therapeutic relationships. *"When you feel you are doing that OK you begin to feel confident"* (04:207).

Supervision

Supervision was also highlighted as an important factor in professional development: *"... supervision is paramount ... it is essential, you couldn't work without it"* (13:403). *"Our feedback from student[s] is often, the supervised practice that they get here; they learn more from it than on their course"* (04:127). *"I suppose something about the awareness. I guess that's why supervision is so important. You are reflecting on what is happening"*. (06:115). Supervision was described in terms of it keeping practice "fresh". *"[Supervision helps you to] look at things afresh, you remember things that you've half forgotten... to relearn or even look at different approaches"* (06:155).

There was evidence that supportive supervision underpins professional confidence. *"My supervisor's approval...really gave me a sense of validation"* (15:052). This view was confirmed by an instance of unsupportive supervision being experienced as stressful.

Some of my supervision is still with a clinical psychologist and that is quite behavioural and that's still difficult. I do get very worked up actually trying to explain how I see things when it's very different from how she sees things (14:257).

Personal development

Personal development was seen as an important contributor to becoming a professional counselling psychologist. A close relationship between self and practice was emphasised.

It's not a profession in the sense it's knowledge... it's something about who you are more. It's more integrated which makes the training so hard because you are not just learning you are developing as a person... it's those parts that will make me a good counselling psychologist because everyone can go and read about depression and anxiety, but I think it's more of an essence.... I do feel that to be a good therapist it's more of an intangible quality (05:332).

Self-reflection was also highlighted as an important factor in the maintenance of integrity. *"Somehow integrity and ethics are linked into reflecting on one's values and beliefs..."* (02:024). Personal development groups where the aim was *"to learn to be open and honest about how you are feeling"* (02:295) were also seen as important in the development of the ethical self, and a key contributor to the development of integrity.

Inspirational person

There was an instance in the data of an inspirational person being cited as a role model. They provided an example of “how to live the professional life”.

He was very congruent...and he understood that Rogers meant a lot more than people just reflecting or being empathic. So he had a way of being that hopefully has influenced my practice as well but he was also able to explain what he was doing and he was also very enthusiastic. In practice, in the way he conducted his relationships with students he also embodied a lot of those values and he wasn't at all wishy washy. He had his feet on the ground...he showed me you could actually engage in this vague experiential world of people's feelings and meanings while also staying quite rooted in the real world (04:282).

Reading and engagement beyond psychology

Reading was also mentioned as a contributory element to professional development. Additionally the engagement with the wider world in the form of the creative arts and current affairs deepened understanding and broadened perspectives. “*It is very much the fact that I have read very diversely. It is my engagement with art; it is my engagement with what is happening every day, listening to the news*” (03:264).

Training

There was little mention in the data of training or course lectures or seminars as contributing to the development of the professional self. Exceptions to this were a comment about the inclusiveness of a course and the fact that it had provided the enriching experience of “[a] very

disparate bunch of people" (12:049). Training was also valued for broadening perspectives and leading to the understanding that *"one view is only a set of beliefs that may or may not be true"* (16:083).

Variability and the professional self

From the descriptions in the data, the ethical centre of the professional self, indivisible from personal life and counselling psychology practice, was experienced as fairly stable. However, variations in the strength of professional feeling were described by participants. Their descriptions of variability divided into two main categories. These were professional confidence and professional legitimacy. Professional confidence was closely related to participants' development and competence as practitioners. Professional legitimacy was related to the achievement of professional qualifications, titles and recognition. There was a separation between confidence and legitimacy in that confidence in practice was not experienced as dependent on legitimacy in terms of qualifications and professional recognition. This relationship was described by one participant as follows: *"If I am sitting with a client the fact that I have all these qualifications means absolutely nothing because feeling professional means feeling in tune"* (16:073).

Professional confidence

Professional confidence was seen as building up steadily over time and was linked to an ability to cope with whatever a client may bring. *"It's to do with confidence (08:119) ...as you develop...there's less and less anxiety about coming across things that you don't know the answer to, that you are going to be challenged on"* (08:122). *"I know what I am doing and I feel prepared because one is open and people are surprising but yes, in the sense of preparation and those things, readiness, yes"* (12:121). Therapeutic practice was felt to be the activity that underpins

confidence in the professional self. *"I'm most aware of being a professional psychologist when I am with clients. That's where things come together"* (04:464).

In addition to this stable basis to professional confidence there was some experience of variation. It was expressed it as follows:

The sense of professionalism is there you know , underlying this , but above that there are these kinds of traps of some doubts and some minor doubts...I guess that's part and parcel of professional development where...I...highlight...certain areas...I ought to revisit and go back and refresh my mind and bring it all together again (07:164).

Two themes were identified that contributed these variations in professional confidence. These were practice competence, involving a development cycle and daily variations in competence, and the participants' relationship to expertise.

Development cycle

The variable nature of practice competence was linked to the need for continuous development. This was described in the following way:

You move from unconscious incompetence to conscious incompetence and then to conscious competence and then unconscious competence. Then you become over confident and slipshod and you move back in a circle to unconscious incompetence (06:112).

It was also described as a spiral rather than a circle, where each new layer of learning or relearning increased the professional confidence,

taking a “*growth*” and “*plateau*” form (14:146). The cyclic nature of development was also compared to an experience of telling others about their sexuality. “*It feels a bit like coming out really. It happens time and time again*” (11:073).

Sometimes variation in practice competence was produced by taking part in training. One instance involved downward comparisons with the skills demonstrated by others. This participant felt less professional on the day of their interview because they had just seen a master practitioner demonstrate her work and they were left feeling dissatisfied about their own skill level “ *...watching someone who does it so easily...and...feeling a little bit deskilled*” (07:110).

Daily variations

In addition to the above cyclical variation in practice competence, there was also a sense that the feeling could fluctuate on a daily basis. The main factor outlined was how satisfied people were with the quality of their client work on any particular day. “*If I wasn’t practising well, I wouldn’t be proud of myself, wouldn’t feel professional, wouldn’t feel it inside. The heart of it wouldn’t be there*” (01:335).

For experienced practitioners, a temporary loss of professional confidence engendered by an unsuccessful session could be balanced by an overall feeling of effectiveness. “*My past practice gives me confidence...I keep cards from my clients*” (03:276). “*If I’m with someone and half-way through the session and I think I’ve lost it this morning, I’m just not being very good, I can think well I usually am*” (01:324). For a trainee there was a more marked experience of falling in and out of professional confidence that was closely related to receiving positive feedback about client work “*I kind of drop in and out of it*” (05:306).

Expertise

Another type of variation in professional confidence was linked to the concept of expertise. This theme was found to vary between people rather than within individuals. The traditional idea of being a professional was associated by these participants with being an expert and this could be a source of dissonance. For one, owning expertise seemed to run against the grain of being a professional. *"It's quite a strange profession because I think that an important part of being professional in this is to be professional at not being an expert, and I think that is quite a difficult position to maintain"* (09:105). Another person coped with this dissonance by separating out "expertise" from "being an expert". *"I'm more happy with expertise than expert because expertise is something you may have in a particular context whereas expert is somehow not OK...."* (01:317). For another, the collaborative nature of the relationship was emphasised and a form of expertise owned. *"The client brings their expertise...they know what it is like in their world...I have got these other accesses to knowledge, to information, to resources... and together we ...co-construct a way forward"* (02:153). A further person was able to articulate and own counselling psychology expertise by using the poet Keats' concept of negative capability *"the capacity to stay with mystery and not to wish to find solutions"* (08:121).

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Professional legitimacy

Professional legitimacy was not experienced as a stable entity. In the data it was generally described as subject to periodic waxing and waning and appeared to be largely dependent on external factors. These are qualifications, power, the regard of others and money.

Qualifications

From participants' descriptions, the contribution of qualifications to their feeling of professional legitimacy took the following general pattern. A first degree in psychology established a grounding in a sense of legitimacy as a psychologist. This was then built on by a succession of markers such as becoming accepted on a counselling psychology course, getting a placement, getting a job, achieving chartered status and then equal pay with other psychologists. It could be further enhanced by publishing work or by gaining a position within the professional organisation. This final phase of legitimation is achieving professional visibility amongst peers.

However the gradual accumulation of qualifications and professional recognitions was connected with a common experience that, as each qualification or recognition was achieved, it ceased to be so meaningful. *"The degree, you think oh gosh, that will be really something. When you get it you think oh, if I could do it maybe anyone could"* (09:100).

On gaining each qualification a further fence to jump would appear in some participants' minds and this would then be viewed as the goal that would give them the feeling of professional legitimacy. The feeling of needing to jump yet more fences was exacerbated by the fact that BPS was constructing new fences (e.g. the register of psychotherapists). *"It has become more and more, there are more hurdles to jump"* (12:324).

Qualifications were not directly related to practice. *"Clients are not going to say Oh, I feel better now"* (11:280). A raft of professional qualifications did not automatically produce the integrity which was seen as key to excellent practice. *"People can have very high status qualifications and behave without integrity"* (02:063).

For some, the construction of new fences added to the feeling of never getting there. A highly qualified practitioner described a feeling of deficit

“...having done the training and got the qualification I did not feel a professional then” (01:318). Even having qualifications and accreditations with several different organisations left a feeling of confusion about which title to use. “If I had a business card what would I put on it? Counselling psychologist, coach, counselling supervisor, psychotherapist or organisational development consultant? I don't know” (15:296).

There was also an awareness of being practically qualified in an area and not necessarily possessing the relevant piece of paper. The new BPS psychotherapist registration was felt to be out of step with practice experience. *“I consider myself a generic psychotherapist anyway” (13:417). A fair amount of the work I do is psychotherapy, I guess, but I don't call it that because there are lots of other more convenient labels” (14:323).*

Writing and publishing papers and books was seen as providing a further level of professional legitimacy: *“Moments when I certainly feel it [professional] are ... having my first paper published ...” (11:089).* The inability to write and the resulting feeling of “not being part of the club”, for this person, has led to a feeling of dread at the arrival of the journal. The journal on the doormat seemed like a rebuke; a visible confirmation that they had not written an article for it.

I think I haven't time to write ... and I ought to. That would make me legitimate if I had written something in the journal ... [Writing] that's another proof of the pudding. ... If it's published in the journal then that shows that they are academic, that they know what they are talking about.... It's like they are really part of the club.... The journal arrived today and my heart sank. I hate receiving this journal and I haven't even opened mine. I think the arrival of the journal prods my consciousness of 'you haven't done anything yet to write about'. It's a nudge. People who have been students have and still I haven't. It jogs the judge in me (01:269).

Writing was not just an external sign, for another person, it also seemed to have an internal consolidating effect on the feeling of being a professional.

I've had to write stuff myself and I'd had to think about and reflect on where I am and where I've been and what that all means really and I think in doing that I felt that I was in a position where I was integrated. Things like people asking you to write something I think you've now reached the dizzy heights where people recognise you and know the work that you do, ask you to do things and that's made up of all those aspects of being a practitioner, the work I've done here, my own things that I've written so far integrated together into what I am and that is a professional person in one sense (08:165).

Although qualifications built up an overall sense of legitimacy, individually they were vulnerable to being discounted. One qualification stood out as significantly different in this respect and did not seem subject to the same devaluing process as their other qualifications. This was chartered psychologist status. This moment was described by these participants in ecstatic terms and it seemed to have a tangible effect on both legitimacy and confidence:

You get the piece of paper and you stick it on the wall ... and you think oooh, wow, I actually am something. So I think there is something significant that happens with that piece of paper that makes you feel professional (08:139).

I was chuffed to bits. I copied it, I sent it to everybody, there was something about being legitimate. ... I had graduated from nurse to medic.... I think that was probably for me the most important qualification if you like. It meant more to me to be chartered in a professional way than to have my bits of paper that said I had three degrees and so many diplomas...(11:052).

The chartered status for me meant I had made it professionally (13:078).

It also served as a visible sign to others. It serves as a short cut in that there is no longer a need to explain self or qualifications to others. *"It is a badge for the outside ...I am competent"* (15:150). This tangible external affirmation embodied by a piece of paper seems to have a significant effect on the strength of felt professional identity. *"[Students] they quite often say that to them when they get this and they look at it and they say that's me, that's who I am, a counselling psychologist"* (08:143).

Power

The title chartered psychologist and its allied doctoral status was described by several people as conferring not only legitimacy but also power. *"The word 'Chartered Counselling Psychologist' gives...an amazing amount of power"* (03:073). This status was felt to give counselling psychologists a "voice" and greater "freedom" in the form of "autonomy". (05:254). Power was also welcomed because it is necessary in order to achieve change.

There is more power in being a professional... it's better to have power because then at least you can do some good with it. If you don't have any power you can't even do something bad with it and you've not got the choice of deciding what is good or bad because you haven't got it anyway. So at least as a professional you have got power and you have got influence... (08:238).

Acknowledging power and its implications was also seen as an essential part of ethical practice. *"Integrity is acknowledging that you do have power...and how easy it would be to abuse it"* (16:164).

The regard of others

The regard of others emerged from the data as an important factor in the maintenance of the feeling of professional legitimacy. *"It's much easier to feel professional with lots of feedback that you are getting from other people and their expectations that you are a professional person, you do things the right way"* (08:154).

It was evident that recognition is problematic for counselling psychologists. The feeling that other people and other professionals did not understand the work of a counselling psychologist was emphasised. *"When I'm trying to explain to people I don't often say counselling psychologist because it holds no meaning within society currently. Nobody knows what it is"* (05:230). One theme that emerged from this lack of recognition was the feeling of being "an impostor". *"If my employers are seeing me as something I am not because they don't understand what my training is then that's a really, really difficult area"* (14:420).

Variability in the feeling of legitimacy was experienced in interactions with other professionals. Having the ability to speak with confidence in multidisciplinary meetings increased the feeling of being a professional. The less overlap in professional roles among the people present at the meeting, the greater the degree of felt legitimacy.

I think it is easier to feel professional when you're representing a profession ... you have a discrete title and everybody else has something different then that's easier. But if you're actually coming across the areas where boundaries are more fuzzy and there are overlaps with other professionals it's harder to be professional in that sense (08:102).

Two groups of other professionals particularly impacted on the feeling of professional legitimacy for counselling psychologists. These were doctors and clinical psychologists.

The attitude of doctors towards counselling psychologists had a significant impact on participants. On the positive side, monthly meetings with doctors, where feedback was received about client work, were experienced as validating. The meetings helped to dissolve “[The] Achilles syndrome, the feeling of being a fraud and that you are going to be found out” (15:057). However, negative experiences predominated. Interactions were described as being “patronising” and “arrogant” (07:316); the professional status of counselling psychologists was not recognised “I don’t think we are recognised in that professional way certainly by the medical profession” (13:215); and their working practices disregarded “GPs who poo poo confidentiality issues” (13:142). “When I worked in the NHS there were moments when senior medics completely overruled me ... about practice issues and I found that very, very difficult” (02:196).

The lack of recognition for counselling psychologists who worked in medical settings was exemplified in the data by the physical conditions in their work places. “I supervise counselling psychologists in the NHS so I know a lot of them are working under really terrible conditions” (15:251).

This was illustrated by accounts of room provision. It was very difficult for these counselling psychologists to have their request, for the consistent provision of a suitable counselling room, respected. “People still say ‘but why do you need the same room every week?’ ... It’s frustrating ... (11:166). I am like a child trying to nab the ball out of the playground every other week” (11:179). This experience contrasted with the participant’s awareness that rooms were provided for the sole use of doctors who used the rooms only one or two afternoons per week. “Psychiatrists that are in one afternoon a week have a dedicated office which no one else can use” (11:157).

Despite a current lack of regard from doctors, a few participants expressed some optimism about the future and a hopefulness that a new generation of doctors is emerging:

I'm in a practice with some really young whizzy doctors. I find them really good not just with their medical knowledge but they have obviously had a newer type of training communicating with the patient (06:286). Whereas ... [the] older style, it was like God pronouncing.... we can have a proper conversation and I can express a view and express choices, a very different type of interaction than it used to be...(06:295).

Acceptance within psychology by other psychologists was a strong theme in the data and particularly important for those who worked in the NHS. Acceptance as a psychologist of equal status and being given parity with clinical psychologists had an especially affirming effect. It solidified the feeling of being a professional “...they upgraded me and put me on the equivalent scale...they have recognised it” (07:124).

