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Sense of Self in the Conduct of Research in Counselling

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School of Education

2002

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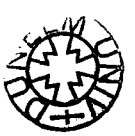

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Abstract

This thesis addresses the relationship between counselling and researching. It questions whether or not there is an approach to researching that maintains and facilitates the sense of self of the researcher through the extension of congruence from something held to something that is acted upon. In outlining and defining the worlds of researching and counselling this thesis highlights two perceived fundamental differences between the two processes. The process of counselling, as defined within this thesis, is founded on the individual, and holds a proficiency model of the individual. The individual, to put it simply, is inherently trustworthy and possesses awareness and resources. Researching, again as defined within this thesis, is founded on the notion of community and holds a deficiency model of the individual. The individual according to the world of researching needs to be given boundaries to be trustworthy and responsible.

In light of these perceived differences this thesis suggests that within the current field of research processes it is impossible for the individual researcher to conduct research in a manner which respects and facilitates their sense of self and active congruence. Constructs such as reflexivity impose a philosophy that has the distrust of the individual researcher at its core. This thesis suggests an alternative approach to researching that adopts the foundations of person-centred counselling. This approach has been named Researching with a Sense of Self.

Researching with a sense of self (ReSS) is an approach to researching that extends the use of the self of the researcher beyond the boundaries of constructs such as reflexivity. Mirroring the philosophy of the person held within person-centred

counselling, this process of researching employs constructs that facilitate and respect the self of the researcher as trustworthy and capable.

This thesis is in two parts. The first part locates the thesis within the current literature of counselling and researching and introduces the notion of researching with a sense of self. The second part presents the application of the approach in the field of counselling in primary care, specifically looking at the individual counsellor working within a primary care context.

Acknowledgements

I would like to thank my father, for without his financial support I would not have had this opportunity.

I would like to thank my supervisors, Peter, Keith, and Maggie. Their patience, encouragement, and generosity will not be forgotten. They taught me more than just how to 'do a PhD'.

I would like to thank my friends, Nic, Simon, Katie, and James, all of whom have PhDs. They asked the hardest questions and they gave the most informed support.

Most importantly I would like to thank my husband, friend, and partner, Dan. You are indeed a wonderful man.

Epigram

Wish I May

I am losing my love of adventure
I'm losing all respect
For me and myself tonight
I wonder what happens if I get to
The end of this tunnel
And there isn't a light
I've worn down the treads
On all of my tired
I've worn through the elbows
And the knees of my clothing
I am stumbling own
The gravel driveway of desire
Trying not to wake up
My sleeping self-loathing

Do you ever have that dream
Where you open your mouth
And you try to scream
But you can't make a sound
That's every day starting now
That's every day starting now

Don't tell me it's gonna be alright
You can't sell me on your optimism tonight
It's stiff competition
To see who can stay up later
The stars or the street lights
All they really want
Is to be alone with the darkness
No more wish I may
No more wish I might It takes a stiff upper lip
Just to hold up my face
I got to suck it up and savor
The taste of my own behavior
I am spinning with longing
Faster than a roulette wheel
This is not who I meant to be
This is not how I meant to feel

I don't think I am strong enough
To do this much longer
God I wish I was stronger
This song could never be long enough
To express every longing
God, I wish it was longer...

Ani Difranco, To the Teeth, 1999

Chapter One – Introduction

What Is the Issue?

I have experienced research as something about more than finding answers, exploring questions, or gathering information. I have experienced research as also being about communities and the necessity of joining communities. I have experienced counselling as something about more than empowering and facilitating individuals through their very personal journeys. I have experienced counselling as something about empowering and facilitating congruence and a sense of identity within myself, the counsellor. These are two very different perspectives on, what I have experienced as two very different pursuits. The difference that I perceive between research and counselling marks the embryo of this thesis.

For a researcher an eventual port-of-call will be research methodology, essentially the question of how they will carry out their research work. Answering this question involves tapping into a group of tools, namely research methodology. Research methodology is a term which represents a group of tools researchers can draw from to help them carrying out their research work. It is a vast group of tools representing a number of research traditions. Research methodology is ultimately the operationalisation of these traditions or perspectives of the way research can be approached, conducted and ultimately presented to the reader.

Greatly figuring in the explanation of the genesis of research methodology is the construct of the paradigm as used by Guba and Lincoln (in Anderson and Biddle, 1991). As illustrated by Guba and Lincoln (in Anderson and Biddle, 1991) in the research paradigm, research methodology is supported by research theory, which in turn is supported by research beliefs. These three levels combine to form a research

paradigm (Figure 1). Presently, there are a total of four major research paradigms: positivism, post-positivism, critical theory, and constructivism.

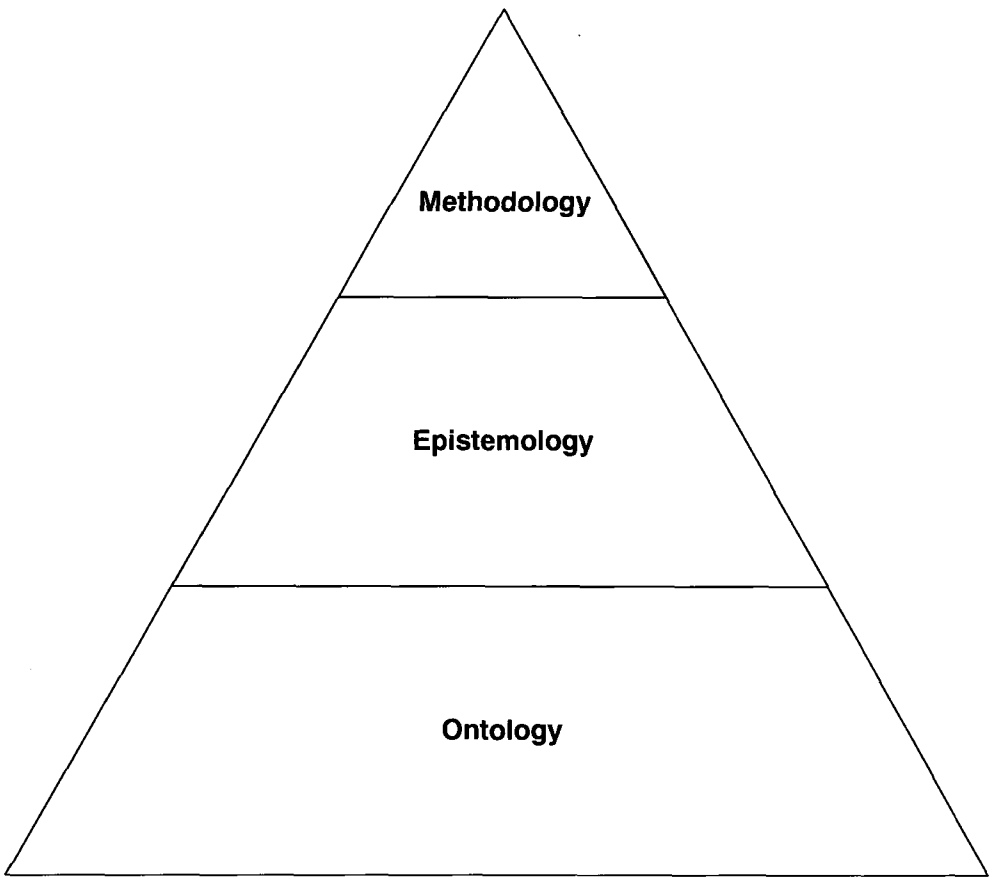


Figure 1 - Research Paradigm

Theoretically speaking, what ties these research paradigms together is that they are all products of a particular research community's set of beliefs. The foundation of every research paradigm is what is known as ontology, or a set of beliefs. Specifically, ontology represents how reality is perceived within a research paradigm (Guba and Lincoln in Anderson and Biddle, 1991). Simply put, each research paradigm listed above is the product of a community of researchers getting together, listening to and agreeing on a particular set of beliefs. All steps to methodology represent the

operationalisation of these beliefs, or in other words the operationalisation of the community's perspective.

For a counsellor, setting out to do counselling, or to become a counsellor, a significant realisation is often reached. Namely it is the realisation that counselling is as much about the state of the counsellor as it is about the state of the client. In addition to this a counsellor can realise that it is not about a consensus of beliefs but in the acknowledgement and respect of the individual's beliefs, what they are and how these beliefs are uniquely held and responded to. The counsellor's connection with themselves and their ability to use themselves within the counselling relationship is a strong determinant of the client's eventual ability to do the same.

I was a counsellor wanting to embark on a research project unable to find a comfortable place within the world of research methodology. I had an overwhelming feeling that my identification with research methodology was the sacrifice of the identification and respect I had accumulated for my own sense of individuality. Although the construct of ontology is indirectly related to the research methodology of the paradigm, I saw it as powerful and prominent.

Thesis Question

The above scenario leaves me to ask the question, is there an approach to researching which allows the individual counsellor to maintain their sense of individuality, uniqueness, and that respects the importance of maintaining congruence with this sense of self? Is there an approach to researching which allows the individual counsellor to use themselves in the same manner as they do within a counselling relationship? If not, would the development of such an approach contribute to

bridging the gap experienced by some counsellors between counselling and researching?

Thesis Parameters

Prior to addressing these questions it is necessary to establish the parameters within which this thesis will be constructed. The following areas will combine to form these parameters:

1. Thesis Objectives
2. Proposed Audience
3. Definitions
4. Personal History

Thesis Objectives

There are three objectives of this thesis. The first is to examine current examples of research methodology illustrating aspects within each example that prevent me from maintaining respect and congruence with my sense of individuality. The second is to construct a potential approach to researching which would respect and facilitate the researcher's sense of identity and congruence throughout the research process. The third is to illustrate the application of this approach to researching through researching within the field of counselling in primary care, specifically researching the sense of identity of the counsellor working within primary care.

Proposed Audience

This PhD is largely addressed to the counsellor who is, or is about to embark on the journey of balancing the role of researcher and the role of counsellor. I hope that through sharing my own struggle with the roles of researcher and counsellor some valuable light will be shed for others struggling with the same relationship. For those who do not relate to this scenario, it is my hope that this PhD will educate and enable

them to connect with colleagues or students who are familiar with the difficulty in being both a researcher and a counsellor. It is also for the counsellor, for as will be suggested within this thesis, and indeed has been suggested, the process of being a counsellor is not necessarily that far removed from the process of being a researcher, and indeed there is a connection which this thesis hopes to forge to an even greater degree.

Definitions

This thesis is located within the fields of counselling and research. Before embarking on addressing the thesis questions I feel it is important to clarify what I am referring to when I use the terms 'research' and 'counselling'. In discussing the definitions of both counselling and research I hope I am establishing a common starting point and clarifying to a greater degree the parameters of this thesis.

"...without knowing the purpose for which a definition is intended, its adequacy may be difficult, if not impossible, to assess." (Bayles in Fetzer, Shatz, and Schlesinger, 1991, p. 13). The job of a definition is to clarify, to set parameters, and guidelines for our understanding. Their job, on a relatively general level, is to promote a commonality in understanding.

Fetzer et al. (1991, p 6) states that "a language is a living thing.". Therefore, it is safe to say language is not stagnate, nor is definition, a product of language. This brings into play the importance of purpose, social climate, and culture.

In compiling information for this section a number of words sprang to mind; 'inconsistent', 'idiosyncratic', and 'anomaly'. There seems to be throughout the literature no presence of a consistent definition of counselling or research. There are a

variety of levels at which definitions are presented, but at each level there seems to be an embarrassing lack of consistency. It is this fragmentation and inconsistency that weakens any platform.

As stated in the beginning, definitions serve a purpose; to clarify, instil a common foundation. They are things that carry great potential for power. This explains the tendency for multiple definitions for one thing to exist. Each perspective, vantage point would like to be given the power of the final word. It could be equated to running to claim territory when land is up for sale. It could also be an indication of the lack of a final, ultimate answer. Can there be such a thing as an ultimate definition? Considering the characteristics of a definition, can this happen? Are definitions tools which shelter us from the uncomfortable feeling of chaos?

I have come to the conclusion that the act of defining can take on two roles. It can be time saving, focusing, strengthening, or it can be exceedingly problematic, expansive and detrimental to one's sense of location in an issue. As expressed by Woolfe, Dryden and Charles-Edwards (1989, p. 5) "the tidiness of a theoretical definition may not be easy to replicate in the complex and often messy and confusing empirical world in which we all have to live". It is within this sentiment that I will continue with establishing a definition of counselling and researching as they are used within this thesis.

Counselling

There are two ways to understand the word 'counselling'. It can be understood as giving advice, this being considered a wide definition (Bond, 1993). In this respect counselling has an extensive history, stretching as far back as biblical times. The other level of understanding the word 'counselling' is on a much more specific level. This

understanding stems from the likes of Rogers. It was at that time psychotherapy was under the medical domain. Rogers being a psychologist met this challenge and changed the name of what he did to 'counselling' (Thorne, 1984).

Contrary to popular belief, it was Frank Parsons (1854-1908) who 'invented' the word 'counselling' (Bond, 1993). Rogers simply employed it in his rebellion against the medical establishment, and in doing so moulded, shaped and carried the concept into modern times, along with a vast array of others who joined the bandwagon.

As stated, Bond (1993) approaches the problem of defining counselling by differentiating between "wide" and "narrow" types of definitions, recognising that each type has its place, and importance. Much of his approach to the issue revolves around the importance of establishing context in forming a definition, stating that "...the term 'counselling' is used differently according to the context." (Bond, 1993, p. 15). I believe this to be an important distinction and realisation, that there are types of definitions and that the definition is not independent of the context.

Using Bond's distinction and placing one at either end of a continuum of definitions will allow us to acquire a deeper understanding of the extent of definitions used. Representing a "wide" definition could be that provided by the organisation for the International Round Table for the Advancement of Counselling. As defined by Hoxter (in Bond, 1993, p. 15)

> *a method of relating and responding to other people with the aim of providing them with opportunities to explore, to clarify and work towards living in a more satisfactory and resourceful way.Although the counselling process may be primarily non-directive or non-advisory, some situations may call for a more active intervention and counselling may be combined with guidance and the provision of information*

An issue raised by the presentation of this definition is the importance of purpose. The purpose of IRTAC's definition was to represent their membership body, which, as the name implies, is wide. The definition employed by such organisations needs to be wide enough to represent the diverse philosophies held by their members.

Another example of such a definition is that which the American Association of Counselling and Development (AACD) use. As expressed by Bond (1993, p. 16) "it claims that it is an organisation whose members are "dedicated to the enhancement of the worth, dignity, potential and uniqueness of each individual and thus the service of society" (AACD, 1988)".

Upon reflection we not only have to think about the difference between "wide" and "narrow" definitions, but how the applicability of one or another rests on the context within which that definition will be used, and the purpose of the definition. A "wide" definition can be used for a variety of purposes, one perhaps being political. The main attraction with using a "wide" definition or resting on the sentiments that "counselling is a broad term" (Fletcher, Fahey, and McWilliam, 1995, p. 467) is essentially that it does not place any boundaries, restrictions, or responsibilities on the researcher, and the researched. Assuming a "wide" definition is political in the sense that it does not close any doors, or ruffle any feathers.

According to Howard (1996)

> *.counselling is a hopelessly vague word denoting a huge variety of methods, activities and contexts within which human beings can tell truth*

> *or lie to each other. When defined in broad terms, it excludes nothing, and becomes merely a vague restatement of virtue. Counselling on its own is rather like a one-legged stool: it does not stand up very well*
>
> *(Howard, 1996, p. 175)*

He goes on to say that the addition of "adjectives" and "adverbs" contribute to increasing the stability of "counselling". I find this commentary on the issue of defining counselling as lacking. In saying that the addition of a word is the key to clarification is somewhat missing the point. What Howard fails to mention is the word 'context'. Essentially, in Howard's mind 'context' is the key factor to defining counselling, although he fails to discuss this point in so many words. Howard contributes to the huge mosaic of 'defining counselling' by offering "psychotherapeutic counselling" as his definition for counselling.

The assumption of a "wide" definition, or commenting on the vastness of the term 'counselling' is a path often taken by those doing cross discipline research, researching counselling in primary care for example, in order to maintain a good working relationship, avoid restrictions, and maintain a non-threatening, non-exclusionist stance (Sibbald et al., 1993; Hazzard, 1995). The purpose of the definition in these cases is to build bridges, and spark communication lines.

A "wide" definition can also be used to differentiate, especially in the case of cross discipline research. Hazzard (1995, p. 118) took this route claiming that "...counselling is a discipline whose objects of study are conceptual rather than natural, and its theoretical derivation is in social, rather than natural science. Counselling is a social act, not a chemical behaviour". The main purpose Hazzard had for his definition of counselling was to assist in the differentiation between it and medicine.

Moving towards more specific or "narrow" definitions, the British Association

for Counselling provides a good example.

> *The overall aim of counselling is to provide an opportunity for the client to work towards living in a more satisfying and resourceful way. The term 'counselling' includes work with individuals, pairs or groups of people, often, but not always, referred to as 'clients'. The objectives of particular counselling relationships will vary according to the client's needs. Counselling may be concerned with developing issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings of inner conflict or improving relationships with others. The counsellor's role is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for self-determination.*
>
> *(Code for Counsellors BAC, 1992, 3.1)*

Defining the relationship type to a greater extent and some of the concerns and ways of behaving employed by the counsellor, for example the counsellor as facilitator, in addition to suggesting the structure of the relationship seems to ear-mark this definition as narrow, rather than wide. However, there is still an element of subjectivity to this system of classification, for in the end the system is based on definitions, which are inevitably the product of perspective.

In meditating on either end of the continuum of definitions, "narrow" and "wide", I am still left with the question of where I will place myself on this spectrum. There are extremes and various degrees in between. Issues such as the importance of context, purpose, need and reason, have been suggested. To assist me in the struggle of locating myself on the spectrum I will continue to review another approach to defining counselling.

In working to establish definitions of counselling within a busy General Practice Surgery, Launer (1994), recognised that various forms of 'counselling' were conducted by various professionals within the practice. He decided to employ a three-level model of counselling within the practice, which comprised of little, middle, and

big-C counselling. Big-C counselling is that which is carried out by a trained counsellor within the parameter arranged within the practice, middle-C counselling is that which takes place when "...a GP wants a wider perspective, or a family view, of a particular problem raised during routine consultation. It usually involves arranging one or two sessions with an individual or family, set aside in protected time." (Launer, 1994, p. 123). Small-C counselling is that which arises between the client and the GP during everyday practice.

I do like this model, mainly, as Launer (1994, p. 123) expresses "...it describes reality rather than prescribing perfection.". I think it is of value in the construction of my own working definition of counselling, although it needs more distinction between the definition of counselling and the use of counselling skills, and more distinction in terms of purpose.

As stressed (Rowland, 1992) there is a distinct difference between counselling and counselling skills. But first of all what distinguishes between counselling skills and communications skills? As Rowland (1992, p. 1) states "...it is the context in which they are used that indicates whether they should be called counselling skills or not.". As described by Bond (in Rowland, 1992, p. 1) "while communication skills are generally value free, counselling skills are laden with the values of counselling.". Counselling, as suggest by Rowland (1992) goes beyond the use of counselling skills. It is the embracing of the process and the foundations of such a process.

As expressed by Bond (1993, p. 26) "this has been one of the most important distinctions to emerge in recent years.". In distinguishing between counselling and the use of counselling skills it is revealed that the skills used in counselling do not exist only within the realm of counselling. When listed, as pointed out by Bond (1993, p.

27), they become "indistinguishable from lists labelled social skills, communication skills, interpersonal skills.". The key factor in talking about counselling skills is realising that the use of these skills within an understanding of the context and parameters of counselling can assist people in a wide variety of roles (Bond, 1993). "'Counselling' in this context is acknowledging the source of the concept and the method of communication." (Bond, 1993, p. 27). One of the most distinct differences between using counselling skills and counselling is the presence or absence of a specific contract between the client and the counsellor. When counselling is taking place a formal contract has been established between those involved (Bond, 1993).

With respect to reading about the definitions of counselling, a Johnny Nash song sums it up. "...the more I find out, the less I know...". As suggested, we are "...faced with a continuum, rather than two polarities" with respect to definitions of counselling (Woolfe, Dryden and Charles-Edwards, 1989). Indeed this is a wise evaluation of the present situation, but one could go that much further, to the point of suggesting a selection of continua. To suggest that there is only one is to indirectly suggest there are common variables amongst all definitions. Through my own reading and perceiving I have yet to discover consistent common characteristics. This is where the difficulty in defining counselling lies. There are catchwords that appear in a wide variety of definitions, such as "relationship" and "alliance" (Abel Smith, Irving and Brown, 1989; King, 1994) but they are hardly consistent in their appearances.

There seem to be classes of definitions. There are those definitions that arise from the stance of wanting alliance with medicine, and those that stem from the stance that wants independence from medicine. Further still, there are definitions that arise from

individual groups from within counselling tailored specifically to their parameters. In each case the emphasis, area of interest, and terminology is different.

A lot of the definitions put forth deal with tendencies and trends, instead of fact, destinations, or percentages. To some extent this echoes the sentiments of counselling in general. Counselling tends to deal with meaning (Frank, 1995) and relationships. It is important to note the diversity of place from which definitions of the word 'counselling' come.

> *When the agenda is the same, the choice of label: tutor, teacher, counsellor, therapist, often has more to do with accidents of history and what best suits the market, than substantive difference in the product on offer. Thus, the same persons might describe their activity as 'psychotherapy', in up market contexts that value status and depth, while referring to themselves as 'counsellors' to customers who would otherwise be intimidated and overawed by the more grandiose title.*
>
> *(Howard, 1992, p. 91)*

The word counselling is used in a multitude of capacities and settings, by various 'professionals' such as social workers, nurses, doctors, teachers, managers, personnel workers, and by individuals who consider themselves counsellors. Each of these professionals have viewpoints, history, purpose, and context, all of which go into how they use /define the word 'counselling'.

Reflecting on the information I gathered on the multitude of perspectives and approaches to defining and understanding counselling revealed certain sensitivities within me. I acknowledged a sensitivity towards the individual in relation to the process of defining words or processes, the significance of context with respect to the usefulness or suitability of definitions, and the subjective nature of all definitions. These revelations, so to speak, are what encouraged me to construct the definition of counselling used by this thesis.

The definition of counselling employed within this thesis can be presented in the form of a dynamic model. It is dynamic in the sense that the model is a combination of interacting 'spaces', each representing a dimension of the definition package. The content of the definition package I am presenting is dependent on the context in which it is used, and on the individual, or group which is using it. I will be using this model in a particular way which is relevant to this thesis.

The model of defining counselling I am using is a combination of three tiers (Figure 2). The structure of this definition model stems from Gilmore's (1980) work on counselling practice and Guba and Lincoln's (1988) structure of the research paradigm. These levels combine to form what counselling is defined as, in relation to both a broad and narrow perspective, depending on point of view, or necessity.

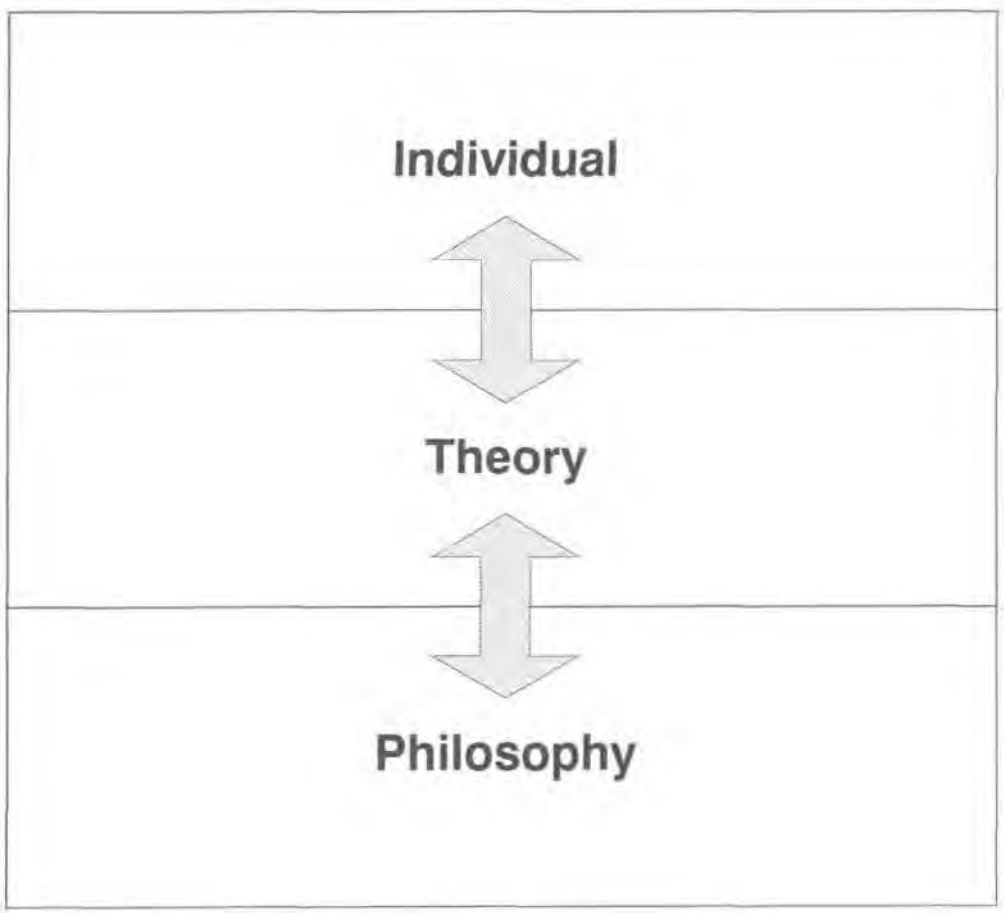


Figure 2 – Definition Structure of Counselling

The foundation tier represents the individual on a philosophical, value, and belief level. It is the awareness and connection with this level which facilitates the individual to move to the next level. This level presents counselling theory and perspectives, such as psychodynamic, humanistic, or existentialism. It also represents eclectic theoretical perspectives and integrative perspectives. The final level represents the counselling practice, essentially the product of the interaction between the individual and the theory.

Granted this definition model, or way of seeing counselling, it is a form of defining counselling in and of itself. Essentially counselling within this thesis is regarded as being founded on the degree of self awareness of the individual. It is an activity which from the perspective of this thesis, demands a certain degree of self-awareness and connection with the self, which in turn propels the individual towards theory which resonates with their own sense of self or identity. It is a dynamic relationship which is continually revisited by the individual counsellor. The product of this relationship is counselling practice. The effectiveness of the practice is dependent upon the quality of the relationship between the individual and the theory. The state of congruence maintained within the relationship between counselling theory and the individual is a significant contributor to the congruence of the counsellor within the therapeutic relationship. As suggested by Rogers (1961) this is an important factor with respect to the effectiveness of the therapeutic relationship.

Counselling with respect to this thesis is a complex interaction of three levels as illustrated above. It, as is the definition, is a dynamic practice which is determinant on the sense of self of the individual counsellor interacting with counselling theory. This

in turn produces the counselling practice, or manner in which the individual interacts with the individual client or clients.

The specificity of the definition of counselling seems less important than the model of definition I have chosen. In all actuality the model itself is a strong indicator of the theoretical persuasion of the thesis. As suggested through the definition model I have presented, this thesis is largely founded on Rogerian theory or approach to counselling. It strongly adheres to the significance of Rogers core conditions in relation to effective therapeutic interaction. It specifically focuses on the significance of congruence within the counsellor to effective therapeutic interaction and outcome.

Researching

To facilitate discussion on research, to create some common ground between research traditions, Rowan (1981) developed what he called the cycle of research. The cycle of research, as suggested by Rowan (1981) is a tool to represent the process of research generally, as opposed to specifically within a certain paradigm, or tradition. Rowan's cycle (Figure 3, p. 27) starts with the individual within a field of interest, whether that be an academic field, or a professional field it does not matter in relation to this construction or use of this cycle.

The individual, represented by BEING encounters a problem, or an issue within that field of interest. This launches that individual into the cycle of research. The individual starts to THINK about the issue or problem. This thinking eventually gives rise to a plan or PROJECT. The problem is translated into a course of action. The individual in accordance with their determined plan, ENCOUNTERS or interacts in some way with their area of interest gathering data or information of some form. Once this is complete the individual enters a process of MAKING SENSE. It is within this

process, or period of time which the individual interacts with the information or data gathered at the time of their ENCOUNTER. Once this has been completed, or the BEING is exhausted of the process, the findings from the MAKING SENSE are COMMUNICATED.

In addition to using Rowan's (1981) cycle of research to build the parameters of this thesis I am also using the structure of paradigm constructed by Guba and Lincoln (1988) referred to earlier in the introduction. The paradigm, with respect to research, is a combination of three interrelating levels. The foundation level is ontology, or the way reality is perceived. This is a set of belief's established by a community of thinkers. These beliefs generate theory, or the level of epistemology. This theory generates methodology, or theory which is operationalised. Throughout this thesis the structure of the research paradigm and Rowan's cycle of research will be integral.

As illustrated by Rowan (1981) this cycle comes in a wide variety of designs, each design being a product of a different research tradition, or paradigm. Offering the model of the research cycle is an attempt to establish a common point of understanding between the reader and the researcher. Throughout Chapter 2 different varieties of Rowan's cycle will be addressed in relation to the posed research question. Specific points will be raised as to why none of the myriad of research cycle types successfully addresses the request of the researcher for an approach to researching, or a cycle of research which respects and facilitates the uniqueness and congruence of the individual researcher, in this case, myself.

This will be done through elaborating on the structure of the paradigm to a greater degree and examining the four types of paradigms mentioned earlier. Specific

examples within each paradigm will be provided and responded to in light of my perception of their inability to meet my requirements.

As suggested earlier in the introduction the embryo of this thesis lies within a difference I have perceived and experienced between counselling and researching (Figure 4, p. 86).

The essence of the difference I perceive between counselling and researcher lay in what they are founded upon. Counselling as I suggested earlier finds foundation within the degree and extent of awareness, congruence and insight held by the individual counsellor. This in turn facilitates a journey towards counselling theory, and the two levels interact to produce counselling practice, or method. This is, as stated, a particular way in which to regard counselling, it is a form of definition.

I perceive researching as a combination of three interrelating levels. The foundation level of ontology represents the way reality is perceived, it represents a consensus of beliefs established by a community of thinkers. These beliefs are translated into theory which in turn is translated or operationalised into methodology.

As illustrated, this thesis sees the community as the foundation of researching and the individual as the foundation of counselling. As suggested within Rowan's (1981) cycle of research the individual or BEING with an interest or question enters a territory of communities. The individual with their question becomes the process when embarking on the research cycle in that they think about how they are going to answer the question or investigate their interest. In the choosing of the 'how' they are selecting a communities' beliefs to adopt, they are buying into, albeit indirectly, a way of thinking and being.

Whether or not Rowan consciously wanted to represent the consumption of the individual within a process I am not sure. It is however how I have perceived it. The individual enters a community, is a community, communicates as a community, then becomes an individual once again. Regardless of the type of cycle presented the BEING embarks on a determined course of action and reaction supported by a community of thinkers. The identification of the BEING with the community remains integral to the positive reception of the investigation by the community, or research paradigm.

Counselling is more than the application of a community of beliefs with respect to the perceptions held within this thesis. Counselling is the operationalisation of the individual through the identification with theory and the respect and facilitation of the congruence and maintenance of the unique dynamic self. This perception of counselling is particular. It finds its roots within Rogerian theory. It finds its roots within the notion that what produces effective counselling is the extent to which the counsellor acknowledges, respects and facilitates their own sense of self, and their ability to translate this awareness and process of awareness into practices, in relation to existing theory.

As perceived within this thesis, the motivation behind counselling is the maintenance and facilitation of self awareness, and congruence of the counsellor which empowers and facilitates the same within the client. This in turn contributes to the building of a positive therapeutic relationship. The motivation behind researching is the identification of the investigation within a tradition, is the location of the enquiry or question within a tradition or traditions.

Another way to represent the difference perceived between counselling and researching can be seen within Figure 3.

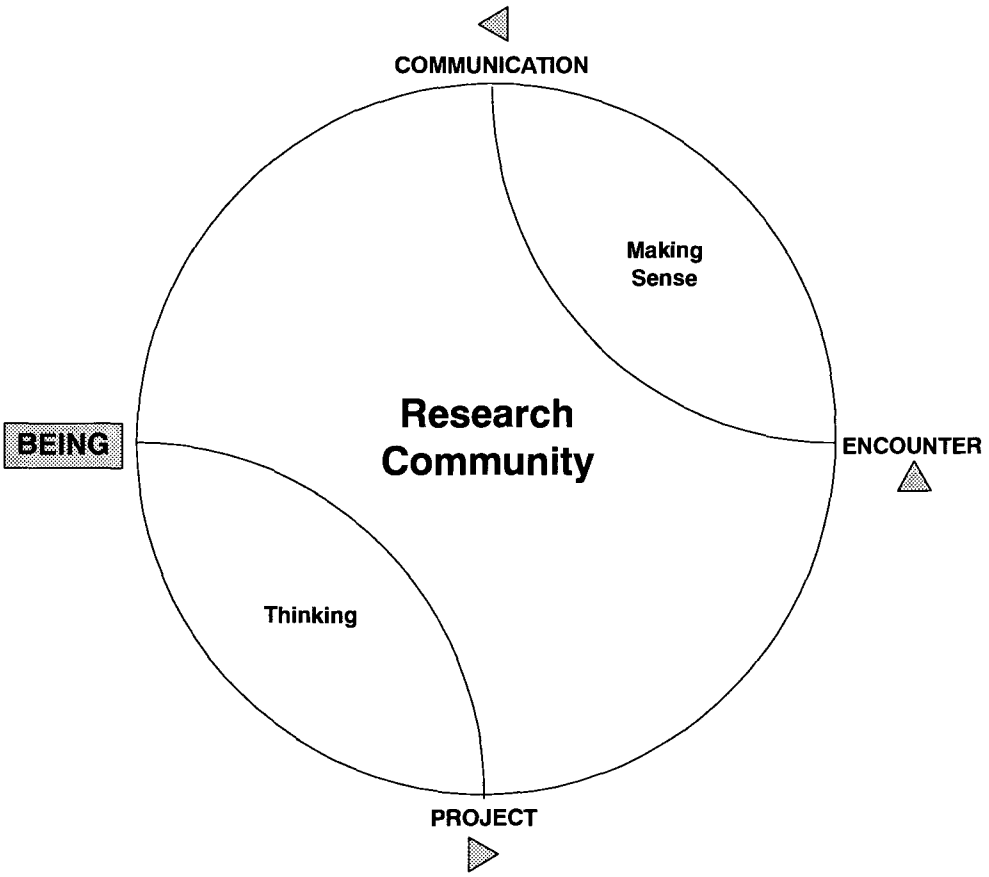


Figure 3 – Rowan's Cycle of Researching

At the beginning of a research process the researcher holds the substantive issue, or rather what they want to research in their mind. In translating the research question into a research process the researcher enters into a relationship with a methodology. The research methodology represents a community research. Through identifying and adopting a research methodology the researcher enters into a relationship with a research community. The success of the research does not depend on the quality of relationship the individual researcher has with the research community but rather the

extent to which the researcher integrates themselves within the community, adopting the parameters and expectations of the particular methodology.

Embarking on counselling, as perceived within this thesis, is the individual interacting with the theories of counselling. This relationship produces counselling practice. The success of the counselling, or effectiveness of the counselling is contingent on, among other things, the nature of this relationship. The quality of the relationship the individual counsellor has with themselves, the degree of congruence the individual counsellor maintains and fosters within themselves is important in relation to the quality of the relationship they can facilitate between themselves and the client. This quality of the relationship built between the counsellor and client is, as suggested by Rogers and Stevens (1968) "...the most significant element in determining effectiveness" of the counselling.

For there to be a therapeutic alliance between the client and the counsellor, the counsellor must maintain a state of congruence within themselves. The nature of the relationship the counsellor maintains between their sense of self and counselling theory is important. The congruence of this relationship is necessary to the quality and effectiveness of the counselling relationship the individual counsellor can work to facilitate.

Personal History

Considering it is the respect and facilitation of the individual's sense of self which has largely motivated this thesis, it felt important to share a snap-shot of my sense of self. The sharing of a picture of my sense of self at the beginning of the thesis is as much an exemplar of the actual process of researching with a sense of self, as it is a method of focusing for me, the researcher. Addressing the possibility of an approach to

researching which respects the individual's sense of self and the importance of a state of congruence within the individual is a sensitive possibility to ponder, let alone pursue. It has felt emotive and strenuous on numerous occasions.

This thesis has required the questioning of very established and respected approaches to research and the clear denial of these very useful research approaches in return for an approach which offers room for the uniqueness, emotionality, and often contradiction to be both accommodated and respected. Including what I have called 'my personal history' within the introduction of the thesis provides a touch stone for the reader. It provides a place to return to, a place which could potentially remind the reader, as it did the researcher, myself, of what exactly a sense of self could be about. It is a place for the reader to go that is not intellect driven, but emotionally and spiritually driven. It provides an example of what researching with a sense of self could be respecting and facilitating. Its usefulness and clarity are contingent upon the reader's realisation of the fact that this thesis is driven by a myriad of things and ways of being.

> *The world is an interpretation - our interpretation - and it is plural and continually changing. We are continually reinventing ourselves, immersed in a world of fictions and reinterpretations.*
>
> *(Stapley, 1996, p. 17)*

This personal history is written in an instinctual manner, respecting the importance of maintaining my personal integrity. I thought that writing about myself would be one of the easiest parts of this Ph.D. Yet the very reasons that suggested this was going to be the easiest section of writing, have also been the most problematic. What is important to include? What is unimportant? How do I write about myself and my life without offending others, or breaking confidences?

It would be easy to turn this into a CV, describing the places I have been and the things I have accomplished, or suggest the ones I have not. Yet what has motivated me throughout this process has not been what I have done, or what I have been 'granted' by society, academia, or other people. These set a backdrop, or a particular context. What has been important is my response to these things, the way I have experienced these things. In addition to having written this personal history instinctually, I have written it with humility and awareness that I am young and relatively inexperienced, and that I will always have a lot to learn, understand, and accomplish.

I have offered my personal history as a contribution to the building of the context of this research. The broad context comprises my 'sense of self', the substantive issue of counselling in primary care, and the complex assembly of cultures of research methodology, namely inquiry paradigms. I hope the inclusion of my biography will contribute to the definition of my 'sense of self' and contribute to the illustration of some of the principles of the research, namely humility, sensitivity, non-threatening presentation, respectful, and cultivated awareness.

I grew up in a northern Ontario town called Thunder Bay. I am the youngest of three. I have an older brother and an older sister. We always had animals, cats and a dog. My parents both work hard. They grew up in a town west of Thunder Bay called Kennora. This is where we spent a number of summers when I was growing up.

As I write this I am aware of feeling exposed. I am laying myself bare for the scrutiny of others. If I say I am the youngest of three is someone else going to say, 'Oh well that explains it all'. I suppose, as with the rest of this Ph.D. I am going to have to

accept this possibility. I suppose I could look at the scrutiny of others as a positive thing. Better to provoke some reaction than none at all.

From the time I can remember, I have always been a very sensitive person. I remember going home from grade one feeling very upset and worried about my teacher for she would not smile. I wanted my mom to talk to her and see if she was all right. I have countless memories of this type. How I regard my sensitivity has changed over the years. Initially I did not really understand what it was, I just remember that life felt difficult at times with respect to emotion and worry. I think that more likely it just felt uncomfortable.

I am not sure whether it is important to explain this sensitivity with respect to why I think I am this way. Again, I am not sure whether or not pinpointing reasons is important. For what I could reveal would be reasons that I feel at this time in my life. These reasons will, or could, change with time.

I was much more interested in music and studies than sport. I was never an athletic kid. I was chubby. I did do a wide variety of extra-curricular activities such as dancing, piano, and swimming. I think I took whatever I did very seriously. In retrospect anything I did was an opportunity to fail or succeed, not necessarily to have fun and relax.

I have a strange feeling. I am not sure what I should say. What is important to say and what should I leave out? I am writing things down and most likely there is a reason for writing these things among all of the others. Hidden agenda maybe? I am not sure. It feels a bit more than randomly choosing things to say. Then again, maybe they are popping into my mind randomly. I would like to think there was some instinct and intuition happening though. I realise that this is not a platform for me to analyse

myself. I am not writing for myself, I am writing for the reader. Then again, maybe this isn't wholly true.

A large part of what I remember about my childhood is about coming home after school, being alone and watching old afternoon movies. I would come home to very clear instructions, thoughtfully written by my working mom. These instructions included when to put the dinner in the oven, what chores needed to be done, things to remember, and when she would be home.

I spent a great deal of my childhood either singing in choirs, practising the piano, dancing, playing house with my 'best friend' of that particular year or time, figure-skating or being outdoors. One of the things that seems to trickle through my childhood and through my teens was my propensity to do things very seriously and intensely. I would go to the most extreme level I could get to, relying on my parents' willingness to pay for the best equipment, the best classes, and the best teachers. Writing very much retrospectively, what usually stood in my way was either my body, my attitude, lack of discipline, or self-esteem.

It is really quite amazing how much I have realised through simply writing this so far. It is sad in a way. I would go as far as I could in whatever it was at the time, whether it was piano, skating, dancing, swimming, horseback riding then I would lose interest. I would lose the excitement and the drive to continue. It was almost like upon reaching that level something was finally revealed. I wonder how much I entered each of those activities thinking 'this time, this time I will get recognition and approval. this time I will be deemed worthy'. I make myself sound so pathetic. I have wished on a number of occasions that music, the way I feel it, hear it, and was something I could get across with words.

I do not think I lived an 'expected' teenage existence. I distinctly remember my high-school years as being restrictive. They seemed restrictive in a creative sense, an expression sense, and a character sense. I think for much of my teenage years, as with my childhood, I felt older than I should have felt, or I felt older than those around me did. I always seemed to do better at interacting with my older siblings, peers, and even my parents' friends than with those my own age. I felt too old for the restrictions imposed upon me and my peers by school and society. I could appreciate the logic. I could appreciate how 'expected' and rebellious such an attitude toward authority and regulations must have been interpreted as.

In many ways I welcomed my teenage years. I was getting closer to becoming the age I felt. I was getting closer, so I thought, to fitting in. Since then I have realised that the idea of 'fitting in' is a lot less desirable than what it was. The sacrifices that I have witnessed in the name of 'fitting-in' in both my life and the lives of others continually reiterate this point. This, in relation to my Ph.D. experience has been quite salient.

In many ways as I got older I was getting further away from the idea of 'fitting in'. Each year marked more and more development in a character which, regardless of what those around me perceived, would never actually enjoy or experience a sense of 'fitting-in'. I do not regard this not 'fitting-in' as rebellious. I don't think it is something I tried not to do. I think in light of this research journey, it would be more rebellious and require more energy for me to 'fit-in' than to be true to what was happening inside me.

Upon reflection writing this personal history is not about right or wrong, it is not about what is important to include and what is not important to include. It is about listening to my instincts and intuition. At some level I know exactly what to include in

this history. I know and for what reason what is 'important' to include. Most things are important at one time or another, in one context or another.

Another troublesome 'beast' I am encountering is the uncomfortable feeling of being exposed, having the blanket lifted off you when you are nice and warm and relaxed. I have up until this time hidden behind fairly academic and impersonal writing. The writing has alluded to me personally in many ways, but until now I have not had to actually pinpoint and illuminate what has been suggested. I suspect trust has something to do with it. Bringing up the issue of trust seems to be a very labour intensive thing to do. Trust for me is an issue full of contradictions.

My high school years were about music, volunteering in hospitals, Sunday school, Sunday groups, trying things out, the French horn, horse-riding, being home alone and playing the piano, among other things. High school felt very much like I was putting in time for something else. I did not have a large group of friends. The friends I did have were not of the 'popular group' or the 'interesting group', they were largely people trying to get through the whole situation.

I was a serious student. I was very organised with my time, making lists, cleaning my room. I liked organising, and cleaning my room. These activities must have given me some form of control. In fact cleaning and organising still does this for me.

Unfortunately I did not really enjoy my undergraduate years. I first entered into a general music program playing my French horn. This proved to take quite a toll on me. I was incredibly stressed everyday. I was not having fun. I was pushed by something to continue with the program and I don't think that that something was my desire to become a musician, or was it? I think I wanted attention. I barely got into the

program. I think it was largely to do with the strings my French horn teacher in Thunder Bay pulled on my behalf, it being his own alma mater.

Needless to say, I pulled out of the course in the second year. I was finding it far too difficult. My grades were awful. I applied to the psychology program at the university. I was lucky to get in really. I do not think I would have been accepted if I applied with my final year high school grades. These ramblings are not necessarily important aside from strongly presenting themselves to me both cognitively and emotionally.

I struggled in what I perceived as a vary competitive, scientific, rigid, and 'positivistic' environment. The context in which I studied at that time was probably the farthest from who I found myself to be. Yet, I tried on a daily basis to succeed. I did, but it was not a glorious success.

Unfortunately this was not a happy time of my life. It was in fact quite stressful. I did not have a large group of friends. I did not like living in the city. I did not take advantage of any of the culture and events that happened around me. This, in retrospect is a shame. I feel strange admitting these feelings. It is odd in a way for I no longer feel angry, just sadness. Intellectually this would be anticipated. In reality, emotions do not lend themselves to 'logic' and 'intellectual' understanding.

I started to look into graduate programs in my final year of undergraduate studies. Most programs had very stringent criteria of acceptance. My grades were not very good coming out of my undergraduate degree of psychology. I applied to programs around Canada. In my research for what I would do next, I discovered counselling. I can still remember the moment in the library when I discovered that counselling courses existed. It was like a whole world opened up for me.

Reading about counselling, and taking some courses in the education faculty on counselling type issues was so exciting. It felt like a whole world opened up for me. It was a wonderful feeling. There was far more resonance and identifying going on than there ever was within my psychology studies. If I was to be very honest I would have to admit that what drew me to counselling was also the fact that you did not need to have as high a grade-point average as needed for applying to graduate programs in clinical psychology.

I applied to counselling courses in England. I always wanted to study overseas and I thought I would give it a shot. Being accepted to Durham University was like another world opened for me. Getting there and starting to study and live in England was like every world I had known exploded in to a million pieces and each piece found a place in a completely different complex, colourful, textured mosaic. I did more self-discovery in that year than I had done in my whole life. It changed the way I would perceive for time to come in a very significant way.

My first year in Durham held all the things that my high school years, and undergraduate years should have held, or what I would have expected them to hold. I suppose I just wasn't ready at the time of high school. In some ways I am not sure where the 'should have' comes from, social convention I suppose.

I realised quite a bit about myself. I was introduced to the idea of awareness and self-development. Since that first year I think I was dumping quite a bit into my subconscious. What I couldn't seem to deal with I repressed or it was expressed in a different form whether it is behaviour or some bodily issue. As much as it was a gratifying and exciting year of my life it was also very difficult and challenging. I met a lot of issues, and emotion in that year through therapy, through my training course,

through other people, and being in a foreign country with distance from all relations. All of this offered, with time strength, and freedom, expression that I had not known.

I speak of my first year studying counselling like it was some sort of utopia. It was not. It was full of difficult time and emotion. It was full of forks in the road and decision upon decision. What was the utopia was not the actual year but the opportunity, the chance and the decisions. Up to that point I never felt I even had the 'right to decide'.

During this year I met a man, who is now my husband. I toured around England. I met lots of people. I moved twice. I volunteered. I entered therapy. I drank, stayed up really late, read wonderful books, saw wonderful things. Academically I discovered a new world as well. I discovered research methodology. I discovered that there were more ways to conduct research than the accumulation of statistics or structuring of randomised control groups. The world of qualitative research was opened up to me. I also did an MA dissertation on myself. This was a bizarre opportunity to be presented with. Before this time I was conducting research that was so far away from myself and who I was, I felt like a robot, now I was being given the opportunity to research myself. It was electrifying.

Towards the end of this year some of my colleagues were starting to apply to do a Ph.D. I had been thinking about doing a Ph.D. but an incredibly tenuous self-esteem seemed to hold me back. The possibility seemed to become possible as I saw the people around me apply. They were doing it, why couldn't I give it a shot. I had quite positive and supportive tutors around me as well.

I suppose a number of things encouraged me to apply to do a Ph.D. at the University of Durham; the people in the faculty, the open mindedness of the department, the city, and if I was being very honest I wanted to stay in the country to be with my new love.

It is not a glamorous and academic array of reasons to do a Ph.D. I did have a passion for the future of counselling in primary care, what I saw as a very difficult relationship between medicine and counselling. I think my family experience had something to do with this passion.

I come from a medical family. Dinnertime conversations could be quite passionate. When I started to study psychology they became even more interesting. I think it is the place where a lot of my ideas and questions germinated. When I started to study counselling these ideas grew rapidly. The idea of the threat of assimilation was present long before I encountered the issue of counselling in primary care. I think the timeliness of the issue just gave me something to hold on to, something that would make people listen.

I feel a bit like I have revealed some untruths that I have sewn. I am interested in counselling in primary care. I do support it. I recognise is as a very complicated issue. The real passion is with the relationship between a dominant culture interacting with a non-dominant culture. On an individual basis it is with the unique individual contending with the expectations of a culture. I think more of my passion rests with the scenario in which counselling in primary care finds itself.

Throughout my Ph.D. process two significant influences to both the content and process of the thesis were the relationship I had with my supervisors and my experiences in personal therapy.

Much of person-centred therapy and philosophy revolves around facilitation and the creation of a certain kind of relationship. The counsellor needs to demonstrate empathy, congruence, and being non-judgemental. What would be the ramifications of a supervisory relationship that offered the same type of facilitative relationship? What about supervisors who offer the very factors that are required in a positive counselling relationship?

I strongly believe that the type of supervisory relationship that I experienced strongly influenced the process and product of this Ph.D. My supervisors facilitated my creativity, as opposed to directing it. They were supportive rather than authoritative. They provided many things I would consider important to an effective therapeutic relationship, such as boundaries, patience, and empathy.

Outlining the positive aspects of the relationship I had with my supervisors is not to suggest that it was entirely positive. For example, having two supervisors was a challenge, and encouraged in some ways a very particular style of looking at issues, as suggested in an excerpt from my process journal.

> *It is very interesting that I have two supervisors. Having two supervisors makes the notions of dichotomies that much more "in my face". My two supervisors had very different backgrounds, areas of interest, and on various occasions, very different perspective and opinion. I often felt caught in the middle. I feel two perspectives also encouraged a very dichotomy oriented style of understanding things. My supervisors through both facilitation and sensitive challenging greatly helped me to develop my perspective and fully engage in this very particular process of research.*

My experience in personal therapy revealed and facilitated my awareness of myself. Through working with a therapist I was able to build bridges between past events and current feelings and behaviours. These bridges have given clarity and have led me to a more complete sense of self. In addition to helping me gain more personal insight,

personal therapy facilitated in the development of my ability to listen and respect intuition, inner feelings, to express myself in various ways, to engage in a process of actualisation, and to realise the power and significance of the space between people.

My personal therapy not only influenced the way in which I approached this Ph.D. journey, but also facilitated the journey. Therapy helped me maintain a connection with myself in some very turbulent and vulnerable times throughout this journey. This resulted in a more and more developed sense of what it meant to be integrated and how and what I needed to do to sustain my integrity or 'sense of self'.

The more glamorous academic reasons for doing a Ph.D. seemed to develop as I unearthed the substantive issue and discovered a bit more about research methodology. I am not sure why other people opt for doing a Ph.D., career reasons most likely, some may have important things to say, some may not want to get a 'real' job. What I am sure of is that the reasons for starting a Ph.D. are not the same reasons that have driven me to complete it. Reasons for doing a Ph.D. are dynamic just as the person who holds them. The way I have written about myself most likely would not have been the way I would have written about myself when I started this project.

Thesis Overview

As suggested the world of research can be broadly represented by four research paradigms, namely positivism, post-positivism, critical theory, and constructivism. Each of these paradigms has a set of "basic beliefs" (Guba, 1990) with which they are identified. The principle belief of positivism is that there is only one universal reality. As suggested by Guba (1990)

> *The basic belief system of positivism is rooted in a realist ontology, that is, the belief that there exists a reality out there, driven by immutable natural laws. The business of science is to discover the "true" nature of reality and how it "truly" works. The ultimate aim of science is to predict and control natural phenomena.*
>
> *(Guba, 1990, p. 19)*

The type of theory or epistemology which is built upon positivist ontology is objectivist (Guba, 1990). This objectivism "...permits the inquirer to wrest nature's secrets without altering them in any way." (Guba, 1990, p. 19). The methodologies which spring from such epistemology, or theory revolve largely around the collection and manipulation of empirical data.

Guba (1990) provides a succinct summary of positivism in the follow.

> *Ontology: Realist - reality exists "out there" and is driven by immutable natural laws and mechanisms. Knowledge of these entities, laws and mechanisms is conventionally summarized in the form of time – and context-free generalizations. Some of these latter generalizations take the form of cause-effect laws.*
>
> *Epistemology: Dualist/objectivist – it is both possible and essential for the inquirer to adopt a distant, noninteractive posture. Values and other biasing and confounding factors are thereby automatically excluded from influencing the outcomes.*
>
> *Methodology: Experimental/manipulative – questions and /or hypotheses are stated in advance in propositional form and subjected to empirical tests (falsification) under carefully controlled conditions.*
>
> *(Guba, 1990, p. 20)*

Within post-positivism the belief in realism is still prominent although in addition to it is the belief that "...it is impossible for humans truly to perceive it with their imperfect sensory and intellectual mechanisms" (Cook and Campbell in Guba, 1990, p. 20). In terms of the theory or epistemology of post-positivism there has been a softening or more considered stance on objectivism. Within postpositivism it has been recognised that research is the product of "...the interaction of the inquirer and inquired..." (Guba, 1990). Methodologically speaking, within postpositivism the overriding characteristic of the tools applied to substantive issues are largely about

comparison. Due to the belief in the fallibility of the "human sensory and intellective mechanism" it is believed that the more sources of information or data gathered on the issue at hand, enabling comparison, in turn confirmation or contradiction, the better.

As with positivism, Guba (1990) provides a summary of the postpositivist paradigm.

> *Ontology: Critical realist – reality exists but can never be fully apprehended. It is driven by natural laws that can be only incompletely understood.*
>
> *Epistemology: Modified objectivist – objectivity remains a regulatory ideal, but it can only be approximated, with special emphasis placed on external guardians such as the critical tradition and the critical community.*
>
> *Methodology: Modified experimental/manipulative – emphasize critical multiplies. Redress imbalances by doing inquiry in more natural settings, using more qualitative methods, depending more on grounded theory, and reintroducing discovery into the inquiry process.*
>
> *(Guba, 1990, p. 23)*

Critical theory, as suggested by Guba (1990) is similar on the ontological level to postpositivism, in that it holds onto the notion of critical realism. The critical theorist, or ideologist (Guba, 1990), indirectly believes in a 'true reality', in that they refer to a 'false consciousness'. The real difference between postpositivism and critical theory can be found within the epistemology or theory level of the paradigm.

Fully embracing the notion of the place of values within researching, critical theorists suggest that "Nature cannot be seen as it "really is" or "really works" except through a value window." (Guba, 1990, p. 24). Although they believe in a "true consciousness" or "true reality", they believe this can only be revealed through the application of a value driven methodology, hence Guba's (1990) suggestion of the label "ideologically oriented inquiry" instead of critical theory. The methodology of critical theory is largely about transformation (Guba, 1990). This transformation largely occurs through the revelation of the 'false consciousness' and facilitation in

terms of grasping the 'true consciousness'. The following is a summary of the critical theory paradigm (Guba, 1990).

> *Ontology : critical realist, as in the case of postpositivism*
> *Epistemology: subjectivist, in the sense that values mediate inquiry*
> *Methodology: dialogic, transformative; eliminate false consciousness and energize and facilitate transformation*
>
> *(Guba, 1990, p. 25)*

The final paradigm is constructivism. Constructivism differs significantly to all three previous paradigms in that the primary ontological belief is that multiple realities co-exist. These realities "...exist in people's minds" (Guba, 1990, p. 26). Although Guba (1990) uses the construct of the paradigm to explain constructivism, he stresses that

> *...the distinction between ontology and epistemology (is) obsolete; what can be known and the individual who comes to know it are fused into a coherent whole. Further, it makes the findings of an inquiry not a report of what is "out there" but the residue of a process that literally creates them...knowledge is a human construction."*
>
> *(Guba, 1990, p. 26).*

Within the epistemology sphere of the constructivist paradigm it is acknowledged that in order to gain access to knowledge held within the mind of the individual a subjectivist approach is essential (Guba, 1990). The methodology of constructivism reflects the belief and theory of the paradigm in that it "...intends neither to predict and control the "real" world nor to transform it but to reconstruct the "world" at the only point at which it exists: in the minds of the constructors. It is the mind that is to be transformed, not the "real" world." (Guba, 1990, p. 27).

Constructivism is summarised by Guba (1990) in the following.

> *Ontology: Relativist – realities exist in the form of multiple mental constructions, socially and experientially based, local and specific, dependent for their form and context on the persons who hold them.*
>
> *Epistemology: Subjectivist – inquirer and inquired into are fused into a single (monistic) entity. Findings are literally the creation of the process of interaction between the two.*
>
> *Methodology: Hermeneutic, dialectic – individual constructions are elicited and refined hermeneutically, and compared and contrasted dialectically, with the aim of generating one (or a few) constructions on which there is substantial consensus.*
>
> *(Guba, 1990, p. 27)*

The advent of these paradigms has been chronological in nature. They are the products of what Kuhn (1970) calls scientific revolutions. Scientific revolutions mark a period in time when an existing inquiry paradigm, for example positivism, becomes less useful to researchers in the pursuit of research. The individual researchers begin to become aware of short-comings and dissonance within the existing paradigm in relation to the research and investigations they endeavour to pursue. This realisation motivates the construction of an alternative paradigm. Although the evolution of the paradigms mentioned has been chronological, they currently coexist within the wide world of researching.

Generally speaking, specific academic and professional fields identify themselves with some of the paradigms more than the others. Within the world of counselling, specifically counselling research, there has been an overwhelming identification and alignment with the paradigm of constructivism. Constructivism being a paradigm, all paradigms can be identified as a belief system constructed by humans (Guba, 1990). "Because they are human constructions, paradigms inevitably reflect the values of their human constructors." (Guba, 1990, p. 23). The construction of an inquiry paradigm takes place on three interrelating levels, namely ontology, epistemology and methodology, as suggested earlier.

The ontology of constructivism can be broadly represented by relativism. In other words, within the paradigm of constructivism "...realities exist in the form of multiple mental constructions, socially and experientially based, local and specific, dependent for their form and content on the persons who hold them." (Guba, 1990, p. 27). Constructivism is based on the belief that there is more than one reality or perspective of reality and these perspectives or realities can co-exist. The epistemology of constructivism or theory of constructivism is a product of relativism in that it is subjectivist. "...inquirer and inquired are fused into a single (monistic) entity. Findings are literally the creation of the process of interaction between the two." (Guba, 1990, p. 27). The theory or models of constructivism are a product of the individual's interaction with the participant, issue, and process.

The methodology of constructivism generally speaking involves the accurate and sensitive reconstruction of, what Guba (1990) calls "individual constructions". This largely represents the first step of constructivist methodology. The second step to constructivism methodology, generally speaking involves a complex web of communication. It is referred to by Guba (1990) as the dialectic aspect of constructivism which "...consists of comparing and contrasting...individual (including the inquirer's) constructions so that each respondent must confront the constructions of others and come to terms with them." (Guba, 1990, p. 26). To summarise, constructivism is largely to do with the "...reconstruction (sic) of the "world" at the only point at which it exists: in the minds of the constructors. It is the mind that is to be transformed, not the "real" world." (Guba, 1990, p. 27).

Within constructivism there is a vast array of methodologies, or ways the individual researcher interacts with the research question, issue, and/or participant(s). This

variety in turn results in a vast array of styles of reconstructing the "reality" with which the inquirer or researcher interacts. This eclecticism is a product of the foundations of relativism and subjectivism. Examples of methodologies that can be located within the inquiry paradigm of constructivism are, heuristic inquiry, intuitive inquiry, and participatory inquiry. As suggested, these are only a few examples of research approaches within the sphere of the constructivist paradigm. Although there are a myriad of methodological approaches within constructivism that include the researcher in significant ways, such as tacit knowing and intuition, this involvement remains within distinct boundaries.

Methodologies such as heuristic inquiry, intuitive inquiry, or participatory inquiry encourage the researcher to use intuition, tacit knowledge, emotions, dreams, and physical sensations, for example, throughout the process of researching. The use of these types of awareness however is bounded within certain constraints related to establishing and maintaining the trustworthiness or credibility of the research process and product. Extending these types of awareness into the relationship the researcher has with the participant as a means to enhance the interaction seems to be considered negative. The extension of the researchers awareness in the research relationship, as the counsellor's awareness is extended within the counselling relationship, jeopardises the credibility or trustworthiness of the research in terms of criteria used to establish credibility or trustworthiness.

Heuristic, intuitive and participatory inquiry approaches or methodologies have two things in common. They all use different aspects of the researcher in the building or re-creating and understanding of a "reality". Heuristic inquiry is a methodology which uses all sorts of creative tools to achieve this end. It is a methodology which "...aims

to provide a comprehensive, vivid, accurate, and essential depiction of an experience derived from the investigator's rigorous and intensive self-searching and from the explications of others." (Braud and Anderson, 1998, p. 265). Participatory inquiry is very much about the researcher's ability to get inside of what is being researched. It is an approach to researching which relies on the "...transformation of one's consciousness so that it becomes part of the consciousness of the other." (Braud and Anderson, 1998, p. 269). Participatory inquiry calls for "...compassionate consciousness within research..." (Braud and Anderson, 1998, p. 269). Finally, intuitive inquiry, very similar to heuristic inquiry, relies on the compassion of the researcher, the ability of the researcher to connect with what is being researched on various levels. This approach to researching is about the usefulness of intuition and alternative states of consciousness in the re-building and understanding of a "reality" or issue. It represents the "...full dimensionality of knowing within (sic) the conduct of research..." (Braud and Anderson, 1998, p. 259).

As well as sharing similarities in the use of the researcher's awareness in the re-creation of the issue or "perceived" reality, these approaches to research, or methodologies share the necessity of establishing trustworthiness. In the case of the constructivist paradigm there are several avenues to establishing trustworthiness. Generally speaking these avenues can be represented by five headings namely, credibility, transferability, dependability, confirmability, and reflexivity which addresses all of the previous categories, as suggested by Lincoln and Guba (1985, p. 328). One of the main functions of establishing trustworthiness within constructivist research, such as heuristic inquiry, is to establish the researcher's ability to use their in-depth involvement, through avenues such as intuition, in a controlled and bounded fashion. Establishing the trustworthiness or credibility of research within

constructivism revolves around safe-guarding against, or establishing the presence of investigator bias. However involved and encouraged the researcher is within the process of researching within constructivism, they are regarded as fallible. There is a strong sense that there are,

> *...sources of difficulty in using humans-as-instruments, in building upon the interaction of investigator with context/respondents as the source of data. Humans get tired. Humans exhibit selective perception. Humans cannot simultaneously occupy all vantage points...Humans "go native"...they also exhibit ethnocentricism, the opposite pole...*
>
> *(Lincoln and Guba, 1985, p. 108)*

Rowan's cycle of research is useful is describing how awareness is used within constructivism. What the cycle represents, as pictured in Figure 3 (p. 27), is a process which takes place within the individual researcher. According to Rowan this cycle can take on various forms depending on the nature of the methodology employed, and indeed within which paradigm the research can be located. This version of the cycle is, although generic, a useful touch-stone within this thesis. It represents an internal process of engaging with an issue and engaging with the various types of awareness one holds of that issue and how these forms of awareness exist, take shape, and eventually contribute to the production and communication of the research.

As a practising humanistic counsellor I continually engage with my awareness or types of awareness within the therapeutic hour. In addition to internally engaging or acknowledging different types of awareness within me, such as intuition, sensation, or transference, I also use or act on these types of awareness as ways of gaining more understanding of the client's "reality" in addition to hopefully facilitating an evolution in the client's awareness. The use or acting upon these types of awareness within the therapeutic hour is to gain a greater understanding, to increase both the perspective of the counsellor and the client as opposed to re-creating a perceived reality. The

employment of these types of awareness within the process of counselling can be very profound and powerful with respect to therapeutic movement and understanding.