Negative regard from clinical psychologists was often mentioned by participants who worked in NHS psychology departments. An antipathy was apparent even in training. There was an awareness expressed in the data of conflict between clinical and counselling psychologists in training together and a concern that this mirrored the outside world “...the course is like a little micro-version of what I perceive it to be in the macro-version out there. There's a bit of conflict and there's a bit of a clinical versus counselling and it shouldn't be” (05:138).

A lack of recognition of the skills of counselling psychologists by clinical psychologists was experienced. Supervision was highlighted as being especially difficult when given by a clinical psychologist who expected them to work within a behavioural framework and this made a huge difference to how this participant felt about their work.

[There is] unspoken pressure almost to act as if I'm like what I imagine a clinical psychologist to be and to be quite structured and CBTish ... sometimes it feels like I have been naughty ... in ... just being the way I have trained to be (14:145).

I just get supervised by a clinical psychologist... And there's a certain amount of arrogance within clinical ... some clinical psychologists as well appear quite arrogant towards counselling psychologists (07:320).

An allied theme was the lack of recognition experienced when seeking work in NHS psychology departments.

A particular experience was ringing up to find out about a possible job... the person I rang was a consultant clinical psychologist and he was quite brusque... seemed quite put out that I would even consider making an application.... It felt like a put down.... We're up here and you're down there (07:327).

They say you sound perfect, send us your application. Then you say sorry I forgot to mention I am a counselling psychologist and they say "Oh, sorry we don't employ counselling psychologists" (11:079).

The impact of these forms of rejection by clinical psychology was evident in the following additional information provided. At the time of the research interview this person had been excited about the prospect of their new job in the NHS.

I would like to add that since the interview when I had supervision with my line manager, it became apparent that when I do become a chartered counselling psychologist, that I will not be paid the same as a newly qualified clinical psychologist. In fact my pay is

to be below the spine point that my NHS trust states is the minimum for a chartered clinical psychologist. My line manager says that she does not employ clinical psychologists in the primary care service as they are "too expensive". Now I feel extremely hurt, devalued and angry. I had heard that the BPS has said that there should be parity of pay. I don't know whether I am alone, or whether this is common, but I do feel that I am being seen as a lesser professional (14:536).

When NHS posts and parity with clinical psychologists are achieved by counselling psychologists, it was felt that this was because there was a shortage of clinical psychologists and no-one to "fill the seats" (11:185).

In an example where parity in pay and status had been achieved, the onus had been put on the counselling psychologist to prove that parity was deserved. They reported that their clinical psychologist manager said "if you can show me where this equivalence is then we will go ahead. So I had to make a case for me" (07:135). Even a participant who felt happy in their NHS psychology department described picking up the feeling that their clinical colleagues did not consider them to be as well qualified. "I do pick up occasionally that sort of no, no you are not qualified to do that" (13:159). If the feeling of professional legitimacy is maintained, it may be done so in a position of isolation. "It does not stop me feeling professional necessarily but it does mean that I feel as if, oh hang on, I'm the only one who thinks I'm a professional here" (11:086).

Alignment with counsellors employed by the department was used as a strategy to mitigate the impact of lack of recognition by clinical psychologists. Counsellors were found to be supportive and spoke a similar therapeutic language. "I am finding myself at the moment...identifying myself more with the counsellors" (14:126).

By contrast, there was some evidence that counselling psychologists were distrusted by the counsellors within their department. Counselling

psychologists were placed further up the departmental hierarchy, paid more and they received more interesting cases than the counsellors. They felt that this placed them in a difficult position where they had neither the respect of the clinical psychologists nor the support of the counsellors. *"[Counselling psychologists] are not clinical psychologists but they are expected to work clinical psychology protocols and they are distrusted by the counsellors who feel that they get all the plum cases and get paid more. So yes, an invidious position"* (15:255).

One strategy adopted to defend the feeling of professional legitimacy might be to take on clinical approaches and values. This was apparent in a training course which seemed to be conveying a mixed message:

I feel that there is almost a sense of paradox on the course that they are not really clear where they are at, because in a sense what attracted me was the idea that counselling psychology was less medicalised, is less clinical in a sense, is more critical and open to things like social constructionism ... I still have to come up with very medicalised formulations in my next project using the DSM... so there seems to be this inherent conflict in the course that it can't be one thing or the other (05:061).

A concern was raised that the push to become more like clinical psychologists within the NHS might help to gain status and power but would result in the fundamental loss of the primary purpose of therapeutic endeavours.

If we decontextualise people and try and quantify them and medicalise them, then we miss out on the point of it all. We keep up with our power and our statistics and our numbers and diagnoses, we're OK ... but in fact we are not really helping the person (05:163).

Elements identified that sustained people in clinical departments were the variety and interesting nature of the client group and the security that a NHS post could offer. *"The type of counselling psychologist I come across relishes their clinical work (11:386). "...I feel that if I stay within the NHS I have got a relatively safe career structure" (14:405).*

Peers were felt to be a very sustaining group as exemplified by the descriptions of counselling psychology as a home base, but there are few counselling psychologists and they are sparsely distributed across the country. Several counselling psychologists were the only one working and living in a particular location. *"I was living in A and then I moved down here and I was trying to set up supervisors and counselling psychologists and it was really, really hugely difficult to find, there's not local groups,...there's none of those things" (14:385).* There was a suggestion that more training courses and the resulting increase in numbers would make a significant difference. *"I'd like to see it more nationwide...it's not so much jobs but it's the presence of people. I just think it's a geographical historical kind of thing...more courses will open [it] up" (07:373).*

Money

From the data it was apparent that money is valued, but more for its implicit link to status and legitimacy rather than simply for itself. *"Financial remuneration is important because of what it signifies in terms of valuing which I guess is a status thing" (02:263).* In some NHS trusts counselling psychologists were reported as being on lower pay scales than clinical psychologists; and some had been on clerical pay scales. *"...there are some trusts that don't recognise counselling psychologists...that don't put them on the right pay scales they put them on clerical pay scales" (05:052).* There was evidence that this added to the feeling of being a "second class citizen" in the NHS (04:032).

In contrast to this there was also evidence in the data that the decision to become a counselling psychologist could be pragmatic and based on the aim to secure a reasonable professional salary. *"I thought, well counsellors are not getting very good pay, I thought I can carry on as I am or I can try and use my psychology"* (07:063). This person felt that becoming a counselling psychologist would place them in a more favourable situation in the job market and this had proved to be the case.

Although it was viewed as important in terms of status and recognition, for most people money was not the main motivator in choosing to become a professional. *"Money is important, I'm not so naïve, but it isn't a driving force which is bad in some ways, because one should be demanding that these services that are provided are acknowledged, but I find that a difficult one"* (02:256). Money was also seen as compensation for the responsibilities of being a professional. *"Financially it's a better life than many, at least some financial reward anyway for being a professional"* (08:237).

Summary

This section of the results has described the main factors that participants attribute to the formation and maintenance of their professional identity. In particular the central component of professional identity is described as ethical practice. Although the central core of professional identity is experienced as stable, variations in professional confidence are evident. Two intrapersonal factors related to the need to refresh learning, and the effectiveness of daily practice were described. One interpersonal factor relating to participants' relationship with expertise was also outlined. Professional legitimacy was experienced as less central to professional identity and appears to be dependent on qualifications, power, the regard of others and income.

PERSPECTIVES ON PROFESSIONALISATION

In addition to the individual meaning of being a professional, participants were asked for their perspectives on the future of counselling psychology and its pathway towards greater professionalisation. Seven-first level categories were identified and they formed the second level category of perspectives on professionalisation. These were:

- **Inclusion**
- **Stagnation**
- **Distance**
- **Absorption**
- **Fragmentation**
- **Trailblazing**
- **The crossroads**

Inclusion

Inclusiveness was a strong theme and involved a keenness to include a wide range of people from differing backgrounds, disciplines, ideas and practices within counselling psychology. It was felt important to avoid the professionalisation pitfall of becoming “*elitist and excluding, difficult to get into and protecting the interest group*” (06:203). There were anxieties that increasing professionalisation, and the gate keeping that came with that territory, would exclude others and narrow the range of ideas and approaches. In particular, a concern was expressed that, as psychology tends to focus on individuals, therapeutic approaches from other professions or perspectives that involved work with groups or communities could be excluded. The inclusion of different therapeutic approaches and interventions was seen as the way forward.

I would hope to see ... accountability and transparency and clarity and I'd like the emphasis on collaboration, participation and responsiveness to people who want to make use of psychological services or get involved in some way. I'd like to see very much a move in the direction that links perhaps with community social psychology (06:209).

There was evidence in the data of a move towards greater inclusion within psychology based on collaboration with the other divisions that engaged in therapeutic work. *"I have an occupational psychologist that comes to me for supervision and the way that she works with people in organisations has a similar value base and similar sorts of approaches"* (09:149). This was also widened to include more holistic forms of collaboration with other therapeutic approaches such as the physical therapies. This was felt to be particularly important for counselling psychologists who work in the realm of the performing arts *"I do see more of the overlap with counsellors and other groups, including people who offer physical therapies"* (12:290).

Inclusiveness was suggested as a way to avoid repeating the mistakes of the past. The importance of making space within counselling psychology for alternative ways of thinking was underlined. Psychology's past history of perpetuating the repression of minority groups both within and outside psychology was noted and it was felt that in this regard the Counselling Psychology Division could be a springboard for change within psychology. *"How we treat, how we talk, how we research. Everything needs a shift to start undoing oppression and that goes for gender, racism, all the biggies. They are so institutionalised in such a subtle way"* (05:100).

New movements in psychology were valued. *"There's interesting work going on...community social psychology"* (06:217), and the importance of counselling psychology in maintaining its ground and not being subsumed by "old paradigm thinking" was emphasised. Not only was

counselling psychology seen as a springboard for change but it was also seen as representing an opportunity to redeem the sins of the past. The need for counselling psychology to find a different pathway to professionalisation was trenchantly put by a trainee.

To start undoing the damage that psychology and other professions have done there needs to be a shift, but because it's such a fundamental shift in thinking about things, even about reality, meaning, power I can't see it happening quickly, but I'd like to think there's going to be room for me to work in those ways and not be silenced or censored. That's what I would like to see. I don't expect everything to magically change and nobody should ever think the same way, but I want to be given the opportunity to work in those ways (05:102).

Inclusiveness was also extended by the view that counselling psychology was in a position to bridge gaps between other groups; as having a cohesive potential. In particular, counselling psychology was seen as being in a unique position to bridge the gap between clients and psychologists. Two factors were cited. Firstly, counselling psychologists are the only group of psychologists who have experience of being a client during training. Secondly, the collaborative nature of the counselling relationship led to less of a hierarchy between psychologist and client than may be evident in some other Divisions of psychology *"I think the one thing we do that other psychologists don't do is we get into the client's chair...that's a really good thing to have to do to know what it's like to be in the other chair" (07:346).*

Another instance of bridging in the data was the role of the counselling psychologist in facilitating understanding between counsellors and clinical psychologists working in NHS psychology departments. As well as acting as facilitator/translator, it was felt that counselling psychologists are also in a unique position to encourage counsellors to increase their psychological knowledge and to encourage clinical psychologists to

develop their counselling skills. *"counselling psychology might be a useful bridge between counselling and psychology so that it can kind of pull us together"* (07:392). There was also a theme that counselling psychology may be a cohesive force within the differing factions in counselling and psychotherapy by not privileging any particular theoretical approach. *"...counselling psychologists could in fact do supervision with counsellors and encourage them to develop their psychological base maybe a bit more and be more open to different approaches"* (07:398).

Stagnation

Professionalisation was not welcomed in that there were fears from some participants that it could become a *"straitjacket ... restrictive, a burden on creativity ... somehow narrowing the focus of the relationship"* (02:316). As the profession of counselling psychology achieves greater definition it is seen as becoming harder to change and incorporate new ideas. *"... times are changing but unfortunately we still follow those rules of the past"* (03:023). *"My fears are around things getting put in boxes like having our practice controlled"* (14:279).

The concern with stagnation extended to training. The feeling was summed up by one person who said that *"things are changing and the training does not seem to change"* (03:161). A sense of vision and direction was lacking. *"I can't quite see where it is headed and that for me is rather sad"* (12:377). The humanistic base was also felt to be under attack from pressures to define competencies *"...the basic large picture of human interaction needs to be there first and you don't get it from learning competencies, specific competencies"* (16:103). There was criticism of the training process in relation to both its content and form. The context of the client was regarded as being under-emphasised in

training. There was also concern that trainees are being moulded within a particular political ideology and felt that emphasis on one-to-one work may not always be in the best interests of the client. *"It's a very liberal discourse....It's very individualistic. When a counselling psychologist works with a client they are only with a client. This can create a lot of fractures in the client's network, family, friends, partners, children"* (03:123).

There was particular concern that placements are not providing space for reflection on the above issues but are very focussed on individual interventions and on the therapy being applied, rather than on the wider context within which it is taking place. *"...the placements do not encourage any form of thinking (03:129)...a more political approach and ecologically, I think it is very important to see the person as part of the ecology...the environment"* (03:135).

This view was elaborated by another participant who was also concerned with the development of trainees. They felt that the development over time of the professional self was best served by an apprenticeship model of approximately five years. They regarded the development of a professional as a coming together or interaction between learning, personal development and practice that took time. They argued *"that the apprenticeship model was actually kinder on the student because you are not in that pass/fail mode"* (04:255). Areas that needed more work could be developed over more time. This person compared their own experience of being a professional with being a craftsman. *"I wanted to be good at something like a craftsman is good at it"* (04:237).

Another theme present was the view that university-based training was important because it introduced people to a wide range of ideas and choices. *"I think this is crucial...because at least it introduces you to the choices, whether you agree or don't agree. There's a lot of stuff I don't*

agree with but I go through it anyway because how can you criticise something well unless you know it" (05:264). This was given as a rationale for learning more about the methods of medicine and clinical psychology. Another hoped for better teaching of ethics, leading to a deeper understanding of the philosophical bases of counselling psychology and the values implicit in its models of human nature.

Models of practice in psychotherapy are very western and individualistic...and looking at cultural practices...that's addressed to some extent, but the difference between the model of human nature which underlies psychoanalytic theory and the model which underlies humanistic and that which underlies existential or cognitive behavioural, the value positions of those are not addressed on courses. (09:412).

The disparity between clinical and counselling psychology in the funding of training was highlighted. Trainee clinical psychologists are funded by the NHS whereas counselling psychologists receive no financial support. Whilst funding by the NHS has its attractions, both in terms of enabling a wider range of people to undertake training and facilitating joint training and parity with clinical psychologists, it was also viewed as having dangers. It could give the NHS the power to influence the training agenda and the values of counselling psychology might be eroded.

When we've investigated the possibility for government funding for counselling psychology ,it has always been well you courses are not standardised enough for us to give you the funding... within the Division of Counselling Psychology there has been a concern that we that we don't want that standardisation which will make us even more like clinical psychology" (08:384)

There was also a concern that funding could also lead to some forms of therapy, such as existential therapy, being excluded. "...places that

teach things like existential psychotherapy are probably not the ones that would be funded" (08:391).

A further theme was that stagnation could be avoided by expanding roles beyond counselling psychology. *"Although I guess I'll always identify with counselling psychologist ... at the same time I hope I'm not restricted by it if that makes sense. I'll go on and expand other parts of my knowledge and ways of practising" (05:236).*

Distance

There was a strong theme in the data that increasing professionalisation makes it more difficult for certain groups to have conversations with each other. *"The history of 'the professional' suggests that it becomes barriers more than boundaries" (06:246).* There was a concern that *"professionalisation tends to...put us more clearly into boxes" (09:436)* and cut people off from the rich resources found in the wider therapeutic fields. Active engagement in the wider therapeutic worlds was referred to as *"counter-professionalisation" (09:462).* A more flexible approach towards professionalisation to counter these forms of restriction was felt to be important:

It is important for... structure to be created in order to define a profession. Unfortunately often by setting standards we need to have truths, we need to have boundaries. An alternative would be dialogues where we could negotiate what it means (03:196).