Researching with a sense of self is an approach to researching that facilitates and supports congruence within the research relationship. It is an approach to researching founded on certain principles of person-centred counselling. ReSS is supported by a proficiency model of humanity (Figure 4, p. 86). Specifically it, as does the Rogerian concept of self (Rogers, 1958), suggests the individual is trustworthy. Through various structures the individual's trustworthiness can be facilitated and encouraged.

ReSS focuses on one of Rogers (1957) core conditions for therapy, namely congruence. It suggests that the actively congruent researcher will facilitate and encourage the actively congruent participant. Linking congruence with trustworthiness, suggesting active congruence is the operationalisation of trustworthiness, ReSS is not negating the significance of the other core conditions of therapeutic relationships (Rogers, 1957) with respect to research relationships.

Through the necessity of maintaining focus within this thesis and through my desire to maintain a wide audience, I decided to primarily focus on the condition of congruence within the research relationship. I wanted to suggest an approach to researching that would engage a wide spectrum of researchers. Focusing on all the core conditions could potentially turn ReSS into a specific research approach for person-centred counsellors. In saying this perhaps I am underestimating the translatability of these core conditions into other worlds of research.

However, with respect to this thesis, and more specifically the initial foray into ReSS, congruence is the core condition that is focused upon, the suggestion being within the ReSS model that the individual is inherently trustworthy. The suggestion within ReSS

is that the congruence of the researcher is the operationalisation of the researchers trustworthiness. Structures such as journaling, supervision, and therapy within ReSS facilitate the actively congruent researcher who in turn facilitates the actively congruent participant within the researcher/participant relationship.

The core purposes of this thesis are three fold. The first is to explore whether or not there is an approach to researching that acknowledges and facilitates the congruence of the person-centred counsellor. The second is to explore the value of active congruence within a research relationship (Figure 7, p. 94). The third is to explore the value of research done from a platform of proficiency rather than a platform of deficiency (Figure 4, p. 86).

Researching with a sense of self was, as stated, motivated by my frustration as a practising counsellor attempting to find an approach to researching which allowed me to maintain, respect, and utilise my sense of self within the process of researching, as I do within the therapeutic relationship. Within constructivism, although there is the acceptance and acknowledgement of the importance of the in-depth involvement of the researcher's awareness within the research process, there seems to be a distrust of the individual researcher. The very issues and opportunities that would be rich and beneficial within a counselling relationship are deemed weaknesses and negative influences leading to investigator bias within a constructivist research relationship.

"Congruence is the term we have used to indicate an accurate matching of experiencing and awareness. It may be still further extended to cover a matching of experience, awareness, and communication." (Rogers, 1961). In principle constructivism, and in many respects the other paradigms as well, seem to distrust the individual rejecting the need for congruence within the individual and the application

of that congruence as a precursor to potentially valuable research contributions. Instead of regarding the individual as carrying the potential for congruence in which state their actions can be trusted and supported as being both beneficial to themselves and others (Rogers, 1961), the individual is regarded as weak. The individual researcher, although subject to all of these negative "breakdowns" which in turn compromise the trustworthiness and validity of the research, is an important figure within the process of researching realities held within people's minds.

With respect to Rowan's cycle of research, researching with a sense of self suggests the extension of the awareness held within the individual research from solely an independent and bounded process to a shared and transactional process. This extension can be supported by principles held within humanistic counselling specifically and counselling practices in general. As suggested within Figure 6 (p. 92), researching with a sense of self departs from Rowan's model at the point of BEING. Instead of the BEING entering into a community of research which bounds their awareness within structures such as reflexivity, or auditing, the BEING embarking on research with a sense of self begins a journey starting with the state of congruence within themselves and uses that congruence in pursuit of exploration and understanding. Researching with a sense of self, through encouraging and supporting the maintenance and application of a congruent self is offering the researcher an opportunity, referring to Rowan's cycle of research, an opportunity to Make Sense through Gaining Sense.

Researching with a sense of self suggests the process of researching is a path rather than a cycle. It opens up the cycle and extends the use of awareness from within the individual to the participant and issue as well. Awareness is no longer held within the

individual researcher, but acted on and used within the process of discovering and understanding. Researching with a sense of self is an approach to researching which fosters the establishment of a relationship which invites the acknowledgement and use of all sorts of awareness both internally and externally of the researcher. Researching with a sense of self is not a circular journey for it suggests that through the use and application of awareness something more than re-construction of a reality can ensue.

Primarily this thesis aims to address the question of whether or not there is an approach to researching which respects the sense of self of the counsellor as researcher and acknowledges and facilitates the process of congruence within the counsellor as researcher. Part I of this thesis marks the first step towards doing this by highlighting the perceived hindrances to researching in this manner within existing methodology. These hindrances are addressed within Chapter 2. The second step towards doing this is responding to these hindrances with a possible alternative. This alternative is packaged within the label of researching with a sense of self. This alternative approach is both introduced and explained within Chapter 3.

A secondary aim of this thesis is to provide an exemplar of this alternative approach to researching. In Part II this is done through applying the approach of researching with a sense of self to the investigation of the identity of the individual counsellor practising within a primary care context. This investigation is introduced and outlined within Chapter 4. Within Chapter 5 analysis and reflection is made on the application of the approach to researching with a sense of self. Both pros and cons of this approach to researching are identified with respect to its effectiveness in investigating the identity of the individual counsellor practising within primary care and the

approach on a research methodology level. Conclusions and possible future avenues of investigation are addressed within the final Chapter 6.

Part I

Chapter Two – Thesis Foundations

As suggested within the introduction the embryo of this thesis lies in a difference perceived between counselling and researching. Specifically, it lies in a difference between how the self is used within each domain. The purpose of this chapter is to construct the foundations within both counselling and researching upon which the thesis rests and from which the thesis departs. This chapter represents the first stage in addressing the thesis question of whether or not there is an approach to researching which respects and uses the researcher's sense of self as it is respected and used within certain areas of counselling. The foundations of this thesis, as suggested, fall into two categories, namely researching and counselling. I will begin this chapter by addressing the researching foundations of this thesis. From there I will address the counselling foundations of the thesis.

Researching Foundations

In building the researching foundations to this thesis I will address four levels:

1. The Inquiry Paradigm
2. Constructivism
3. Methodologies within Constructivism
4. The Research Relationship within Constructivism

I will start with addressing the inquiry paradigm in relation to the foundations of this thesis.

The Inquiry Paradigm

As suggested within the introduction the wide world of researching can be broken down into four general categories, or communities. They are positivism, post-positivism, critical theory, and constructivism (Lincoln and Guba, 1985). This is a particular way of looking at the world of researching, and by no means the only way

in which it can be perceived. Various authorities within the world of the philosophy of research such as Tesch (1990) or McLeod (1994) use the categories of quantitative and qualitative research as way of delineating methodologies. With respect to this thesis, I found the more detailed categorisation of the four paradigms as more appropriate. As suggested, the terms qualitative and quantitative are very useful in terms of dealing with methodologies. Qualitative represents researching which deals mainly with data that cannot be represented by numbers and quantitative represents researching which deals with data which is represented by numbers (Tesch, 1990). It is a simple delineation, but as suggested, effective within the appropriate circumstances.

The approach Lincoln and Guba (1985) have assumed in delineating the world of researching is more appropriate because it goes deeper than the quality of the data and methodology. Their approach addresses both the theory and the belief systems that support the methodology that facilitates the collection of the data. This depth is important to this thesis for all three levels of the inquiry paradigm come into question and examination in the contemplation of researching with a sense of self. What this thesis does embrace is the notion that the adoption of a methodology represents far more than the adoption of a 'tool' with which to collect raw data. Engaging with methodology means engaging in a community of thinking and understanding for methodologies are products of theories, which are products of beliefs and philosophies. Lincoln suggests (in Guba, 1990, p. 81) "The adoption of a paradigm literally permeates every act even tangentially associated with inquiry, such that any consideration even remotely attached to inquiry processes demands rethinking to bring decisions into line with the worldview embodied in the paradigm itself.".

The structure that all four categories Lincoln and Guba (1985) use is the structure of the inquiry paradigm. The inquiry paradigm as discussed within the introduction, is a package made up of three inter-relating levels. These levels are ontology, epistemology, and methodology (Figure 1, p. 9). Positivism, post-positivism, critical theory, and constructivism are all types of inquiry paradigms. All four have an ontology, epistemology, and methodology. (Refer to Chapter One for a more detailed description of each paradigm.)

The inquiry paradigm is, to a certain extent dynamic. If its usefulness to a researcher, or more to the point, if the methodologies within the paradigm become less useful or restricted, the inquiry paradigm is open to additions, and challenges of the methodology within the confines of the ontology, or the belief system upon which it is founded. If the challenges begin to conflict with the set of beliefs or philosophies which support the paradigm then a state of scientific rebellion (Kuhn, 1970), or paradigm shift (Guba, 1990) results. It is this state that is responsible for the evolution of each of the four paradigms. Each paradigm, specifically positivism, post-positivism, and critical theory at one point in time, became less useful and was challenged by the needs of the researcher which fell out-side the ontology of the paradigm in question, hence the gradual development of a new more accommodating paradigm. This process is a long, gradual process, and initiated by large numbers of researchers. The period of paradigm shift is a difficult, insecure period for the world of research to find itself in. It is also potentially a very exciting and optimistic time.

Regardless of the nature of their evolution, each of these four paradigms currently co-exists within the world of researching. Professions and academic disciplines seem to align themselves to one or more of the paradigms within which the research within

these professions and disciplines is conducted. For example the broad field of medicine, and specifically medical research, seems to conduct a significant proportion of its research within the paradigm of positivism. The field within which the research project or topic is in is not the only determinant of which paradigm or paradigms within which the research is conducted, although it does seem to have a strong influence.

As suggested within the introduction a significant proportion of counselling research has taken foundation within the constructivist paradigm. With respect to this thesis, constructivism represents a starting point, or a point at which the reader can gather round the familiar in preparation for encountering the unfamiliar.

Constructivism

Constructivism, as stated, is one of the four inquiry paradigms. The term constructivism represents a wide world within the general world of researching. This world is made up of three interrelating levels, which are to a certain extent dynamic. Ontology with respect to the inquiry paradigm represents the way the world is perceived within the confines of that paradigm, or as expressed by Lincoln and Guba (1985) "the nature of reality". Within the paradigm of constructivism "There are multiple constructed realities that can be studied only holistically; inquiry into these multiple realities will inevitably diverge (each inquiry raises more questions than it answers) so that prediction and control are unlikely outcomes although some level of understanding...can be achieved." (Lincoln and Guba, 1985, p. 37).

The second level of the inquiry paradigm as perceived by Lincoln and Guba (1985) is the epistemology. Epistemology represents the theory that springs from the beliefs and nature of reality designated within the ontology of the paradigm. With respect to

the epistemology of constructivism Lincoln and Guba (1985) have outlined four points that can represent constructivism at this level. They are as follows:

> *The inquirer and the "object" of inquiry interact to influence one another; knower and known are inseparable.*
>
> *The aim of inquiry is to develop an idiographic body of knowledge in the form of "working hypotheses" that describe the individual case.*
>
> *All entities are in a state of mutual simultaneous shaping so that it is impossible to distinguish causes from effects.*
>
> *Inquiry is value bound in at least five ways, captured in the corollaries that follow:*
>
> *Corollary 1: Inquiries are influenced by inquirer values as expressed in the choice of a problem, evaluand, or policy option, and in the framing, bounding, and focusing of that problem, evaluand, or policy option.*
>
> *Corollary 2: Inquiry is influenced by the choice of the paradigm that guides the investigation into the problem.*
>
> *Corollary 3: Inquiry is influenced by the choice of the substantive theory utilized to guide the collection and analysis of data and in the interpretation of findings.*
>
> *Corollary 4: Inquiry is influenced by the values that inhere in the context.*
>
> *Corollary 5: With respect to corollaries 1 through 4 above, inquiry is either value-resonant (reinforcing or congruent) or value-dissonant (conflicting). Problem, evaluand, or policy option, paradigm, theory, and context must exhibit congruence (value resonance) if the inquiry is to produce meaningful results.*
>
> *(Lincoln and Guba, 1985, p. 38)*

Having delineated the ontology and epistemology of constructivism we are left with the methodological level of constructivism which in many respects is vast in both width and depth. Essentially the methodological level of the inquiry paradigm represents the operationalisation of the theory and indirectly the beliefs or nature of reality held by the paradigm levels of ontology and epistemology.

Methodology within Constructivism

It is difficult to fully address the methodological realm of constructivism considering its extensiveness. Within the realm of constructivism, and as pointed out by Denzin and Lincoln (2000, p.22), beyond, the relationship between the researcher and the

researched and the place of reflexivity within qualitative research processes and relationships is getting significant attention and exploration. The ontology of realism is extended by research within traditions such as feminism and Marxism to a materialist-realist ontology, which is largely about the situation of research in the context of race, class, and gender (Denzin & Lincoln, 2000).

Studies within the wide and complex arena of autoethnography (Ellis & Bochner, 2000, p. 739) explore the relationship between the researcher and researched.

> *Autoethnography is an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural.*
>
> *(Ellis & Bochner, 2000, p. 739)*

Autoethnography is a realm of research that exists primarily within the social sciences. This type of research process draws significantly on the experience of the researcher in the process of making sense of cultural or social issues.

As suggested this is an extensive arena of research in which numerous distinct examples of researchers' involvement in the process of making sense exist. Two particular examples specifically addressing reflexivity within this process are reflexive ethnography (Ellis & Bochner, 1996) and confessional tales (Van Maannen, 1998). These two examples represent two degrees of reflexivity within autoethnography. Reflexive ethnography integrates the researcher's experience at the starting point of the study or throughout the study running in parallel to the experience of the participant(s). Confessional tales or ethnographic memoir is where the researcher includes their experience of actually doing the study.

In the realm of counselling research there are a number of studies which also illustrate and expand different notions of the researcher-participant relationship (Etherington

1995; Grafanaki 1996). Skinner (1998) in a study of people coping with the aftermath of child sexual abuse finds herself using a reflective diary to encourage empathy and unconditional positive regard in her relationship with participants. She found these characteristics of great value in her ability to maintain research neutrality (Skinner, 1998, p. 537).

A fascinating example of research within the tradition of autoethnography is by Carol Rambo Ronai (1992). For a Masters degree she conducted an introspective narrative looking at herself rejoining a strip bar as a dancer/researcher. She used participant observation techniques, systematic self-introspection and interactive introspection to collect and maintain all the different levels of experience.

The evolution of qualitative research over the last ten years has been multifaceted. From within the social sciences the significance of the voice of the researcher and the unencumbered voice of the participant has been explored extensively through the awareness of reflexivity (Hertz, 1997; Kiesinger, 1998) and multiple voicing (Reinharz, 1992; Anderson, 1997; Lather & Smithies, 1997).

As will be illustrated using examples of heuristic inquiry, participatory inquiry and intuitive inquiry, however extended the voice of the research is within the process of making sense, or however unencumbered and facilitated the voice of the participant is there still is a notion of parallel existences. Within these studies the struggle of the researcher (Skinner 1998) to maintain that parallel, unbiased stance remains evident.

There are however a number of characteristics that can represent the operationalisation of constructivism as suggested by Lincoln and Guba (1985) which gives a general understanding of the methodologies of constructivism. It also provides

a good foundation for discussing three examples of constructivist methodology, namely heuristic inquiry, intuitive inquiry, and participatory inquiry.

In an attempt to define the operationalisation of constructivism Lincoln and Guba (1985) outline fourteen characteristics. Their selection of these fourteen characteristics is, as suggested by them,

> *...justified in two ways: (1) by their logical dependance on the axioms that undergird the paradigm, and (2) by their coherence and interdependance.". (p. 39). According to Lincoln and Guba (ibid) "These fourteen characteristics display a synergism such that, once on is selected, the others more or less follow. (p. 39)*
>
> *Most constructivism research is conducted within the natural setting of the issue, subject being researched.*
>
> *The researcher uses themselves or other to gather the raw or primary data, as opposed to tangible instruments.*
>
> *Knowledge such as intuition and sensations of the researcher are used within the research process as means of understanding interaction between researcher and researched to a greater degree as well as a means of keeping track of the bias of the researcher.*
>
> *Generally, the researcher makes use of methods of a qualitative nature as opposed to a quantitative nature.*
>
> *The researcher is more likely to embark on purposive sampling, as opposed to random or representative sampling.*
>
> *The constructivist researcher tends to embark on inductive data analysis.*
>
> *Theory of the research emerges from the data, or in other words is grounded in the researcher data.*
>
> *The design of the research emerges from the research process as opposed to being applied to the researcher process.*
>
> *In the reconstruction of the explored reality, the researcher often consults the research participants to make sure the reconstruction is accurate.*
>
> *The depth of the case study is generally preferred by the constructivist researcher, as opposed to the technical or scientific report.*
>
> *The interpretation of the data is idiographic or dependant on and closely linked to the specific reality being explored.*
>
> *Applications that spring from constructivist research tend to be very tentative for the conclusions drawn from this type of research are context specific.*

The boundaries of the research are determined not by applied preconceptions held by the researcher but by the issues encountered by the researcher. The boundaries are "focus-determined".

Within constructivism there is a special set of criteria that need to be addressed in the process of establishing trustworthiness.

(taken from Lincoln and Guba, 1985)

Heuristic Methodology

An example of constructivist methodology is heuristic inquiry. This is an approach to researching that was developed by Moustakas (1990). It is an approach to researching which extensively involves the researcher's inner unique world in the form of intuition, sensation, and tacit knowledge in the research process. Heuristic inquiry is an approach to researching which seeks to explore issues through the collection of a wide array of perspectives. The perspectives or resources can include, literature, the experiences of participants, the inner experiences of the researcher in interacting with the issue, art, music, and dreams. The researcher collects information around a specific issue from a wide variety of sources in order to re-create and more deeply understand a particular reality. The process of heuristic inquiry is one that parallels creative processes (Braud and Anderson, 1998). Methods used within the arts such as drawing, poetry, dance, and music can all be used within the process of heuristic inquiry. Anything that assists the researcher in understanding and exploring the substantive issue is, or can be, called upon within this approach to researching.

Although heuristic inquiry provides a wonderful opportunity for the researcher to use their own very personal and unique knowledge and experience within the process of researching, it is used in parallel to the collection of other forms of information around the issue. There is a extensive collection of the intuitive, personal, and tacit although there does not seem to be an exchange or interaction between sources in terms of the intuitive, personal, and tacit. It seems to be a contained congruence that is

allowed within the spheres of heuristic inquiry. The congruence and uniqueness of the individual researcher has a defined place within the whole process of heuristic research. The necessity of having a place for congruence or a contained congruence has to do with the umbrella under which heuristic inquiry is located.

As suggested, heuristic inquiry is an approach to researching which, in principle, falls within the constructivist paradigm. It in many respects is a product of the constructivist philosophy or ontology. It is a methodology which embraces multiple realities and the significance and value of the influence that the self of the researcher has on the process and product of the research. In locating itself beneath this broad umbrella as it stands at present, heuristic inquiry needs to acknowledge and address a number of criteria in order to maintain this place. This is essentially the corollary five listed above (Lincoln and Guba, 1985) concerning value resonance and value dissonance. "Problem, evaluand, or policy option, paradigm, theory, and context must exhibit congruence (value resonance) if the inquiry is to produce meaningful results." (Lincoln and Guba, 1985, p. 38). The extent of the value of the research produced by heuristic inquiry, in this instance, has to do with its ability as a methodology to, among other things, enforce the values outlined in the construction of the paradigm in which it is located, in this case constructivism.

With respect to the manner in which the self of the researcher is used within heuristic inquiry one of the more pertinent criteria has to do with establishing the trustworthiness of the research. In the case of research conducted beneath the umbrella of constructivism there has been a group of more suitable criteria established to address the issue of "trustworthiness". As suggested within the introduction, there are five criteria, as listed by Lincoln and Guba (1985) within the following table.

Table 11.2 Summary of Techniques for Establishing Trustworthiness

Criterion Area	***Technique***
Credibility	*(1) activities in the field that increase the probability of high credibility* *(a) prolonged engagement* *(b) persistent observation* *(c) triangulation (sources, methods, and investigators)* *(2) peer debriefing* *(3) negative case analysis* *(4) referential adequacy* *(5) member checks (in process and terminal)*
Transferability	*(6) thick description*
Dependability	*(7a) the dependability audit, including the audit trail*
Confirmability	*(7b) the confirmability audit, including the audit trail*
All of the above	*(8) the reflexive journal*

(taken from Lincoln and Guba, 1985, p. 328)

With respect to establishing credibility within constructivist research, or specifically heuristic inquiry, one of the main things that needs to be established is the ability of the researcher to maintain a contained awareness, or as previously suggested, a contained congruence. Lincoln and Guba (1985) list five areas related to establishing credibility as illustrated above.

Of particular interest to this thesis is the first group of criteria. These criteria have to do with the manner in which the research process is conducted. In the words of Lincoln and Guba (1985, p. 301) prolonged engagement, persistent observation, and triangulation are "...activities increasing the probability that credible findings will be produced.". All three activities support and facilitate the involvement of the researcher's self in the process of researching although their purpose is also to maintain and facilitate the boundaries and definition with respect to how the researcher's self is used within the research process. For example within prolonged engagement Lincoln and Guba (1985) suggest a potential danger of "going native". In

this instance the researcher loses sight of their purpose as a researcher and their primary foundations as a researcher and switches to identifying with the participants.

In light of the above criterion concerning the credibility of the research within constructivism, the manner in which the researcher is allowed to use their self, their past, present, intuition, sensation, tacit knowledge, and unique frame of reference is very particular in the sense that it must remain within the researcher. For such forms of the researcher's self to escape into the relationship with the participant, or the particular issue, the credibility of the research product would be in question. According to Lincoln and Guba (1985, p. 304) "There are no techniques that will provide a guarantee against such influence either unconsciously or consciously; awareness is, however a great step towards prevention.". With respect to this thesis and addressing the possibility of an approach to researching which uses the self of the researcher beyond the confines of techniques such as reflexivity, I feel awareness could be one of the very things that enable the researcher to engage with the research issue and research participants within the arena of "going native". The merits of this type of engagement, as suggested by this thesis, are far more positive than negative.

Participatory Inquiry

As suggested within the introduction participatory inquiry is an approach to researching which relies on the ability of the researcher to engage with the researched in a compassionate and sensitive manner (Braud and Anderson, 1998). Participatory inquiry relies on the quality of the researcher's relationship with the researched. Is the researcher able to build an empathic and sensitive relationship, or in Braud and Anderson's (1998) terms a "compassionate consciousness".

There are strong parallels between participatory inquiry and counselling in that the qualities needed within the researcher to build the relationship between the researched and researcher are very similar to those required in building a therapeutic alliance between the counsellor and client with respect to some humanistic approaches to counselling. However the similarities seem to stop there, in that the therapeutic alliance can be regarded, as among other things, a precursor to exploration and understanding. Participatory inquiry regards the "compassionate consciousness" and empathy as the main avenue to exploration and understanding. Participatory inquiry is largely about the researcher's ability to enter into the world of the researched. It is

> *...the art of empathy, of communion with the object of inquiry, of learning to use its language, of using its language, of talking to the object of inquiry, of penetrating from within, of indwelling in the other, of imaginative hypothesis that lead to identification, and of the transformation of one's consciousness so that it becomes part of the consciousness of the other.*
>
> *(Braud and Anderson, 1998, p. 269)*

However valuable the researcher's ability to engage with the researched in a compassionate and empathic manner, and their ability to get into the frame of reference of the researched, this involvement is contained within particular confines suggested in the criterion related to establishing the trustworthiness of the research. As within heuristic inquiry where there is a confined congruence, within participatory inquiry there seems to be a confined consciousness. The experience of 'indwelling' and the experience of 'transformation of one's consciousness' remain within the researcher. It is not shared with the researched.

Intuitive Inquiry

Intuitive inquiry (Anderson in Braud and Anderson, 1998) shares much in common with heuristic inquiry in that it calls on the researcher's ability to tap into altered states of consciousness such as intuition and tacit knowledge in the exploration and

understanding of the research issue. As described by Braud and Anderson (1998, p. 259) intuitive inquiry is about the integration of the "...full dimensionality of human knowing into the conduct of research...". It has three building blocks (Braud and Anderson, 1998) heuristic inquiry, phenomenological inquiry, and feminist inquiry. As with heuristic inquiry, intuitive inquiry invites and facilitates the researcher to use themselves on a variety of levels, such as intuitive, in the exploration and understanding of complex research issues, or encountered realities.

Existing within the confines of a particular inquiry paradigm, namely constructivism, the altered states of consciousness used within intuitive inquiry are confined within the parameters of the establishment of trustworthiness. "Intuitive inquiry", as described by Anderson (Braud and Anderson, 1998)

> *advocates expanded states of intuitive awareness, including but not limited to various altered states of consciousness, active dreaming and dream incubation, mystical vision and audition, intentional imaging, kinesthetic and somatic awareness, and states of consciousness more typically associated with the artistic process than with science, in all phases of the inquiry.*
>
> *(Braud and Anderson, 1998, p. 76)*

The intuitive approach to researching, as described, invites and encourages the researcher to be involved on various levels of awareness. However this degree of involvement is contained within the notion that in order for the research to be valid, or to have resonance, a term employed by Braud and Anderson (1998), the researcher's awareness needs to be, in essence cleared of the self of the researcher (Braud and Anderson, 1998).

Braud and Anderson (1998) liken the researcher to an electrical circuit. They suggest that there are a number of things, namely biases, which impede the flow of the

research channel. What can contribute to combating this, as they suggest, is the practice of bracketing.

> *The bracketing process, emphasized to such a great extent in phenomenological inquiry, is one method of seeking to ensure a clearer research channel that is as free as possible from impeding and interfering preconceptions...Any preexisting structures – not only cognitive ones but emotional and bodily ones, as well – can obscure and distort what the researcher is studying.*
>
> *(Braud and Anderson, 1998, p. 277)*

The self of the researcher is used within intuitive inquiry but in a particular and bounded manner. In a sense the self of the researcher, specifically the various ways of knowing an individual researcher is capable of experiencing are very important and facilitated. However the contents of the self of the researcher, past experiences, emotions, feelings, reactions, relationships seem to be regarded as detrimental material to the validity or resonance of the research.

There is a sense that within intuitive inquiry the researcher is a vessel in which various ways of knowing (intellectual, somatic, emotional, aesthetic, and intuitive) (Braud and Anderson, 1998) are employed in the research journey. It is the ability of the individual researcher that is capitalised on, as opposed to the content of that individual researcher. The complex web of the individual researcher's self is bracketed off (Braud and Anderson, 1998). It is material that is contained and regarded as toxic and distorting, as opposed to enlightening and informative.

The Research Relationship within Constructivism

All three examples of constructivist methodologies have unique ways in which to facilitate the participation of the self of the researcher in the research process. All three examples share the fact that the extensive, in-depth involvement of the researcher is both valuable and necessary to the research process and product.

However all three examples also share in the fact that they are located beneath the umbrella of constructivism. They exist, in a variety of ways, within specific parameters related to the establishment of the trustworthiness of the research, or in other words the value of the research. Within all three examples, the self of the researcher plays an important role in the exploration and re-creation of complex realities. The involvement of the self of the researcher is both acknowledged and guided within the parameters of trustworthiness. It seems that within the constructivist inquiry paradigm the self is inherently untrustworthy despite the acknowledgement of multiple realities and truths outlined within the ontological perspective of the paradigm.

There are methodologies within constructivism that both acknowledge and use the self of the researcher as illustrated above. These methodologies respect the uniqueness and depth of the self of the researcher through acknowledging and facilitating different ways of knowing and understanding. However the self of the researcher must not extend beyond specific parameters if the research is to be considered trustworthy, or a valuable contribution to the field of literature in which the research is being conducted.

It seems to be a frustrated state of affairs in extending the question of whether or not there is an approach to researching which respects the sense of self of the counsellor as researcher. Issues around the counsellor as researcher have been addressed in a number of studies (Pope , 1991; Hutchinson & Wilson, 1994; Etherington, 1996; Grafanaki, 1996; Skinner, 1998; Hart & Crawford-Wright, 1999). Within these studies there seems to be a keen appreciation of both the benefits of counselling skills in the facilitation of engagement with the participant and the pitfalls. Etherington

(1996) conducted a significant piece of qualitative research looking at male survivors of childhood sexual abuse. She (1996, p. 342) comments on the difficulty of being both a counsellor and a researcher stating "...my previous training has been like a double edged sword. On the one hand, without it I may not have achieved the depth and quality of interviews, and I may have caused some damage.".

Many of the articles looking at the counsellor as researcher, or as often referred to in the literature dual-role relationship, in particular Hart and Crawford-Wright (1999), Finch (1993) and Gottlieb (1993), explore the negative, potentially exploitative outcomes. There is a sense of the skills of the counsellor, within the literature as being very positive in facilitating the participant in their participation, skills such as empathy and unconditional positive regard (Etherington, 1996; Skinner, 1998). Within the literature these skills seem to be about the counsellor making themselves a non-threatening, unbiased vessel. It seems as thought the reflexivity, the inner world, the congruence of thought remains just that, thought and very much the domain of the inner world of the researcher, or at the time of presentation, the domain of the reader.

However, when Etherington (1996) discusses her action/reaction to the criminal behaviour of a particular participant in her study the division of researcher as vessel and the compartment of reflexivity enters new light. As I read these studies and perspectives I ask the question 'Do all these researchers share a position?'. Is that shared position about the tension between the counsellor, coming from a proficiency model, entering the world of research, a world founded on a deficiency model, a research world in which the extension of congruence into action within the research/researched relationship is presently considered negative, exploitative and something from which participants need to be protected?

It seems difficult to acknowledge and facilitate the process of congruence within the counsellor as researcher working within the realm of constructivist inquiry. It is both difficult and frustrated in that although in the examples of methodologies chosen the self of the researcher was regarded as integral and vital to the process of researching, it was confined within the researcher. The self of the researcher is not shared or revealed in the process of researching, nor is it shared or revealed to the researched.

The relationship the researcher has with the researched is observational within the constructivist inquiry paradigm. The self of the researcher is employed and facilitated within the process of a wide variety of constructivist investigations. However in order for the eventual recreation of the perceived reality to be deemed credible, or valuable, the nature of the involvement of the researcher's self must remain contained within the self of the researcher. The quality of the observation and recreation of the perceived reality depends on this containment as illustrated within the criterion of trustworthiness.

The above outline of constructivism, methodologies within constructivism and their relationship to the parameters of trustworthiness represent the research foundations of this thesis. I will now continue outlining the counselling foundations of the thesis.

Counselling Foundations

As illustrated, the self of the researcher is used within constructivist research although its use is restricted to specific areas of the research process. Specifically, the self of the researcher however valuable within the process of researching, must remain, according to the parameters established within the constructivist paradigm surrounding trustworthiness, internal to the researcher (Lincoln and Guba, 1985; Guba, 1990). For the researcher to extend their self within the research process as a

counsellor could within an effective counselling relationship the research could be deemed invaluable or irresponsible, as suggested within the criterion of trustworthiness outlined by Lincoln and Guba (1998).

The presence and place of the self of the researcher within examples of constructivist research, namely heuristic, participatory, and intuitive inquiry has been outlined above. It is at this stage that I would like to outline the use of the self of the counsellor within a specific approach to counselling in order to highlight the difference. I will be addressing three levels that combine to form an illustration of how the self can be used within a counselling relationship. These levels are as follows.

1. The Counselling Paradigm
2. The Counsellor's Paradigm
3. The Counselling Relationship

I will begin by discussing the counselling paradigm.

The Counselling Paradigm

Within this thesis the structure of defining counselling is phenomenological and is significantly related to the structure of the inquiry paradigm as outlined by Guba (1990) and Gilmore's (1980) model of the eclectic counsellor. The foundation of the counselling paradigm is very similar to that of the inquiry paradigm in that it is about how the world is perceived, or more to the point how the individual is perceived. For example, the foundations to the cognitive-behaviourist-counselling paradigm are very different to the foundations of the humanistic counselling paradigm.