There was an awareness present in the data that a greater degree of professionalisation might create distance between counselling psychologists and clients. *"In some ways the greater the professionalisation, the bigger the distance between the organisation and the clients" (01:262).*

Titles and greater status were seen as both necessary and as forming barriers between the counselling psychologist and the client. *"Some of the things that can seem important politically in the professionalisation of counselling psychology risk getting in the way of what I actually like doing best [therapy]. So there is a trade off"* (11:108).

The possibility of greater distance was also envisaged between counselling psychologists and the other members of the therapeutic professions. A concern was expressed that counselling psychology might itself be wanting to take over the therapeutic territory. *"I think there's something about the development of counselling psychology that's uncomfortable. ... potentially trying to elbow other people working in the same field out"* (06:396).

There was also an awareness that the psychologist title was not acceptable to counselling and psychotherapist colleagues and of itself created a barrier. *"Probably my department team members would not like to think of me sitting there as a psychologist"* (04:011).

In contrast to this another theme expressed a desire for more distance from counselling and psychotherapy and regretted that the word counselling was included in the counselling psychologist title.

I mean it's hard enough because we have got the word counselling in the title anyway. You know I'll have done seven years full-time by the time I graduate. I'm not a counsellor ... I'm a counselling psychologist. I think it needs to be given its place and I think professionalising it will do that, give it its place hopefully (05:198).

Another finding raised the issue that professionalisation excludes people who are otherwise effective practitioners but have not followed a traditional pattern of training. An important point was the concern voiced that people without resources and people from minority groups were

excluded from becoming counselling psychologists. The process of becoming a counselling psychologist was described as *"so unbelievably expensive, and so time-consuming and so hard"* (03:300). *"So many hoops to jump through or regulations to abide by, people who are still good at what they do can't make the grade"* (13:392). It was felt that people and groups who lacked resources would remain excluded from counselling psychology. *"...people who have always been underprivileged will remain underprivileged and under-represented"* (03:301). Exclusion and difficulty in reaching chartered status were seen as especially inappropriate when there were *"such a lot of clients that need to be seen"* (14:276). Although the arduous nature of attaining chartered status was considered part of the exclusion process, for one participant it also carried with it a valuing in the sense of *"if you have gone through hell then you are worth to be called a counselling psychologist"* (03:164).

There were drawbacks to belonging to a Division identifiable in the data. It also was noted that being a Division could separate counselling psychologists from other psychologists and encourage divisiveness within psychology. *"I think it's great to have a Counselling Psychology Division of the BPS, but at the same time things were kept a bit separate. I think we need more negotiations ...as long as you keep separate you can carry on with your stereotypes"* (05:119).

A greater number of counselling psychologists was identified as the factor necessary for breaking down stereotypes, both within and outside psychology. *"If [people] meet just one counselling psychologist that does not meet their stereotype they will just think they are just a different sort of counselling psychologist and they won't change their stereotype"* (05:127).

One form of distance was seen in a positive light. Professionalisation and regulation were felt to be necessary in that they would exclude

“charlatans”. However, this view was mostly presented in the form of third party information “you hear about [people who exploit clients]”. There was no evidence in the data of direct knowledge of a charlatan who would be excluded by gate-keeping or regulation. There was some recognition of “the need to keep an eye on each other”.

We need to keep an eye on each other, we're human, we can make mistakes as well, we don't know it all, and so I think it's of critical importance that we're regulated so there's a base line...we need to be brought up to the same baseline because it seems a bit patchy and there's different ways of doing it and no wonder people are confused because there's all sorts of different ways with different training, different placements (05:184).

There was no evidence in the data that counselling psychologists felt that they themselves needed regulating to ensure their own good practice. The movement towards regulation was mostly seen as a positive aspect of professionalisation. It would raise awareness of good practice, identify a minimum level of knowledge, training and behaviour, and reduce confusion about these issues. Alongside this theme a view existed that regulation was not meaningful for counselling psychology. This view was consistent with the view that the professional self was grounded in ethical practice and that external regulation had little impact on the internal feeling of being a professional. *“I do feel validated as a professional person. I don't need government regulations to confirm what I think” (01:344).*

Absorption

A dominant theme in the data was the conviction that the ideals of counselling psychology would be eroded by positivistic approaches and the medical model found within the NHS, and also within psychology. Allied to this theme, the maintenance of a humanist philosophy was

viewed as key to ensuring the distinctiveness of counselling psychology. There was an awareness that some counselling psychologists in the NHS were working in very similar ways to clinical psychologists, such as engaging in diagnosis and testing. The paper outlining counselling psychologist skills produced by the Division (see appendix 9) was felt to be unhelpful in that it was emphasising equity of skills with clinical psychologists in a way that watered down the distinctiveness of counselling psychology. *"There was that green form...competencies of counselling psychologists...it almost seemed like another thing saying that we can do everything that clinical psychologists can do"* (14:361). Counselling psychology was also seen as being in danger of being absorbed by clinical psychology. *"I'm not totally pessimistic but...I do also feel that counselling psychology has become absorbed in a way that I hadn't thought it would do into clinical"* (08:358). The difficulties of maintaining the distinctiveness of counselling psychology within the NHS was also raised. *"I am getting a bit cynical and think I don't know many of us that successfully take counselling psychology values into the health service very effectively"* (11:126).

There was an acknowledgement that counselling psychologists are using diagnoses and medical abbreviations in relation to clients *"I've got someone with P.D. [personality disorder]... they are so into that depersonalised language"* (11:400). In one instance a participant attempted to survive in a medicalised environment by doing their own form of therapy with clients but then writing it up in cognitive language *"in order to reassure medics that something psychological is going on"* (11:356). They felt that they had to adapt their practice and values in order to survive in the NHS system. *"...you end up feeling that you compromise your way of working and your values in order to fit in the system"* (11:187).

Counselling psychology was described as having the dual task of needing to keep up with and fend off clinical psychology. *"We're...having to operate within their structure to gain our power. While we gain our*

power we're losing because we link identities" (08:377). Fending off, to retain counselling psychology values; keeping up, to obtain employment within the NHS. The latter was felt to be having an effect on counselling psychology training:

There is a big pressure at the moment from quite a lot of younger people in the Division who are saying that things like training in testing should be an integral part of the training of a counselling psychologist and this is because they want to get jobs in the NHS (09:287).

A concurrent fear expressed was that if counselling psychologists appeared to be too radical then this might lead to marginalisation. *"I think that there's a danger that if counselling psychologists are seen as a bit radical and a bit constructionist we might be marginalized and then only brought into places that are looking for radical change" (05:110).*

The initial hopes that some had for counselling psychology to be a catalyst for change were felt to be fading and the fear of being subsumed increasing due to concerns that counselling psychology was not holding onto its identity/values. Counselling psychology had been seen as capable of changing the *"way mental health is thought about and the way mental health clients are treated.... So I think I've got a bit more depressed about that because I'm not sure that it's going to be as strong as that and I'm not sure it's identity is as clear as I would like it to be..." (08:271).*

Fragmentation

Another theme present in the data was a fear of fragmentation within counselling psychology. *"I feel it's fragmenting more now than it was in the beginning ... I hear lots of different voices within counselling*

psychology, and a lot of disagreement. Not that I think everybody should agree..." (08:277).

One form of this fragmentation was a separation within counselling psychology between people who worked in the NHS and people who worked in private practice. If this continued to deepen there was concern that some counselling psychologists would become absorbed within clinical psychology and that the private practitioners would return to, or join counselling and psychotherapy organisations, with a resulting weakening or jeopardising of counselling psychology.

In the event of dissolution, two optimistic notes were sounded. Firstly, fragmentation could be seen in a positive light in that it might lead to the emergence of a *"different type of professional"* (08:423). Secondly, it was felt that if the counselling psychology project failed then other resistance movements would be formed. *"There will always be people outside and alternatives on offer"* (09:309). However, these options were felt to be only available *"for those who can afford to choose"* (09:310).

A recognition of the close relationship between self and professional identity also led to speculation on the effect that the dissolution of the Division of Counselling Psychology would have on the identity of individual counselling psychologists. *"If there stopped being counselling psychologists as a profession, what would happen to my sense of professional identity? That would be an interesting question to think about"* (08:430).

Trailblazing

Trailblazing was a further theme that emerged from the data. This was experienced as energy consuming and at times a heavy responsibility. *“So I had to make a case [for parity with clinical psychologists] and I found that quite daunting because not only was I making a case for me but I was making a case for anyone else that might follow on” (07:136).*

An awareness of the trailblazing nature of the road ahead raised concerns about the future and sensitised this person to the fact that they would need to choose their job carefully so that they could practice in a way that matched their belief systems.

I’ve suddenly realised that I might be sort of having to go out and preach a little bit when I qualify to explain and to sell us (05:057). I do have the feeling that I’m going to have a bit of an uphill battle when I go out and find work but I think that I’ll have to choose very carefully because I don’t think that I could work in an environment where I feel I was being constrained to be very medical or very positivistic...(05:087).

The evangelical aspect to the role was felt to divert energy. *“...it’s a hard enough job as it is without having to have to constantly justify your position or your expertise” (05:206).*

At the other end of the scale people in the later stages of their careers acknowledged that there was more pioneering work to be done but felt that they had done enough and that it was up to the younger people now to carry the values forward. *“I don’t particularly think it’s my issue now...there are some issues for younger people” (09:234). “I leave this to young people...I wish them well but it is not for my energy” (16:295).*

Crossroads

The current position of counselling psychology was summed up in the data as follows: *"I do think we are at a crossroads, which is up to now we've been struggling to become recognised and accepted... but I think we've been drawn into a lot of compromise"* (09:213). The compromise was felt to be in relation to gaining status and acceptance within psychology, the NHS, EAPs and the insurance industries. Two key factors in the resistance of compromise were identified. These were a clear sense of identity and a strategy to counter compromise. Strong leadership from the Divisional committee was identified as important if compromise was to be avoided. *"You need strong people in the committee to guard against it"* (16:301). The future struggle was summed up as follows: *"A lot depends on being able to define ourselves and not be defined and pigeon-holed into something else"* (14:410).

Summary

This section of the results presented the participants' views on the future direction of the professionalisation of counselling psychology. Themes highlighted were the importance of the inclusion of people and ideas. Participants' descriptions of their fears that professionalisation will result in greater fragmentation, stagnation and distance from others indicates that there are concerns about professionalisation. A comment that counselling psychology is at a crossroads crystallised the view that decisions may need to be made about the future direction of counselling psychology.

Overall theme

From the data of the three second level categories an overall category of ethical practice in its widest sense has emerged. Ethical practice is present in the participants' descriptions of social involvement and dissent. It is present as the central core of the descriptions of professional identity. It also emerges from the hopes and fears of the participants about the future of counselling psychology. The basis for this conclusion is further developed in the chapter that follows.

CHAPTER FOUR

DISCUSSION

Introduction

By presenting the perspectives of the participants and weighing these against the relevant literature, the following discussion aims to clarify the complex relationship between professionalism and counselling psychology. The discussion is divided into three sections. The first section argues that whilst there is an acceptance of being a professional, there is an absence of consideration of the meaning of professionalism for counselling psychologists. It then considers the common factors identified in the participants' backgrounds and reflects on the possibility that these factors may form an "arc" of professional identity. The second section describes the pattern of individual professional identity that has emerged from the data. The third section discusses the themes that relate to the professionalisation of counselling psychology and highlights the tensions found within these themes. The evidence from these sections also demonstrates the central theme of ethical practice.

THE ARC OF PROFESSIONAL IDENTITY

Acceptance of being a professional vs. an absence of discussion

The majority of participants felt at ease with the label professional. However, there is a general absence in the literature and within the Division of Counselling Psychology of discussions of the meaning of professionalism for individual counselling psychologists. There has been some discussion within the therapeutic professions about the process of professionalisation,

but until the announcement that applied psychologists are to be regulated by the HPC little discussion had taken place within counselling psychology.

This lack of consideration of the individual and Divisional meanings of professionalism is highlighted in the data by an undercurrent of unease about professionalism, with some participants describing discomfort or ambivalence in relation to it. As one participant observed, an important shift is taking place within the profession with little discussion about what it means to be a professional or how this is experienced in the social context. The absence of debate is also illustrated by the lack of an acceptable alternative to being “a professional”. Of the two alternatives highlighted by one participant, “amateur” seems to be freighted with notions of a lack of commitment or competence and “unprofessional” indicates some form of ethical deficit.

Common factors in participants' backgrounds

Several common factors emerged in the participants' backgrounds that may be relevant to their perceptions of themselves as professionals. Appiah (2005) describes the “arc” of a life as fundamental to the formation of identity. The following common factors may contribute to an arc of professional identity for these counselling psychologists.

Dissent was a strong theme in the data. There is no mention in the literature of counselling psychologists describing themselves in this way. There is a brief indication of dissent in the Divisional history: “[Counselling psychology's] relationship with mainstream academic psychology has been mutually challenging because counselling psychology has drawn upon ...models ... at odds with the dominant conceptions of scientific psychology” (see Appendix 1:240). There is also an indication of dissent in the “counter-

culture” of therapy noted by Cushman (1995:281): “There is ... a morality implicit in the legacy and mainstream practices of psychotherapy that offers an alternative to the status quo”. Dissent is an ethical position and can be linked to taking a moral stand. The person is strong enough in their beliefs to stand their ground against an orthodox position. Standing ground is evident in several aspects of participants’ contributions such as their resistance to the medical model, external constraints on practice, and positivist science. It is also evident in the democratising priority given to the therapeutic relationship and in “building from the sense of the person” rather than imposing an external framework. Practice autonomy is a prevalent theme, showing a commitment to working in client-centred ways rather than allowing practice to be moulded by organisations or institutions. Dissent is particularly evident in relation to the medical model. In keeping with the view of Laungani (2002), half of the participants were keen to avoid the medicalisation of emotional distress. One participant felt that counselling psychology practice can serve to redress or “unlabel” medical interventions. Medicine is seen as restricting counselling psychology through prioritising evidence-based practice and making it difficult to provide interventions that improve on or “go beyond medicine”.

A recurrent theme present in the data was participants’ involvement in sociology, social work or the voluntary sector. This is not mentioned in accounts of counselling psychology such as that of Strawbridge and Woolfe (2003) and it would be interesting to know if this influence is widespread. These forms of social engagement demonstrate participants’ knowledge of and active involvement in the social world. The engagement in social work, the voluntary sector and the self-descriptions as rebels, renegades and activists also indicate a desire to change it. Psychology has not been noted for its political action and has tended to support the status quo (Prilleltensky and Nelson, 2002). Counselling, however, has been described as a social movement (Bennett, 2005). Counselling psychology is an attempt to bring

this social movement into psychology (Strawbridge, 1994). In the data there is a sense of radical energy amongst participants that may not be being recognised or harnessed by the Division of Counselling Psychology. The accounts and histories of counselling psychology tend to characterise the radical nature of counselling psychology in terms of academic disagreements (e.g. philosophical perspectives or research methodologies). The dilution of radicalism in the official history of counselling psychology could be an indication of its colonisation by more conservative elements. If Namier (1942) is accurate in his view that histories construct the future then the current official history (see Appendix 1:240) is setting an agenda that may be at odds with participants' perspectives.

The convictions of a number of participants were strong enough to lead to their leaving psychology. Their return was not a "prodigal" return where the son realises the error of his ways and embraces the values of the family; these counselling psychologists returned to the fold with their values firmly intact. It was psychology that had changed and their return contributed to that change. Although the disillusionment with psychology has been previously noted by Strawbridge and Woolfe (2003), the ways in which the early counselling psychologists formed their beliefs, retained them and then brought them back into psychology merits further exploration. This understanding is especially important as it may help current and future counselling psychologists to form and maintain their professional values. For example, is an experience of working in a social context important in developing social, community and cultural understanding; does it enhance the trainee's capacity for empathy, responsibility and political awareness? The insights of community psychology were also valued. Should the trainee curriculum include this area to broaden perspectives?

The characterisation of the Division as "home" mirrors the experience of Bellamy (1996). It conveys the emotions involved in being able to be a

member of a group as a psychologist and retain particular values. The importance of this is emphasised by the language used to describe the feeling of being “at home” and being in the company of colleagues. It illustrates the research findings that membership of a group which provides a social identity also involves emotional attachment (Tajfel, 1981), and engenders a sense of belonging (Baumeister and Leary, 1995). Additionally it gives credence to the connection that Ryan and Deci (2001) make between the internalisation of the values, practices and goals of the group and the experience of individual well-being. The function of the professional group as a supportive entity and its role in fulfilling the need for a sense of belonging is rarely addressed in the literature on professionalisation. The importance of social support is illustrated by the participant who noted that it is difficult to “be adrift” and to be a professional. These findings highlight the need for the professional organisation to be mindful in its relations with members that it is regarded as a “home” and to foster local counselling psychology networks.

The conceptualisation of the Counselling Psychology Division as home underlines a cohesiveness within the group. For most of the participants who were unable to find a completely satisfactory “home” within the therapeutic professions, the elements that were absent, “rigour” and “a lack of science”, were provided by psychology. However, the kinds of rigour and science acceptable to counselling psychologists were only available when psychology loosened its emphasis on positivist science and could then provide participants with the “the best of both worlds”. The broadening of psychology’s view of science has also been facilitated by counselling psychologists and this is evident from the accounts of participants who were “rebels” or “renegades” within psychology. It is also demonstrated by the participant who regards their theoretical group as “home” but “engages with the Counselling Psychology Division to bring those ideas into psychology”.

The finding that some participants initially had been drawn to clinical psychology merits further exploration. The reasons for this initial attraction were varied. However, it raises the question - are there a significant number of new trainees who are disappointed clinical psychologists? Are these a different group in terms of ideas, beliefs and practices? Does this group enrich or dilute the aims and distinctive identity of counselling psychology?

Summary

This section of the discussion has highlighted the paradox of participants' acceptance of being "a professional" set against a background of a lack of discussion and some unease about the subject. It has also considered that dissent and engagement with social contexts may be formative factors in the arc of professional identity for these participants. It has highlighted a possible dilution of radicalism in the presentation of counselling psychology's history and the implications that this may have for the future of the Division. Finally it has underlined the importance of the supportive nature of the Division in underpinning professional cohesion. Throughout this section the central theme of ethical practice has been present in participants' positions of dissent and in their previous engagement in social and voluntary work.

INDIVIDUAL PROFESSIONAL IDENTITY

This section discusses the elements that participants have described as contributing to their professional identity. Leary and Tangney's (2003) concept of the self as a mental apparatus, that underlies self-reflection, is apparent from the nature of participants' descriptions of themselves. The

interplay of personal and social factors is also evident in participants' descriptions of the creation and maintenance of their professional identity. These findings support Ryan and Deci's (2003) view that identity is formed by a complex, multilayered, dynamic interaction between the individual and social forces.

Pattern of identity

From the data of this small-scale study, a pattern of professional identity can be discerned. The central core of this identity is ethical practice. Ethical practice is conceptualised broadly; it is not confined to therapeutic work. The inseparable nature of work and non-work, personal and professional, indicates that participants experience their professional identity as a significant part of themselves that is fairly stable and enduring. There are identifiable variations in the strength of professional identity (professional confidence). In this study two intra-personal variations and one inter-personal variation are described. The two intra-personal variations are daily variations in practice effectiveness, and a longer cycle relating to practice competence. For some participants there is an inter-personal variation in confidence that relates to their relationship with expertise. Surrounding the central core of ethical practice appears to be a penumbra of professional confidence that relates to professional legitimacy. The strength of feeling of professional legitimacy can be affected by qualifications, the regard of others, power, and remuneration. The data suggest that factors which affect the central core, such as recognition of poor client work, have a greater impact on professional identity than issues of legitimacy; and for this reason legitimacy is described as a penumbra. The data indicate that attacks on legitimacy will have less impact if the person holds strong convictions and client work is felt to be effective.

The ethical core

A dominant theme placed ethical practice at the heart of professional identity. Ethical practice is related to living ethically as well as to working ethically. The indivisibility of the personal and the professional self, expressed by one person in the recognition that it is “not just a job”, echoes Rogers’ (1980) description of counselling as “a way of being”. For these counselling psychologists, it includes resisting dehumanising practices and connects to the position of dissent. This central place of ethics in the construction of the professional self is in tune with Coltart’s (1993) assertion that her psychotherapeutic practice was a vocation. Both Gordon (1999) and Bennett (2005) argue for ethics to be placed at the centre of therapeutic engagement. For most of these participants, ethics are at the centre of their professional practice. This finding contrasts with the current central position of the scientist-practitioner model within the Division of Counselling Psychology.

An emphasis on integrity is underlined by the opinion expressed by some participants, that codes of conduct are inadequate. Although they were felt to be necessary in order to provide a base-line, codes of conduct do not appear to inspire. There is no sense of the inspiration that Lunt (1999) speaks of. The ethical basis of professional identity found in this study is more reminiscent of Meara, Schmidt and Day’s (1996) advocacy of virtue ethics. Since the publication of their paper there has been little debate about the virtues necessary for counselling psychologists, nor about how such virtues might be developed in trainees or enhanced and maintained in practitioners. Further research is needed on the virtues necessary for good practice and the means by which they may be developed and maintained.

Gross’s (2001) and Howard’s (1998) view of integrity as the basis for professionalism is in tune with the data. However, Gross’s (2001) argument

that integrity cannot be developed, and has to be selected for at initial interview, goes against the grain of participants' descriptions of therapeutic practice, self-reflection, and supervision as important contributors to the development of the professional self. There are indications from this study that therapeutic practice, supervision and self-reflection can underpin the development and maintenance of the ethical professional.

The central place of ethical practice in professional identity is also illustrated by the two accounts of "unprofessional behaviour". These two stories did not involve the breaking of the BPS code of conduct. The descriptions highlighted a lack of regard for others rather than ethical misdemeanours. Initially these stories were excluded from the results as not relevant but it became apparent that ethical behaviour and integrity are so bound up in participants' sense of being a counselling psychologist that it is painful to observe even a low level of "unprofessional behaviour" in colleagues. Such behaviour is seen as devaluing the profession, reflecting badly on other counselling psychologists. It also exemplifies the importance of supportive colleagues and the cohesiveness of the professional group.

Therapeutic practice

A strong theme was the view that effective client work underpins the feeling of professional confidence. If therapeutic practice is felt to be below standard then it is difficult to sustain a strong professional identity. The importance of client work is underlined by the strategies (keeping clients' cards and reflecting on previous good work) that a few people described to maintain their confidence after an ineffective session.

Learning from the client is well documented in the work of Casement (1985). In contrast, the relationship of client work to the development of the ethical

professional self is not well specified in the literature. The effective working alliance has been compared to the ethical I – Thou relationship of Buber (Gordon, 1999). It also has similarities with Habermas's (1987) ideal speech situation. Identity, as Habermas (1987) argues, is dialogically constituted. This data indicates that the engagement in an ethical dialogue such as that described by Buber (2004), and the struggle to provide the core conditions for an effective working alliance, could have a developmental effect in relation to the professional identity of the therapist as well as being beneficial for the client.

Supervision

The central place of supervision in developing and maintaining professional identity is evident both from the data and from the literature (Watkins, 1996; Friedman and Kaslow, 1986). This finding also supports Ryan and Deci's (2003) view that the development of an identity is linked to "considerable support for autonomy and competence". Although Hess (1998) concluded that supervision has not been directly linked with effectiveness in therapeutic practice, these findings do give weight to Watkins' (1996) idea of supervision as a means of "moralising" practitioners. He meant moralising in terms of countering demoralisation but perhaps there is also an element of moralising in terms of maintaining and developing ethical practice in the widest sense.

Supervision by a non-counselling psychologist was described as causing particular difficulty due to a marked disagreement about the nature of best practice. In advocating a cognitive-behavioural model favoured by medicine it could be said that the supervisor was reproducing the "voice of medicine" (Mishler, 1984). The degree of difficulty experienced by the supervisee lends credence to the idea that practice and convictions are central to

professional identity and that constraints in these areas have a negative impact on professional confidence and identity. Mandatory supervision by counselling psychologists may alleviate this difficulty, however currently there is a numerical and geographical sparseness of counselling psychologists qualified to supervise.

Toren (1972) observed that supervision has played a part in keeping certain occupations in the position of semi-professions. Proctor (1994) remarks that retaining the name “supervision” for the process whereby a counselling psychologist consults a more experienced colleague may have been unfortunate. In view of Toren’s (1972) observations, it may have been subtly more “unfortunate” in the professional arena than has been previously apparent. If equal status is sought with other areas of psychology and the medical profession, a change from supervision to “consultation” for qualified practitioners or the promotion of supervision as “quality assurance” (Proctor, 1994) may be helpful in improving professional recognition.

Personal development

An additional finding identified individual therapy and personal development groups as significant factors in the development and maintenance of their professional identity. The importance of self-reflection in the formation and maintenance of professional identity corresponds with Leary and Tangney’s (2003) view that the capacity for reflexive thinking underpins identity. It is also consonant with Schön’s (1983) conception of reflection-in-action. This form of knowing is described by Hammersley (2003) as countering the technical rationality of the traditional form of professionalism. It is an example of how the practice of counselling psychology does not sit easily with professionalism.

Variations in the strength of professional identity

Intrapersonal variations

Two types of intrapersonal variations in practice competence that affected the strength of professional identity were identified. These were daily variations in practice competence and the competence cycle.

Variations in daily practice

Maintaining a feeling of professional identity was closely connected by participants with their practice competence. The importance of practice is underlined by the fact that even one poor performance with a client could impact on the strength of professional identity. "If I wasn't practising well ... [I] wouldn't feel professional". Awareness of this vulnerability had led to some participants adopting strategies to counter unsuccessful therapeutic work. Active reminders that "usually" they are effective were found to be helpful. This finding also indicates that trainees, with their shorter history of successful practice, may need additional support in the early stages of their placements.

Practice competence cycle

In the data, variation in practice competence was linked to an awareness that skills and knowledge needed regular refreshment. This form of intrapersonal variation fluctuates over longer periods of time and illustrates the close link between professional identity and practice competence. This finding underlines the importance of training and continuing professional development in the maintenance of professional identity.

Interpersonal variation

Expertise

When participants spoke of their relationship to expertise, it was evident that people varied in their integration of expertise and therapeutic practice. For some, it was problematic, and a dissonance similar to that described by Hartman (1992) was evident. For others, there was a sense of a greater understanding and integration of expertise; this was closer to Williams' (1993) view. The relationship with expertise sets counselling psychology apart from other professions where knowledge takes a modernist form (Williams, 1993). In the therapeutic context local knowledges prevail (Williams, 1993). For counselling psychologists, especially with their awareness of psychological research and theory, it is important to understand how to integrate knowledge and the helping relationship in a way that supports empowerment. The experience of these participants indicates that a clearer understanding of the relationship between knowledge and therapeutic competence, and a means of integrating them, could help to avoid dissonance and maintain professional identity.

The penumbra of professional legitimacy

Professional legitimacy appeared to be less central to professional identity than ethical practice. It was also described in terms of being less stable. Several factors were identified as contributing to professional legitimacy; these were qualifications, the regard of others, power, and money.

Qualifications

Although qualifications had a cumulative effect on the feeling of professional legitimacy, it was evident that individual academic qualifications tended to be discounted. Participants did not see them as directly linked to either practice or the development of integrity. Traditional forms of knowledge and academic qualifications were not seen as major contributors to professional identity.

From the data, it is evident that several participants regarded writing and publication as a high level of qualification. These factors were described as conferring a feeling of being “really part of the club”. They provided a voice that included both recognition and approval by peers. They also had the consolidating effect of integrating learning and practice and produced the feeling of being a fully-fledged professional. This view is supported by the opposite experience of the person who felt unable to write.

The qualification of chartered psychologist was valued above other qualifications. This qualification entailed “being competent to practice” and involved recognition and approval by peers. This links in with the central place of practice competence in participants’ professional identity. A further reason for its significance could be that it also confers the gold standard approval (Wedderburn, 2003) of psychology. It brings acceptance as a peer, not only by counselling psychologists, but by psychology as a whole. This stamp of approval also acts as an external sign “a badge”, “a shortcut”. It says “ I am competent”. It demands the regard of others.

The regard of others

The regard of others was a strong theme. Positive regard from peers and colleagues had a sustaining effect on professional legitimacy. Positive feedback and affirmation of professional status were important underpinnings to legitimacy. Positive feedback was identified as especially important during training. This finding indicates a need for trainees to be in counselling psychology-friendly placements during the early stages of their training

Negative regard had a significant impact on the feeling of professional legitimacy. However, it is important to note that negative regard appeared to have less impact overall on professional identity than poor practice. Effective practice seemed to buffer the impact of negative regard. If negative regard was encountered it did not prevent the person from feeling professional “even if I am the only one who thinks I am”. The two groups who were predominantly involved in participants’ accounts of negative regard were doctors and clinical psychologists. The generally negative interaction experienced with these two groups is discussed in greater detail below.

Power

A better understanding of the relationship between power and professional practice may help participants to avoid dissonance in relation to professional legitimacy. Visser’s (1994) definition of a professional as being in a position to do harm is an acknowledgement of the power that they possess. This view is supported by Morrall (1998) and is evident in the data in the section on responsibility. There is a recognition that being a professional also

involves being responsible: “where the buck stops”. This indicates that counselling psychologists feel they are in a position where they have the power to make significant decisions and take the responsibility for them.

Greater professionalisation, as Hart (1998) says, increases power and this is useful for counselling psychology in that it enables its alternative views to be heard. It can be argued that considerable power is needed to counter such perspectives as the medical model (Morrall, 1998; Cushman, 1995). Professionalisation legitimates the alternative view but, according to House (2003), this means of legitimation also has a deradicalising effect. Paradoxically, an increase in the power to do good (Hart, 1998) can also involve a decrease in the power to effect change.

The importance of having the power to do good, highlighted by one participant, is consonant with Hart’s (1998) conclusions. However, there are notable examples of the misuse of “doing good” in recent history and a continual debate about what constitutes good is necessary to avoid the misuse of power. Habermas (1987) proposes that an effective debate as to what constitutes good can only take place in an ideal speech situation where the democratic principles of equity and respect predominate. If counselling psychology is to achieve the best use of its professional power then the maintenance of an “ideal speech situation” within the Division is an imperative. This in turn could enable individual counselling psychologists to own and develop a better working relationship with their individual experience of professional power.

Money

There was little concern expressed about financial reward. With the exception of the person who became a counselling psychologist in order to

improve their earning power, the level of income was mentioned only in relation to achieving parity with clinical psychologists. It appeared to be valued more for reasons of status than of itself, and therefore seems to link primarily with the maintenance of professional legitimacy.

Summary

In this section a pattern of professional identity that emerged from the data was described. It is important to note that this pattern may be specific to these participants. However the findings do provide a basis for questioning whether the central position of the scientist-practitioner model is still relevant for counselling psychology; these findings suggest that some counselling psychologists view ethical practice as the centre of their professional identity.

THE CROSSROADS

The description present in the data of counselling psychology as standing at a crossroads, indicates that decisions about the future direction of counselling psychology are due. This third section of the discussion explores the themes in the data that relate to the professionalisation of counselling psychology. These are inclusion and exclusion, stagnation and creativity, cohesion and fragmentation, and absorption and distinctiveness. It also highlights the tensions that may have contributed to the arrival at this crossroads.

Inclusion and exclusion

The strong theme of inclusiveness in the data took two forms. There was both an inclusiveness of ideas and an inclusiveness of people.

The inclusiveness of ideas extended to a wide range of theoretical orientations and approaches. Participants did not want to be tied to a fixed body of knowledge but demonstrated an openness to incorporating new ideas and exploring the edges of the discipline. At best this inclusiveness and openness gives a radical edge to the discipline and prevents the fixation of knowledge. At the other end of the scale the wholesale inclusion of ideas results in a disciplinary fuzziness that makes counselling psychology difficult to distinguish from other forms of psychology and the therapeutic professions. In this respect, inclusion could be said to work against the development of the distinct identity that has been identified in the literature as key to its survival (Brammer et al., 1988; Lewis and Bor, 1998).

An interest in the ideas of community psychology was present in the data and concerns were also voiced about counselling psychology's focus on the individual. These examples of openness to new approaches lead to a conceptualisation of counselling psychology as a discipline that is constantly changing and developing. Howard's (1998) view indicates that in order to progress we may need to give up counselling psychology in its present form. In one instance, an even broader inclusion of disciplines (the physical therapies) outside psychology was seen as a productive way of helping clients. This extends Howard's (1998) idea to giving up psychology in its current form and combining with other disciplines.