The foundations of the counselling paradigm in which this thesis is located are humanistic in nature. Generally the view of the individual is phenomenological (McLeod, 1998) in that is does not suggest general conclusions on the nature of

individuals, rather it embraces the notion that the personal and unique experience of the individual are valuable. More specifically the foundation to this counselling paradigm is person-centred in nature. According to Rogers (1957) the person, or man as referred to by Rogers, is on a continual journey towards what he called self-actualisation or becoming a fully functioning person. The individual is dynamic and inherently good. The individual, according to Rogers (1957)

> *...appears to be an awesomely complex creature who can go terribly awry, but whose deepest tendencies make for his own enhancement and that of other members of his species. I find that he can be trusted to move in this constructive direction when he lives, even briefly, in a nonthreatening climate where he is free to choose any direction.*
>
> *(Rogers, 1957, p. 408)*

The theories that support this belief of the individual as inherently good and trustworthy, continually engaged in a journey towards a fully functioning existence are both vast and complex. With respect to person-centred counselling the individual state of being seems to fluctuate between congruent and incongruent states. Person-centred theory suggests that the individual who has been able to grasp the importance of their internal worth and internal trustworthiness is the congruent, fully functioning individual. However the individual who has not been exposed to positive examples of this within their childhood through things such as unconditional love or regard, or who are forced to rely on external evaluation or conditions of worth (McLeod, 1998) instead of remaining connected to their own inherent value are in a state of incongruence. The person-centred counsellor, generally speaking, addresses this uniquely held, dynamic incongruence within the client. "Rogers", according to McLeod (1998, p. 95) "...had a positive and optimistic view of humanity, and believed that an authentic self-aware person would make decisions based on an

internal locus of evaluation, that would not only be valid for himself or herself, but for others too.".

The methodology or practice of a person-centred counsellor largely surrounds the facilitation and acceptance of three conditions, unconditional positive regard, empathy, and genuineness. As expressed by Rogers (1957) there are six conditions necessary for the building of a positive therapeutic alliance:

> *Two persons are in psychological contact.*
>
> *The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.*
>
> *The second person, whom we shall term the therapist, is congruent or integrated in the relationship.*
>
> *The therapist experiences unconditional positive regard for the client.*
>
> *The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.*
>
> *The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.*
>
> *(Rogers, 1957, p. 221).*

According to the person-centred counselling paradigm, the counsellor through facilitating these conditions expressed by Rogers (1957) above, works to build a positive therapeutic relationship which over time, and very much conditional on the client's receptivity, gradually addresses the incongruences accumulated by the individual and, simply put, re-locates the place of trust and value from without to within. The counsellor, through building a positive therapeutic relationship and maintaining such relationship, works to facilitate the client in reconnecting with their unique and dynamic value and trustworthiness.

The Counsellor's Paradigm

Of particular interest to this thesis is how the self of the counsellor is used within the person-centred counselling relationship. As identified within the conditions necessary to building a positive therapeutic relationship (Rogers, 1957), the congruence of the counsellor is very important. As expressed by Rogers (1957)

> *The more the therapist is himself or herself in the relationship, putting up no professional front or personal façade, the greater is the likelihood that the client will change and grow in a constructive manner. Genuineness means that the therapist is openly being the feelings and attitudes that are flowing within at the moment. There is a close matching, or congruence, between what is being experienced at the gut level, what is present in awareness, and what is expressed to the client.*
>
> *(Rogers, 1957, p. 135)*

What the notion of congruence is based upon, among other things, is the firm belief in the inherent trustworthiness of the individual.

As an individual counsellor who has identified herself within the person-centred counselling paradigm I continually work to maintain a state of congruence within myself. This ability to maintain congruence and express it within the therapeutic relationship, in addition to my ability to present and build upon the other conditions outlined by Rogers (1957), is a barometer of the state of the therapeutic alliance, or relationship, and indirectly a indication of the evolution of the client from incongruent being to congruent being.

The existence of each individual counsellor within the person-centred counselling paradigm is indeed unique. Each one of Rogers' conditions are held, enabled, and responded to in unique and dynamic ways. Within each person-centred counsellor the conditions coexist with unique synergy. In saying this, it has been suggested that " 'congruence on the part of the therapist is a precondition for the therapist's experience

of unconditional positive regard and empathy toward the client'" (Watson in Mearns and Thorne, 2000, p. 96).

The Counselling Relationship - Congruence

With respect to the counselling relationship within the realm of the person-centred paradigm the congruence of the counsellor is important. Of particular importance is the maintenance of the state of congruence within the counsellor and the counsellor's ability to express and use that congruence within the therapeutic relationship. Mearns and Thorne (2000) address the challenge in expressing congruence within the therapeutic relationship identifying the delicate balance between intention and congruence.

> *There is then the further challenge of how to give expression to what is being thought, felt or physically experienced in such a way that the relationship is served and enhanced rather than obstructed or impaired. It goes without saying that such communication often demands the utmost sensitivity and exceptional skills of discrimination. Once we place the emphasis, however, on intentionality and on a resolute preparedness to face inner experiencing and to communicate it in the service of the relationship and not otherwise, it becomes quickly apparent that to be congruent requires a psychological fearlessness which exceed the determination and the courage implicit in the offering of the other two core conditions.*
>
> *(Mearns and Thorne, 2000, p. 96)*

The expression of the congruence of the counsellor within the therapeutic relationship can take many forms. However, as expressed within the above, each expression of congruence offered by the counsellor shares the same purpose, it is to serve and build the therapeutic alliance, or relationship. With respect to counselling within the person-centred paradigm it is the relationship that is the therapeutic element, as opposed to the precursor to a therapeutic element.

Chapter Overview

The purpose of this chapter has been to illustrate in a more detailed fashion, the nature of the perceived difference between the way the researcher's self is used within research processes within constructivist inquiry and the way the counsellor's self is used within the therapeutic relationship within the person-centred counselling paradigm. As discussed within the section building the researching foundations of the thesis, the self of the researcher researching within constructivism is both acknowledged and accepted, and in the methodological examples covered (heuristic inquiry, participatory inquiry, and intuitive inquiry) necessary. However, as illustrated in the criterion regarding establishing the trustworthiness of the research, the self of the researcher, regardless of the extent of its presence, remains contained within the researcher so as not to invalidate or infect the research data, through "overrapport" or with what has been deemed the 'bias of the researcher' Lincoln and Guba (1985).

The reasons for limiting the self of the researcher within the research process seem to share a foundation related to trust. The individual within the constructivist inquiry paradigm constructivism is important and acknowledged, however does not seem to be trusted. What is trusted within constructivism is the application of structures such as reflexivity, audit, and bracketing (Lincoln and Guba, 1985; Braud and Anderson, 1998). The extension of the self of the researcher into the relationship between the "researcher" and "researched" is regarded as disrespectful to the reality or issue of the researched. It is regarded as misguided and self-serving.

An emphasis within this thesis is on the issue of reflexivity within the research process. A thorough definition of reflexivity is offered by Gergen and Gergen (2000, p. 1027)

> *...investigators seek ways of demonstrating to their audiences their historical and geographic situatedness, their personal investments in the research, various biases they bring to the work, their surprises and 'undoings' in the process of the research endeavour...*
>
> *(Gergen and Gergen, 2000, p. 1027)*

In addition to this definition Ellis and Bochner (2000, p. 743) recognise that:

> *...as communicating humans studying human communication, we are inside what we are studying. The reflexive qualities of human communication should not be bracketed "in the name of science". They should be accommodated and integrated into the research and its products...*
>
> *(Ellis and Bochner, 2000, p. 743)*

The extent to which reflexivity has been utilised within social sciences research and counselling research is varied. What does seem to be consistent is the direction in which this utilisation is going. In numerous studies (Oakley, 1981; Ronai, 1992; Smith, 1994; Fox, 1996; Ellis, Kiesinger & Tillmann-Healy , 1997; Lather & Smithies, 1997; Banister, 1999) the division between the self and object, or the researcher and researched is being explored and in many cases blurred (Gergen & Gergen, 2000).

The voice of the researcher is responded to differently within various research cultures such as feminist, gender, cultural, or anthropological. As pointed out by Ellis and Bochner (2000), feminist researchers (e.g. Oakley, 1981) incorporate and often initiate research processes with their personal experiences or stories. The self of the researcher within traditions such as complete-member research is significantly interwoven throughout the process for the researcher is a member of the culture they are studying (Krieger, 1983; Banister, 1999). A study on child sexual abuse by Fox (1996) incorporates the voice of the researcher in an interesting manner. Fox (1996) uses three columns in which to write her research, one for her voice, one for the voice of the survivor, and another for the voice of the perpetrator of the sexual abuse.

It is clear to see that within this rich body of literature on the issue of reflexivity the voice/presence of the researcher within the process of research, the extent to which the researcher is acknowledged is significantly evolving. However reflexivity seems to be existing as an illustration and supplement to the reader's understanding (Fox, 1996; Ellis & Bochner, 2000), an important arena for the researcher to make sense or even gain sense (Ronai, 1992), or as an example to the participant in how to tell their stories (Banister, 1999). Reflexivity remains an entity of illustration and boundary. It does not seem to be suggested as an entity, or process to be exchanged.

Perhaps this has to do with the researcher being viewed as primarily a vessel within constructivist inquiry? The self of the researcher has a place within the vessel, however only in light of maintaining the integrity and clarity (Braud and Anderson, 1998) of the vessel. The researcher is a vessel in which all sorts of information surrounding the reality being studied is stored, played with, reacted to, rearranged, and eventually from which a re-construction of that reality emerges.

With respect to the relationship between the counsellor and the client within the person-centred counselling paradigm outlined above, the counsellor is more than a vessel, the counsellor, or more to the point the self of the counsellor is a tool. The self of the counsellor exists within the counselling relationship in similar ways to the self of the researcher in intuitive inquiry, or heuristic inquiry. The counsellor also experiences similar things the researcher does with respect to establishing trustworthiness. There are a number of similarities between peer debriefing and counselling supervision. There are similarities between building a relationship between the researcher and the researched and building a relationship between the counsellor and the client. The similarities are strong and real. Regardless of a

perceived "gap" in the usefulness of research by practitioners (McLeod, 1998) there are significant similarities between researching and counselling, between being a researcher and being a counsellor, particularly between the areas of constructivist research and person-centred counselling. However, there are differences between these two fields, specifically the extent to which the self is used and the way in which the self is regarded. As suggested in the beginning, it is this difference which this thesis addresses.

Now that the difference has been illustrated within the above, we can move one step further towards addressing the possibility of whether or not there is an approach to researching which uses the self of the researcher within the research process as the self of the counsellor is used within the relationship between themselves and the client. Within the next chapter, I will be addressing the possibility of extending the use of self as it is extended within person-centred counselling, in ways such as transference and countertransference, within the relationship between the researched and the researcher within constructivist inquiry. I will do this by looking at both similarities and differences between the two types of relationships.

Chapter Three – Researching With a Sense of Self

Within the last chapter I acknowledged the difference between researching within constructivism and person-centred counselling, with respect to the place and use of the self. In light of this illustration, the question still remains. Is it possible to extend the place and use of the self within constructivist research as it is within person-centred counselling? Although various qualities of person-centred counselling have been introduced into the research relationship already (Mearns and McLeod, 1984; Braud and Anderson, 1998), can we push the dynamics of the research relationship even closer towards those of the person-centred counselling relationship?

This chapter is divided into two sections. Firstly, I will be comparing the relationship between researcher and researched within the constructivist inquiry paradigm and the relationship between counsellor and client within the person-centred counselling paradigm, highlighting points of similarity and difference. Within the second section of the chapter I will be defining and explaining what it is and what it means to research with the self as the person-centred counsellor embarks on counselling with the self.

The Constructivist Research Relationship and the Person-Centred Counselling Relationship

Within the building of a constructivist research relationship there are many of the same characteristics as there are within the building of a person-centred counselling relationship. Generally speaking the initial role in both relationships is to understand. To gain understanding within both relationship types, in the case of research, between the researcher and the researched, in the case of counselling between the counsellor

and the client, is acknowledged as being important. A significant determinant on the quality of understanding which will be reached can in both cases be contingent on the quality of the relationship which is facilitated between the researcher and the researcher, and the counsellor and the client.

As expressed within the operationalisation of constructivism, the nature of research, or focus, as well as content and quality of the content relies heavily on the nature of the relationship between the researcher and the researched (Lincoln and Guba, 1985). Within person-centred counselling the nature of the therapy is very much related to the nature of the therapeutic relationship or alliance that has been built between the counsellor and the client (Rogers, 1957). For both relationship types, the more positive and effective the relationship is the more valuable and effective the research or counselling.

With respect to the appropriate professional, ethical practice of both constructivist research and person-centred counselling, both share a somewhat similar tool in maintaining such practice, namely supervision in terms of counselling and, for example, peer-debriefing/audit in terms of constructivist researching. The establishment of the trustworthiness of constructivist research and the ethical/professional practice of the person-centred counsellor share the fact that each serves to monitor the nature of involvement of the self.

Each relationship acknowledges the role and importance of the self. Within constructivist research the self of the researcher is acknowledged as a major influence and contribution to the understanding, exploration, and re-creation process through the presence of things such as values, tacit knowledge and intuition. Within person-centred counselling the self of the researcher is pertinent in the expression of the core

conditions as well as the facilitation in building/establishing a positive therapeutic alliance.

Both relationships can be about reconstruction or recreation. Constructivist research, specifically heuristic inquiry or intuitive inquiry is about going within and around the parts and whole of a perceived reality with the aim of understanding it in a new way, to reconstruct or recreate the perceived reality in a respectful manner in a way which offers new insight or understanding. Person-centred counselling is also about going in and around the pieces and whole of one individual's reality to understand and facilitate new understanding within the client through the experience of a therapeutic alliance, through facilitating the revelations of a state of congruence.

As much as these two types of relationship share in common they also hold significant differences which challenge the extension of the use of self within the research relationship. Of significance is the difference they hold with respect to purpose. Initially both relationships share the common goal of understanding and exploration. They even share certain ways to go about doing this, however ultimately researching is about communicating findings or new understanding within or around a relevant issue. Counselling on the other hand is ultimately about the facilitation of change or more specifically the facilitation of congruence, through a positive therapeutic alliance, within the client.

Inevitably there is a difference in purpose between counselling and researching however in outlining this difference there is also a similarity. There is still a shared element of recreation or reconstruction of understanding only within different spheres and to different extents. The element of recreation shared between counselling and researching is similar not only in terms of process to some degree, but in pre-

conditions as well. As suggested, within each relationships respect for the participant/client is necessary. within both instances consent is necessary as well as contracts to, once again, varying degrees and extents. The research participant within constructivism may not be within the relationship of researcher and researched with the intention or desire to change, such as the client may be within the relationship between themselves and the counsellor, however the impact of in-depth research applications such as in-depth interviews or focus groups for example can initiate forms of change or evolution within the participant (Kvale, 1996; Braud and Anderson, 1998).

In addition to purpose, research and counselling relationships also share a difference in the philosophical perspective of the individual. Perhaps this is the most pervasive difference between the two relationships for its effects and implications are wide spread. The constructivist research relationship is founded on a deficiency model of the individual (Figure 4). The individual needs rules, regulations and boundaries in order to act and react in a trustworthy manner. The person-centred counselling relationship is founded on the potentiality model. The individual, according to this perspective inherently possesses the quality of trustworthiness, in addition to valuable insight and awareness (Mearns and Thorn, 2000) (Figure 4).

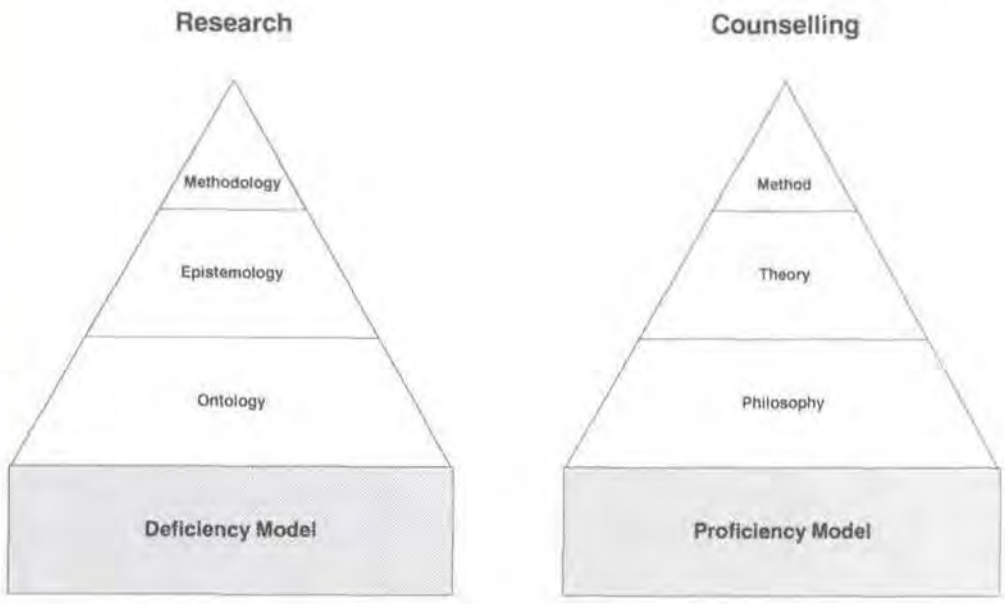


Figure 4 – Difference between Research and Counselling

Within the constructivist paradigm there does not seem to be an implicit philosophy of the individual, aside from the clear acknowledgement of the influence the value system and essentially the self of the researcher have on the research process and product (Lincoln and Guba, 1985). The self within constructivist ontology is indeed important and acknowledged as being influential, however its nature is not directly addressed. Within constructivism it is through the ways in which the products of the self are reacted and responded to which seem to demonstrate its philosophy of the individual. The measures and boundaries employed in the process of maintaining and establishing the credibility or trustworthiness of the research, the manner in which the self of the researcher is bounded within constructs such as reflexivity suggests an over-all distrust in the individual researcher. It suggests a need to police, monitor, impose rules and regulations, and essentially teach how the researcher must be in order to research.

Within the person-centred counselling paradigm there is a very clear philosophy of the individual. The individual is believed to be inherently trustworthy. It is believed that the individual is in a continual process of either maintaining or reaching a state of congruence within – pushing towards what is known within Rogerian theory as actualisation, or fully-functioning (Rogers, 1961). In this state or process the individual is trustworthy in their intention and action to do good for themselves and those around them, society in general.

Now that we have danced between similarities and differences both in and around relationships within person-centred counselling and those within constructivist research, it seems timely to attempt to address and define what the very thing we are dancing about and around is, namely Researching with a Sense of Self (ReSS).

Researching with a Sense of Self (ReSS)

For the sake of ease and clarity I have decided to label the suggestion of extending the self of the researcher within the constructivist paradigm as it is within the person-centred counselling relationship as 'researching with a sense of self'. The adoption of the term, or label, 'researching with a sense of self' is both pragmatic and symbolic. It is pragmatic in the sense that representing the possibility of whether or not there is an approach to researching which uses the self within researching as it is within person-centred counselling with a question each time was cumbersome. Putting the possibility, the question, into one term seemed more direct and fluid. Therefore the term 'researching with a sense of self' evolved.

The term 'researching with a sense of self' is also symbolic in that it is a label that suggests the self as research tool or method, as the self of the counsellor is very much a tool within the person-centred counselling relationship. 'Researching with a sense of

self' is about more than researching with congruence, just as counselling within a person-centred counselling paradigm means more than just counselling with congruence. Congruence is a term that can denote the honesty or connection an individual can have with their inner self with respect to their beliefs, values, and actions. It is a label of a relationship state an individual has with themselves, it is not what that self is relating with. The sense of self within the label suggests that complex package the individual is maintaining congruence and connection with.

The Rogerian (1959, p. 191) notion of the self stems primarily from the notion of phenomenology, namely "...man lives essentially in his own personal and subjective world.". The Rogerian (1959) concept of self exists within a myriad of others. For Mead (1934) the self is a product of its relationship with society and its process of internalising its experience within society. "Self then is a social structure arising out of social experience." (Burns, 1979, p. 15). In contrast to Rogers' (1959) concept of self Freud's (1923) concept of the self embraces the notion of the unconscious: "...ego refers to the core of personality that controls impulses and drives from the id and superego in conformity with requirements of reality." (Burns, 1979, p. 18). For Adler (1927) the self exists primarily within the realm of consciousness. "...every person has the same goal, that of self assertion...the self system originates and develops out of the behaviour employed to manipulate feelings of superiority our of feelings of inferiority." (Burns, 1979, p. 19).

As echoed within Mead's (1934) view of the self there exists a significant approach to the conceptualisation of the self that revolves around the self's relationship to society. To varying degrees the self is a product of their interaction or internalisation of the

external world or their relationship with the other/society (Gergen, 1991; Curtis, 1991; Sass, 1992; Harre & Gillett, 1994).

However, in returning to the domain of this thesis, the concept of self within ReSS is Rogerian. The individual has two primary needs, self-actualization and love. The congruent self is illustrated in a resonance between feeling and action. The incongruent self is illustrated in a dissonance between feeling and action. It is through the individual's experience of conditional regard that the self becomes incongruent. Another important Rogerian characteristic of the self upon which this thesis rests is the notion of the congruent self as being trustworthy (for a clear explanation of the person in person-centred theory see McLeod, 1998, pp. 94-97).

Researching with a sense of self is an alternate approach to the research process. It finds foundations within existing constructivist methodology and substantiation and wings within the person-centred counselling paradigm. Much of what this approach revolves around is an alternative perspective of the individual researcher. Important in this different, or alternative perspective is the notion and location of trust.

A primary supporting column to researching with a sense of self is the belief in the inherent trustworthiness of the congruent, fully-functioning individual (Rogers, 1977, 1986). Essentially, researching with a sense of self is suggesting the extension of this belief that is held within person-centred counselling into the world of researching, under the name of researching with a sense of self (ReSS). Researching with a sense of self suggests that providing there is a closely facilitated congruence within the researcher, the sense of self of the researcher can be a valuable contribution to the process of research. The awareness, sensitivity, and insight demanded of a congruent state could be a valuable asset to the production of valuable research.

The ReSS approach to researching is founded in the potentiality model (Figure 5), as is the person-centred approach to counselling (Mearns and Thorne, 2000). What this model suggests is that the individual naturally possesses valuable insight and awareness that if acknowledged and facilitated, can be of value. It is a model that suggests that individuals inherently possess natural ability and trustworthiness. It is not necessary to shroud the individual in rules, regulations, and expectations for them to be trustworthy and act in beneficial ways. Trust within ReSS is not a quality that needs to be demonstrated, but a quality that needs to be facilitated and supported. Trust, or trustworthiness is a characteristic that the researcher inherently possesses, and in turn the research which is produced through ReSS is trustworthy.

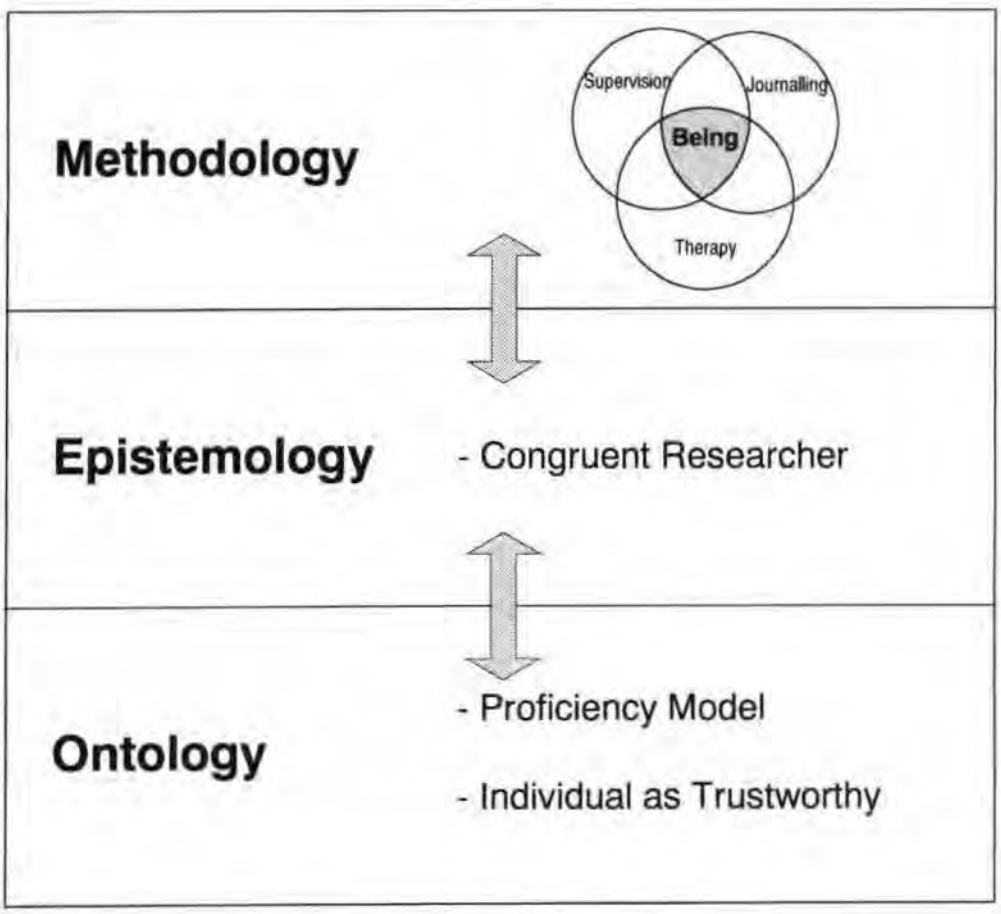


Figure 5 – Definition of ReSS

Because researching is ultimately about communication of newly acquired understanding, knowledge or perspectives to communities of academics and professionals, because it is, with respect to constructivist methodology, about representation and recreation of realities, trustworthiness or credibility need to be established. Before research can be included within bodies of knowledge or literature within academic and professional fields it needs to go through the rigours of establishing credibility or trustworthiness. Research conducted within the constructivist paradigm, as with all paradigms, needs to demonstrate its worth and value through the adoption and application of various rules and activities.

Inevitably, within constructivist research, the relationship between the researcher and researched is both complex and delicate. Trust needs to be gained and maintained between the researcher and the researched. More to the point the researcher needs to gain the trust of the researched. The researcher also needs to gain the trust or regard of the community in which the research is both conducted and presented. The notion of trust within research communities or paradigms to date is something that needs to be established and illustrated, rather than something that is inherently possessed and facilitated. With respect to research communities – paradigms – it is the collective that decides the boundaries, rigours, and applications that need to be respected and acted on in order for trust or credibility to be assigned. Using Rowan's Cycle of Research the process of researching within constructivism has been demonstrated within Figure 6.

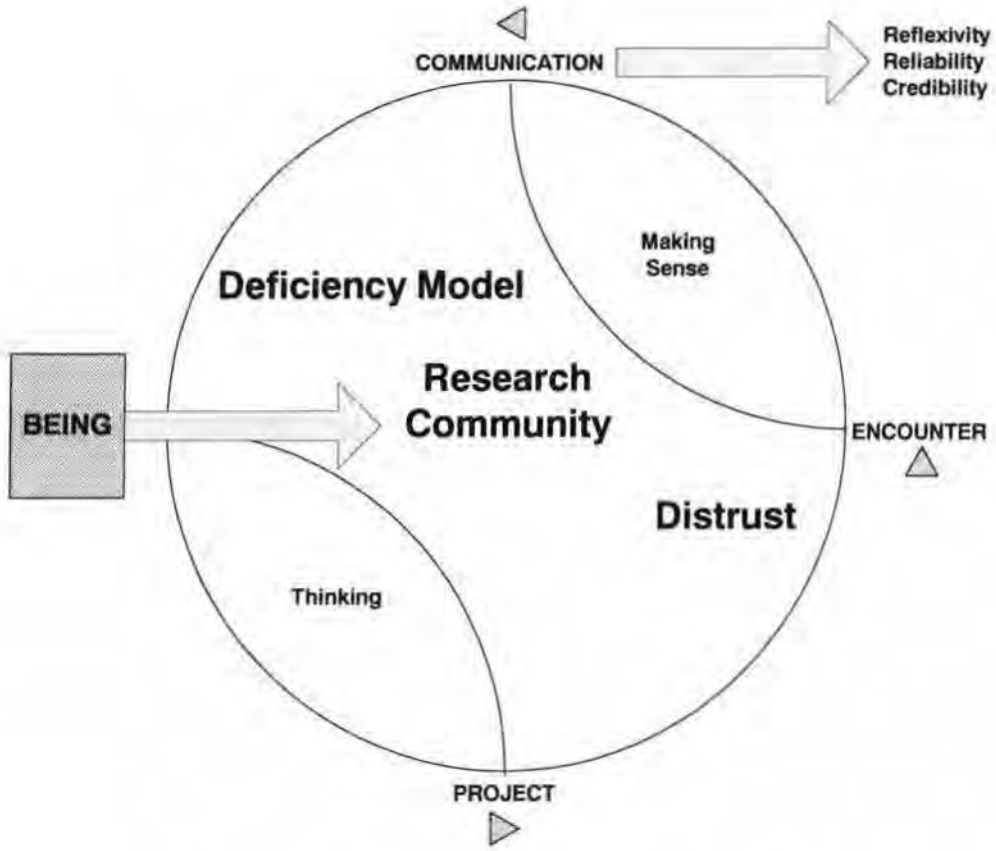


Figure 6 – Research Process within Constructivism

The perspective of the researcher held within the constructivist paradigm demonstrates "...society's preference for the deficiency model - ...an intrinsic part of...'institutionalisation'." (Mearns and Thorne, 2000, p. 34). Essentially it is the belief that the individual needs to be given boundaries, rules, and responsibilities in order to do things successfully. "Almost all of education, government, business, much of religion, much of family life, much of psychotherapy, is based on a distrust of the person." (Rogers, 1986, p. 136). According to the deficiency model the individual is innately "...sinful, destructive, lazy..." (Rogers, 1986, p. 137). The person-centred counselling paradigm firmly supports the potentiality model. It is difficult to maintain a belief in the potentiality model in a society that tends to support the deficiency model (Mearns and Thorne, 2000).

Researching with a sense of self is an approach to researching which firmly embraces the potentiality model. It is an approach to researching which, in contrast with approaches located within constructivism, supports the belief in the ability and responsibility of the congruent, fully-functioning individual (Rogers, 1977, 1986). Researching with a sense of self is an approach to researching which empowers the researcher to acknowledge and facilitate the natural abilities of understanding and exploration they already possess.

Establishing credibility or trustworthiness within the constructivist research paradigm is largely about demonstrating the accuracy and sensitivity of the reconstruction of reality. For example how accurate or sensitively did the researcher recreate the reality of, for example loneliness, in the case of Moustakas' (1990) noteworthy example of heuristic inquiry.

In order for the research to be regarded as credible or trustworthy the researcher needed to include and embark on various activities and processes, such as a reflexive journal, triangulation, and the employment of objective readers (Moustakas, 1990). The purpose of these exercises is multifactorial. They offer a way in which the researcher can use yet contain their deep individual involvement. They assist the researcher in remaining "distanced", or as Lincoln and Guba (1985) suggests, "at arms length". They are also a way in which the researched can find protection and respect. Seeking objective perspectives, comparing and contrasting different perspectives around the same reality, engaging in peer-debriefing or audit processes all offer a form of respect to the researched in that they facilitate accuracy.

What researching with a sense of self suggests is that the value, trustworthiness, or credibility of the research process and product of a fully-functioning, congruent

researcher is inherent. Within researching with a sense of self the parallel to the acts or exercises within constructivism concerning establishing trustworthiness or credibility are supervision, journalling, and therapy. All three processes combine to facilitate the individual researcher's congruence.

Defining Researching with a Sense of Self

There are three parts to defining researching with a sense of self.

1. The Being of the Researcher
2. The Researched
3. The Relationship between the Being and the Researched

The process of ReSS is illustrated in Figure 7. I will begin to explain this figure by addressing the Being of the researcher within the ReSS approach to researching.

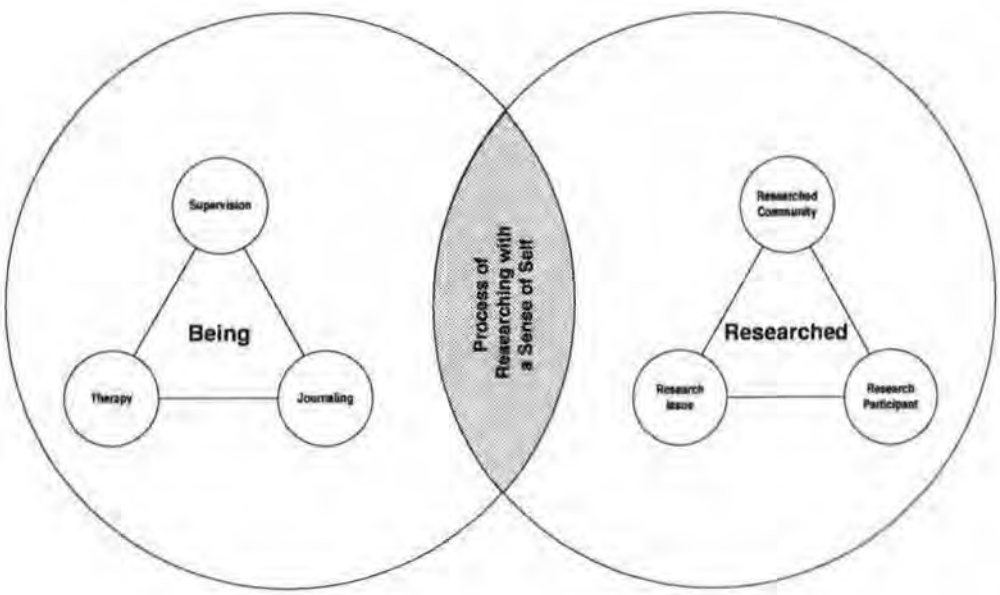


Figure 7 – The Process of ReSS

Being

Researching with a sense of self is an approach to researching which requires the researcher to exist in a certain manner. This manner of existing, or Being is a delicate

interaction between three components, the sense of self, congruence, and supervision. I will continue with discussing the significance of a sense of self in relation to the ReSS approach to researching.

Researching with a sense of self is an approach to researching which extends the self of the researcher from the realms of the internal into the realms of the external or relational. It introduces the self of the researcher into the construction and facilitation of the research relationship, akin to how that is accomplished within person-centred counselling. It is an approach to researching which welcomes, even requires the participation of the researcher such as the use and explanation of transference, countertransference, and immediacy within the research relationship with the aim of increasing awareness, insight, and understanding. The degree of participation of the self of the researcher researching with a sense of self is akin to the degree of participation the self of the counsellor within a person-centred counselling relationship.

The question remains, what are we using, when we say we are researching with a sense of self. What is a 'sense of self'? With respect to this thesis a sense of self can be described as a package. It is both dynamic and phenomenological. It is dynamic in that it is responsive and interactive to context and experience. It is phenomenological in that it is unique in form and content to each individual. It is not exclusive in that only a select few individuals 'have' a sense of self, it is universal. To some degree or another every individual has a sense of self. The content of this package is within and around each individual. It is made up of personal history, relationships, roles, values, philosophy, and beliefs. Within each individual exists all of these things in some form

or another. A sense of self is a package of these things at a conscious level and sensitivity to these things existing on an unconscious level.

With respect to researching with a sense of self, there is a belief in the significance of the protection and facilitation of the integrity of this package in the name of potentially valuable researching. This belief stems from person-centred counselling where congruence represents the protection and facilitation of this package as both precursor to the other two conditions (empathy and unconditional positive regard) and as a valuable contribution to building and sustaining a positive therapeutic alliance.

This brings us to the point where we need to examine what it means to research with a sense of self. What is this approach to researching suggesting when it suggests using the sense of self within the process of researching? For this answer we can look to how the counsellors use themselves within person-centred counselling relationship. We can look to how the individual counsellor is responded to within the person centred counselling paradigm.

"Congruence is the term we have used to indicate an accurate matching of experiencing and awareness. It may be still further extended to cover a matching of experience, awareness, and communication." (Rogers, 1961). Within the person-centred counselling paradigm the notion of congruence is integral in that it is the precursor to empathy and unconditional positive regard, as suggested by Mearns and Thorne (2000). These conditions as a group are precursors to the building and facilitation of a positive therapeutic relationship. Congruence with respect to researching with a sense of self is suggested as being the precursor to firstly a valuable research relationship with both the issue and participants and secondly the precursor to potentially valuable research findings.

Of particular importance to defining researching with a sense of self is that what this approach hinges on or facilitates is the extension of the congruence, already in place within some research methodology within constructivism, to communication. Researching with a sense of self facilitates the complex whole of congruence, the matching, as suggested by Rogers (1961) of "...experience, awareness, and communication". The researcher adopting researching with a sense of self respects the integrity of their sense of self in that they will do nothing to impinge on it, or damage it. As suggested by Rogers (1961, p. 341) " When the incongruence is between awareness and communication it is usually thought of as falseness or deceit.".

Researching with a sense of self invites the researcher to extend their self beyond the realm of awareness to the realm of communication. It is an approach to researching which invites the researcher to be transparent with the belief that the congruence or transparency of the researcher is important to the research relationship, both with respect to the process and decisions regarding the process of the research and the manner in which they interact with participants or respondents.

> *When man's unique capacity of awareness is thus functioning freely and fully, we find that we have, not an animal whom we must fear, not a beast who must be controlled, but an organism able to achieve, through the remarkable integrative capacity of its central nervous system, a balanced, realistic, self-enhancing, other-enhancing behaviour as a resultant of all these elements of awareness.*
>
> *(Rogers, 1961, p. 105).*

Within researching with a sense of self, as within the person-centred counselling paradigm there is an inherent trust in the individual who is congruent, who is "functioning freely" (Rogers, 1961). "When we are able to free the individual from defensiveness, so that he is open to the wide range of his own needs, as well as the

wide range of environmental and social demands, his reactions may be trusted to be positive, forward-moving, constructive." (Rogers, 1961, p. 194).

As has been established in the sections above, ReSS is very much about the researcher's ability to maintain a congruent state of being. Three processes contribute to the facilitation and maintenance of the congruence of the researcher: supervision, journalling, and therapy. The role of the supervisor within the ReSS approach is very similar to the role of the supervisor within the person-centred counselling paradigm. The purpose of the supervision is to facilitate and support the fully-functioning, congruent researcher (Lambers, 2000). Journalling, very much like writing a reflexive journal, although for reasons of facilitation rather than containment also enhances the researcher's congruence. The therapeutic process facilitates the individual researcher's awareness of themselves and what it means to be congruent. All three elements operationalise the process of facilitating active congruence within the researcher from various perspectives. I would like to suggest it is a combination that strengthens the researcher within a demanding type of researching through continually reiterating the importance, trustworthiness, and value of what they, as individuals, naturally possess. All three processes will be more closely addressed within Chapter Six of this thesis.

The Researched

'The Researched' is a term I have used to represent what the Being within ReSS establishes a relationship with. As with the Being, The Researched has three interrelating components, namely the research society, the research issue, and the research participant. Very much like Russian dolls, one fits into the other. The research participant is located within a research issue. The research issue is located

within a particular society, such as counselling, or medicine. What presenting the Researched in such a manner does is to fully represent the fact that the Being within ReSS interacts in a holistic manner. Addressing and understanding the different components of the researched contributes to building a better understanding of what is being researched.

The Relationship between Being and Researched

The crux of ReSS is found within the nature of the relationship established between the Being of the researcher and the Researched. The nature of this relationship is both dynamic and phenomenological. It is dynamic for the Being of the researcher is dynamic as is the Researched. The relationship is phenomenological is that it is unique, a product of the unique components which combine to form the relationship. The nature of the relationship between the Being and the Researched is very much akin to the relationship between the Counsellor and the Client, in that no two relationships are the same. The structure of the relationship is a product of the process.

The relationship between the Being and the Researched within ReSS resonates with the counsellor/client relationship described within the tradition of social constructivist narrative therapy (McLeod, 1997). Social constructivism, as described by McLeod (1998, p. 152) is

> *...a philosophical position which regards personal experience and meaning as being not merely created by the individual (the constructivist position) but embedded in a culture and shaped by that culture.*
>
> *(McLeod, 1998, p. 152)*

Within social constructivist narrative therapy (White & Epston, 1998) the therapist works with the client to contextualise, or 'externalise' the client's story within their cultural context, ultimately empowering the client to 're-author' their story.

Within ReSS the relationship between the Being and the Researched rests on two different counselling models to various degrees. It is largely supported by the person-centred counselling relationship in terms of the internal dynamic/phenomenology of the Being dynamically and phenomenologically impacting that of the Researched. However, it does resonate with the relationship described within the social constructivist narrative therapy in that the Being works to facilitate the externalising of the Researched story and that this too is dynamic and indeed a product of a relationship. Within this thesis the focus is on ReSS relationship with person-centred counselling theory.

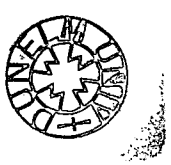
Chapter Overview

This chapter has pinpointed various similarities and differences between the constructivist research relationship and the person-centred counselling relationship. The most significant, and underlying difference between the two was pointed out. This difference revolves around the philosophy of the individual. Within constructivism, there seems to be a lack of trust for the individual. This lack of trust is illustrated in the various rules and regulations necessary for research to be deemed credible or trustworthy. Trustworthiness needs to be proven. Credibility needs to be illustrated. Constructivism is based on a deficiency model. The human being is not trustworthy. Human beings, in order to be constructive and positive need to be told

and guided towards what is positive. On the other hand, within the person-centred paradigm the human being is innately trustworthy. Given the right circumstances the individual proceeds in the course of action of most benefit to themselves and others.

Researching with a sense of self, illustrated as a complex interaction between the Being and the Researched is, as is the person-centred counselling paradigm, founded on a proficiency model. The individual is innately trustworthy. The congruent, fully-functioning individual will act and react positively, with their best interests, and those of others, at heart. The supervision of the individual researcher using the ReSS approach is the tool which parallels those tools within constructivism dealing with establishing trustworthiness and credibility, as discussed within Chapter 2. The facilitation of the congruence of the researcher in relationship with the researched is the facilitation and maintenance of a valuable and important research process and product.

The next chapter of this thesis represents the beginning of the second part of this thesis, the part where an exemplar of the ReSS approach to researching is provided. I will begin to do this in Chapter 4 by examining some of the specific qualities of my unique ReSS journey.



Part II

Within Part II of this thesis I provide an example of Researching with a Sense of Self. This example is given over two chapters. In chapter four I highlight the initial stages of my personal ReSS journey. I provide an insight into how I initially engaged with the issue I was researching namely the method I chose to use and the reasons behind those decisions. Within chapter five I include the data I collected and my process of analysing that data. What is important to remember is the developmental nature of this example of ReSS. This example is the product of an initial discontent with how I felt the constructivism paradigm encouraged me to use myself within the research process. It is in essence a work in progress. What this example does is illustrate the potential of what ReSS could facilitate in terms of understanding and the expansion of knowledge. This example also illustrates numerous areas for further development and consideration. The example is not a finished product; its purpose is to plant a seed, perhaps initiating debate and consideration around ReSS.

Chapter Four – Methodology

The general area in which I have conducted the example of the ReSS approach to researching is counselling in primary care. Specifically, I set out to gain a better understanding of the individual counsellor's sense of self within the context of primary care. I wanted to gain a better understanding of what impact, if any, the context of primary care had on the counsellor's sense of self or in other words, identity. What the following illustrates is how I conducted my research using the ReSS approach to researching.

This chapter is divided into three areas, namely purpose, interview/analysis process, and addressing the issue of trustworthiness. These sections combine to give an overview of the whole example in terms of method or in other words process. The following chapter will address the actual content of the fieldwork, illustrating the analysis of each interview.

Purpose

The purpose of this research is to exercise the possibility of researching in a manner which both respects and utilises the self of the researcher to the extent suggested within the ReSS approach to researching. Wood (in Rowan, 1988) speaks of authenticity as having two parts "self-respect" and "self-enactment". He outlines them as follows:

Self-respect:	Awareness of subjectivity.
	Awareness of freedom.
	Acceptance of self-responsibility.
Self-enactment:	One acts consistently.
	One enacts what one believes.
	One avows or owns one's actions.

(as in Rowan, 1988, p. 15)

I include this to enforce the idea that being authentic involves not only awareness but also action. In order to be authentic you must act authentic. This was the motivation for me to choose and select the manner in which I would interact with the field and individual counsellors within counselling in primary care in a way which was consistent with my beliefs, and who I was as an authentic individual. Wood (in Rowan, 1988) talks of subjectivity as suggested by Rowan (1988, p. 15) in that "...we treat another person as a 'You personally' over and against our own 'I personally', rather than as one role interacting with another.". It was my desire in this research to place the 'I' personally beside the 'You' personally. The construction and application of the ReSS approach to researching was the operationalisation of this desire.

Researching in a way which maintains a sense of self and Wood's (in Rowan, 1988) authenticity are synonymous in that they both involve action. Maintaining a sense of self throughout research involves putting your beliefs and who you really feel you are and what you hold important into action. This obviously requires awareness and insight into who you are and find yourself to be as an individual. A sense of self can be perceived as quite a distant concept in relation to the pursuit of knowledge in the form of researching. Yet in light of certain counselling theory, such as that within person-centred counselling, the individual's maintained sense of self enables them to

connect with the same in the other person. The individual's sense of self can facilitate the pursuit of knowledge and exploration.

In addition to Wood's (in Rowan, 1988) view of authenticity, Rogers' theory of interpersonal relationships (Rogers, 1959, p. 252) also provides support for the presence of a maintained sense of self throughout the research process. Rogers' theory for improving interpersonal relationships suggests that congruence, empathy, and unconditional positive regard are some of the most important things needed for the positive evolution of a therapeutic relationship. The congruence of one encourages the congruence of the other, likewise with empathy, and unconditional positive regard. In essence to establish a relationship between researcher and subject that is characterised by congruence and depth the researcher needs to be congruent and aware of themselves. In addition to exploring and illustrating the ReSS approach to research. the purpose of this research is also to explore the individual counsellor's sense of self within the context of primary care.

The exploration of the individual counsellor's sense of self within primary care revolved around a number of general questions.

1. Does the context of primary care have any impact on the counsellor's sense of self?
2. If so what kind of impact?
3. How does the counsellor regard his or her own sense of self?
4. How do they manage it, or protect it?
5. Does how their behaviour coincide with what they feel to be their sense of self?
6. What are their beliefs?

These were some of the general areas of interest. I entered my exploration with a very open and curious attitude. The areas were not rigid. The exploration was to generally

revolve around the sense of self of the counsellor working within a primary care context.

It was a challenge to maintain balance between my genuine interest in exploring the individual counsellor's sense of self within primary care and exploring and applying this new approach to researching. At times it became confusing keeping the two types of information that resulted from the two exploration perspectives distinct. In retrospect it felt like the exploration of the individual counsellor's sense of self within primary care took a back seat to the exploration and "test driving" of the ReSS approach to researching.

Researching with a sense of self is an approach to researching which straddles two worlds, namely counselling and researching. This position becomes apparent when the application of the ReSS approach to exploring counsellors working within primary care is outlined. This example outlines the interface between the academic, namely researching, and the practical, namely counselling. The premise of entering the field of counselling in primary care was, as explained, to explore the individual counsellor's sense of self within that context. The manner in which this was done was reminiscent of the building and facilitation of a therapeutic relationship.

Distinguishing the ReSS approach from other research methodology is difficult in that it demands the illustration of very subtle qualities and way of being and acting. Throughout the research I have used existing research methods, such as the in-depth interview, transcription, and coding. All of these practices are used in existing research methodologies, such as grounded theory, case studies, and intuitive inquiry. However in the case of ReSS the methods have been employed to facilitate a process

of researching which enables the active congruence of both the researcher and the researched.

As with the therapeutic relationship between client and counsellor, the relationship between the researcher and the researched, with respect to the ReSS approach, is dialogical in nature. It is dialogical in terms of both data collection and data analysis. It is also progressive, in that each interview / analysis process, as will be discussed, stems from the previous process. The information and perspective gained from the previous interview/analysis processes directs and initiates the process and, to some extent, content of the following interview/analysis process.

Interview/Analysis Process

Interview Process

The nature of my response and interaction with the interviewees was largely based within humanistic counselling practice. It was grounded in the conditions and states of being which Rogers (1957) suggest contribute to effective therapeutic interaction. The nature of this approach to therapeutic relationships requires flexibility. "Empathy..." for example, "...is a function of the client's unique perceptions and experience and requires that therapists respond flexibly to clients' needs, rather than from a particular theoretical frame of reference or behavioural set." (Bozarth, 1998, p. 169). The conditions for person-centred therapy, as pointed out by Tudor (2000) are not dependent on the counsellor alone, but, among other things, on the ability of the client to acknowledge and receive these conditions.

> *If the interviewer can aim to establish a relationship with the Interviewee characterised by high levels of respect, empathy, congruence and acceptance, and sense of process and becoming, then the informant will be more likely to engage with the research in an authentic and constructive manner.*
>
> *(McLeod, 1994, p. 82)*

With this in consideration, I decided to adopt a method of collecting field data that would resonate with these basic beliefs. This method was that of qualitative interviewing.

The qualitative interview, as described by Kvale (1996), has twelve general characteristics that are listed within the following extract.

Aspects of Qualitative Research Interview
The purpose of the qualitative research interview treated here is to obtain descriptions of the lived world of the interviewees with respect to interpretations of the meaning of the described phenomena.
Life World. The topic of qualitative interviews is the everyday lived world of the Interviewee and his or her relations to it.
Meaning. The interview seeks to interpret the meaning of central themes in the life world of the subject. The interviewer registers and interprets the meaning of what is said as well as how it is said.
Qualitative. The interview seeks qualitative knowledge expressed in normal language, it does not aim at quantification.
Descriptive. The interview attempts to obtain open nuanced descriptions of different aspects of the subjects' life worlds.
Specificity. Descriptions of specific situations and action sequences are elicited, not general opinions.
Deliberate Naivete. The interviewer exhibits openness to new and unexpected phenomena, rather than having ready-made categories and schemes of interpretation.
Focused. The interview is focused on particular themes; it is neither strictly structured with standardized questions, nor entirely "non-directive".
Ambiguity. Interviewee statements can sometimes be ambiguous, reflecting contradictions in the world the subject lives in.
Change. The process of being interviewed may produce new insights and awareness, and the subject may in the course of the interview come to change his or her descriptions and meanings about a theme.
Sensitivity. Different interviewers can produce different statements on the same themes, depending on their sensitivity to and knowledge of the interview topic.
Interpersonal Situation. The knowledge obtained is produced through the interpersonal interaction in the interview.
Positive Experience. A well carried out research interview can be a rare and enriching experience for the Interviewee, who may obtain new insights into his or her life situation.

Box 2.1 (Kvale, 1996, p. 30-31)

The term 'qualitative interview' is fairly vague. It locates the nature of my data, but says little as to how it was collected. Within the field of interviewing any number of questioning and relating styles can be adopted, as outlined by Kvale (1996). I had decided to embark on the interviewing process in a way which resonated with the

philosophy a person-centred therapist may hold when interacting with a perspective client (Mearns and McLeod, 1984).

I was aware that I wanted a data gathering style that would enable me to have a certain degree of flexibility in the nature and topics of the questions, and facilitate the use of open-ended questions. In essence the nature of my interview style was phenomenological (Kvale in McLeod, 1994). It was "presuppositionless" which according to Kvale (in McLeod, 1994, p. 81) suggests that "Rather than coming with ready-made categories and schemes of interpretation, there is an openness to new and unexpected phenomena". My interview style was, as will be illustrated, an "interpersonal situation", and, again as will be illustrated, a "positive experience" (in McLeod, 1994, p. 81) for the Interviewee.

The sense of self that I had connected with held many values associated with person-centred philosophy. I wanted to encourage shared authority and responsibility for the interview content and process between the interviewer and Interviewee (Mearns and McLeod, 1984; Braud and Anderson, 1998; Cohen, Manion, and Morrison, 2000). Feminist transpersonal research methodology, such as that discussed in Braud and Anderson (1998), encourages this in the researching process. A specific example would be organic research (Braud and Anderson, 1998) where scope for research and researcher relationship and involvement is suggested to be unlimited. "Doing this work requires honouring ourselves, our collaborators, our readers, and the context in which we work,..." (Braud and Anderson, 1998, p. 117)

The interviews were both phenomenological and progressive. Although I had basic areas I wanted to discuss with each Interviewee, the order, depth, or manner in which we discussed these things was not determined before I entered the interview

conversation. It was a mix of two approaches, namely informal conversational interview and interview guide approaches (Patton in Cohen, Manion and Morrison, 2000). Each interview was influenced by the previous interview. The influences being largely within the realm of content (essentially the issues I raised). The nature of how I conducted myself within the interview process remained consistent. I approached the interview process with congruence and the desire to maintain a sense of connection with myself throughout the interview in a manner that would facilitate the same within the Interviewee.

I used posters (Appendix A) and personal contact to canvass for potential interviewees. I targeted counsellors currently working in primary care, as well as GPs who counselled and practised medicine within primary care. The table below gives brief details of the participants.

Interviewee	Sex	Role
One	Male	Psychotherapist in GP setting
Two	Male	Psychiatrist/Counsellor in a GP Setting
Three	Female	Counsellor in a GP setting
Four	Male	GP who did counselling
Five	Female	Counsellor in a GP setting
Six	Female	Counsellor in a GP setting
Seven	Male	Counsellor in a GP setting
Eight	Female	Counsellor in a GP setting
Nine	Female	Counsellor in a GP setting
Ten	Female	Counsellor in a GP setting

Once I had a list of potentially interested individuals I set about contacting each person by phone to explain the general area of the PhD research, the method of data collection I was thinking of using, check interest level and determine whether or not they still wanted to participate.

I conducted my interviews in two stages. The first stage comprised four interviews and the second stage comprised the remaining six interviews. The interviews were conducted in the place that suited the Interviewee. Some were conducted in an office setting, others in a home setting. The duration of each interview was between one and a half to two and a half-hours. The break between the interviews was partly due to the Christmas break in the academic and social calendar of the researcher and the interviewees. Although this break was unplanned, it provided a valuable time for reflection on the interviews that I had conducted and the process of analysis that I was using.

Changes that I initiated as a result of the break between conducting the interviews were largely practical, as opposed to method driven. In thinking about the ReSS approach straddling the two worlds of counselling and researching, this break in the interview processes could parallel with breaks that occur in the therapeutic relationship between counsellor and client. The changes initiated were a result of consultation and guidance from my research supervisors. This parallels with changes that counsellors may initiate in their practice as a result of supervision meetings between sessions. The specific changes that resulted from my research supervision were as follows.

Firstly, I decided to use line numbering in the following transcripts. Secondly, I decided to structure the extraction of the highlighted phrases and sections of the

transcript through placing the extractions into a chart format, allowing me to organise the information to a greater degree. However, what I found was the use of a chart constricted the relationship I had with the transcript information. I felt hindered in the process of developing categories or themes for the data. Therefore, I returned to my original form of organising the transcript extraction, namely collecting them in a list format.

The justification for the evolutionary and dynamic nature of data collection and organisation stems from the nature of my sense of self and what I held as important and necessary to the respect and facilitation of my sense of self. The dynamic nature of my sense of self is reflected in the dynamic nature of the data collection and organisation. My sense of self is responsive as is my relation to the data. This relationship with data is apparent in existing research methodology. Feminist and transpersonal approaches to data are responsive and interactive (Braud and Anderson, 1998). Once again there are parallels with the therapeutic relationship in that the counsellors' relationship with the client can be dynamic and responsive. In terms of counselling the counsellor is guided and supported by their supervisor, in terms of researching I was guided and supported by my research supervisors.

Researching with a sense of self begins with self-awareness. My self-awareness led me to this area of research method. However, the self-awareness of another individual could potentially lead them in very different method directions. The important factor is the motivation which directs the researcher to the method or methodology, and the knowledge that it, in the instance of researching with a sense of self, is the congruence of the researcher, a maintained connection and cohesion between self-awareness, thoughts and actions.

The nature of recording the interviews on audiotape started a process of data reduction (Cohen, Manion and Morrison, 2000). Facial expressions, posture, environment were all lost in the audio recording. Through transcription more information was lost, such as intonation, pause length, and emphasis. "Transcription", as suggested by Milroy (1987, p. 117) "of any kind is invariably a selective process, reflecting underlying theoretical goals and assumptions.". This non-verbal data, including the researcher's reflections on self and participant are addressed in the pre and post interview reflections.

As pointed out by Kvale (1996) the process of changing the taped interview into written words is a form of transforming the data. Through this transformation loss of information is inevitable. As well as loosing information you are farther away from the original interaction. "...data and the relationship between meaning and language are contextually situated; they are unstable, changing and capable of endless reinterpretation." (Mischler as paraphrased by Cohen, Manion, and Morrison, 2000).

Transforming data is a powerful act. In some ways it is a selfish act. I changed the form of the data to assist me in my inquiry, to assist me in my research. Maintaining the integrity of the taped interview when transcribing it to written word was next to impossible. What I experienced when I was going through it, listening and reading at the same time, was the blaring reality that the two formats of the interview process are two very different groups of data. I have realised, sadly, that through transcribing the interview I lost something. I lost the spontaneity of the moment, the accompanying adrenaline, the immediacy of the feelings I was experiencing throughout the interview. This meant the analysis relied on my ability to listen, in addition to the further contributions of the Interviewee.

My decision to transcribe the taped interviews was in aid of making the analysis of such complex and rich conversations a bit more manageable. The justification for transcribing audiotaped interviews is difficult. The reasons for transcribing the tapes with respect to this thesis are largely pragmatic in nature. I hired a professional transcriber who was instructed to transcribe the tape verbatim. The information that I inevitably lost is recognised, as is the nature of transcriptions themselves, as pointed out in Kvale (1996) and Cohen, Manion and Morrison (2000).

Analysis Process

In discussing levels of listening, Ettling (1998, p. 177) describes her process of analysing transcribed data as "...an arduous process of becoming informed and formed by their (transcripts) contents.". I identify with Ettling's (1998) processes of analysis in that the general format, or steps of her analysis process were very similar to what my process of analysis came to be. The nature of her analysis process was dialogic as was mine, however the difference between her analysis style and my own is the point of initiation of the dialogue between data, researcher, and researchee in addition to the evolutionary nature of my analysis.

It would be naïve to purport that my analysis of the data started once I had received the completed transcripts from the professional transcriber I had hired. My analysis, or evaluation of the data that I had accumulated through interviews began immediately after the interview had taken place. In some instances I even remember 'evaluating' or 'analysing' the data during the interview process. However informal and reflective this type of 'analysing' or 'evaluating' may have been, it still initiated the process of responding and reacting to the information that had been collected or was being collected.

My analysis of the transcripts was dialogic in three ways. Firstly, I was in dialogue with the transcripts, interacting and reacting with them. Secondly, I was in dialogue with myself during this process of reading and re-reading the transcripts. Thirdly, I was in dialogue with the Interviewee. These three types of dialogue were visited and re-visited throughout the process of analysing the transcripts. The motivation behind my actions was three-fold in nature as well. Firstly, I wanted to be true to my sense of self, what I felt, sensed and perceived. Secondly, I wanted to offer the same respect to the reduced interaction between the Interviewee and myself, i.e. the transcript. Thirdly, I wanted to convey the same respect to the individual Interviewee. How I conducted myself with respect to this complex web of motivation follows.

Stages of Analysis

There were two perspectives contributing to the analysis of the transcribed interviews, namely the researcher and the Interviewee. I will discuss each perspective in the order I have mentioned them.

Researcher's Analysis

Initially I felt I needed to check the accuracy of the transcription against the audiotape itself. After making any necessary changes to the transcript I read the transcript again to gain a feel for the interview as a whole. It was at this point I left the transcript to allow the reading to sit within my subconscious. After a period of time I went back to the transcript and read it again, this time highlighting any phrases that seemed important to me at the time. The fourth time through the transcript I extracted these highlighted phrases in order to establish possible themes or categories for the extracts. These themes and categories provided the basis for the research transcript summaries

which I mailed back to the interviewees, giving them an opportunity to make comment.

It is important to note that I did not enter this stage of formally analysing the transcripts with any preconstructed question, or point of inquiry. I was open and generally interested in the individual counsellor. I was interested in their states and ways of being in this particular context. I responded to the transcript intuitively. I read the transcript and if I felt, at some level, that a section or phrase was important, I would underline or highlight that section of the transcript. With respect to the themes and categories generated from these extracts and their use in the construction of the research transcript summaries, these where generated in the same manner, on an intuitive level.

This is a difficult area to pull apart. It would be both inconsistent and unrealistic to provide 'proof' of the process used to analyse the field data. To address this need, I will attempt to 'unpack' the notion of intuition with respect to the analysis and interaction between the field data and the research process participants, namely the researcher and the researchee.

Congruence and intuition are closely related to one another in that congruence is a state of being (Tudor, 2000) which supports intuition. Congruence has been described as the precursor to unconditional positive regard and empathy (Tudor, 2000). I am suggesting the same applies for our ability to engage with intuition. Intuition is an expression of congruence. Researching with my sense of self is researching in a manner that respects and facilitates the values and beliefs that unite to construct my sense of self. Using intuition as an analysis tool within this thesis process was how

this was done with respect to my sense of self. Speaking about the person-centred therapeutic relationship Rogers (in Bozarth, 1998) states

> *...within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself...It should be clear that this includes being himself even in ways which are regarded as ideal for psychotherapy. His experience my be 'I am afraid of this client' or My attention is so focused on my own problems that I can scarcely listen to him'. It the therapist is not denying these feelings to awareness, but is able freely to be them (as well as other feelings), then the condition (congruence) we have stated is met.*
>
> *(Rogers in Bozarth, 1998, p. 73)*

Each heading used in the research transcript summary originated from the interview transcript itself through various phrases and sections I extracted under the direction of my intuition and the commitment I had made to maintaining a respectful and facilitative relationship with my sense of self. The themes used in the summaries were a product of the dialogue I had between myself and the transcripts, as opposed to a preconceived structure I placed over the transcripts (see Appendix C for example of transcript).

In addressing the field data in a state of congruence I was hoping to facilitate the participants' congruent interaction with the field data. "It is only providing the genuine reality which is in me, that the other person can successfully seek for the reality in him." (Rogers in Bozarth, 1998, p. 72).

As evident in the included summaries which were given to participating interviewees, the format of the extracted transcript phrases and sections varies from interview to interview. This is due to the chronological nature of the analysis process. Initially I felt it was adequate to use page numbers and paragraph numbers when referring to extracts from the thesis. With time I realised it would be easier to locate a highlighted

section if I used line numbering. The line numbering indicates where exactly a particular extract can be located.

Interviewee's Analysis

The transcribed interview, my research transcript summary, and a covering letter (Appendix B) were sent to the interested participants through the mail. In this letter the Interviewee was invited to read the transcript, making note of anything which was important to them, and to read and respond to my transcript summary, commenting in any way or manner with which they felt comfortable. They were also invited to comment generally on the process. From the delivered packages, only two participants did not return the packages and one did return with a letter expressing a lack of time to take up the opportunity. In total I had seven returned and completed packages resulting from a total of ten interviews The nature of the replies was varied as will be represented in the following chapter.

Addressing the issue of Trustworthiness within the process of Researching

Independent Reader

In addressing the issue of validity within qualitative research McLeod (1994, p. 98) lists one of the criteria as the "systematic consideration of competing explanations/interpretations of the data". One of the ways in which this criterion can be operationalised is through the use of an independent reader. Within this thesis I used two independent readers within the analysis stage of the research process.

The decision to use two independent readers was based on a need for trustworthiness and responsible research practice. They were selected randomly from a group of students in a post-graduate teaching program. Neither of them had any prior

knowledge of the project or any vested interest in the issue of counselling in primary care. I never met with the independent readers in person either before or after the process of independent analysis.

Each reader was given two of the interviews to analyse. The analytic process was loosely framed by the following list of instructions that prefaced the actual transcript of the interview. (Appendix D)

> *The task has four parts to it. They are as follows:*
>
> 1. *Read through the whole transcript, preferably in one sitting, circling or highlighting anything that seems important to you.*
> 2. *Comment on the interview as a whole.*
> 3. *Make comments beside the circled or highlighted sections of the transcript giving some indication as to why you picked this section as opposed to another.*
> 4. *Comment on any conclusions you have drawn from this experience from both a method and substantive issue perspective.*

Interviews five and six were distributed to independent reader one and interviews seven and eight were distributed to independent reader two with the knowledge and consent of the interviewees. All names and revealing details within the transcripts were "blacked out" in order to maintain the anonymity of the interviewees.