This openness, and urge to keep ideas moving, works against the traditional form of professionalism which is based on an immutable form of knowledge

(Williams, 1993). As one participant said, by becoming professionals "we need to have truths, we need to have boundaries". The aspiration of counselling psychologists to work in the "best ways possible" for their clients involves keeping knowledge and boundaries provisional. This creates a tension with the defined knowledge and boundaries of traditional professionalism. This participant confirmed the need for a different form of professionalism and echoed Habermas' (1987) approach: "an alternative would be dialogues where we could negotiate what ... [truth] means". This ties in with Barratt's (1993) idea that traditional professionalism is essentially a modernist project. As this participant implies, in order to escape the tensions of old paradigm thinking a post-modern(ist) approach to professionalism is needed.

There was some desire expressed in the data to include a wide range of people from varied backgrounds. There was also an awareness that the move towards professionalisation, with its increasing need for qualification and certification, tended to exclude people. In particular the economic cost of becoming a chartered counselling psychologist was seen to be excluding groups without economic resources. One participant clearly felt that counselling psychology was in danger of continuing the discriminatory history of psychology and the dominant professional groups (Prilleltensky and Nelson, 2002). A greater degree of the traditional form of professionalisation was not seen as helping to dissolve the barriers to equality. A need for a fundamental shift in approach was called for: "Everything needs a shift to start undoing oppression and that goes for gender, racism, all the biggies. They are so institutionalised in such a subtle way".

An enthusiasm for inclusion is also contained in participants' examples of counselling psychologists acting as "bridges" between people. One example cited counselling psychologists as forming a bridge between clients and

professionals. From the experience of personal therapy, counselling psychologists are aware that they are also clients. This lack of division between client and counselling psychologist forms a tension with the traditional model of professionalisation where there is a need to create a social distance from clients in order to underpin professional autonomy (Johnson, 1989). Another aspect to this tension is that the democratising experience of personal therapy makes it more difficult for counselling psychologists to be in a position of moral authority and "tell society what is good and right for it" (Hughes, 1993).

There was also evidence in favour of a greater collaboration with clients. This is in tune with George Miller's exhortation to "give psychology away" and also goes against the professionalising move towards social distance and the mystification of knowledge (Williams, 1993; Hughes, 1993). This keenness for greater client participation indicates that the external voice that these counselling psychologists would most like to include within their profession is the voice of the client. This is not likely to be facilitated by the move towards HPC regulation where the predominant voice may well be the voice of medicine mediated through the paramedical professions.

Another form of bridging described in the data was counselling psychologists acting as a bridge between clinical psychologists and counsellors. Rather than differentiating themselves from other professionals, participants described roles in facilitating inclusion and cooperation. Overlapping was seen as creative rather than confusing and cross-boundary engagement was characterised as "counter-professionalisation". Again, this form of inclusion does not fit well with the defined boundaries of traditional professions.

The overlapping of roles and inclination towards inclusiveness was demonstrated by the participants who described themselves as applied

psychologists. This description could also reflect the confusion about titles identified by participants and in the literature (Dryden, 1996; Spinelli, 1996). The multiplicity of titles available to individual counselling psychologists ("what do I put on the card") underlines the low external recognition for the title counselling psychologist. Participants' experience of this confusion and the overlapping nature of counselling psychologists' work with the work of other Divisions within psychology calls for a reconsideration of Miller's (1996) view that the title of applied psychologist may be more appropriate. Although it would mean giving up the counselling psychology title, it could also create parity with "former" clinical psychologists and might foster the emergence of counselling psychology values. It might also enable a merging with dissidents and humanists from the other Divisions to form a numerically stronger and more cohesive group within psychology. Whether a group consisting of applied psychologists would provide the balance between the inclusiveness of a larger collective and the exclusiveness necessary to provide a distinctive social identity is a matter for debate (Brewer, 2003).

The strength of feeling for inclusiveness is also supported by the fears of the participants who felt that professionalisation would create distance between people. Professionalisation was seen as putting counselling psychology "in boxes" or forming "barriers". There was also a fear that the demarcation of professional boundaries and knowledge would increase the distance from counselling and psychotherapy, as it may encourage competition in the form of incorporation or "trying to elbow others out".

The only instance of a call for exclusion in the data related to the unethical practitioners who were described as "charlatans". However, this group remained nebulous as they were not directly experienced by participants. "Charlatans" were referred to solely in the context of justifying the need for

statutory regulation. Whether their numbers or offences warrant the sanction of a criminal offence for using the title counselling psychologist is debatable.

The importance of the inclusion of people and ideas underlines the need for effective and open communication. Traditional professionalism does not easily provide a forum for such communication. The fostering of an ideal speech situation consistent with Habermas's (1987) theories within Counselling Psychology may help to facilitate the creative and democratic values expressed by participants.

Stagnation and creativity

There were fears from some participants that professionalisation might be a "straitjacket... restrictive, a burden on creativity". Carl Rogers (1990) was particularly concerned with the stagnating effect of training institutions. He felt that examinations, examiners and curricula inevitably lag behind and slow down progress. In the data, training is not mentioned as inspirational apart from the description of one teacher as a role model. There are additional concerns expressed in the literature about university-based training which is a comparatively recent phenomenon for therapists (Williams, 1993; O'Brien, 1996; House, 1999). These concerns focus on its role in the process of professionalisation, its appropriateness for developing sensitive practitioners, and its emphasis on traditional forms of knowledge. University training is viewed as providing an underpinning for professional status. Pilgrim and Rogers (1999) observe that status increases as a function of the length of training. This view is supported by the participants who observed a continuing construction of "additional hoops to jump through" that paralleled the process of professionalisation.

The comments of the person who felt that an apprenticeship model was more effective are worth consideration. The data highlight the central position of client work, personal reflection and supervision in the development of the professional identity of counselling psychologists. This adds to concern about the appropriateness of university-based training and gives credence to the idea of an apprentice form of training where client work is the central focus. The participant's comments that such a training would be more flexible and capable of being tailored to the individual merits further exploration.

There is an additional concern about university-based training. One such training course was described as having muddled objectives in that it included some medicalised aspects in its coursework. This may demonstrate the penetration of university training by Mishler's (1984) "voice of medicine". This adds to O'Brien's (1996) anxiety that academic training with its notions of expertness may promote the medical model.

The benefits of a university-based training highlighted by participants included the support of the university learning group and its function in providing challenge and experience of difference. The need to be competent in critiquing alternative methods of practice argues for a wide education. Miller's (1996) idea of a joint training with other psychologists, including specialist modules, may provide an environment where greater understanding of specialist practices and mutual respect is more readily fostered.

At their best, universities provide ideal speech situations where equitable debate can take place. However, universities themselves could be said to be subject to increasing bureaucratization and reduction to service industries. In such circumstances Strawbridge's (2002) invocation of Freire's "education as liberation" would be less likely to be achieved. On a more

optimistic note, in this study the critical stance taken by participants ranged across age and experience and indicates that current university training may not be leading to stagnation in the form of Freire's "domestication".

Cohesion and fragmentation

The cohesion within counselling psychology is apparent from participants' descriptions of it as home. However, cohesiveness is affected by the thin geographical distribution of counselling psychologists. Brewer (2003) argues that social identity is based on shared attributes, values and experiences. More focus on the establishment of local counselling psychology networks could facilitate the distinctiveness of counselling psychology.

Counselling psychology seems to have avoided the "tower of Babel" of theoretical dispute of the UKCP (Owen, 1992). An indication of how this has been achieved may be contained in the response of the participant who said "I have always thought of myself as a psychologist". Further evidence to support this is found in the positive descriptions of the return to psychology. The first training as a psychologist may have provided the glue that enables the toleration and celebration of theoretical diversity within counselling psychology. Another theory is proposed by Corrie and Callaghan (2000:418) who emphasise the role that research has played for counselling psychologists in this respect. "One potential function of research in counselling psychology practice is to protect against an over-enmeshment in one's own reflective model". This view is confirmed by the participants who preferred counselling psychology to the less "scientific" and more "dogmatic" therapeutic professions. As well as a respect for science, another cohesive glue may be evident in participants' prioritisation of the therapeutic relationship. This also is consistent with the findings of Clarkson (1997).

A fear was expressed that counselling psychology might fragment due to a division between those who work within the NHS and those who work outside it. In this study it is hard to identify any ideological differences between participants from these two groups. However, James (1996) has proposed a merger with clinical psychology. The participants who wanted initially to be clinical psychologists may welcome a form of fragmentation that enables them to merge with clinical psychology.

A few participants spoke about the potential creativity of fragmentation. They were optimistic that if counselling psychology fragmented, new resistance movements or a different type of professional would emerge.

Absorption vs. distinctive identity

Participants were concerned about absorption by two professional groups: medicine and clinical psychology. Psychology is described as mirroring the professionalisation pathway of medicine (Totton, 1999; Pilgrim and Treacher, 1992). As the main branch of psychology working within the NHS, it is not surprising that clinical psychology is viewed as being lodged in the medical model (Prilleltensky and Nelson, 2002). It is a longer established profession than counselling psychology (Pilgrim 2002) and also more numerous. The literature emphasises the role that counselling psychologists play in the resistance of the medicalisation of emotional distress (Strawbridge and Woolfe, 2003). This study contains evidence of their resistance to the medical model and its representation within clinical psychology. In particular it illustrates some of the difficulties counselling psychologists face in retaining their professional identity and resisting absorption whilst working within the NHS.

There are signs in the literature that medicine is relaxing its traditional position of professional and scientific “neutrality” (Horton quoted in Doward, 2004). There are also signs of liberalisation in this study, where participants describe the affirming nature of meetings with doctors in primary care, and improvements in communication. However, a stronger theme emerges from counselling psychologists working within the NHS who appear to be struggling to maintain their professional identity. The neo-Weberians point out that professional dominance can be achieved by subordinating the work of related professions and limiting their power and scope to practice (Pilgrim and Rogers, 1999). There are examples in the data of doctors adopting these strategies. Rooms, for example, provide a physical space where the professional conflict between doctors and counselling psychologists is played out. In these instances medicine is literally not making room for counselling psychology. It is not providing counselling psychologists with the secure space from which to practice. It is not allowing an alternative to the medical model to flourish in its midst and appears to be maintaining professional dominance by decontextualising counselling psychology practice. In trying metaphorically to “nab the ball out of the court” the participant deprived of consistent room provision is attempting to hold on to professional autonomy.

There is evidence from one counselling psychologist that they are translating their work into a cognitive form acceptable to medicine. This is an example of the social dominance of the medical model (Illich, 1977) and another instance of the penetration of the “voice of medicine” (Mishler, 1984). The language which can be spoken must be a medical language. However, in contrast to Tatar and Bekerman’s (2002) view, the counselling psychologist concerned was not adapting their practice to the culture of the setting. They were working with the client in the way they felt best, but they were representing their work in medical terms. This strategy enabled them to preserve their ethical practice and professional identity; it avoided internal

conflict but did not enable their professional identity to be communicated externally. In Strawbridge's (2002) terms the MacDonalidization was only partial, however the false external representation of practice was aiding the spread of MacDonalidization (Strawbridge and Woolfe, 2003). This participant's strategy also illustrates the conclusions of Deci and Ryan (1985). External pressure produced some compliance but the external values were not internalised. Deci and Ryan's finding, that pressure-induced behaviour does not continue when pressure is absent, could indicate that if counselling psychologists' values are well-grounded they can be resilient in the face of external demands. Ryan and Deci (2003:263) go on to say that "heavy control ... produces sometimes outright resistance to what socialisers intend to foster". Attempts at "heavy control" may have contributed to the development and maintenance of dissent found in some participants.

Ryan and Deci (2003) indicate that extrinsic motivation can be of value for utilitarian or instrumental outcomes. Corrie and Callahan (2000) suggest that strategic compliance may be a pragmatic way of establishing counselling psychology within the medical and clinical psychology strongholds. They use a Trojan horse analogy to describe this process. Deconstructing this analogy explores the weakness of their argument. The Greeks placed the Trojan horse inside Troy in order to enable the gates to the city to be opened so that the Greek army could enter (Virgil, 1956). Counselling psychology may have the resources to produce a Trojan horse but it lacks the large Greek army. A better analogy is that of the Christians in Rome (Bennett, 2005). The Christians steadily maintained their beliefs in the face of considerable opposition. Although they achieved a long-term success, many were sacrificed en route (Pliny, 1963). This metaphor underlines the need for well-defined support structures for counselling psychologists working in the NHS if counselling psychology values are to be sustained. Further evidence of the need for effective support structures is

demonstrated by the post-interview account provided by the newly-qualified participant who was not given parity of status with clinical psychologists.

The relationship with clinical psychology also warrants further exploration. The glue of “psychologist” that may have provided cohesion within counselling psychology has not worked with regard to clinical psychology. This confirms Van Deurzen’s (1996) view that establishing counselling psychology within psychology may be more problematic than establishing it outside psychology. Woolfe (1996) notes that the humanist and existential ideas that counselling psychology brought into psychology formed a counterweight to the behavioural and cognitive methods of clinical psychology. The experience of some participants working with clinical psychologists shows that there may be a movement to push humanistic and existential ideas back out of psychology. There is also the relationship with science to consider. Clinical psychology practice is governed by the scientist-practitioner model. After initially espousing this model there are now signs of a movement against it within counselling psychology (Hart and Hogan, 2003); a practitioner-scientist or practitioner-scholar model is gaining ground. The meaning of science for counselling psychologists is broad, and as one participant said, evidence-based practice is not prioritised over practice-based evidence. These fundamental differences with clinical psychology may not be easily reconciled.

Miller (1996) notes that the acceptance of counselling psychologists within the NHS may have more to do with the heavy mental health workload and the lack of clinical psychologists to meet these demands than a welcoming of the new professional group. There have been some positive changes in the structure of NHS psychology departments and some successful incorporation of counselling psychology (Miller, 1996). In this study, however, where counselling psychologists have been admitted to clinical departments, there are more examples of negative experiences (in the form

of a lack of recognition of equal status and skills) than positive experiences. There is little evidence that Barkham's (1990) view, that "skills, impact and service delivery are broadly equivalent", has been accepted by clinical psychology. Participants' accounts generally confirm the findings of Collins and Murray (1995) and Lewis and Bor (1998) that counselling psychologists are not regarded as equals by clinical psychologists. Cases have to be made for equity and the default position appears to place counselling psychologists' work on a similar status to that of counsellors. Recognition of this and a strategy to avoid it can be seen in the participant who wanted greater distance from counsellors and a greater recognition of the additional training and skills of counselling psychologists.

The exertion of professional dominance by clinical psychology is also evident in the account from the participant of "not being allowed to work in the way I have been trained". "Knowledge" is defined and controlled by the clinical psychology supervisor. As with medicine, professional dominance is achieved through defining "knowledge" and limiting the power and scope of practice (Pilgrim and Rogers, 1999). The description of a more positive experience with a counselling psychology supervisor suggests that counselling psychology should be wary of letting clinical psychologists supervise and socialise its students.

There is some evidence that clinical psychology genuinely may not understand the nature of counselling psychology; this strand is also evident in some of the participants' responses. It is confirmed in the literature by Lewis and Bor's (1998) study. A greater attempt to promote counselling psychologists' competencies may be helpful. However, one participant criticised a recent attempt to do this as unhelpful (see Appendix 2:241). This person would have preferred an emphasis on the different practices and complementary nature of counselling psychology rather than an emphasis on equivalent skills.

The data highlight how difficult it is for individual psychologists to comply with Strawbridge and Woolfe's (2003) call for counselling psychology to associate itself with challenges to the biomedical model within medical settings. The data indicate that there is a possibility that absorption within the NHS that may happen due to the erosion of counselling psychologists' will to resist. Several participants spoke of the exhaustion involved in maintaining their ground. This could lead to some giving up the struggle to maintain distinctiveness within the NHS.

Given these tensions it seems reasonable to conclude that the proposal to regulate psychology under the HPC will not aid counselling psychology to preserve its distinctive identity within medical settings, especially if ethical, training and CPD standards are set by non-psychologists (Wedderburn, 2003). It also highlights the need for a greater focus on how counselling psychologists can work tactically to maintain their ground (Tatar and Bekerman, 2002) within the NHS. Strategies adopted by participants to mitigate this form of absorption have included: ensuring counselling psychology supervision and forming alliances with counsellors who also work in the department. No mention was made by participants of health psychologists whose humanist philosophy (Nicolson, 2001) and critical stance (Crossley, 2001) may well involve them in struggles within the NHS similar to those of counselling psychology. Greater collaboration might prove a fruitful source of support for both Divisions.

There were no concerns of absorption from other settings. Some concern was expressed that economic factors were restricting practice. These comments came from participants who worked for EAPs and other institutions where client contact was restricted for economic reasons. However, from this study there is no doubt that in relation to absorption the front-line is the NHS.

Summary

This third section of the discussion has reviewed the concerns that participants expressed in relation to the professionalisation of counselling psychology. In the discussion tensions between participants' aspirations for counselling psychology and the traditional form of professionalism were revealed. These tensions can be summarised as follows:

Counselling psychology	Traditional professionalism
Reflection-in-action	Technical rationality
Knowledges: local, fluid, given away	Knowledge – fixed, mystified
Inclusive of people	Social distance
Permeable boundaries	Fixed boundaries
Practice prioritised	Science prioritised
Democratic dialogue	Hierarchical communication
Negotiated truth	Positivist truth
Collaboration with clients	Prescription

Table 3. Tensions between participants' aspirations for counselling psychology and the traditional form of professionalism.

This section has also underlined the difficulties that some counselling psychologists face when working in NHS settings. It does not seem unreasonable to conclude that the pressures to comply with a medical approach to their work, has had a negative effect on the maintenance of their own professional identity, values and practices.

CONCLUSIONS

This qualitative research study is small-scale and the results are not generalisable. However it has highlighted the central place of ethics in the professional identity of these counselling psychologists. It has also highlighted the social engagement of some of the participants and their position of dissent. This provides some evidence that the social movement aspect of counselling is alive within counselling psychology but there is also evidence that it may be being attenuated by professionalisation and medicalisation. Tensions have been highlighted between the practice and values of these counselling psychologists and the traditional form of professionalism; additionally examples of the penetration of counselling psychology by "the voice of medicine" have been described.

Carl Rogers asked if psychology can find an alternative to professionalisation? It seems clear that counselling psychology cannot continue down the path of traditional professionalism if it is to remain faithful to the values of members such as the participants of this study. An alternative to traditional professionalism is needed. There is evidence from this study that the scientist-practitioner model may no longer warrant a central position in counselling psychology. There is also evidence that it could be replaced by a philosophy that places ethical practice at the heart of counselling psychology. The philosophy of Jürgen Habermas appears to be in tune with many of the values of the participants and merits further discussion and exploration to see if it can provide an alternative central philosophy to the scientist-practitioner model.

From this research study the following recommendations have emerged. It should be borne in mind that this study is small in scale and the

recommendations should be viewed primarily as a basis for further study and discussion.

Recommendations for training

- The supervision of trainees by counselling psychologists.
- Advice and information about placements in medical settings.

Recommendations for research

- Further exploration of an arc of professional identity for counselling psychologists.
- Further study of the basis of individual professional identity for counselling psychologists.
- Is apprenticeship training a viable option; can universities learn from this model?
- Exploration of the values and aspirations of counselling psychologists who initially apply to be clinical psychologists.
- Do counselling psychology trainees benefit from additional practice feedback in the early stages of training?
- Further study of individual counselling psychologists' integration of expertise and practice.

- What are the virtues most appropriate for counselling psychologists?
- How are virtues developed and maintained in counselling psychologists?

Recommendations for practitioners

- The establishment of local counselling psychology networks.
- The establishment of a support network for counselling psychologists working in NHS settings.
- The establishment of an open and democratic discussion forum (or mailbase) based on Habermas's "ideal speech situation".
- The exploration of greater links with health psychologists.
- A debate on whether "supervision" should become "consultation".

REFLEXIVE ACCOUNT

This reflexive piece was compiled from my research diaries. The entries to the diaries vary both in length and interval between entries. This represents the nature of the changes; sometimes they flowed naturally, sometimes they caught me off guard and often they struck me when I was not working at the research. Shifts in thinking were primarily stimulated by immersion in the data. At times emerging structures simply would not fit together and it was often at these points of struggle that new categories and new lines of thought emerged. In addition to this new ways of considering ideas occasionally arose from engagement with the arts. The research process has had a considerable impact on me. It has altered my views on theory, research and practice. The following describes a few of the changes in my thinking and gives a glimpse of the journey that has taken place.

The major shifts

i. The centrality of ethics

I had anticipated that this study would probably focus on internal dissonances relating to expertise and knowledge, and their uneasy relationship with therapeutic practice. My first interviewee touched on some of these issues but my second interviewee consistently referred to ethics throughout the interview. At this point I felt despondent thinking that the research question was not well-enough defined and not well-enough structured. However, the next few interviews and the intervening attempts to transcribe and categorise the data showed an emerging pattern of the centrality of ethical practice to professionalism. The personal nature of the descriptions alerted me to the idea of an individual professional identity and

I began to map this – initially it resembled a patchwork but became more defined as the edges of each piece began to connect and confirm other parts of the pattern.

ii Communication rather than language

During the analysis a shift in my theoretical thinking occurred. I had previously been impressed by the ideas of social constructionism and had prioritised language in this construction. I had felt uneasy about the relativism and lack of personal and political responsibility that could result from this position. My attention was first drawn to Habermas in the 1990s when reading about narrative theory and ethics (Josselson, 1996). During this research I reread this book; it reminded me of Habermas and led me to revisit Honderich's (1995) summary of his work. That same week, deeply immersed in the data, I went to a performance of Théâtre Complicité. At the after-performance discussion Simon McBurney, the director, spoke about his method of working with actors. They improvise around a theme and the play emerges through a form of dynamic, democratic dialogue. At one point McBurney shouted "chuck out the texts". This helped me to crystallise what was at the heart of the participants' interviews – widely conceived ethical practice that centred on open and democratic communication. The ideas of Habermas also seemed to be in keeping with the participants' views and contributed to my shift in emphasis from language to dialogue as the basis for social construction.

iii Problems with linearity

A difficult phase in the process occurred when, having gathered in all the information, I found myself unable to move forward. Although I had a sense

of the main findings of the research, it felt extremely difficult to find an order or structure for the sections. Everything seemed so interconnected and circular that it felt impossible to render it in a linear form. I am grateful to a visiting Turkish academic, a political scientist, who politely asked what I was working on. The differences in language and discipline meant that he kept checking for understanding in what I was saying. This halting process helped me to realise the research could be presented in a linear form.

iv A prejudice dissolved

Before conducting this research I had the prejudice that any radicalism in counselling psychology was lodged in the founders of the Division. I feared that the new wave of counselling psychologists who had trained straight from undergraduate courses might be less radical and more accepting of traditional professionalisation. This prejudice was quickly dispelled. I am left feeling deeply impressed by the interviewees and optimistic about the future of counselling psychology.

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PART FOUR

CASE STUDY

WORKING WITH AN ASYLUM-SEEKER: PROCESS AND ETHICAL ISSUES

WORKING WITH AN ASYLUM-SEEKER: PROCESS AND ETHICAL ISSUES.

RATIONALE

I have chosen this case to explore the therapeutic and ethical issues encountered when working with a client who had been refused refugee status in the UK. This study examines the difficulties of maintaining a therapeutic alliance and making therapeutic progress in circumstances dominated by feelings of fear and powerlessness. This study also considers the ethical and therapeutic implications of being in the position of a witness to a judicial process. The appropriateness of political action and its role in avoiding the position of bystander are also considered.

THEORETICAL ORIENTATION

My theoretical orientation is the person-centred approach of Carl Rogers (1951). Given optimum conditions, Rogers believed that human beings move towards growth and wholeness. Adverse experiences, usually encountered in childhood, create conditions of worth within the child who learns that they will only be loved if they behave in certain ways. The need for approval results in the formation of a false self and the child is distanced from their real self. Person-centred counselling aims to facilitate the emergence of the real self and promote growth and self-awareness in the client. For therapeutic movement to take place the counsellor must offer the client the core conditions of empathy, congruence and unconditional positive regard (Rogers, 1951). These conditions are regarded by Rogers as necessary and sufficient. Evaluation studies "provide strong evidence for the general efficacy of humanistic therapy" (McLeod, 1996). There is also

evidence that person-centred therapy achieves positive outcomes with depression, anxiety and relationship problems (Greenberg, Elliott and Lietaer, 1994).

INFLUENCES ON MY THEORETICAL PERSPECTIVE

In recent years my work has also been influenced by three other theorists - David Rennie, whose person-centred work draws on existential and interpersonal therapy and highlights the therapist's role in process direction; and the existential therapists Irvine D. Yalom and Viktor E. Frankl.

My work with this client was also informed by reading Camus's novel The Outsider. The writing of Emanuel Levinas and Gaston Bachelard sharpened my thinking on the ethics of relationship, and the meaning of home.

I am mindful of the research that links the strength of the therapeutic relationship with a successful outcome (Horvath and Symonds, 1991) and the therapeutic relationship is the central focus of my work. Malan (1979) describes the triangle of the person as consisting of the current relationships that bring them to counselling, the past relationships which are impacting on present problems, and the relationship with the counsellor. It is only through the third side of the triangle that the exploration of the first two becomes possible. The above influences will be highlighted at various points in the case study.

ETHICAL CONSIDERATIONS

In order to maintain the confidentiality of the client, as recommended by BPS guidelines, the name and identifying details of the client have been

altered or omitted. For the purposes of this case study I will call him Ali. Ali gave written permission for the use of this case study and understood that he could withdraw permission at any point (see Appendix 9:255). Ethical permission was also gained from the College management. They checked that the ethical safeguards of informed permission and right to withdraw at any point were in place.

Whilst abiding by and paying close attention to BPS ethical requirements in relation to clients, my view is that ethics cannot be regarded simply as a set of principles to be applied to practice. I view ethics as being central to practice. Ethical practice must be an integral part of the practitioner. "Ethics does not supplement a preceding existential base; it is not something added on to my being; rather the very node of the subjective is knotted in ethics understood as responsibility" (Gordon, 1999: 51, 52).

This understanding of ethical practice is grounded in Levinas' (1996) concept of the responsibility of *being-for* the other. In this way ethical responsibility towards the client is at the core of the therapeutic relationship.

CONTEXT

I work as a counsellor in a College of Higher Education. The Counselling Service is located centrally in Student Services. Students are received by a sensitive receptionist and counselling takes place in a comfortable sound-proofed office. The work is mostly short-term and the average number of sessions is five. Many international students from a wide range of cultures and religious backgrounds attend the College.

The referral

On receiving advice from a friend that counselling might be helpful, Ali referred himself by telephoning for an appointment.

The client's history

Ali is a student in his early twenties. He described his childhood home as secure and his relationship with his parents as good, but he experienced an increasingly insecure external environment as he grew up. He lived in his country of origin until he was twenty years old.

He described himself as gay and said that his culture and religion regarded homosexuality as unacceptable. He said he became aware of having sexual feelings towards men in his early teens and although he never spoke of this, or engaged in any relationships with men, his peers noticed his difference. He reported that he was bullied and referred to as the equivalent of "girlie". He said that the bullying became more intense, the threats of violence steadily increased, and the local police and religious extremists began to target him systematically. In an atmosphere of constant intimidation he described becoming fearful for his own life and for the safety of his family. He reported attempting suicide several times. On two occasions he said he took high levels of prescribed drugs but was found and hospitalised. He described himself as living in a state of increasing terror. After being sent a shroud, he fled his country and made his way to the UK. He eventually made contact with the local gay community and with the support of friends began the process of being more open about his feelings. He said that he had applied for refugee status but this had been refused. At the time of our first session he was awaiting an appeal hearing. He had enrolled for a one-

year higher education course and came to see me two months after he had started the course. We saw each other for a total of twelve sessions.

THE FIRST SESSION

Ali's presenting problem was that he was feeling "depressed" and was concerned that he was not engaging with his academic work. He explained that he was gay and that he was from a very different cultural background. English was his third language. As I had some knowledge of his second language we agreed that we might use this language, if necessary, to aid understanding.

He described himself as a religious person. He spoke of trying to pray at a religious place and finding himself overwhelmed by a feeling that he was sinful and should not be there.

Ali had not previously sought medical or therapeutic help. He described his relationship with his parents, especially with his mother, as very good and very close. She telephoned him every day. However, he had not told his parents about his sexuality as he was aware that this would cause them great distress and shame. He felt it would always be impossible for him to be open with his family or to return to his country. He had established a life here as a gay man and felt very proud of this achievement. Yet, he said that he thought of his parents sometimes when he was with gay friends and described feelings of dissonance. He said he had supportive friendships, and wanted to have a partner, but he was unsure about his ability to commit to longer-term relationships.

Towards the end of the session he told me he was an asylum-seeker. He said he felt ashamed of his status and was very aware of hostility towards

asylum-seekers in the UK. He seemed convinced that he would be rejected by most people. "If people know they will hate me." He had had an experience of telling one person and then being rejected. He said he avoided contact with other asylum seekers and few people knew about his status. He wondered if his inability to form long-term relationships was due to the fact that he might be deported at short notice or if it stemmed from an underlying problem. He said he felt "sick with worry" that he might be sent back to his country and he had no idea how long he would wait for his appeal to be heard. Farbey (2002) underlines the complexities of the laws relating to attaining refugee status. In these circumstances it felt important to check that Ali had good legal support and he confirmed that he did. He also said that he dreaded going to the solicitor to discuss the matter as it reminded him of painful past events and the possibility that he could be deported.

During this first session I worked hard on understanding Ali from his own internal frame of reference and endeavoured to communicate this understanding to him empathically. Mearns and Thorne (1999) emphasise the need to be accurate in the communication of empathy. I checked the accuracy of my understanding by reflecting, summarising and paraphrasing the essence of his story. I developed trust between us by applying the core conditions and affirmed his power to set the boundaries of our work. Rennie (1998:117) underlines that a meta-goal in person-centred therapy is to increase the client's personal power. "We want them to draw upon our agency in such a way that they become more agential". This was important in beginning the process of redressing the power imbalance that lay between us; he was defining the agenda, I was facilitating exploration, providing support and holding the boundaries.

In past therapy and supervision I have made some preparation for working with difference in others by exploring and reaching points of acceptance of

the foreignness and dissonances within myself. Gordon (1996) sees such exploration as a key factor in working with cultural difference. With Ali, I attempted to adopt a position of radical openness to lessen the distorting effect of stereotypes and assumptions. Within this radical openness I aimed to create the therapeutic space that occurs at “the crossroads of two othernesses” (Kristeva 1999:11). I regarded his disclosure of his asylum status as a sign that he felt safe with me and that a working relationship was being established. Although there were many cultural and religious differences between us, I was aware of a deep fellow-feeling based on belief in the human rights to freedom of sexual orientation and to live without fear and discrimination. I believe that this felt sense of consonance was an important factor in establishing a working alliance.

MY UNDERSTANDING OF THE CLIENT

From the information that Ali had given me and from his interaction with me I formed the following initial understanding of him. Ali had described close and affectionate relationships with his family and from their unconditional positive regard he appeared to have developed a stable central core. However, the later bullying and intimidation were likely to have had a profound effect on his interactions with people outside the family. He appeared to have developed a withdrawn, defensive coping pattern towards the outside world. He had learned that an essential part of himself was unacceptable to others and must not be expressed overtly. He was likely to have evolved an external false self in order to cope. His confidence in the external world had been partially restored by his recent positive experiences amongst the gay community in the UK. It seemed that when he was very sure that he could trust, he could develop strong and healthy relationships.

My view was that his psychological problems resulted from the social and cultural circumstances in his country of origin and were sustained in the UK because of his "asylum-seeker" status and the uncertainty that surrounded it. These circumstances led to the internalisation of conditions of worth and contributed to the maintenance of an external locus of evaluation. Additionally, Ali's path to self-actualisation was blocked by anxiety arising from these adverse external circumstances. He had expressed fear about returning to his country and he reported having nightmares about what would happen to him there. I felt that his feelings of anxiety and fear were a normal response to very abnormal circumstances and should not be viewed as pathology (Joseph et al., 1997).

Ali's asylum status added a fragility to the therapeutic relationship as he could lose his appeal and be deported at any time. In an interview with Pointon (2003:5), Korzinski comments that building a therapeutic alliance with someone whose asylum status is uncertain is "like building a castle in the sand. Whatever you construct is at the mercy of a hostile environment... the uncertainty, the waiting...the refusal letter".