Researcher's Journal

In addition to using objective readers, or in other words triangulation through using different investigators (Lincoln and Guba, 1985) I also kept a journal throughout the process. This journal could be likened to a reflexive journal. The purpose of a reflexive journal is to keep track of the researcher's degree of involvement or interest. It is a way in which researcher bias can be determined or followed in terms of the reader, and in terms of the researcher it offers a container in which researcher bias can be held (Lincoln and Guba, 1985).

Within the realm of qualitative researching, in this particular thesis constructivism, the reflexive journal is a tool that facilitates credibility and trustworthiness. "The daily journal is essential in recording they way in which my horizon is working. I support the notion that credibility is enhanced when researchers describe and interpret their experience as researchers." (Koch, 1996, p178). The motivation behind the reflexive journal within the world of researching revolves around the notion of the researcher as being untrustworthy. The reflexive journal is about laying out the researcher to prove the nature of their involvement in the research. One of its purposes is to "...audit the events, influences, and actions of the researcher" (Smith, 1999, 360). The research journal as used within this context was not a tool for critical appraisal of my involvement, or a platform upon which my involvement could be scrutinised or judged, such as it would be within the conventional research community.

The purpose of my journal throughout the process of using the ReSS approach to researching was subtly different. The research journal within this example of the ReSS approach was not for the purposes of maintaining or achieving trustworthiness, for as discussed in previous chapters trustworthiness is inherent in terms of Rogers' theoretical stance, not something that needs to be achieved. The purpose of this research journal was facilitative in nature. It facilitated congruence into action, it kept me in touch with my sense of self, and it exercised skills and ways of being, such as intuition, that were important to the carrying of the research.

Alongside the dialogue between myself and the interviewees through the analytic process there was a parallel dialogue between myself and the data I collected and continued to collect within my research journal. I used the material within my research journal as a touch-stone. Reflecting on the data within my research journal

put me in touch with the initial dialogue between myself and the Interviewee enhancing my perspective on the data I was analysing at the time. My research journal not only provided a touch-stone or reminder of my sense of self at the time of the initial data collection it also provided a forum in which to reflect on, or facilitate my sense of self. It was a space, very much like that offered in my supervision, in which I could supervise my own sense of self.

Chapter Overview

As stated within the introduction, the purpose of this chapter is to establish the framework in which the fieldwork took place. The application of the ReSS approach to the investigation of the sense of self of the individual counsellor working within primary care generated copious amounts of information. The researcher had two clear purposes in initiating this fieldwork. Although it was difficult to maintain a balance between the amount of attention that was given to each purpose, interesting and useful information was gleaned in connection to both.

Although the manner in which the data was collected, transformed and analysed is reminiscent of various existing data collection tools, data transformation approaches, and analysis methods, the difference lies in the reason they were employed. Each choice of data collection approach, transformation and analysis method was in the name of the motivation and facilitation of the congruent self of the researcher into action.

In the following chapter the purpose of exploring the individual counsellor's sense of self within primary care is given full attention in the presentation of parts of the data and its analysis, concluding with some resulting points of discussion in terms of what was discovered.

Chapter Five – Field Work

There are two sections to the fieldwork within this thesis, namely the interview process section and the analysis process section. Each of these sections can be characterised by a number of elements. Some of these elements the sections share and others they do not. In addition to being distinguished by certain elements, these two sections can also be distinguished by the nature of the data each one generated.

The interview process was conversational, responsive, intuitive, semi-structured, and developmental in nature. Evidence of these elements can be found within the interview transcripts themselves. Within each interview dialogue, presented within the fieldwork section, some of this evidence is presented through indirect reference to the transcripts. An exhaustive illustration of each element would demand the inclusion of each interview transcript. Due to the possibility of loosing the emphasis of the thesis in extraneous detail, I have opted to include one interview transcript in the form of an Appendix C. Within this transcript I have illustrated each characteristic element of the interview process through direct reference to the transcript included.

The transcript summary section is included within the body of the thesis in its entirety. The nature of the analysis of the transcripts was consistent, intuitive, and conversational in nature. I approached each transcript in relatively the same manner. I regarded each transcript as a representation of a unique interaction between the Interviewee and myself. Although the transcript analysis was not as obviously developmental in nature as the interview process, there are definite trends, discovered in the earlier interviews, which filter throughout the analysis section, such as the notion of tensions between situations, perspectives, and points on a continuum.

As suggested, the two sections can be differentiated by the nature of data that they generated. Within the interview process the nature of data that was being collected was mostly related to the substantive issue, the individual counsellor within primary care, or as previously referred to, content data. In the reflections surrounding the interview process and in a great deal of the dialogue between the interviewees and myself following the summary, process data was generated.

It would be unrepresentative to suggest that it was a clear and distinct dividing line between the sections in terms of the types of data that were generated. Although, the majority of the data resulting from the interview process contributed to the content data and most of the data resulting from the transcript summary and resulting dialogue between myself and the Interviewee contributed to the process data.

The divide between the two sections however consequential of the thesis process as a whole, contributes to the presentation of the thesis in general. Within the investigation of the individual counsellor working in a primary care setting there was an investigation of the method used to conduct such an investigation.

Researching with a sense of self will hold many of the characteristics and elements that make up the self-construct of the researcher. The character of the collection of the data and the character of the analysis of the data will mirror elements of the self that combine to form the self construct, or rather it has been presented as such within this particular thesis.

The interaction between process and content data and eventual knowledge is important within researching with a sense of self. As suggested within Rogerian theory, congruence is a state of being that facilitates ways of being. The contents of the self-construct facilitate a particular way of acting with a sense of self. With

respect to the fieldwork, the nature of the process will facilitate particular content data. Essentially, there will be dialogue and mutual influence between the process and content data.

Important in the presentation of the fieldwork is the illustration of the dialogue between the researcher and the participant. It is this dialogue which illustrates the nature of the commitment the researcher makes to the respect and facilitation of their sense of self and the implications it has for the self of the participant. The dialogue also illustrates the dynamic and evolutionary nature of researching with a sense of self.

Considering the phenomenological nature of researching with a sense of self, specifically how the sense of self and the construct of self is unique to each individual, it is necessary to illustrate the dialogue between the researcher's sense of self and the process of researching substantive issues or questions. This illustration contributes to the maintenance of consistency, which is important to the internal validity of the research.

The data collection and analysis format of the fieldwork reflects the dialogic and relation philosophy of the self-construct of the researcher. The dialogue between the researcher and the research participant resonates with the dialogue between the self and the self-construct of the researcher. This consistency between structure and philosophy of self and that of the research process is important to conducting research with a sense of self. The consistency illustrates the degree of congruence of the researcher. This state of being is important with respect to the nature of data and analysis that evolves from the process.

Congruence as a state of being is a barometer of researching with a sense of self. The extent to which an individual acts with congruence, hence facilitating through congruence, other states of being and characteristics of importance to the individual, is an important indication as to whether the researcher is researching with a sense of self.

As suggested, ReSS is an approach to the process of researching that does not exist on a continuum. It can be represented in two manners. It can be represented in the form of a choice; 'yes I want to conduct research with a sense of self' or 'no I would rather not conduct research in this manner'. The second manner in which researching with a sense of self can be represented is with respect to the content of the particular individual's approach to research. In essence the content and construct of the self of the researcher is the guide and facilitator through the various steps of researching, such as method, methodology, response, analysis, and communication.

The dialogue and relationship between the researcher and the researchee will be illustrated in the following seven steps:

1. Self of the Researcher Before Interview
2. Self of the Researcher After Interview
3. Researcher's Reflections on the Interviewee
4. Summary of Interview Transcript
5. Post Summary Dialogue between Researcher and Interviewee
6. Process Knowledge Accumulated
7. Content Knowledge Accumulated

It is important to note that within the body of the research transcript summary there is information of both a process and content nature. The process side of the thesis has to do with how the thesis is conducted, specifically the application and testing of the approach of researching with a sense of self. The content side of the thesis is the

information about the individual counsellor within primary care accumulated using this approach to researching.

The reasons behind structuring the fieldwork section in this manner is to highlight both the evolution and progressive nature of the interview process and the impact this approach to research has on both the Interviewee and the researcher. It is also to highlight the consistency between self-construct and research process. The nature of the relationship is important to my sense of self and the facilitation of my sense of self. The maintenance of a sense of self relies on dialogue on a variety of levels: between self and self-construct, between self and other, in this case the research participant, and between the self and self-construct of the participants.

As suggested in the introduction, this thesis is developmental in terms of both process and content. As illustrated in the stages within each interview process, the nature of researching with a sense of self gradually develops. The nature of the content knowledge changes with the influence of each interview process, and participant. Considering the dialogic nature of the data collection and analysis process it is consistent that the process and content be responsive and developmental in nature. It is the researcher's hope that through the employment of the seven stages of the data collection and analysis stages listed above, the developmental nature of the thesis will be evident, this in turn supporting the illustration of researching with a sense of self.

Interview One

Self of Researcher Before Interview

I was feeling nervous about conducting this interview. I was aware of not wanting to come across as "stupid" or incompetent as an interviewer. I had previous connections with this individual and was aware of their particular philosophy and approach to

therapy. It was very different to my own. In some ways I entered this interview feeling defensive towards the Interviewee. I was entering with a sense of wanting to 'unmask' him as anti-counselling, as 'wrong' in his philosophy. I was almost entering the interview ready for a debate, completely unbeknownst to the participant.

I had outlined a number of issues that I wanted to raise and discuss. Most of the questions surrounded the notion of a dynamic holistic self and its place and state in primary care. I was also, at that time, interested in the difference between the GPs relationship with the patient and the counsellor's relationship with the client. I was very much interested in investigating the integrity of the self of the counsellor within primary care. I held the belief that

> *...in order to maintain the individual integrity of the counsellor in primary care, in the NHS context, the unique needs, education, background etc. of the counsellor must be recognised."*
>
> *(Unpublished Work)*

In addition to an interest in the integrity of the self within the context of primary care I was interested in the dialogue between context and the self. Albeit vague and open ended interests and questions, I was going to enter this interview with a sort of agenda and semi-structure. This approach seemed to be fuelled by nerves and a sense of obligation. Even though I was approaching research in a manner that respected and facilitated my sense of self, I felt a pressure around the construction of my identity as a researcher and how the participant was going to respond.

However ill-founded these pressures were, within my mind I was struggling with the identity of the researcher. What is a 'good' researcher and what is a 'bad' researcher? I had strong assumptions from previous research experience and cultures with which I was struggling. These insecurities, in addition to prompts from supervisors, made the construction of an agenda and structure to the interview seem important and

necessary. This was coupled with a sense of responsibility to the Interviewee to not waste their time.

Self of Researcher After Interview

I felt pleasantly surprised by what seemed a particularly insightful observation that was given by this individual. This person spoke of a difference between the individual and the collective of individuals, specifically referring to GPs and their views on particular therapeutic modalities and practice. The dichotomy of individual and collective seemed useful on an intuitive level, in understanding a dimension of the counsellor in primary care.

I was surprised at the ease at which this individual communicated and responded to the questions I posed. The conversation flowed freely and I felt comfortable in entertaining tangents and diversions from the structure with which I entered the interview. Regardless of the ease in engaging the Interviewee, after the interview I felt a degree of insecurity. I found myself comparing his professional qualifications with my own and felt rather inadequate. In addition to this I felt defensive toward their perspective of counselling. I perceived it as almost sympathetic. I felt they were disrespectful of counselling, and in a way 'selling it out'. I was conscious of transferring many of my own insecurities onto to them.

Researcher's Reflections on Interviewee

I found this Interviewee accommodating, patient and candid. I left wondering whether I had challenged his viewpoints too much. I wondered whether or not he felt the same degree of frustration towards my attitude as I did towards his.

Summary of Interview Transcript

Within this interview I pulled out three themes: identity, tension, and power. I elaborate on these themes in the following.

It is important to note that the Summary of the Interview Transcript, this applying to all interview sections, has been included in the thesis as it was written and presented to the individual Interviewee. Writing style will differ from that of the thesis. The summary was an important stage within the fieldwork process, as is paraphrasing within the process of counselling. In addition to representing the interview in a different, more condensed format, it represents the operationalisation of the self of the researcher. In a state of congruence, the researcher interacts with the interview transcript with tools such as intuition, sensation, feeling, respect for the data and the individual, and responsibility and awareness of their own perspective and point of view.

The self of the researcher is, with respect to researching with a sense of self, engaged at all points of the research process in different manners. The essence of the approach to researching with a sense of self relies on this active and open participation of the self of the researcher. This state of being is important to both the method of researching and the participant(s) or issue being researched.

The sense of self of the researcher is, as suggested present at all stages of researching with a sense of self. At the point of data collection with respect to this thesis (the conducting of the interviews) I worked to maintain a state of congruence, awareness, and respect for the Interviewee. This seemed to contribute to the facilitation of a very rich and informative dialogue. When reaching the point of data analysis, specifically

responding to the interview transcripts, the sense of self graduated from a facilitative role to an application.

The sense of self with respect to this research process was operationalised in the form of intuition, sensation, and gut reaction. This operationalisation is coupled with respect for the Interviewee and an acute awareness and responsibility for the attitudes and perspectives which this process brings to the process of analysis. The operationalisation of the sense of self is unique to each individual researcher choosing to approach research with a sense of self. The reason for this lies behind the unique and dynamic nature of the sense of self. No individual shares the identical sense of self, therefore no individual researcher will share the same operationalised sense of self.

I will continue with presenting the summary of the transcript that was presented to the individual Interviewee.

Identity within the context of working in primary care

In the beginning of the interview you expressed the view that it was a personal value conflict that pushed you away from the psychiatric side of things and into counselling.

> Int: .during that time I gradually started to feel that there had to be some other more sort of counselling focused approach to dealing with people than medication.
>
> .there needed to be something else.

You mentioned initially that you studied humanistic counselling. What I find interesting is how grand the first rebellion was, considering humanistic counselling has to be one of more distant points from psychiatry on the continuum of mental health treatments. It continues to be interesting hearing how that initial step to humanistic counselling gradually was modified and evolved to a point on the scale

that is, possibly, not as far from psychiatry, or that with which the medical community has more familiarity in communicating.

> Int: .a lot of the time psychology feels safer because it's been around it's in the NHS.they know more about it.

One of the areas that figured prominently in our conversation was that of identity. It feels to me that due to the lack of autonomy, respect and status that counselling in primary care is currently experiencing,

> Int: .But there was a sense of having less autonomy as a counsellor, whereas as a psychologist I can say I'll treat people how I want.
>
> .So I think there is like a difference in in the power differential.

in addition to how you would like to be regarded in the context of primary care, and what type of work you would like to engage in, you are more comfortable identifying yourself and your professional practice with psychology and the "deeper" psychotherapy.

> Int: .a difference in status and the difference in pay and some of that is in the terms of that way that people expect different things of a psychologist than they expect of counsellor and tha.
>
> Int: .the GPs have no direct um.clinical involvement over me or anything.
>
> Int: And.and I think that in some ways that's different from person-centred, perhaps more tracking and just going going where the client leads. Whereas I am trying to get information as to where the client wants to go.and try to find the most respectful and informed way of getting them there. even if that means quite a lot of active intervention.

You clearly identified yourself as a counselling psychologist, a primary care psychologist who has qualifications in counselling and psychotherapy. You mentioned how important these additional qualifications are to you, but seem to imply that they were not big enough to protect your sense of individuality within such strong

currents and influences of the context of primary care. This brings me to the issue of needing to protect one's sense of identity within the context of primary care for it seems to be a very insidious culture.

In talking about the importance of personal therapy to training and practising psychotherapy

> Int: .I was also required to have personal therapy which.I still have no.I've have never actually stopped that since starting the therapy which.I still have now.I've never actually stopped that since starting the training, it's been on-going. So I've had personal therapy for about six to seven years now.

it felt like you were also commenting on how important a sense of personal identity is to the practising psychotherapist. It also felt like you were saying that the competence and success of a psychotherapist rest largely on the degree of personal therapy in which they participate.

Tensions within the context of working in primary care

Another issue that seemed to come to the forefront is the tension you are continually attempting to manage and deal with. That is the tension between you and the three different areas with which you have connection: counselling, psychology and psychotherapy, the tension between your type of psychology and clinical psychology, not just in practice, but in training as well, the tension between you and the GPs with whom you work:

> Int: It is hard. It is in some ways like constantly managing different tensions but in some ways also it's like I still maintain that like, all of these training have had some influence on me and therefore like myself is like fluid throughout that, so that there is a core about me.

Int:	.I try and again like hold a middle ground cause sometimes I can go to the like "oh just shut up you don't know what you are talking about".And then other times I can feel well god you know they'about like that for a reason.

and the tension between your sympathies. When I say sympathies I mean those that you expressed for the GP with respect to being in such a stressful position and those you expressed for the counsellor trying to exist and practice within such rigid boundaries established by a "collective" at the expense of the "individual":

Int:	.the GPs on an individual basis have said you know, fine.But as a collective basis again it's like no no no, we want people doing brief therapy and.so it's something (slight emphasis) about the collective idea.that it has to be brief therapy.quick through-puts. And then then individually each of them are sort of like yeah yeah we understand that six sessions wouldn't be that long for something like that.or so.I think that individually there is you know humanity and sort of movement and everything but I think.

You expressed and highlighted another tension, which I alluded to above, that being the tension between the individual GP and the collective GP. Your reference seemed to be made specifically towards GPs and the construction of the context of counselling in primary care (number of sessions the counsellor is allowed to have with clients is the example we were talking around). Although throughout the interview that particular tension seems to exist in other areas, such as in yourself, in the issue of counselling in primary care, psychotherapy in primary care, psychology in primary care, in the very act of defining what those practices are.

I believe we were talking about the differences between psychotherapy and counselling. We discussed the differences in training programs, which, upon reflection, seems to be very much in the vein of the collective, the generalisation. Then you proceeded to suggest that defining and distinguishing the two comes down to the individual:

Int:	.I think sometimes that the definition is more about the person who practices it.that what they do you know.

You talked a lot about the extensive personal and group therapy you have and continue to experience. You also talked about paying for extra supervision from your own pocket all in order to maintain responsible practice in the light of some very different practice cultures:

Int:	.it's a commitment to quite a lot of expense in terms of keeping my own personal therapy going and keeping my professional supervision as well as the NHS supervision.
Int:	I guess it's like in some ways it's sort of self-protective and I believe you need a responsible practice.

You talk about personal therapy, extra supervision and continuing training and it feels like these are all ways you work to meet patient expectations and agenda, not to mention GP expectation and agenda, both of which can be very powerful to how you practise, and what you practise.

Power within the context of primary care

You talked about being ill as a child and having a lot of interaction with doctors. This seems important considering your move from counselling to psychology, especially when you mentioned that in psychology you were not under the control of the GPs (they have no involvement over you) and you had autonomy and status within the practice. It feels like these two things have a potential connection. It also feels like your continuing struggle with the tensions between counselling, psychotherapy and psychology, and continuing with personal therapy are another way you have moved yourself from the GPs control. Your extended scope and understanding of things

allows you the understanding and knowledge the GP needs, but does not seem to have in many cases.

You initially commented on taking the title of primary care psychologist being something that you didn't really have much say on. In your department there are no positions or places for counsellors. As the interview continued you commented on the increased level of status and power that the title offers. It feels like status and autonomy are very important things to you and that perhaps the taking of the title "psychologist" was more than a case of serendipity.

It is interesting to note that you distinguished your type of work from a counsellor's work or a clinical psychologist's using referrals, specifically the type of referrals given to you by the GPs:

> Int: .but there is something about the sort of referrals and the style of work that I am doing is where I deal with some of the very complex cases.

You also commented that GPs generally do not know what are the differences between counselling, psychotherapy, and psychology:

> Int: .GPs don't really know an awful lot about what, differences are between counsellors, psychologists and psychotherapists.

I find it significant to hold up these two insights side by side in that how can referrals distinguish practice if the individual or collective for that matter do not understand there is a difference in practice. GPs may have some idea that one has a more significant history over another, but nothing beyond that (generally speaking).

As much as you commented on the burden of being the dumping ground in the primary care setting with respect to emotion, conflict etc.:

Int:	.that they can then often be some sort of vessel for holding all of the emotional in the practice so that they they can actually start to feel a lot of the pressure and .and weight of holding .a lot of the psychological difficulties in the practice .

it feels like this position is important to you as well. It feels like, especially when you spoke about the GPs coming to you as psychologist for advice on how they should handle particular patients, being in a position of educator, advisor, mentor is a position that is important and in some ways a position after which you sought:

Int:	And I think in some ways actually that also GPs are perhaps more willing to delegate some of their power to a psychologist.and like say when you do an assessment and you decide if this person needs counselling, psychology, or they need a psychiatric assessment or if they need.so sometimes if the GPs not sure they will actually turn to the psychologist.

Post Summary Dialogue between Researcher and Interviewee

As suggested prior to the Summary of the Transcript section, the summary represents the operationalisation of the sense of self, specifically my sense of self, in the form of intuition, sensation, and gut reaction. These are the tools that I used in interacting with the collected data (the transcript). Each level of data interaction that I engaged in was motivated and guided by these tools, or in other words the products of the operationalisation of my sense of self. It is important to express at this point that these tools where bounded by a respect for and sensitivity towards the Interviewee, and the importance of the maintenance of their sense of self and its responsible reflection with this research process.

The language of the summaries is tentative and the Interviewee, as represented within the section of Post Interview Dialogue, was invited to respond in whatever way they felt appropriate to the Summary of the Transcript I had composed. In essence this was

an opportunity for them to reflect and comment on the accuracy of my interaction with the data, and how it made them feel.

Unfortunately with this Interviewee, regardless of me making contact twice (via phone, leaving details of where I could be contacted) this interview summary was not returned.

> I have been feeling very worried about this. I have, as pointed out by one of my supervisors, projected every one of my insecurities and anxieties onto this one interview package.
>
> I am worried that the interview summary that I included with the transcript was offensive to the Interviewee. I am worried that I insulted the Interviewee, that they think, from reading my summary and covering letter, that I am a fraud, that I am an impostor and not a real Ph.D. researcher. In saying this I am left with wondering just what a "real" Ph.D. researcher is. I am worried about meeting them in the street. How will we interact? What will be said regarding this interview? Is the Interviewee telling everyone just how disorganised and unprofessional I am?
>
> I have discussed these anxieties with my supervisors. They assure me that they think I have been "sensitively ethical". They assure me that I have nothing to worry about. They assure me that I could have done nothing more to inform the interviewees as to what kind of thing they were getting into. They assure me that I have nothing to feel ashamed or bad about and that I should try my best not to let these feelings erode my purpose and what I need to do.
>
> It feels easy for them to say such things to me. The idea of openly accepting such "instructions" is very tempting. It would certainly be easier than sitting here with these uncomfortable remnants of feelings and insecurities. I feel very exposed in this process. I feel like I have revealed too much of myself.
>
> One thing I am aware of is that there is an existing culture of how to conduct research and interview processes. There is a tradition of leaving the analysis to the eyes and privilege of the researcher, rather than exposing the whole process and the generation of the product of analysis to the Interviewee. Mind you in saying this there are a number of newer methods that include the participants or interviewees.
>
> I don't think I anticipated just how exposing it would feel. I don't think I anticipated just how important the "expert" myth was to me. I think that part of the reason this interview package bothers me has to do with control. I relinquished control to the Interviewee, via the opportunity to comment and that control has not been returned. This doesn't make much sense. But there is something that I feel has not been returned to me. Or,

> maybe it has to do with validation. Maybe it has to do with my needing to be validated as a researcher?
>
> (Research Diary)

Process Knowledge Accumulated

In terms of how I conduct further interviews I feel I need to keep aware of my degree of defensiveness or needing to prove or reiterate to a detrimental degree. I feel this awareness is not compromising my congruence, but an attempt to respect and facilitate the Interviewee in their communication and participation. I am also aware of the effects of my nervousness, in terms of over-compensating and being unclear in my questions. I have to strike a balance between respecting and communicating the feeling of being nervous to the client and not allowing the feeling to dominate the interaction. Again, this is not necessarily incongruent but respectful and facilitative for the Interviewee.

Content Knowledge Accumulated

Considering how significant the issue of childhood experiences seemed to figure in this interview I think I will raise the issue in future interviews. The Interviewee also raised the issue of the difference between the collective and the individual, as well as an approach to the definition and differentiation between counselling and psychotherapy. These issues seemed both relevant and important on an intuitive level. I will raise the issue or use the sentiments in future interviews. I will also include questions with regard to respondent validity and data ownership, as a result of a discussion I had with my supervisors.

Interview Two

Self of Researcher Before Interview

There were a lot of the same feelings around prior to this interview as there were prior to the last interview. I was, again feeling nervous. I also had a feeling of being vulnerable. This particular Interviewee had a rich and diverse professional history within the field of clinical practice. Would my novice approach to interviewing be frustrating or insulting to him?

What ties the above feelings together is that they all seem to stem from low-self-esteem. It is a curious juxtaposition wanting to research in a manner that respects and facilitates my sense of self, when there are times that a low self-esteem is revealed in my interaction and approach with the participants. I can hazard a guess and suggest that perhaps researching with a sense of self has unearthed a tension or dissonance within me. Perhaps deciding to approach researching in a manner which expressly respects my sense of self is a method of addressing such insecurity.

Self of Researcher After Interview

I was preoccupied about the quality of the interview throughout the taping of it. Somebody had started to mow their lawn during the interview in addition to it starting to rain. This did not help me in terms of the degree of clarity of the questions I posed and in terms of the quality of listening I did.

This particular Interviewee was very forthcoming and communicated very easily. I felt myself wishing I could have organised the interview more and exerted more control over the interview. There was so much information flying around at times, I felt, that I did not feel in control. I found myself wanting to be in control and finding it difficult to just listen and take everything in that he had to say.

I suspect this feeling of needing or wanting more control stemmed from two places. One is the expectation of the Interviewee. The Interviewee regularly asked if this was the type of information that I wanted. They checked time and again if what they were saying was useful or appropriate. Two, being the tension between low-self-esteem and lack of self trust and my desire for the opposite within me and within the process of the research.

Researcher's Reflections on Interviewee

This particular Interviewee was very interested in the issues that I raised within the course of the interview. He engaged in the interview process to a great degree. He also relayed much of his own PhD work throughout the interview process. It seemed that regardless of the questions that I asked him he brought them around to his PhD work.

There was not the urgency or defensiveness about him that I found within myself. He seemed both comfortable and confident with my questions and challenges and the idea that there was room for his views and his type of practice. He did not seem to have the same urgency or passion for the issues that I seemed to have, or possibly he held them differently to how I did.

Summary of Interview Transcript

As I read and re-read this transcript, pulling things out, high-lighting phrases, I am struck by the continual presence of a duality, sometimes polarity or tension between two perspectives. I have outlined the major tensions below:

1. GP as Therapist vs. GP as Doctor
2. Client Expectation vs. Patient Expectation
3. Therapist time vs. Doctor Time

4. Importance of being vulnerable (again personal value system) vs. professional competence
5. The Good GP, the GP who Listens vs. the "Natural" Counsellor/Therapist
6. Maintenance and protection of personal value system vs. expectations that come with different contexts
7. Desire for the future of counselling in primary care vs. reality of present context

When I look at the presenting dualities above I am struck by how they present themselves to me on the paper. Looking at the "big picture" of the interview it feels very much like the therapist/counsellor in you working to co-exist with the doctor in you, the therapist in his/her culture working to co-exist with the doctor in his/her culture.

It is interesting to note that it was a conflict in cultures that ignited your pursuit of GP medicine in the first place, namely a conflict between the philosophy and values of an "ivory tower" and those of your personal value system, such as authenticity and humility:

Int:	So I felt increasingly that this was an ivory tower, and that actually I wanted to be in some.experience some hands-on experience, and to find out for myself whether it was possible to use my psychological expertise in one of these settings.

GP as therapist vs. GP as doctor

Int:	As a GP I did an awful lot of counselling to my clients, the same client. Oh yes. I mean an awful lot of my general practice was counselling.

It strikes me as being difficult co-existing in the two roles of GP and therapist. It seems difficult in the sense that being a GP you are the one with the power and ultimate authority within the primary care setting:

Int:	.Because they are doctors, the doctors have the power.

On the other hand being a therapist, specifically a counsellor, you are subservient to that power:

Int:	Subservient to the authority of the doctor for a start, aren't you?

The two roles of GP and Therapist/counsellor seem to represent, with respect to power and authority, two opposing ends of a continuum.

It is interesting that you identify the subservience of the therapist with respect to the GP in context of primary care from a "spectator's" point of view. It feels as though as long as you are a GP you are immune to the notion of subservience within the context of primary care.

Client Expectation vs. Patient Expectations

Int:	.when people come to me as a therapist they always expect me to ask.they expect me to listen, but they also expect me to ask questions. And of course, when I am acting as a doctor, that is even more so.

It seems very important to you to give the client what they want and what they expect. It also feels important to you to maintain some element of consistency across these different expectations. There seems to be a tension between being true to yourself, philosophical/value base and being true to the professional context in which you find yourself working at any given moment. From the way you spoke about the "luxury of time" and the abuse of authority, it feels as though your personal philosophy/value system is far more attuned to the therapist end of the continuum, as opposed to the GP end of the continuum:

Int:	"That's right. I'm sure.I think highly intelligent people who want still to be told. They go to the doctor because he's an expert and think he knows.they are very vulnerable."
Int:	"And nearly all of them wanted to know.wanted to feel that their healers, their doctors knew.They wanted to feel that they cared as well."

Tension between Time as a Therapist and Time as a Doctor

Int:	"...And that's the great luxury of counselling, is that you've got time for people to get involved."
Int:	"The big difference is that there is so many questions that you have to ask in a GPs surgery, that you have got time to wait for in a counselling session."

Tension between Vulnerability and Competence as a GP/ as a therapist

It feels like "competence" and the fear of being "incompetent" is much more a GP issue/word even, whereas "vulnerability" feels like a therapist issue/word. In the case of GP practice "vulnerability" feels very much like an extra, whereas with respect to therapy/counselling "vulnerability" is crucial. It seems to me that the competence of the GP can be maintained regardless of the presence of vulnerability. The competence of a counsellor/therapist however, seems to me to rely, among other things, on the presence of vulnerability.

Int:	"The doctor has to be vulnerable. He needs to be aware of this. He has to be able, on some level, to be able to understand the pain that they are engaged in. If you just cut yourself off from it, you will then, I think, not be a very good doctor."
Int:	"You may be moved, deeply moved, by what your patient is telling you, a client or patient, but you still have to be competent."
Int:	"Above all you've got to be competent, that's all.Be competent."
Int:	"No GP likes to feel their incompetence."

Int:	"You've got to screen it out.you screen out emotions.I think the good ones don't, and there are a few.but it's quite odd to resist the notion."
Int:	"They (GPs) see the counsellor, as I think I often say, as somebody who will relieve them, as it were, of the sort of patient who makes them feel incompetent."

The Good GP, the GP who listens vs. the "Natural" Counsellor

Int:	"...a reputation as being a doctor who listened."
Int:	"...they may not be qualified but they may actually be brilliant.they might be naturals."
Int:	"...If you just cut yourself off from it you will then, I think, not be a very good doctor."

I find it interesting the language difference between describing doctors and the language used to describe counsellors. Good counsellors as described as being "naturals".

Good doctors are described as those who listen, who are vulnerable. Good doctors are those who act in some ways like counsellors.

Desired Consistency of Practice and the Expectations that come with context

It felt as though regardless of the context, there was a consistency you wanted to maintain within yourself with respect to how to respond to and interact with people. Working towards maintaining this consistency seems to be something that makes you a better GP (made you a better GP, I appreciate that you are retired at this point from GP medicine) and possibly something that makes GP medicine more difficult, more challenging:

Int:	"Consistency as well.Well I hope so. I think I'm the same person, yes. I hope that is. ."

Int:	"...I put different hats on, but I am still myself.I suppose I hope that I use the same degree of sensitivity in one context as in the other."
Int:	"...the context is different, the expectation is different, and the authority that you have."

Tension between Desire and Reality of Presenting Contexts

Int:	"Oh yes, yes. I would hope it certainly would be that.I know this doesn't happen. I would certainly want to talk with my counsellor over matters and have a partnership with them."
Int:	"I suppose what I would hope is that there was a cross-fertilisation, that GPs who been able to learn something from counsellors.and also perhaps that counsellors can learn something about the stresses and strains of being a GP."

It is interesting to see how this desired state exists within you, in that you attempted to maintain a consistency of practice across the roles you held, there was "a cross-fertilisation". You worked to be a GP who listened, and maintained contact with his vulnerability and own pain in order to better serve his patients. You were a therapist who respected the importance of competence with respect to his work.

Post Summary Dialogue between Researcher and Interviewee

Unfortunately the tape was not very clear (due to open window and lawn mower) so the transcript had a number of errors, and sections that were inaudible to the transcriber. This was too bad. It obviously affected the Interviewee. The Interviewee was annoyed by this mistake. I completely can see his point. I hope that the quality of future recordings is better. I feel in some ways I was being told off by the Interviewee about the quality of the transcript. The Interviewee pointed out the selectivity of the transcript. He pointed out what it leaves out, i.e. facial expression, intonation, etc. I thoroughly agree with him.

I was really struck by the degree of humility of this Interviewee. I can really identify when he talks about "the awful muddle within". Funny how different this admission is to how I was regarding him all through the interview. I was very nervous interviewing such an educated, experienced figure, someone whom everyone speak so highly of. I felt very intimidated. To read his comments "...I try to find the words to express my thoughts, and what comes out is only a reflection of the awful muddle within..." made me feel not so alone in a way. It is a shame we couldn't have reached that common ground during the interview.

The Interviewee pointed out that "...I don't think you always listened to my answers!". (Must say that before that he commented on his own part in this with "I was so preoccupied with my own agenda that I did not always listen to your questions,...".) I felt a bit defensive here. I wanted to shout that I was...but if I really thought about it I could probably see the truth in his accusation. I was very preoccupied with the taping along with the next question and what I would say to this very learned, experienced man, who uses the interview and communication as his living.

There is a lot of encouragement in his response to the use of the word "summary". The Interviewee felt that what I had sent to him was not a summary. He suggested that it should be called something else. This was a point well taken. What this comment points out was the strength and importance of perspective within the process of research. He had expectations of what a summary would be and what he found was nothing close to his expectations. The prominence of the self of the researcher, and the perspective of the researcher was unanticipated with respect to the word summary however it is well received. He talks about "All creativity starts from such an

interaction.". The Interviewee is very supportive with respect to my place within the summary. The Interviewee shows a lot of acceptance and understanding.

He seems to acknowledge some of my insights and reflections on the summary. I find the Interviewee's point about the "Healer's mask is defined by the expectations of his patients.". I was just thinking about identification of myself within my Ph.D. and the expectations of the research community within which I am existing. The power of expectation is very interesting.

The Interviewee suggests that "...creativity is only possible when we are aware of the tension between opposites." I am not sure whether I agree with this. I think that creativity is only possible when we can overcome the tensions between two poles. Creativity can exist when we realise just how limiting poles and tensions are. It is much like research. Could more creative research happen outside the construct of an inquiry paradigm?

I question the amount the Interviewee invests in the notion of beginnings and endings. I am not sure whether I have as much faith in the presence and necessity of beginnings and endings with respect to creativity and creative solutions...even the concept of "solutions"...this suggesting there is a problem. Expectation, just as it does with the behaviour of the healer, has a lot to do with labels and how we deal with things within the counselling relationship, or the research relationship. I suppose some of my disrespect of beginnings and endings stems from the discoveries about the universe expanding and not contracting, as was expected. This extends to my feelings about beginnings and endings of research.

The Interviewee put a lot of energy into writing up his response to my summary. I feel grateful for this. I also feel embarrassed that I missed something so very important to

him. That being the idea of the "Mask of the Healer". What can I do to improve and prevent this...better machinery and more careful taping. Possibly I could listen more carefully too. Perhaps I could also listen to the transcript much sooner to finishing the interview and write some preliminary notes, along with some reflexive notes on the process and interaction in general. Specifically reflecting on any pseudo-communication.

I feel grateful for such interest and participation. I also feel really happy to have met such a humble, sensitive, thoughtful man.

I think he benefited from the process as well. I think the process got him thinking about things and the way he views and deals with things. I think it made some impact on him, both positive and frustrating.

After a bit of time away from my reflection on this interview dialogue, I found myself feeling rather indebted to him for his encouragement and the quality of fairness of his feedback. I am also aware, strangely enough that the first time I read it I felt really defensive and angry towards him, thinking that he was arrogant in suggesting that I pay him for being able to interview him, rather than correctly reading his comment as how he should pay me. My first reading of his response was very different to my second reading, where I consciously slowed my reading rate down and took one word at a time. The excitement of receiving something back, the time in-between posting out my analysis and getting his response back had made an impact on my "expectations" and "assumptions".

Process Knowledge Accumulated

Due to my awareness of my level of defensiveness within this interview, and generally an awareness of the attitudes with which I was entering the interview, I felt I was able to take in more of the interviewer's state of being, hence pick up confidence and comfort. In increasing my awareness for the interviewer's state of being I was then entering a parallel dialogue. The Interviewee's state of being at that time was interacting with mine. I was feeling his state of being in relation to mine. This connection seemed valuable in a sense because it revealed more about the words he was saying in terms of meaning and magnitude.

I was aware of my questions being unclear and difficult to understand. In reading the transcript, I was even having difficult understanding what I was talking about. I intended to keep track of this and attempt to come across more clearly in the interviews to come. How I was to be more clear was difficult to determine. I considered that with more time with the substantive issue and the language within such an issue I would gradually become more clear in my questioning. I also anticipated that with each new interview I conducted I would become less nervous and more able to focus on what I wanted to say and whether or not the Interviewee understood what I was saying.

Content Knowledge Accumulated

Within this interview I found myself using the terms "dichotomy" and "tension" which arose in the first interview. I also found myself actually using the tension between the collective and the individual as a point of discussion, which Interviewee One raised. It was interesting that I had entered the interview with the intention of

bringing up the significance of childhood experiences on the present. It turned out that I did not have to, the interview raised the issue before I could.

In terms of content what I found very interesting between this interview and the last was the number of similarities between the two. Both interviewees touched on the significance of childhood in terms of the present, the importance of client/patient expectations, the role of context in determining definitions and boundaries of practice.

Interview Three

Self of Researcher Before Interview

I did not feel as nervous as I did prior to the first two interviews. I wonder whether that has to do with the fact that I would be interviewing a woman? I wonder how much the location of the interview influenced my feelings. I was to conduct the interview within the university in a room that was essentially generic to the both of us.

Self of Researcher After Interview

I left the interview feeling rather "wound up", even frustrated. I found it difficult to engage with her. It was difficult to get her to respond to the questions that I raised. I feel my questions could have been clearer, but then again I just do not think there was resonance I had hoped for, or even anticipated, between this Interviewee and myself. I think this anticipation might have made me a bit lazy in my interviewing skills. It is difficult to say. I definitely left the interview thinking that I did not really accumulate valuable information. I think I had formed some expectations based on the last two interviews as to what was good and valuable interview material. I found this interview frustrating and unfulfilling. I think this has to do partly with the fact that my expectations on the process and the content side of the exercise where not meet.

Researcher's Reflections on Interviewee

On reflecting on this Interviewee I found her reluctant to respond to the questions I posed to her. There seemed to be a defensiveness or reluctance against responding to the questions in anything but a professional nature. With each question posed there was tentativeness like she was weighing up what she would say before she said it. There was cautiousness to a certain degree. I was also aware of how different her perspective and views on counselling in primary care where in comparison to mine. She was very understanding and uncritical of the nature of counselling in primary care, whereas I brought a whole list of difficulties and dislikes with me into the interview.

Summary of Interview Transcript

As I read and re-read the interview I was struck by five major tensions or themes or even relationships, if you would prefer. They are distinct yet related in my eyes. They are as follows:

1. Tension between present experienced reality and future vision/ expectations
2. Interaction between past and present roles
3. Interaction between acceptance and contentment
4. Tension between outside and inside the counselling room/experience
5. Tension between gratitude and present/future expectation

Tension between present experienced reality and future vision/expectations

It feels like you have a definite line to what you are willing to accept within the Primary Care context. The rearranging of the room is part of the system, the package:

Int:	"...So maybe it just says something about "the system" in private practice..."

Int:	"...It's part of the package..."

Yet, you go on and express:

Int:	"...I think if I had to work in a place where I was only allowed for six sessions for a client, I don't think I would want to do it."
Int:	"...So when I am qualified I wouldn't like to think that that's how I'd have to be..."
Int:	"...I think when I'm a qualified counsellor I would prefer things differently, but I don't know..."
Int:	"...that people who I work with understand what I do and why it is done..."

when surmising that they do not.

It feels like you are saying that it is "this way" at the moment, but in the future it is "this way" and you would not want to continue with counselling in primary care if this were not the case. I find it very interesting, being a fairly new counsellor to the context of primary care that (1) you have, what seems to be, a clear picture of what your future of counselling in primary care would need to look like for you to continue and (2) how many of the current contexts of counselling in primary care are almost the antithesis of this picture. I find it interesting to hear such "acceptance" of "the system" with respect to the present contexts of counselling in primary care in conjunction with what seem to be opposite requirements for future contexts in counselling in primary care.

I am wondering how much of the past nurse in you plays a part in this present acceptance and distancing of demands to future contexts. Your reaction to the situation of counselling in primary care feels like a complicated mix of genuine

acceptance and tutored resignation. It feels like such reaction has been brought on by existing in a culture, nursing, whose history dictates the necessity of relocating demands and expectations to the future and resigning oneself to present day to day responsibilities to both patient and physician.

Interaction between past and present roles

You made the comment that you felt you were not just putting on another hat or role doing counselling, that it was much more than that. Within counselling you could be more you in role:

> Int: "...I don't think I put the counselling role on like I have with other roles that I have played...And I think perhaps why I feel very comfortable with counselling, because I can be more me..."

As much as this sense of being "more me" came across in the interview, I still sensed how much previous roles, such as nurse, had become much more than roles. It felt like "nurse" was part of what it meant to be "more me" invited or uninvited, conscious or unconscious, as expressed above.

It feels like the past role of nurse has become "me", for it was a past "me". The "me" then attracted the role of nurse and the "me" now became too big for roles and hence attracted counselling into your life. What pointed this out was your view of the strength and enormity of the hierarchy within primary care:

> Int: "And the doctors are going to be so reluctant to let go of this power. You've got to expect that.I think, you don't have to think it, but I think that they have had the power for so long, are they ever going to, you know give that up."

In addition to your view of the future of counselling in primary care:

Int:	"I would like to see that the counsellor is as important a part of primary care as, shall I say, the dietician."

Considering how much it feels as though your past nursing role has influenced your perspective of the future of primary care and the existing position of the GP as almost concrete, it seems important to contemplate how much it possibly influences your counselling. It also seems important to contemplate how much the past role of nurse could play a part in what seems to be an established dividing line between the now and the yet to come. This brings us to the third theme.

Interaction between acceptance and contentment

Int:	"...It's not what I really want, but I'll accept it."
Int:	"...But at the moment I am really happy, and yeah, you used the work contentment, am I content, and I am.I think it's great."

I find it difficult to understand the expression of, what feels like resigned acceptance, in addition with the expression of unrestrained happiness. It feels confusing. Again, is it the culture of nursing which enables the compatibility of these two perspectives? As someone who has not trained or practised as a nurse I find it difficult to have the two co-exist within me. I fully acknowledge that past or present roles could have nothing to do with it. It could be an issue much deeper in the self and the interaction between the self and the "roles" in which we exist, or which exist in us. It could also be being happy with accepting the current situation, yet it feels like having been a nurse has some responsibility for this perspective.

Tension between outside and inside the counselling room/experience

You comment that moving the furniture is important, setting the room up and indeed having the same room is important in your eyes:

Int:	"...I get the same room every time, and I like that..."
Int:	"...And I always sort of move the big doctor's chair out of the way anyway, and I always go early so I try to rearrange the chairs and make it a more user friendly setting...I get rid of the big doctor's chair...Again, whether that makes a difference to the client...but I always do that...And I sort of move the desk and the paraphernalia and the blood pressure machine so that it's less like a doctor's room...

Yet state

Int:	"...once the door is closed, and they are in the counselling area, not necessarily...It's just the reason for them being there is different...the needs are the same..."

It seem that although the client needs may be the same in certain respects, the counsellor's (and possibly the client's) needs are a bit different in light of the above comments about the setting. It also feels like the setting needs could influence the delivery of other needs such as the possibility of "trying harder" as counsellor as a reaction to the physical surroundings:

Int:	"...using more challenging skills..."

Or amplifying existing ways of practice, such as "tentativeness" as a way to accommodate for the strong, suggestive physical surroundings?

Int:	"I very very tentatively...very very tentatively...helped a couple of clients put pen to paper..."
Int:	"I have done the terrible thing of suggesting a metaphor..."

Tension between gratitude and present/future expectations

Taking me full circle, it seems important to mention that the tension between present situation/circumstance and future expectation seems to be dealt with and possibly calmed to some extent with gratitude and an overwhelming feeling of thankfulness,

which seemed to ignite a frustration within me. I have not come across such "thankfulness" in my discussion with counsellors in primary care. It is more often a feeling of discontent and being taken-for-granted.

Int:	"But they don't object to me seeing their clients, which is amazing really, isn't it...that I'm being given the opportunity to do things with their patients..."
Int:	"...I'm very grateful perhaps that sounds a bit strong pleased very grateful that they've given me the opportunity to have a placement there, to be able to develop my work..."

I have been left wondering, again, how much of this stems from your past experience in nursing? How much of this stems from you being new, and uninitiated? Does one have to earn the right to be disgruntled, and discontented?

It felt like it was very important to you for me to know and understand that you were happy and grateful for being given the opportunity to counsel within primary care and that you were maintaining a humble respectful attitude. At times the conveyance of this sentiment seemed a bit strange to me, perhaps like I was missing something. Perhaps I was not realising how I was influencing you within the interview, or had influenced you prior to the interview? Maybe this message was something to do with me not maintaining enough objectivity or distance? Speculation aside, it feels important and worthy to note within this summary.

Post Summary Dialogue between Researcher and Interviewee

This particular Interviewee seemed to use the interview and reading the interview process very much to her advantage. Reading the transcript seemed to bring her closer to herself. I think in some ways it surprised her. She comments that the transcript "highlighted my particular hobby horse...I didn't realise how I felt about it". She

seemed to be educated as to the "strength of feeling about what I've been saying". The transcript seems to have got her questioning and thinking about how she has looked and reacted to things. She seemed to suggest that it was a positive experience for her.

She was very worried about "waffling".

> ...how I waffled when I didn't understand, why didn't I stop to ask.
>
> I sometimes felt a little uncomfortable when I was obviously waffling – it must have been very irritating for you.

I didn't see it this way. I saw my attempts as a bit waffling and confusing. I was grateful for her participation and interest. It is interesting that she thought she came across as opinionated. I don't recall that as being something she came across as. I would have said accepting and "go with the flow" rather than opinionated. I find it interesting how she surprised herself in the interview. She seems surprised at how she came across.

I find it annoying when she talks about trainees and how they have fewer "rights" than fully qualified primary care counsellors.

> I think it's to do with my perception of myself as trainee with few 'rights' compared to when I am fully qualified.

I don't really see this dichotomy of "rights". I never thought of having to earn "rights".

There are a few places where I have obviously confused the Interviewee, in both the interview and my summary. This brings me back to Interviewee Two's muddled inside brought out.

Interviewee Three states that

> I find it interesting how you have analysed this and it concerns me somewhat...

I don't like to think that I caused the Interviewee concern. I suppose this is me once again being parental about the whole thing. I am trying to take responsibility for other people's emotions.

From reading the comments given by Interviewee Three I think I have indeed caused her to ask some questions of herself and her situation, whether or not they were originally directed at me.

> ...perhaps it's naivety in the situation – or am I easily satisfied. – could that be to do with my age and experience.

At the end of the interview summary the Interviewee has written:

> I am beginning to feel quite defensive here and I feel I am having to explain myself...

I feel quite sensitive having caused this type of reaction. I don't like to think that I have made someone feel defensive. But, in some ways I feel good that at least they felt something about the whole process.

I am aware that these statements are indeed taken out of context.

I feel a bit strange with her last comment of "I hope this is what you wanted.". I feel a bit like a tax collector here, taking things from unsuspecting people. In some ways I could have been seen to have done something for here in that I gave her the opportunity to re-establish her views and values through reacting to my own

interpretation of her views and values and responses. Can "reaction" be seen to be an opportunity?

Process Knowledge Accumulated

It is interesting to note some of the same issues such as power hierarchies, the significance of childhood, and the issues of professional title coming into the interview conversation. Some, such as the title issue I raised, but others seemed to be the offering of the Interviewee. As well as similarities in content offered by the interview in comparison to that offered by Interviewee Two, there were also similarities in how they presented themselves.

They both checked to see if the information they were offering was the type of information that I was looking for. They were concerned as to whether or not they were giving me the information that I wanted. It was difficult to get across to them that whatever they offered me was welcomed and valuable.

At times I felt it was quite challenging dealing with the degree of acceptance she held for the context of primary care and, what I consider to be, short comings and difficulties. This challenge seems to show itself in the difference in language we both used, as illustrated in the following

MB	It's the identity crisis.
Int.	It's the identity question.

Content Knowledge Accumulated

With respect to content, I feel I identified with her more than the last two interviewees, especially on the level of experience we both had accumulated with respect to practice hours. With respect to extrapolations about the issues of

counselling in primary care this interview highlighted a perceived reluctance in GPs to share power. It also highlighted the difference in attitude between a seasoned counsellor within primary care (interview one, interview two) and a counsellor who was relatively new to the field. There was much more acceptance in her attitude than the attitudes the other interviewees held. She was more understanding, whereas the other two interviewees seemed unafraid to challenge the context and suggest the need for change.

Interview Four

Self of Researcher Before Interview

I felt quite nervous entering this interview. This was a busy GP and I was interviewing him in his busy practice. I was feeling very much like I feel when I go to the doctor as a patient. I wanted to come across organised, directed, and illustrate that I was not there to waste his time, and that I respect his time. It was a difficult mix of feelings. Why should I feel more stressed and grateful for a busy GPs time than a busy counsellor's time? This was the situation I found myself in.

Self of Researcher After Interview

I felt content with the interview in terms of both content and process. I think I went about it in a more directive and challenging manner though. The feelings that I entered the interview with seemed to influence my behaviour in that I was more active and forward in my interviewing. Counter to what would seem logically, taking into account my feelings of being a patient, I was challenging and possibly a bit more robust in my questioning. Interestingly enough I seemed to connect quite well with this particular Interviewee, or at least I felt I did. In places in the transcript we actually finish each other's sentences. This was a degree of connectedness that I hadn't really

experienced as yet. It seemed odd that I should experience it with the one Interviewee I had initially ear-marked as the "villain".

Researcher's Reflections on Interviewee

Throughout the interview, the Interviewee seemed quite relaxed, forth-coming, patient, and easy to engage in conversation. The Interviewee was quick to engage with the questions or topics I presented. Aside from some unexpected interruptions from staff, and a pause in the interview in which the Interviewee attended some matter within the surgery, the interview went quite well. I wonder how understanding and forgiving I would have been if this happened with a counsellor? I have noticed definite differences in the way I interact and respond to GPs in comparison to counsellors. Where does this come from? The action and reaction within the interview was still a manifestation of my self-construct.

Summary of Interview Transcript

As I read and re-read the interview I was struck by seven major tensions or themes or even relationships, if you would prefer. They are distinct yet related in my eyes. They are as follows:

1. Being a counsellor and doing counselling
1. Motivation to counsel and the "wounded healer"
2. Individualism and labelling/pigeonholing
2. Patient as unique and prescribed counselling approach
3. Patient as unique
3. Freedom and Structure
4. Managing complexity
4. Journey and Destination
5. Support/Challenge, and Diagnosis
5. Continuum and Diagnostic Language
6. Healing Physician and Empowering Counsellor

6. Context, Perspective and Perception
7. Mental Dynamism and Physical Dynamism

Being Counsellor and Doing Counselling

I find it interesting that you never called yourself a counsellor yet conducted yourself as one. You talked about having a personal motivation for doing counselling. You describe a group of counsellors as "bloody bonkers". I suppose I find myself wondering how much of this move to not expressly identify yourself as a counsellor in those lunchtime sessions was a reluctance to identify yourself with the "bloody bonkers". The personal need to counsel, in conjunction with the reality of requiring a counsellor , needed to be responded to, although there seems to have been a reluctance to fully identify oneself with the culture of counselling, whatever that meant at the time.

I fully realise that there are myriad of ways to explain this situation and that the ultimate explanation lies within you. What I do know is that the fact that you counselled people yet did not refer to yourself as counsellor caught my attention when I read the interview. I find this interesting in light of the tensions highlighted below.

Individualism and labelling

On a number of occasions in the interview you strongly expressed a discomfort with the culture of labels and labelling:

Int:	I'm me, I'm not a profession
Int:	But I see people as people, not as professions, not as activities or anything else

It feels like taking each person as an individual is very important to you and is integral to how you would like to respond to your patients. Yet you speak about your patients

using generalising terms such as "cohort of people" (1085-1088) and seem to suggest that within primary care there is a type of counselling patient who needs a type of counselling approach .

You talk about "...the idea of focusing and having direction" being "...something that we (doctors, medicine) can offer some counsellors at the extreme end.". Along with your comments on "never-ending therapy" it feels like you are indirectly stating what you think is good counselling and what you think is bad counselling. It feels like you have established in your own mind what type of counselling you feel is appropriate within primary care.

We talked about where this dislike of "labelling" started. You mentioned that your father was a headmaster . You expressed a discomfort with

Int. .being pigeonholed myself I guess.

Yet you seem to "pigeonhole" the child that is abused as potential abuser (1311-1313). Does this not echo the very thing that you were, and still are (as you suggested) attempting to push against, the whole idea of prescribed behaviour, the power of the assumption?

I find myself wondering how much the above tension between individualism and labelling is the philosophy depicted in action? In addition to this, I wonder whether the above tension is an example of the tension between personal philosophy and cultural reality ?

Freedom and Structure

You were very clear about your preference for what I suggested as "organised chaos" :

MB: There's no safety, there's just vulnerability.

Int: Absolutely. Yeah.That would drive me nuts. I couldn't take that.

and

Int: .freedom only comes if you are certain of a certain amount of structure.

This philosophy seems to be linked to the preferences of "managed complexity" you expressed in :

Int: I think sometimes we make problems which are quite simple complex. We as therapists, doctors, counsellors, whatever... We kind of make it complex, when actually it is terribly simple, and that's one of the strengths of at least two of my partners, is that they will simplify simple things. Actually that's wonderful... refreshing.

Int: Their simplicity is that they will say, yes, it is multifactorial, yes it is complex, let's explore how it can be managed. So they haven't done all that complex stuff.

I find myself wondering how much this tension has influenced, or possibly been generated by the counselling work you have done or experienced. The idea of "managed complexity" seems very directive and authoritative. "Managed complexity" seems much more "physician as healer" as opposed to "counsellor as empowerer".

Journey and Destination

In the interview you pointed out that you consider responsible counselling to be that in which an established goal or destination has been, or is being, established :

Int: .the journey is more important than the destination, but there does have to be a destination in my mind. I mean, that's how I am.

You also expressed the need for evidence of change in positive counselling therapy.

It feels very much like the tension between structure and freedom is closely related to your preference to not contend with, respond to, or join in with the journey of counselling therapy that is lacking destination, goal, or plausible change.

You comment on the need for balance between journey and destination, that both are equally important and need attention. I wonder how much this balancing act is related to the one you had to manage when you were the supportive and challenging "counsellor" as well as the "diagnosing gatekeeper"?

Continuum and Diagnostic Language

You recognised and acknowledged the broad spectrum of opinions and perspectives that exist within the issue of counselling in primary care in addition to the broad spectrum of practices, and diversity within GP practices . I find it interesting to hold this degree of sensitivity next to the labels of shorthand you may find yourself using on a day to day basis. This feels similar to the relationship I suggested above: the counsellor and the gatekeeper.

Continuums can have plenty of room for diversity and phenomena. (I recognise how strange "having room for phenomena" must sound.). This is the type of space a sensitive counsellor can offer her/his client. Diagnostic language and diagnosis could be about finding answers, making the complex simple, and can suggest the goal of "healing".

Context, Perspective and Perception

On a number of occasions throughout the interview the issue of the importance of context came up. It became obvious that, reiterated by you context plays a major role in what type of action is taken. I feel that the emphasis should be put on perception and perspective as opposed to context. I feel it is the perspective one assumes when

looking at the context, as well as how one perceives the context which dictates the type of action that is taken.

The tensions between journey and destination, freedom and structure, and support/challenge and diagnosis seem to figure prominently within the interview. These tensions seem to highlight that being a doctor who counsels (I realise that you no longer counsel, I am speaking in reference to the past), is a unique perspective/position in comparison to being a counsellor who counsels. They are two different people, each possessing a unique cultural package.

When you spoke about "getting to the heart of the matter" and "making the simple complex" the importance of perspective and perception became evident to me. You talked about how you admired your colleagues' ability to make the complex simple or to manage the complex. When reading the interview I found myself taking somewhat of an opposing perspective. I did not think it was a very admirable ability, reducing the complex presenting problem to something simple. It sounded, from my perspective, like it was an exercise in authority and power. It sounded very much like the doctor taking the powerful role of "healer".

It was my differing perception/perspective to the presented contexts that suggested to me that the importance of context may be subservient to the importance of the individual within the context.

Mental Dynamism and Physical Dynamism

You talk about a "never ending process of therapy." and suggest that it is this type of arrangement that brings counselling into disrepute. I am wondering why the idea of long term counselling is, or should be different to the continual relationship a patient could have with a GP or physical therapist of some kind? Is it not a bit cynical to

assume that all long-term therapy is irresponsible and taking advantage of the client? I am not suggesting the medicalising of emotions or life issues etc. I am merely questioning why there is such suspicion over long term counselling or psychotherapy?

The bodies continual change and evolution is more or less realised by society. Sometimes people need long-term physical therapy. Other times a short course of antibiotics and bed rest addresses the issue. This is speaking simply. I am interested, fully appreciating the present limitations (both economic and philosophical) of the NHS, why the mind and emotions do not deserve the same type of respect?

Post Summary Dialogue between Researcher and Interviewee

It is interesting the emphasis put on context and the power of context on the behaviour of the individual. Specifically he emphasised something I said

> Int: Maybe the intuition is there in people who pursue, or the willingness, to make the connection, whereas the culture, the context doesn't allow the GP to make that connection consciously...

Towards the end of the interview I brought up some specific questions. I think this was precipitated by my nervousness interviewing a very busy GP. I felt compelled to come across in a competent manner. I think I was a bit defensive throughout the interview.

He emphasised a need to be more coherent in the future, which is in close keeping with the other interviewees. I wonder if this "coherence" thing is an influence that I have on people. Maybe my "incoherence" bred the same in the way they spoke and communicated. Mind you I never thought they were coming across in an incoherent manner.

The Interviewee raised a good point about congruence and respect being co-joint influences.

The Interviewee's clarifications seem to be less controversial than what was said in the interview. Perhaps it was a mix of me dealing with some really strong assumptions about GPs understanding counselling. Perhaps it was me trying to deal with some strong feelings about what counselling is and should be, while trying to listen and converse openly with this Interviewee?

There is a feeling of being reigned in after reading his comments to my summary. There is a real balancing act going on. It is a balance between his point of view and perspective and my interpretation of that point of view and perspective.

The Interviewee comments that "It is impossible to communicate without any broad brush descriptions – I simply recognise the continuum of disease and practitioner." (from summary). I find myself half wondering whether it needs to be this way, and half thinking how true that statement is.

I feel a bit sad about one of the last things the Interviewee said

> The summary is in places quite interpretative – your feelings/interpretation of my words rather than a reflection of me.

This "interpretation of my words rather than a reflection of me" makes me feel bad. I talk so much about being holistic and taking the individual as a whole and not just a label or career yet maybe I am guilty of allowing a label (GP) to influence my interpretation of the words. The nature of this comment has to do with how effectively I used my operationalised sense of self and more importantly, how I maintained respect and awareness of the importance of his integrity and sensitive representation.

This point represents the delicate balance between the use of the operationalised sense of self to connect and represent the sense of self of the Interviewee, and the operationalised sense of self being about the exercising of perspective and bias.

It is a delicate balance between the use of the self to facilitate the revelation and understanding of what is researched, in this case the particular interviewees and their unique contexts, and the use of the Interviewee as a mechanism with which the researcher indulges the bias and specific perspective of their own sense of self. This is an important issue with respect to the issue of validity within this thesis fieldwork and will be addressed once again outside of the fieldwork section.

Another way to look at it would be that yes, this interpretation is just that, one of words and nothing more. I don't have much more to go on, aside from how I received the Interviewee in the interview proper, aside from the pseudo-communication or unspoken communication that I felt going on between us during the interview. That too is my interpretation, which most probably is tainted by my assumptions and feelings towards the medical profession with respect to counselling, and specifically my philosophy.

I am surprised to a certain extent that my approach and interview conducting/responses did not generate more defensiveness. Part of me expected more defensiveness and anger at my presentation of a summary of the interview. Yet this was not really the case. It seems that the interviewees, so far, liked the opportunity and might have actually benefited from commenting on the transcription and my summary of the transcript.

Process Knowledge Accumulated

As suggested in some of my reflections prior to the interview, in comparison to the last three interviews my questions seemed more articulate and confident. I seemed to be more inclined to challenge the Interviewee's views and responses. Whether I have noticed this challenging due the extent to which it was counter to what I had anticipated, or that the notion of challenging a GP is something difficult for me to grasp, is something to think about. Although my questioning did seem more challenging this did not seem to prevent the establishment of connection between myself and the Interviewee.

The Interviewee also seemed to bring up issues that were raised by previous interviewees, such as the wounded healer used by Interviewee Two, the notion of the heartsink patient which interview one discussed, and the issue of "the ivory tower" which interview two referred to as well.

Content Knowledge Accumulated

As raised in the process section, the Interviewee did raise a number of issues and use language that had been used by previous interviewees. It was interesting how the issue of childhood seemed important in both Interviewee Two and Four's journey into the field of GP medicine. This Interviewee also reframed the issue of the ivory tower, referred to by Interviewee Two, to encompass both GPs and counsellors. Suggested was the authority of the healer, again an issue from Interviewee Two, as something germane to both GP and counsellors.

The Interviewee suggested that "...freedom only comes if you'about actually certain of a certain amount of structure.". A relationship between control and freedom that I suppose I anticipated and realise as common to both GPs and counsellors. GPs have

both physical setting attributes, such as office set up and appointment length to bound their freedom to conduct themselves as a GP. They also have a clear mandate from society as well. Counsellors have boundaries they often establish with their clients. They have time boundaries as well. There are similarities between this relationship as held by the GP and the relationship as held by the counsellor. It is interesting comparing this point with the one raised by Interviewee Two about the necessity of boundaries for creativity.

Another interesting point raised by the Interviewee was that GPs often search for self-awareness outside of the field of medicine such as counselling. The context of GP medicine, or primary care does not really allow for such self awareness, or self-development, whereas counsellors often seek and find such self-awareness, and development in what they do, in their day to day practice, as well as through the supervision they receive.

An interesting point raised by this Interviewee, among others, what that in contrast to the vast array of effectiveness studies conducted to assess counselling and counsellors, nowhere in the literature is there a study which does the same with GPs and the different ways GPs approach their patients.

Interview Five

Self of Researcher Before Interview

This one being the fifth interview, I was gradually feeling less nervous and more positive anticipation. I was still battling, in a matter of speaking, against the feeling that I needed to come across a certain way, professional, experienced, and articulate. I needed to possibly 'impress' the Interviewee. Perhaps I was also battling an attitude of superiority, of hierarchy.

Self of Researcher After Interview

I left the interview feeling uncomfortable in that I felt I had taken too much control in running the interview. I think this is illustrative of my desire to come across both experienced and professional. I feel I may have overcompensated in a way. I wanted to make a good impression so much I ended up coming across too in control, too professional to facilitate a really comfortable free exchange of perspectives and views. I think the fact that the interview was conducted in the Interviewee's home I compensated to an even greater degree. I felt I needed to express my professionalism, and degree of control to an even greater degree, perhaps because I felt like I was not in control.

Researcher's Reflections on Interviewee

I found her to be very amenable and conversive. She was easy to engage in the interview. There was an element of a matter of fact about the Interviewee. She also seemed to have an expectation of the process.

Summary of Interview Transcript

Accommodating and Flexible Counsellors In Primary Care

As you talked about your work at the two general practices, I began to think of just how flexible and accommodating you as a counsellor in general practice seem to need to be for the reasons outlined in the suggested lines as well as being aware and accommodating to the different personalities and styles of the GPs that employ you.