It was evident that he was traumatised by his experiences in his country. I felt that it was very important that he remained in control of the timing and content of any disclosures. Healy (2003:19) notes that "at times I acknowledge the presence of the unspeakable in the room but I do not name it. ... [Some need] to keep the door closed in order to function and live". It was important that I conveyed my awareness that he was living with these memories and that I had the strength to hear his experiences should he wish to talk about them. The powerful reminder from Duncan and Miller (2000) that it is the client and not the therapist who knows the best therapeutic direction sustained me during this time. I had to create a strong alliance based on trust so that when he felt able to speak of the past there was a secure space available. "Trust needs to be earned, especially when it

has been smashed so many times” (Healy 2003:19). Congruence is a key factor in the creation of trust and was a pivotal factor in forming and maintaining this working alliance. In our relationship congruence was evident in my attempts to be open in my responses and in my avoidance of false reassurance.

I noted that Ali may well have internalised homophobia from his religious and cultural background as he had mentioned feelings of guilt and sinfulness in relation to his family and religion. He also appeared to have internalised negative views about his “asylum-seeker” status. Exploration of these internalised dissonances and my ability to convey unconditional positive regard for him would be important in facilitating the development of an internal locus of evaluation. Additionally I was aware of his religious beliefs and noted that I must be sensitive to this influence in our work if we were to build an effective rapport.

I was also very aware of his survival strength. Despite immense pressure, he had removed himself from the growing danger he had faced in his own country. In the UK he had already found a supportive community and was working towards establishing a career that would utilise and extend his talents. When feeling depressed he had listened to his friend and sought therapy. Affirmation of his ability to transcend his very difficult circumstances and create a life for himself was, I believe, another essential therapeutic factor. Yalom (1998) underlines the importance of instilling hope. For Ali, this meant not generating false hope about the appeal verdict but having faith in his coping mechanisms and his ability to survive.

Finally I was aware that, although he was relieved to be in the UK, he was coping with multiple layers of loss relating to his country, culture and religion. He was separated from his family, language and home. Developing an empathic understanding of the meaning and complexity of these losses

was important in the development of our relationship. Bachelard (1969) underlines the power and fundamental meanings of “home”. Papadopoulos (2002:19) regards it as a part of the core substratum of identity; it “interconnects three overlapping realms – the intrapsychic, the interpersonal and the socio-political”. He likens it to a psychological category and underlines its significance for the therapeutic process.

Home can be seen as a psychological category which combines the basic psychological processes which facilitate early human development. ...it could be argued that therapeutic care with refugees has the possibility of restoring some of the important processes that are associated with home and thus providing an invaluable boost for refugees that can activate their own resilience.

(Papadopoulos, 2002:5)

Welcoming Ali and creating the conditions for him to feel “at home” in the therapeutic relationship were especially important. I sought to achieve this, not by “a deceptive recreation of homely warmth” which Papadopoulos (2002:3) views as unhelpful, but by striving to provide the core conditions of unconditional positive regard, empathy and congruence; the optimal circumstances for personal growth.

To summarise, the key factors in our work were: establishing trust within a strong therapeutic alliance, affirming his strengths, and providing a secure framework within which he could explore his traumatic past, internalised negative feelings and fear of the future.

NEGOTIATING A CONTRACT AND THERAPEUTIC AIMS

We contracted that we would meet weekly until his course was completed or until he felt that he no longer needed therapy. We agreed to review the

situation at the end of each term. We decided that we would focus initially on enabling him to live as well as he could given his circumstances; and to re-engage with his course, which represented his future hopes and gave him a sense of competence and agency. He also wanted to work on his relationships with others. Wilkinson and Campbell (1997) emphasise the importance of social support, and research links effective social support to physical and mental well-being (House et al., 1988; Baron et al., 1990). Ali had identified a sense that he was not “being real” with people. He felt he was putting on a face, a false self, in order to cope. We agreed to explore the factors that underpinned this feeling.

It was evident that Ali’s asylum status would be a significant presence in our therapeutic work. I underlined that I would be available until his situation had been resolved. I was congruent that I felt deep shame that my compatriots’ opinions had caused him distress and expressed this to him. He said that he felt as if he had exchanged one prison for another. He had gone from having to hide his homosexuality to having to hide his asylum status. The future appeal hung over us. We returned several times to the powerlessness, frustration and distress it evoked. We agreed that he would talk about his painful past experiences if and when he chose, and that I would not press him on these.

We both felt that we could work together towards these aims. He was motivated and open to exploration. Mearns and Thorne (1988:117) underline the importance of the client being in a “state of readiness” for counselling. This applied to Ali.

THE MIDDLE SESSIONS

Sessions 2-4

Our work in these sessions and the following sessions had a circular pattern. Areas of focus were visited and revisited many times. I describe below the main areas of work and the significant moments of each phase.

Ali began to talk about some of the traumatic events in his past but it made him feel very anxious. He said that he felt it was not helpful to do this as he might face similar events if his appeal failed and he was returned to his country. I respected his decision. We concentrated on removing the blocks to his engagement with his academic work and exploring how he related to others.

In the second session he referred to himself as lazy and said that this was the reason that he was failing to achieve. I was congruent about my immediate response and said I felt both surprised and saddened to hear him say that. I summarised what he had told me about his experiences and the current strain of awaiting appeal, and that he attributed his lack of enthusiasm for study to laziness. After some thought he showed signs that he was beginning to realise that it was not surprising, given his circumstances, that he was having difficulty working. He also gained some awareness of his considerable achievement in having reached this point of being a student. With accurate reflection and affirmation, he began to change his view of himself as a lazy person to someone who was attempting to study in very difficult circumstances. As he became more self-accepting he began to seek the help that he needed from his teachers and

peers and his marks began to improve. His improved sense of self-worth gave him the confidence to feel that he deserved the help of others.

Ali wanted to have a relationship but was also fearful of commitment given that he might have to leave at any moment. Additionally he was aware that he was not “himself” with people. He felt he was putting on a face. In clarifying his feelings it emerged that there were similarities between hiding his asylum status and having to keep his homosexuality hidden in the past. Asylum seeker status was linked with rejection and fear of attack and silence; he coped by hiding his real self. This had a basis in fact in that there were many negative newspaper articles about asylum-seekers and reports of asylum-seekers being attacked and occasionally killed. During this time we worked on developing relationships with a few people he felt he could trust. He moved towards achieving a sense of agency over his situation by realising that he had the right to choose how much he disclosed and to whom. Confiding in a few close friends resulted in a positive response and deepened those relationships. It also began the process of dissolving his conditions of worth in relation to being an asylum-seeker and diminishing his view that “people will hate me if they know”.

We explored his religious attachments. This developed my understanding of the meaning of his spiritual life and raised the level of my empathic responses. He conveyed that his beliefs were centrally important for him: my approach was to explore how he could continue to include his religion in his life whilst being aware that his religious community proscribed homosexuality. His feelings of dissonance showed signs of lessening as he reached the decision that he would enjoy his life fully as a gay man, but would also try to adhere closely to the other rules of his religion and be as good a person as he possibly could. Parrott (1999:17) argues that there is a lack of attention to religious values in psychology generally. She advocates

the positive inclusion of the client's religious values and their inclusion as "part of potential solutions rather than as part of the problem".

Another significant moment was a deepening of his understanding that he was not a woman "a girlie", but a man, a gay man. He felt he had absorbed the idea that to be homosexual meant that he was a woman. Incorporating the understanding that he was fully a man raised both his self-esteem and his sense of equality among other men.

Sessions 5-6

Between the fourth and fifth session he received a letter giving him notice of his appeal. Initially he was optimistic and said that he felt better because he would now have a decision. As the session advanced it became clear that he was terrified. He did not want to speak of the appeal or what would happen if his appeal failed. He said that he could not envisage living again in his country and that if he were returned he would commit suicide. He saw this as the only way he would be able to have some control. "Why should I wait for them to hurt me and kill me." He described how he felt as "having a terminal illness". In the past I had counselled people with terminal illness but this had a different quality. Ali was a healthy man who under different social and political conditions might flourish. Attempting to empathise with his terror was extremely difficult. In parallel to his feelings I felt fearful and experienced an urge to run out of the room. I had to let go of a physically animating energy in order to remain still and calm; my role was to provide a secure therapeutic space for him.

An additional aspect to my therapeutic role involved being a witness. The witness says "here I am" before the other. Gordon (1999) notes that the witness not only witnesses but something new, something creative,

emerges in the witnessing. The ethical act of witnessing encompasses a therapeutic outcome. It enables the client to "re-story and restore" themselves (Papadopoulos, 2002:34).

We considered how we should proceed. He conveyed that dwelling on outcomes both terrified and depressed him and we agreed to not speak about the imminent appeal unless he raised the issue. Holding the therapeutic frame and ensuring that I let Ali set the agenda was fundamental.

At the end of session six Ali told me that his solicitor had said that a report from his counsellor might be helpful for the court. I agreed to write a report for our next meeting and said that we would need to go through it together at that session.

Session 7

At Ali's request, his lawyer sent me a copy of his statement to the appeal board and I read it before drafting my report. Reading the statement was difficult because it set out in detail the traumatic events of his past. I knew more clearly what he might face if he was returned to his country. This raised both my feelings of anxiety and my anger at the injustice of his situation.

Unusually, Ali arrived half an hour, late apologising and saying there had been transport difficulties. I explained that we should look at my report before it was sent to his solicitor. Rennie (1998:29) underlines the importance of informed consent and, whilst he acknowledges that for person-centred counsellors at times this may seem disruptive to the process, he is emphatic: "it must be done". I was aware that Ali was

reluctant to read the report. I was conscious of wanting to focus on what he was bringing but was mindful of the ethical necessity for him to read the report. I was congruent with Ali about these conflicting feelings. He agreed to read it and apart from one clarification did not want any changes. This took twenty minutes. In the last ten minutes Ali said that he had been mugged in the street a few nights before. I expressed my feelings of dismay on hearing this and explored how he was feeling and the support that he had available. He said he had good support from friends but also that he felt curiously elated by it. We agreed we would talk more about this at our next meeting.

He failed to attend. I was very aware of the difficulty and discomfort he had shown in reading my report. I was also conscious of the recent attack and the lack of time we had had to explore it. There was a gap of seven days and then he phoned and came to see me the following day.

Sessions 8-10

This was a fragile moment in our therapeutic relationship. Rennie (1998:66) says that in such a situation where “we can no longer function properly...we are faced with a difficult choice: either we sweep it under the rug and try to carry on as if the disjunction does not exist or we attempt to deal with it directly”. He recommends the latter as disjunctions can become embedded in the relationship. It was for this reason that at the beginning of session eight I was congruent about my concern that the focus on the report, and away from his issues, might have led to him finding it difficult to attend the following session. He said that he found counselling difficult. We struggled with whether coming to see me was helpful. Although he found the support helpful, it also reminded him of the reality of his situation. He identified similarities with visiting his lawyer. Although he accepted that he needed to

see my report, reading it had brought the past traumatic events and his uncertain future into our therapeutic space and undermined its safety and security.

We explored his feelings in relation to the mugging. He related his feeling of relief following the attack, to being reminded that he could survive a physical assault. He also said that he felt that he deserved punishment. Further exploration led us back to his internalisation of homophobia and he renewed his awareness of this unhelpful belief.

In the remaining two weeks prior to the appeal we focussed on living in the present. During this difficult time Ali said that he had been able to go out with friends and found moments of pleasure and release from the stress. We also looked at the support he would have on the day of the appeal and he said that a good friend and their parents would accompany him. A phone call after the appeal let me know that he felt optimistic about the outcome. A letter several weeks later confirmed that he had been granted an unlimited right to remain in the UK.

THE LAST TWO SESSIONS

Ali said he felt much improved and was visibly more relaxed. He had passed his course with good marks and had decided to seek work rather than pursue further study. He was optimistic about the future and we spent some time reviewing his plans.

In the last session we reviewed our time together. He identified several things as being helpful. My challenge of his view of himself as being lazy, his exploration of his internalisation of homophobia and the negative associations of asylum seeker-status, his ownership of his maleness and

our work on his relationships. Overall he said he felt much stronger as a person and had a sense of personal growth. He had a greater understanding of his achievements and seemed to be establishing an internal rather than an external locus of evaluation.

For the first time he mentioned that my offer to communicate occasionally in his second language (which he had not taken up) had not been helpful. It was the language of the invaders of his country and he associated it with colonialism and oppression.

On reflection, he felt it would have been better if he had not read my report for the appeal hearing. This was not related to the content but to the fact that it had made our relationship seem similar to his encounters with his lawyer. He said that he would have been happy to trust me with the contents of the report.

SUPERVISION

Supervision provided a much-needed reflective space. It was sustaining to have reassurance that I should respect Ali's view that it was not helpful to explore the past, and that I was not simply acquiescing because I was avoiding dealing with his painful issues. A further important factor was the underlining of the importance of the maintenance of hope and the emphasis on supporting Ali in making the most of the moment despite his circumstances. This led me to reread Yalom (1998) on the instillation of hope. It also led to re-readings of Camus' The Outsider and Frankl's Man's Search for Meaning. These books reminded me that time can be spent positively even in adversity.

Supervision was very important during the awaiting appeal phase and was key to my being able to remain in role and hold the therapeutic frame. We explored the bounds of ethical responsibility and the working alliance. I struggled with the feelings of powerlessness and wanted to engage in some form of political action. My supervisor reminded me that Ali had a competent lawyer. She also reminded me of Casement's (1985:3) dictum that to be effective counsellors must develop the ability "to tolerate extended periods during which they feel helpless".

Supervisory discussion also focussed on the treatment of asylum seekers in the UK. I am part of a social system that behaves unfairly towards outsiders. Through supervision I came to the decision that it is unethical to remain silent having witnessed a process that is detrimental to mental health. It felt important to make the Home Office aware of the stresses engendered by the asylum process. The time to do this, we concluded, is after the end of therapy, in a way that did not endanger the client's confidentiality. To fail to take some action reduces the position of witness to that of bystander. Clarkson (1996) underlines the importance of resisting being positioned in this way by external circumstances.

Finally my supervisor was congruent about her parallel feelings of anxiety, frustration and distress. She underlined that these were stressful circumstances and that it was natural for us to be anxious and concerned about Ali.

CONCLUSION AND REFLECTIONS ON LEARNING

In this case study I have described how I attempted to maintain the therapeutic relationship in an environment of fear and powerlessness. I have highlighted the significant moments in the therapeutic process, related

these to my theoretical orientation and influences, and described the progress that was achieved. The importance of providing feedback on issues that impact on mental health was underlined. Finally the role of supervision in making therapeutic and ethical decisions was described.

Whilst working with Ali I learned the following:

- It is possible for therapy to be productive in the context of difficult external circumstances. Ali re-engaged successfully with his coursework, deepened his relationships, lessened the dissonance he felt in relation to his religion, felt more secure in his maleness, and gained an understanding of how he had internalised homophobia and the negative stereotyping of asylum seekers.
- It is important to explore the meaning of alternative languages for clients before suggesting their use.
- An important learning point was the rupture in our relationship caused by the writing of the report. It highlighted my lack of effective thought and preparation for the effects that this might have on the therapeutic relationship. An additional session with Ali to work through the issues before writing the report may have avoided the rupture in our relationship.
- Ruptures in the therapeutic relationship are repairable. My congruence following the rupture appeared to deepen the therapeutic relationship. There is research evidence to support this phenomenon (Safran, Muran and Wallner Samstag, 1994).

- The importance of supervision in enabling me to tolerate feelings of fear and powerlessness and prevent me from being diverted from the therapeutic process by action.
- I learned about the role of the witness in therapy and its dual aspects. Firstly it is a therapeutic endeavour in its own right. Secondly, having been a witness, there is an ethical duty to give feed back on processes that are detrimental to mental health.
- I relearned the immense helpfulness of reading – especially the wisdom of the existentialist writers. Both books raised the level of my empathic understanding of the experience of enduring nihilistic circumstances. Both reached conclusions that underpinned my belief that it can be possible to live in the moment at such times.
- I gained a deeper understanding of Orbach's (2003) comment that we have to be disturbed by our client's experiences in order to work with them. To "suffer with" our clients facilitates accurate empathic responding. Allied to this is the therapist's ability to contain and cope with these feelings. I was disturbed by Ali's situation and I understand more deeply that if I can contain my feelings this supports the client in containing their feelings.

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APPENDICES

APPENDICES

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Appendix 1. The Official History of the Division of Counselling Psychology.

<http://bps.org.uk/dcop/history.cfm> 22/10/04

The History of the Division

The Division of Counselling Psychology (DCoP) of The British Psychological Society is the organisation devoted to furthering the development of counselling psychology, both as a body of knowledge and skills and as a profession.

Counselling psychology has existed as a field of practice for quite some time. The Society, through establishing the Diploma in Counselling Psychology, has recognised the requirements for professional qualifications in this field. This route allows candidates to register as Chartered Psychologists exclusively on the basis of counselling psychology qualifications. Consequently, in March 1994, the Membership of The Society voted in favour of the Special Group in Counselling Psychology being redesignated "The Division of Counselling Psychology".

Historically, Counselling Psychology has developed as a branch of professional psychological practice strongly influenced by human science research as well as principal psychotherapeutic traditions. Its relationship with mainstream academic psychology has been mutually challenging because Counselling Psychology has drawn upon and developed phenomenological models of practice and enquiry which have been at odds with the dominant conceptions of scientific psychology. Fruitful relationships have also been established with other counselling and psychotherapeutic practices which have evolved outside the framework of academic psychology.

Counselling Psychology acknowledges these valued and continuing relationships whilst claiming its place within mainstream professional psychological practice. It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling/psychotherapeutic relationship.

Appendix 2. BPS Chartered Counselling Psychologists' Competencies.

Chartered Counselling Psychologists' Training & Areas of Competence

Statement from the Division of Counselling Psychology of the British Psychological Society

This statement has been prepared in response to requests for information by employers and commissioners of services. It is intended to be an overview, rather than a comprehensive or definitive statement.

The Profession of Counselling Psychology

Counselling Psychology is distinctive in its competence in the psychological therapies, being firmly rooted in the discipline of psychology whilst emphasising the importance of the therapeutic relationship and process. It is a relatively new branch of applied professional psychology concerned with the integration of psychological theory and research with therapeutic practice. The practice of Counselling Psychology requires a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context.

Counselling Psychology competences are grounded in values that aim to empower those who use their services, and places high priority on anti-discriminatory practice, social and cultural context and ethical decision-making. Chartered Counselling Psychologists are bound by the Code of Conduct of the British Psychological Society.

Counselling Psychology Training

There are two stages in training leading to Chartered Counselling Psychologist status. The first involves the attainment of the Graduate Basis for Registration, which is usually gained by having a BPS accredited first degree in psychology. This will have provided Chartered Counselling Psychologists with a fundamental knowledge of the discipline of psychology; for example of human development, biological aspects of behaviour, cognitive and social psychology and research methods and skills.

The second stage requires three years full time, or part time equivalent, post-graduate training and study. This involves: training in more than two models of psychological therapy; an emphasis on the therapeutic relationship and on ethical and professional considerations; a training in research methods and skills; supervised placements in at least two different settings and personal psychological therapy.

Training can be undertaken either at one of a number of institutions which offer Counselling Psychology Programmes accredited by the BPS, or by gaining the BPS Diploma in Counselling Psychology via the 'Independent Route'. Both the accredited courses and the BPS Diploma in Counselling Psychology confer eligibility for Chartered Counselling Psychologist status and lead to the acquisition of equivalent competence.

Counselling Psychology Practice

Chartered Counselling Psychologists are competent deliverers of evidence-based psychological therapy. Their training requires them to be competent to practice from more than two perspectives, and to have an understanding of the application of the three major theoretical theories of therapy (psychodynamic, humanistic, cognitive-behavioural). They are accordingly in a strong position to respond appropriately and flexibly to the therapeutic needs of specific clients and/or contexts. Some Chartered Counselling Psychologists may choose to work primarily from one or more particular theoretical perspective (e.g. psychodynamic), whereas others will take a more integrative approach to their practice.

Specific Counselling Psychology competences include:

- Assessment, including assessment of mental health needs, risk assessment and psychometric testing (depending on the context).
- Formulation; i.e. a psychological explanation of the genesis and maintenance of the psychological problems
- Planning and implementation of therapy
- Report writing and record keeping
- Evaluation of the outcome of therapy
- Supervision and training of other counselling psychologists, applied psychologists, assistant psychologists and related professionals
- Multidisciplinary team work and team facilitation
- Service and organisational development
- Audit and evaluation
- Research and development
- Management of services

Counselling Psychology competences are maintained by supervision of therapeutic practice and continuing professional development.

Accredited courses and individuals pursuing the Independent Route have been encouraged to develop a distinctive philosophy and approach to practice. Therefore individual Chartered Counselling Psychologists may differ in terms of their competence and experience in working in particular therapeutic contexts and with specific client groups.

Clients with whom Chartered Counselling Psychologists work

Chartered Counselling Psychologists work therapeutically with clients with a variety of problems, difficulties and life issues and crises (for example, the effects of childhood sexual abuse, relationship breakdown, domestic violence, major trauma) and/or symptoms of psychological disorder (such as anxiety, depression, eating disorders, post-traumatic stress disorder, psychosis). Direct client work may be provided to individuals, couples, families or groups according to the particular training and experience of the Chartered Counselling Psychologist.

Settings in which Chartered Counselling Psychologists work

- Chartered Counselling Psychologists work in a variety of settings that include:
- NHS services such as
- Primary care
- Community Mental Health Teams
- General health settings where psychological services are offered
- Eating disorders services
- Child and family services
- Services for older adults
- Services for those with learning disabilities
- Prison and Probationary Services
- Social Services
- Voluntary Organisations
- Employee Assistance Programmes (EAP's)
- Occupational Health Departments and Services
- Student Counselling Services

The particular settings in which any individual Chartered Counselling Psychologist is competent to work will be varied, and depend on their training and post qualification experience. Their training equips Chartered Counselling Psychologists with core therapeutic skills and the foundations of professional and ethical practice which, with appropriate continuing professional development and supervision, can be applied in different settings with different client groups. Core therapeutic competence is transferable via induction and orientation into new settings.

July 2001

Appendix 3. An E-mail request for participants.

Page 1 of 1

Dee Danchev

From: Dee Danchev <d.danchev@COUN.KEELE.AC.UK>
To: <HUCS@JISCMAIL.AC.UK>
Sent: 11 January 2002 14:57
Subject: Counselling Psychologists

Dear All,

If anyone is a counselling psychologist or has any counselling psychologists working with them and might be willing to be interviewed for a research project on professionalisation could they please contact me.

Many thanks,

Dee

Dee Danchev
d.danchev@coun.keele.ac.uk

Appendix 4. An E-mail initial approach to a participant.

We met briefly at the counselling psychology conference. I am researching counselling psychologists' perspectives on professionalisation (for my D.Psych dissertation at City University) and I am e-mailing to ask if you would consider being interviewed for this study. The interview is semi-structured, tape recorded and takes about one hour. It covers areas such as your own pathway to being a counselling psychologist, the meaning of being a professional for you and your views on the process of professionalisation of counselling psychology.

I have completed 7 interviews so far and am trying to interview a wide range of counselling psychologists from students to more experienced people like yourself.

Let me know if you would be willing to participate,

Best wishes,

Dee Danchev.

Appendix 5. An E-mail of further details for a participant.

My university for the D.Psych is City university. My internal supervisor is Dr Malcolm Cross and the director of the D.Psych course is Professor David Marks. My external supervisor is Dr Nick Lee at Keele University.

The research is a qualitative study and the aim of the research is to gather counselling psychologists' perspectives on professionalisation both from a personal viewpoint and on any wider issues that relate to the professionalisation of counselling psychology. The semi-structured interviews are tape recorded and at the end of the interview if the participant wishes to have any part of the interview erased then that would be done immediately. After the interview I transcribe the tape and the transcript is then returned to the research participant so that they can have another opportunity to indicate if there are any sections that they do not wish to be included in the research and also can comment further if they want to do so. Participants can withdraw from the research at any point. Care is taken at all stages to preserve anonymity and neither participants, their institutions nor any third parties mentioned will be identifiable in the final research thesis.

As clients/patients are not included in the study and as the study is straightforward in that there is no hidden agenda I have not had to present the research for approval to an ethical committee. I have discussed the ethical safeguards that I have included with my supervisors and have their approval.

If there are further things that you would like to know please do not hesitate to ask. I'll wait to hear from you about whether you still want to go ahead. I'm keeping 11am on fri 16 August free in the hope that you would like to participate.

Best wishes,

Dee

Appendix 6. The research participant permission form.

Permission to tape record interview on the professionalisation of Counselling Psychology for D.Psych thesis to be presented to City University by Dee Danchey

I give my permission for this interview to be tape recorded and I understand that the interview will be used solely for the above research project and related academic papers. I have been made aware that I can withdraw from the research project at any point and that any material that I wish to be erased from the interview will be removed and not utilised in the research project. I also understand that the research will be presented anonymously and neither myself nor any institution or people with whom I am associated will be identifiable from the final research thesis or papers.

Signed

Dated

Appendix 7. An example of the questions asked during an interview.

This interview was undertaken in the middle of the study. The participant's replies have been translated into brief summaries (in italics) to ensure anonymity but also to show how questions are derived from the participants replies. The abbreviation (LR) is used to indicate a long reply.

I explain the process, explain ethical safeguards, check permission.

D: Perhaps we can start by collecting some basic information. So your age range is it 30-40, 40-50, 50-60?

Participant gives their age range.

D: Can you tell me a bit about your pathway to becoming a counselling psychologist?

History related includes first degree in psychology, disillusionment with psychology, post-graduate sociology degree, taught psychology, post-graduate qualification in counselling, member of Division of Counselling Psychology, equivalence route to chartered status. (LR)

D: So you got chartered status quite early on then, I'd imagine.

Agreed and talked about getting chartered status.

D: So you've had a career that's been quite heavily connected to psychology most of the way through, apart from your Masters degree in sociology, but even after that you went back to psychology?

Agreed and said essentially always felt a psychologist

D: And you think of that first - the psychologist bit rather than the counsellor bit?

Yes

D: So that's the central part.

Yes. Now always describes self as a psychologist.

D: Do you ever describe yourself as a counselling psychologist?

Depends on who they are talking to.

D: Say a bit about that, whom might you say what to?

*Describes a hierarchy depending on how much enquirer knows about psychology.
Comments on peculiarity of this (LR).*

D: Yes - how we define ourselves. If you're amongst psychotherapists, counsellors, say, how would you define yourself in that sort of arena?

Says counselling psychologist - probably.

D: I guess one of the things I want to focus on is being a professional. Do you feel like a professional? Do you define yourself as a professional?

Yes. - links being a professional to maturity, occupational position, roles, responsibility, experience, expertise (LR).

D: You've mentioned the X role. Was that a key factor in feeling a professional or did it come before you actually took on X role?

Mentions several different roles - all contributing to feeling professional; expectations of clients also contribute (LR).

D: So these different roles had different moments when you felt you reached professional status within them.

Being a professional not felt as a coherent thing.

D: And does it stay stable, the feeling of being a professional?

More stable when representing profession less stable in other situations (LR)

D: So how would you describe what happens to the feeling?

Wonders if confidence is involved.

D: Well yes - I mean is confidence a way that you'd represent it?

Yes – confidence, knowledge, inverse relation to anxiety. Says it feels more than professional role wonders if it is part of person, personality. (LR)

D: It actually becomes a part of your self.

Yes, it doesn't switch off.

D: So can you recognize a point when you felt you actually took on the mantle of being professional as a counselling psychologist? You mentioned it in relation to X role.

Talks about it as a defining moment and also relates it to how seen by others (LR).

D: So it's not a completely internal feeling it's also to do with how other people position you.

Yes says easier to feel professional with feedback and expands on this.

D: Can I pick up with you a strand of something you mentioned earlier? You were saying about being a professional is not just in relation to your job, it was more in relation to yourself in general sort of life experience. Can you say how?

It is integrated into self. Links to experience and writing (LR)

D: Those aspects that you've just talked about relate more to work life. Is there any way in which it feeds into your non-work life?

No real separation between work and non-work (LR)

D: It's something like being, I don't know something about immersion something like that, you're immersed in your subject. It sort of pervades.

Wonders what would be left if had no profession. Wonders if the lack of separation is unique to this profession.

D: Are you saying that it does give meaning to your life?

Yes very influenced by profession. Links to morality and meaning

D: You mentioned the meaning of being a professional and you've also just briefly mentioned morality as being something that you're interested in, how does that fit with being professional?

Says it's really important to have meaningful life (LR)

D: So is that where the morality comes in? It's a moral sort of occupation. I don't know quite what I'm trying to say here.

Links therapy to morality and good ways to live (LR)

D: I was going to ask you now whether you think that being a professional is a good life?

Definitions of good life, mentions money, power, responsibility (LR).

D: Can we move on to looking at counselling psychology as a profession and what you feel about that? It came into existence about 10 years ago now, what you feel about the direction it's moving in?

Unsure, less optimistic. Counselling psychology raises standard of counselling and psychotherapy. Medical model rejected. Hoped counselling psychology force for change but now less optimistic (LR)

D: So it's as if the identity isn't emerging in as strong a form as you'd like it to.

Counselling psychology fragmenting – discord (LR).

D: Do you have an idea about what the prevailing factors are?

Professionalisation, rigidity, but also expresses concern about charlatans. Queries length of training. Wonders if there is an NHS/ private practice split/difference..

D: Can you say what the difference is?

Sees these worlds as far apart (LR)

D: You mentioned a bit earlier on that counselling psychology you'd hoped was emerging in a different way from the medical profession. Can you say what it is that you'd hope to avoid, what the medical profession represents?

Need to differentiate from clinical psychologists but justify on same level. Mentions humanistic base. Sees medical model penetrating counselling psychology via clinical psychology. Wants human approach to mental health (LR)

D: And your initial hopes were that counselling psychology was going to sort of trail awareness of this or divert the course of care?

Or introduce alternative. Still a chance but sees ideals being absorbed

D: Absorbed? What subsumed?

Yes. So titles don't have meaning

D: And is the pessimism about that you feel that counselling psychologists are being moulded in the shape of clinical psychologists.

Clinical psychology powerful, counselling psychology trying to get power

D: So we're what, having to operate within their structure to gain our power. While we're gaining power we're losing because we link identities, we could be doing something else.

Unfairness of lack of training funding but doesn't want training standardised. Links professionalisation and standardisation. Hard to get power to be different but not impossible (LR).

D: That sounded like an optimistic note because you were saying you were feeling what less optimistic overall.

Had hoped for fast change. Wonders about generic titles, new type of professional.

D: Is there anything else you want to add XXXX ?

Very interesting thing to talk about. Worries that contradicted self. Returns to wondering who would be if did not have a profession.

I thank participant, check permission and reiterate ethical safeguards.

Appendix 8. Categories from the analysis.

First level categories

Acceptance of being a professional
Disillusionment with psychology
Experience of social contexts
Engagement with counselling and psychotherapy
Against external constraints on practice
Beyond the medical model
Antipathy towards clinical psychology
Resisting pressure from EAPs and insurance companies
“Best of both worlds”
Counselling Psychology Division as home
Taking back psychology
Ethics are central
Frustration with codes and regulations
Responsibility
Irresponsibility
Dissent
Formation of professional identity
Maintenance of professional identity
Practice
Supervision
Personal development
Inspirational person
Reading
Training
Variability
Confidence
Development cycle
Daily variations
Expertise

Legitimacy
Qualifications
Chartered status
Writing
Power
The regard of others
Doctors
Clinical psychologists
Therapeutic professions
Money
Inclusion
Stagnation
Distance
Absorption
Fragmentation
Trailblazing
The crossroads

Second level categories

Common themes in relation to participants
Individual professional identity
Perspectives on professionalisation

Overall category

Ethical practice

Appendix 9. The case study client permission form.

Permission for D.Psych case study

I give Dee Danchev permission to write about my situation for her D.Psych case study. I understand that all my identifying details will either be removed or changed so that it will not be possible to identify me from the case study. I also understand that I can withdraw permission for this at any point in time and that in this event all materials relating to it would be destroyed.

28/10/03