Int:	It depends. The doctors all vary. And sometimes you get a couple of lines and sometimes you get a whole page of A4, you know, so you can't really say. There's no standard thing. It's whatever the doctors want to tell you.

It is interesting to compare the extent of accommodation and flexibility shown towards General Practitioners and Primary Care Staff by you as a counsellor to that exhibited by General Practitioners and Primary Care Staff towards you.

> Int: It's this cost effective business, and this is what the practice manager said. She said ...It's a long time since she said it to me, but we have to make sure that people like you, I don't know what they call them, extra people, you know, are cost effective, because we have to prove to the auditors this is what she actually said...that people are cost effective.

The Power of the Context in Which Counsellors in Primary Care Exist

Along with just how accommodating and flexible you seem to have to be I was struck by how significant the context in which you counsel is to how you counsel and what type of counsellor you are

> Int: I think it's mainly to do with me evolving, but I do think this pressure to limit the number of sessions, I am more conscious that we've got to kind of produce a result, if you like, get the patient better, you know to some extent. So maybe I'm a bit more goal focused in the one day place...Only a bit. I mean, I tend to be me, anyway, but with that pressure, you know, you feel as if you are kind of working towards something with a bit more kind of rigour, if you like...But I'm conscious that that sort of set up of getting through in a certain number of sessions has put a bit of constraint on me..."

I realise from our conversation how the context has influence over the GPs practice as well . Yet, I am also aware of how much more a GP is able to manipulate the context in which they work . Whereas you as a counsellor must function in a way in which you blend with expectations of cost effectiveness, limited sessions (as suggested in the above transcript lines) as well as in the following:

> Int: So since I've had patients from her since she said that, I've been quite careful to be a little bit more, you know...I don't want to say pushing, but to say to people, well, you know...If they say to me, do you think I should come back, you see, as people do, clients do, I might say, well I think it would be a good idea...Bearing in mind what this doctor said to me.

I also found it interesting to compare how the context of primary care influences the counsellor outside of the counselling relationship with how the context of primary care influences the counsellor inside the counselling relationship. The context of primary care seems to encourage you to be more aware of "healing" and the consistent movement of the client population in and out of your office, very much like the GP in some ways . With respect to you outside of the counselling relationship, primary care seems to encourage a heightened sensitivity to an unspoken hierarchy (as suggested above).

Competition within the Field of Counselling in Primary Care

I found it interesting to hear you talk about the number of people who were waiting in the side lines to snap up vacant counselling in primary care positions . I didn't realise there was such a limited number of counselling in primary care positions. I was under the impression that it was an expanding field of counselling. I am wondering whether or not your reluctance to have fellow counsellors within the practices you work has anything to do with this issue?

Answerable To Someone Yet Working Alone

In relation to not wanting to counsel in a primary care practice with more than one counsellor, I am wondering how you reconcile wanting this as well as supporting the idea of "being answerable to somebody"?

Int: But the idea that you are answerable to somebody for your performance.

Hierarchy of Accepted Behaviour

I am aware of a hierarchy in terms of accepted behaviour. It seems like GPs can get away with a lot more eccentricities than counsellors working in primary care. I am

thinking of the "brusque" doctor you talked about in light of how carefully you feel you need to tread when working within the primary care setting.

> Int: ...it influences me to some extent. I mean, you know, I...If I was sort of bolshy with people, or rude, or always said exactly what I thought when I'm feeling annoyed, then I don't think that would be sensible. It wouldn't do me any good...So I think that I have to, to some extent...I mean, you have to be a bit careful of what I say...

This seems to come across to me as a "double standard". There are a wide variety of constraints a counsellor in primary care seems to have to exist within, yet GPs are constrained only to the extent of gross misconduct. Within the primary care team there seems to be an unlimited tolerance for the "eccentric" GP yet little for the "eccentric" counsellor, for they are ultimately "optional extras".

It is very possible that I am sounding far too dramatic in this analysis. I am aware of my tendency to place the GP and the counsellor at opposite ends of a continuum. Yet, this tendency aside, I am left with an overwhelming sensation of a "double standard" or "hierarchy" to varying degrees within the two primary care practices you are associated with. Dare I say that this is not an uncommon scenario?

Issue of Rights

I am aware of your feelings about questioning a doctor.

> Int: I wouldn't go against what a doctor would say, because I don't think its right to do that.

I am also aware of how this is not a mutual code of behaviour. I am thinking about the physician who questioned your practice . I am wondering if this is difficult to contend with or even something you are aware of, or see as significant?

Post Summary Dialogue between Researcher and Interviewee

The transcript acted or was took as a mirror by the Interviewee. She was embarrassed by what she read. She seems very critical of herself in reading the transcript. She felt embarrassed about forgetting a question.

She took it upon herself to "correct" the transcript. It was interesting that she could remember to such an extent. She picked up on using a lot of "sort of". She also picked it up when I used it. I'm not sure why this was so important to her. She was also worried about the clarity of the transcript, correcting it and questioning it on a number of occasions.

It is interesting about how the interviewer felt about my use of "wow". She suggested it might be a cultural issue to really read the transcript carefully. I'm not sure the other interviewees read it the same way. She suggests she might have been "...on the defensive.".

This transcript was a good example of just how incomplete and problematic transcripts can be. Yet there was a real reluctance from people when I suggested they listen to the tape. Reading a transcript seemed much more acceptable. Perhaps the idea of hearing themselves on tape seemed too intimate to the Interviewee. There was discomfort with the idea. Perhaps reading the interview seemed safer, more at arm's length.

What strikes me is the huge differences in the reactions I have accumulated from the interviewees. It is interesting but challenging in dealing with each different reaction. Some reactions, some of this Interviewee's in particular seem very defensive. She suggested I used too much jargon and therefore she didn't understand and therefore

she felt deskilled. I was being a bit cryptic talking about the presence of another in the room. The Interviewee also suggests she felt inadequate in her response to a question due to my response to her response.

This Interviewee liked me introducing my own experiences. She felt a tension between what she states as "your attempts at impartiality and your desire to get involved in the interview and express your own views.". I definitely felt this tension and still do. I think I also felt more comfortable when I got involved and offered my own stuff too. She felt more comfortable and found the interview process more "enjoyable" when I got more involved.

On the cover letter I included (I included the same cover letter in all the packages, except the very first few) I mention that "A core issue of this Ph.D. is the degree to which the self of the researcher inhabits the research process.". This particular Interviewee questioned whether or not the word inhabits was a typo and should have been inhibits. This has got me thinking. Maybe my self, being authentic has inhibited the research process? It has certainly influenced the process as well as changed its location. The process of research is what takes place between the researcher and the researched, or the Interviewee in this case. In the case of researching with a sense of self, the process of researching is a relationship between the researcher and the researched.

She seemed to think it was a fair analysis of the transcript. She reiterated that she liked it when I became involved in the interview and it turned to more of a **dialogue** rather than a monologue.

When I spoke of the imbalance between GP and counsellor this seemed to really touch a chord with her. She commented that it had always been something she had accepted in working in that setting (from reflective notes).

She suggested that the interview analysis might have motivated her to challenge her feeling of "awe" towards GPs (from analysis).

In relation to being answerable to someone in primary care, two people being the GP and other counsellors. She commented that "I fear being compared with other counsellors and being found inadequate. That I know shows a weakness in me." (from analysis).

She comments on the low status that counsellors have within primary care, especially those who are hired on a voluntary basis (from analysis). This seemed a very important and emotional issue to her. She commented on not having a contract at all for two or three years.

She states that "I have been challenged to think more carefully about my motivation to counsel. I also find myself quite annoyed about the imbalance between GPs and counsellors, which I have mainly accepted as being the price to pay for continued employment." (from field note section attached to analysis).

Process Knowledge Accumulated

There were two things that I carried away with me in terms of the process of this interview. One is that I would not meet in an Interviewee's home again. It felt too uncomfortable. It is strange to suggest this considering I want to facilitate the authenticity of the Interviewee. The second was how important it is for me to be clear

in my questions. I think this Interviewee had a difficult time, especially when I introduced the notion of a third presence in the counselling setting.

Content Knowledge Accumulated

Upon reflecting on the interview it was amazing to see the degree of information that I brought into the interview which I had accumulated from previous interviews. I would say, upon reflection that the inclusion of this information was not pre-planned, or intentional. It seemed appropriate to what the Interviewee was offering. It could also have been to do with the nature of how I received what the Interviewee offered. Examples of this bringing up the "authority of the healer" raised by Interviewee Two, the "wounded healer" brought up in Interview One and Two, the power hierarchy issue touched on in Interview One and the effectiveness of the GP. There was a definite carry over from other interviews into this one. This Interviewee also commented on how working with GPs actually demystifies them that was also expressed by Interviewee One. I intended to enter each interview without assumption or preconceived ideas although the above seems to illustrate how unsuccessful, or perhaps naïve that assumption was.

Interview Six

Self of Researcher Before Interview

Aside from feeling a bit intimidated by the image I held in my mind about the individual I was to interview, I approached this interview with anticipation and a clear mind. Although in saying this, especially considering the reflections gleaned from the prior interview processes, I was most likely bringing much more into the process than I realised.

Self of Researcher After Interview

There was some friction between the Interviewee's perspective and my perspective. The Interviewee held a very practical approach to the issue of counselling in primary care, it was very realistic and practical. It felt like a more academic or theoretical approach to the issue was idealistic and inappropriate, essentially not very useful. This was difficult to contend with in the interview. The Interviewee was reluctant to engage in theoretical conversation apart from dismissing it as idealism. It felt difficult, considering how important theory is to me and this thesis to not feel offended or dismissed.

Reflection on Interviewee after the Interview

It was interesting to find this Interviewee sympathetic and understanding of the context of primary care. I anticipated more idealism in this particular Interviewee's perspective. What I encountered was a much more practical, realistic, and grounded perspective.

Summary of Interview Transcript

It is at this point that I would like to proceed with listing a few major themes that seemed to present themselves in my analysis process.

The Idealism of Academia in contrast to the Practicality of Counselling In Primary Care

You talked about the world not being ideal with an acceptance that I envy.

Int:	So, you know, there are a lot of practical considerations in there, in an ideal world we might do things differently, but it's not an ideal world and you have to make the most of whatever resources you've got.

Int:	...it's not an ideal world, you know, and at the end of the day, you have to think about well, you know, we tried doing our best to provide this service for the people that need it. It's not an ideal world...

I find myself wondering whether I live in an academic bubble that encourages idealism? I recognise the detriment that idealism could pose to you.

Int:	...in a lot of senses, I am a very idealistic person, and that's something that I guess I've had to work on myself, to make things happen for me in a lot of ways, because otherwise I would still be sat at home thinking, well that's a good idea but, you know, this, this and this is going to get in the way and I can't do it because that's not right...

Personally I fear losing my idealism to practicality and thinking which is grounded in reality, yet I see how inappropriate this approach is to people like you working with the day to day practical issues of offering a service. In light of the sentiments you expressed throughout the conversation my idealism seems inappropriate.

Int:	...I think that if you had somebody who was very idealistic about counselling, they would find it very difficult to work in the health service.

With respect to doing a Ph.D. I would think that it would be the opposite. Without idealism I think a Ph.D. would be difficult, if not passionless. This, admittedly sounds cryptic, but there is something that the ability to exist within the ideal and idealistic offers that practicality and reality does not seem to allow for. What exactly this is, I am not sure.

You talked about being a counsellor in primary care in terms of compromise.

Int:	So, I think It's, to a certain extent, it's about how you are as a person and, you know, whether you can balance up what you might have to compromise on to get a service off the ground, you know, against your own ideals and, sometimes you do have to compromise on some things.

Again, with the risk of being too predictable, much of a Ph.D. is about the person doing it and the degree of compromise they can contemplate, and in the end, accommodate.

I think you summed up being a counsellor in primary care really well (and unknowingly doing a Ph.D.) with the following:

> Int: And, you know, you've got to be able to detach yourself and say, I'm doing the best job that I can, but it's never going to be perfect.

In some ways our conversation felt like a meeting of two very different, yet surprisingly similar, 'cultures'.

Empowered Clients and Empowered Researchers

You expressed how important it was to you to be a counsellor who empowers the client, rather than feed the "mystic of counselling" .

> Int: I firmly believe in work being client-led in terms of establishing what the client feels they need...
>
> Int: I firmly belief in empowering the client...clients to be able to manage their lives better themselves in the future so they don't, you know...

As I thought about this I started to realise a similarity between your desire as a counsellor and mine as a researcher. I would like to think of myself as a researcher who works towards the empowerment of the researcher. I would like to think that the work I was doing was encouraging researchers not to be reliant on static, established research paradigms (like clients being reliant on counsellors) but much more on themselves and their own inner dynamic paradigms as research tools.

Context

The notion of context seems important for a few reasons: (1) it seems to be very powerful in the reactions it instigates and (2) it seems to demand certain things such as acceptance and practicality.

Context as Powerful in terms of Our Reactions To It

When talking about the two practices in which you work you commented that the service you offer is very similar between the two practices, but the places are very different . What you offer may be very similar between the two practices on a structural/policy level, but I am wondering if there is the same continuity at a deeper level? I wonder whether the different reactions you have to the two practices have any ramifications on the service? For instance one practice is much more social and laid back, as I gather from your description, and the other is a male-dominated, patriarchal environment in which it is easy to become isolated and detached.

Int:	...it's a very male-orientated, male-dominated place, where, if you could quite easily sit in your room all day and never see anybody, any other member of staff. If people want to speak to you, they either write you a note or, you know, sometimes they might pick the telephone up. But if you didn't go and seek people out, you wouldn't...
Int:	Not a soul to this day has asked me, did I have a nice time, how was it or anything.

I suppose I wonder whether your reactions to the different practices set some pretext that influences the way you practice.

You talked about how you sometimes were 'pressured' into taking clients that weren't really within your boundaries. You commented on a feeling, not so much a direct request or push.

Int:	Nobody ever says, why can't you? But you know, you feel like, you kind of...Yeah once or twice...But that's the only kind of thing where I've ever felt that I've been...pressurised is too strong a word, but where...they kind of haven't taken my word for it...

I started to think about the context of Ph.D. research. There isn't so much of a direct push or expectation, there is a feeling, a sensation of having to research, and present your research in a particular way. There are definite parameters in which Ph.D. research must exist.

The Demands of Context

You seem to point out that the nature of counselling in primary care demands a certain amount of acceptance and practicality.

Int:	...that is the way the world works at the moment, and ...you know, again, can we find a way of, you know, or working with that, ...
Int:	...it's there, and people are benefiting, so isn't that better than not having the service at all, and then once you've set it up, then you can carry on working towards what you might consider to be a more ideal situation, but, you know, if you waited until the climate was ideal, then it would never happen because it's never going to happen.
Int:	...I kind of see myself as a kind of make it happen person, you know, and as being able to say, well, you know, we are doing the best that we can under the circumstances, and not getting too hung up on, you know, the fact that is isn't exactly how I might like it to be.
Int:	The only practical way forward and the only way of addressing any of those issues is to say, what can I do about them at the moment, and do something about the ones that I can do something about and, you know, put to one side and reconsider any that I can't...

In considering the demands of the context of counselling in primary care I began to think about the demands of the context of Ph.D. research and academia. Putting the difference I suggested about regarding idealism and practicality aside, I was amazed at the similarity. In many ways the context of Ph.D. research, from my own

experience, demands acceptance of 'conventions' and 'how things are done' as well as a certain amount of practicality in terms of 'getting it done' by swallowing the 'conventions' such as the use of inquiry paradigms and the importance of sacrificing individual understanding for the collective understanding.

Doing Counselling 'Right' and Doing A Ph.D. 'Right'

When you talked about your feelings about whether or not you were 'doing it right' I instantly identified with you, in terms of doing my Ph.D.

> Int: ...I use to feel very guilty about developing any other way of practising although it seemed like a lot of people needed this problem management approach, you know...it seemed to work but I needed to get this guilt about, its not proper counselling, you know.

I feel the same way about how I have been approaching this Ph.D. and having a feeling that 'this is not a proper Ph.D.'. Yet, as you pointed out with respect to clients, there are a number of practising counsellors who are searching for another way to do research and 'be a researcher'. There are a number of 'myths' that are serving less and less of a purpose and need to be challenged.

You expressed that you have some 'anti-establishment ideas' about counselling . With regards to doing my Ph.D. I too feel I have 'anti-establishment ideas'. Personally I find it difficult to avoid straying into the 'reactionary' camp, as opposed to 'just being who I find myself to be'. I find it difficult to balance defining myself with respect to what I am not rather than defining myself by what I do. In light of your practicality and grounded approach to actually doing counselling in primary care it feels as though you have been able to avoid this conundrum, or perhaps have rendered it irrelevant?

The Counsellor as Linguist and Cultural Ambassador

As you spoke about your work and dealings with GPs it seemed like much of what you did revolved around (1)interpretation and (2) building bridges between cultures or 'groups' (GPs, Patients, Counsellors).

As you spoke about reading the referral letters and 'interpreting' them, in addition to your identifying some GPs abilities to understand and hold an awareness of counselling:

> Int: And I can read those things between the lines now, and, you know, probably nine times out of ten I'm right, you know. When they say I think this person needs counselling, for example...
>
> Int: ...some people have that kind of awareness and some people don't...

The issue of language and language interpretation seemed relevant. The counsellor not only works as therapist but as linguist as well. I suppose you wouldn't consider this very different from what you do with a client. In some ways you need to be a linguist as well as a therapist with a client.

> Int: I guess I tend to apply the same principles to everything I do. So, you know, I guess it's going to be that way.

In addition to the language difference you expressed a seasoned understanding of the culture of the GP and the importance of briefing and educating your clients how to survive in such culture. I suppose this extends to yourself as well.

> Int: ...Because a lot of people have issues around, you know, dealing with doctors. They have...you know, a lot of older people, very much have them on a pedestal, or, you know, they are almost like God, you know, and they have great difficulty in challenging anything and going back...

Int:	I mean, I feel intimidated when I go to the doctors. I don't feel that I can get what I want out of it nine times out of ten, so how that is for somebody who doesn't have the experience that I have of working with them, and knows some of how to talk to them, it must be horrendous.
Int:	But if you keep chipping away, you know, gradually, then they develop more awareness, and gradually over a period of time they see what you have done with a particular person, not because you've told them, because the client's told them.

The Delicate Job of Interacting with Power

As you wisely pointed out:

Int:	...I guess we've got to be ready to defend what we believe in, but in a way that's going to be constructive, because I can't see the point of getting into, you know, kind of acrimonious situations about it, because it isn't going to get anybody anywhere,...

I was struck with the degree of sensitivity and understanding you seem to use when interacting with the GPs and the context in general apart from your following realisation:

Int:	...I guess as you said, they'about people in power, and there's an awful lot of power there, and it's not always wielded wisely.

I suppose I feel a bit guilty in that I have not been quite as gracious when entering the world of academia and Ph.D.'s, hopefully not entirely at my own expense. When you talked about 'counsellors breezing in there with all their ideals' I began to feel like I had been caught in the midst of a rather indecent act. I suppose the difference between the 'breezing counsellors' and my attempt at a Ph.D. is that I don't expect people to drop their own ideals for mine. I simply (and not so simply) want the opportunity to have and use my ideals, rather than adopt the ideals of others.

Counselling the Issue of Counselling in Primary Care

There is something in how you present yourself and exist within primary care in such an integrated manner that seems both wise and really difficult.

Int:	At the end of the day, what's the difference between doing that and working with a client. I mean, I'm only using the same skills...
Int:	I guess I tend to apply the same principles to everything I do. So, you know, I guess it's going to be that way.
Int:	...a lot of the things that you heard me say about counselling, I would apply to the rest of my life as well. That's who I am. I can't be any other way, you know. I have a philosophy of life, and that is the basis, probably, for how I work in counselling and how I do everything else as well.

I think I say this because it is something I am trying to do as a counsellor who is attempting to do research. I am trying to use the same philosophy that I would use and adhere to as a counsellor while in the role of researcher. Mind you, as you expressed what fuels you as a counsellor is not just a method of counselling but a life philosophy. Looking at counsellors in this light makes me think of them as very unique individuals, having such integration and continuity of philosophy.

First Impressions Never come Twice

When thinking about the impact your first experience of personal counselling had on you as a counsellor:

Int:	One of the things that I remember about when I went for counselling was that nobody asked me what I actually wanted out of it. Nobody told me anything about what it was or.you know, why I was there.and you know. Nobody asked me what I needed, what kind of help I needed, and the help I needed at the time was kind of two-fold.

I reflected on the significance my first experience of research had, and still has, on the type of research I try to do now. I find it interesting how powerful and significant a first experience or exposure to something can be.

Following on from that I find it interesting (regardless of how much impact our first experiences may have had) to contemplate just how much we continually evolve with each experience and new context which follows on from that. It is also interesting to contemplate change as both necessary and inevitable, welcomed and rejected.

> Int: ...It's inevitable, isn't it, that you'about going to change the way you practice because you get more knowledge, you get more information, you get more experience, so, you know, I guess that's inevitable. If I didn't see myself developing I would say there was something wrong anyway.
>
> Int: Well, I guess it grows and changes, but, you know, I don't feel like it's...I've had to change it, you know, because of what I'm doing. If I did, I don't think I would carry on doing it.

GP as Both Intimidating and Disappointing

I am unsure of the appropriate words as to what GPs are, although I felt it was interesting to note how on the one hand you experience intimidation interacting with the GP.

> Int: ...I mean, doctors, were like pretty much on a pedestal for me, you know. I work with these people now...I don't think it's done a lot for my opinion of medical people. I mean, I've learned a lot of things like medicine is not an exact science, which it is often portrayed as being.

On the other hand you experience something very different:

> Int: I mean, I feel intimidated when I go to the doctors. I don't feel that I can get what I want out of it nine times out of ten, so how that is for somebody who doesn't have the experience that I have of working with them, and knows some of how to talk to them, it must be horrendous.

I wonder how much of this can be explained by the fact that one the one hand we interact with the doctor as patient and on the other, as fellow professional?

Post Summary Dialogue between Researcher and Interviewee

The Interviewee did not respond in the required time. The dialogue did not occur. It was difficult considering how much time I had put into the summary. I was looking forward to continuing the dialogue between us that had been forged within the interview process. Not having the anticipated response, or check on my summary of the transcript initially left me feeling a sense of abandonment.

Process Knowledge Accumulated

There was a significant clash in perspectives within this interview. Idealism, in the eyes of this individual was difficult (p9 of transcript). She clearly defined herself as a "...make it happen person.". My perspective contrasted brightly with hers, although I am not sure whether I liked to admit that there was such a divide. I suppose my approach to researching which facilitates the congruence of the researcher was a way of addressing the divide between practice and research, among other things. This particular interview seemed to highlight the divide between research and practice to an even greater degree. The difficulties I had with the philosophy of hierarchy and power that I had accumulated from the other interviewees was not something this Interviewee had time to be angry about. Their time was spent thinking about how to deal with it, and more importantly, trying to empower the client and serve the client to the best of their ability within these circumstances.

Content Knowledge Accumulated

One of the most significant things I learned within this interview was how this particular individual used their skills to deal with the context and players within

primary care. They looked at themselves has having a distinct advantage in terms of their knowledge of how to deal and interact with people. The energy that can be associated with emotions such as anger and frustration seemed to be guarded. The over-riding response was acceptance and getting on and dealing with it, or working around things such as GP ignorance, or power hierarchies. There did not seem to be the time or the energy to devote to such things as anger, or frustration. The context demands assertiveness, suggested the Interviewee and the ability to defend, but not be acrimonious.

Interview Seven

Self of Researcher before Interview

I find myself at a loss for major reflections and insights. I am receptive, but am also aware of what I have experienced and the stories I have heard and encouraged out into the open. There has to date been some interesting moments of vulnerability that have been offered. Whether or not I have dealt with them the way that was to be anticipated is another issue. I am aware that I carry these stories with me. I have referred to phrases, view points and proffered facts, that, among other things, stitch these ten interviews together. There is a tension between past and present with the beginning of each new interview. There is also the tension between my expectations and the assumptions and expectations of the Interviewee. How these tensions resolve or compromise to exist is something I anticipate.

Self of Researcher after Interview

I left this interview feeling fulfilled and satisfied. There were many points at which I felt I connected with this Interviewee. I also found the manner in which he talked about things quite inspirational and optimistic.

Researcher's Reflections on the Interviewee

This Interviewee was forthcoming. He was very easy to engage in conversation. There was an optimistic energy about him. There was a spiritual energy about him as well, gathered from within references such as "...fatalistic destiny...".

Summary of Interview Transcript

It is at this point I would like to proceed with listing a few major themes that seemed to present themselves in my analysis process.

Counsellor as Educator

I was struck by the considerable amount of educating and re-educating you need to do in order to exist with the context of primary care.

Int:	So I had to work very hard to show what counselling was now, rather than somebody who did counselling but they were at the beck and call of the doctors.
Int:	They'd like forgotten we weren't paid by them we were independent. So therefore, to some extent, we could set the rules and defer. And we had our own guidelines as well, from the consortium, from the group...This is what we do, this is how we do it, and we work within these. And yet, we can be flexible as well, at our own discretion. So, it was like partly an education programme and partly hard work and just standing up and not being dictated to.
Int:	...a counsellor does not work in your house. A counsellor does not stay for fifteen minutes. What you might have is a CPN who uses counselling skills, but they'about not counsellors.
Int:	...the opportunity to educate this doctor was difficult because her conversations were on the move...

It almost seems that if you want to be a counsellor in primary care you have to be an educator as well. From our conversation it seems that there is really no position of counsellor in primary care, but rather counsellor/educator/market

advisor/manager/trouble shooter.... It must be difficult to avoid becoming overwhelmed by such an extended role, especially considering the 'extension' isn't really something about which you have much choice.

The Warrior Spirit

Through talking with a number of people involved in counselling in primary care I have come to realise that there are a number of 'styles' one can adopt in terms of how one exists and copes with the demanding context of primary care and GPs. From our conversation if feels very much like your style echoes that of a warrior. You may think this sounds a bit dramatic. I could not help but visualise a type of warrior every time you used the word "battle".

Int:	There was no continuity, so the doctors had this skewed idea of what counselling was, and yet I was coming in and saying, no, that's not it. This is it. This is how we do it. And initially we had this battle between what was and what is...And of course I was in the middle of getting a lot of flak.
Int:	Yeah. So we had practice meetings at one time...There's a terrible...it isn't so much now, but initially for the first year, there was a terrible battle for control going on between the doctors and ourselves.
Int:	Because not only was it the doctors we were having a battle with, but the practice manager.
Int:	Yeah. So I was having to battle and generally...
Int:	This is what I 'm battling with...There's no communication. None of this checking out, finding out how its fixed...

It seems like a very complex "battle" at that, having to contend not only with GPs, but with office workers, consortium managers, and well trained 'patients'. I am recognising more and more just how challenging counselling in primary care is. It

does not seem to be a position for the faint hearted, but indeed a position demanding a 'warrior spirit'.

I also find myself wondering how much of my own 'warrior spirit' influenced you in our conversation. How much did my favoured approach influence you in the description of your style in dealing with the context of primary care.

Integration in a Role Driven Context

In reading our conversation it came to my attention a number of times just how challenging it must be to remain an integrated counsellor within the context of primary care. It must be difficult communicating the necessity of integration to your practice within a context which if anything, attempts to prevent the integration of person into the role or professional persona.

Int:	Now the intensity is there in the work, and yet having the freedom to decide who and how I want to work is different. And also in the sense of, hey, I'm me. I'm not going to be bound by your rigid rules.
Int:	It's a peculiar experience somewhere, rather than, I'm a counsellor, you'about a client, we'about working together. That's fine at one level, but on the other level it's...
Int:	So I'm a creative worker, intuitive as well...I use intuition...and I have a creativity about me,
Int:	And my tummy tells me something you know.
Int:	Working with empathy and feeling and ...and in many ways having a lot to learn, and like challenging a lot of the assumptions...
Int:	Loads of transference and countertransference...
Int:	...I like to think I use my whole self, and my tummy, it has different meanings for me, or feelings...How I'm affected by a situation which I'm able to reflect back...

Int:	...It's an expectation that I have of, if somebody who is a counsellor and, for goodness sake, an accredited counsellor, who is working in a managerial role as well as counselling, behaving as though they've never actually experienced any counselling skills.

I could really identify with your frustration about counsellors who do not strive towards integration, but rather the assumption of counselling as a role they wear at certain times in a given week. I suppose knowing the power and intensity of counselling that is conducted at a deeper level and awareness it feels sad to think of counsellors who do not choose to take part at such a level. I suppose, upon reflection, not all individuals would choose to have counselling at such a deep level, but would actually prefer counselling at the 'role' level. It is a complex world full of unique individuals.

Int:	...non-integration of the skills...
Int:	They haven't integrated the skills as to who they are, which brings us on to another point, in counselling you get a lot of people who go into a role of a counsellor...who take on the role, because they've got these skills...
Int:	It's like they'about hiding behind a front in order to prop us some security.
Int:	...critical mode...And yet they may do very good work, and yet form my perspective I would diminish them and dismiss them...

As much as I do relate to your perspective on wearing counselling as a role rather than a lifestyle with integration and cohesion, it seems like it would be difficult to remain strong and vigilant against the pressures and temptations of wearing counselling as a role, which is to me the easier option.

Microskills in a Macro World

In addition to thinking of the difficulty in being an integrated counsellor and expressing the importance of integration I began to think about the juxtaposition of your interest in microskills and the macro nature of the world of primary care.

Int:	...when I read about microskills, it just opened up a whole new world for me.
Int:	So for me to work this way is great, because I can be who I am, without actually having to think,...

It seems to me that primary care medicine is about gate-keeping. It is about diagnosis and distribution. The GP is someone who specialises in the macro, he or she knows a little about most things. I then thought about your interest in microskills. This micro/macro dichotomy seemed poignant to me. I am not sure how relevant or valuable it will be in your eyes.

The Vigilant Counsellor

This, again, is a dramatic word, but it seemed to present itself to me as I read and re-read this transcript. There were a number of times when I thought how 'on-guard' you must need to be in order to avoid being swept away by the expectations and demands of the GP, nurses, managers, secretaries.

Int:	And I also know my limitations, in relation to working with young people. Not just in legality terms, but it's a whole new way of working which I now I'm not accustomed to or even interested...Yeah, It's just not my speciality working with children, and I don't like it.
Int:	Yeah. I believe you have to be a certain kind of individual, otherwise you can get taken over, because...When I first came into primary care, I still had the image of the doctor being the all-powerful, all-wonderful person that you respected, you know. They were on.

MB: ...Its sounds like you quite protect yourself from any influences that primary care would have on the way you practice as a counsellor.

MBP: Is that a conscious thing on your part?

Int: It must be. It must be. Because I'm more sure of who I am now.

In light of the above I was really surprised when you talked about how 'reassured' you felt about the GPs referring clients to you.

Int: ...what I find reassuring is that they do a lot of preselection and through knowing what I'm about and what I'm prepared to work with and what I'm not prepared to work with, they are able to then fit into my requests.

I suppose I find this 'reassurance' odd because of the degree of education and 'battling' you seemed to have to go through in order to work the way you want to work. Perhaps this 'reassurance' was a product of all the education/re-education and battling?

I was also surprised when you started to talk about your work with 'borderlines'.

MB: This is what I do, this is what I don't do. You still were getting these referrals and so you decided right, I'm going to expand my expertise and I'm going to...

Int: ...it didn't work as clear cut as that. It just developed,...

Int: ...number of borderlines,...

I suppose considering the degree of sensitivity you seemed to have in terms of boundaries, what you will do and what you won't do, along with your sensitivity to the medical and counselling models

Int:	Yeah, because the relationship is totally different to...that's what I call the difference between a medical model and a counselling model.

I was surprised when you used the label 'borderlines' so frankly, along with your dismissal of how you started to work with 'borderlines' to '...It just developed...'. The language seemed to be very much of the 'medical model' ilk. It didn't seem to fit with your sensitive use of words such as 'creative', 'intuitive', 'tummy' even. I thought the degree of awareness you expressed about how you started to work with 'borderlines' and why seemed out of place to the degree of awareness you seemed to demonstrate when talking about other things, such as integrated counselling, intuition, transference and countertransference.

The Sensitive Balance Between Personal Integrity and Context Integrity

In connection with maintaining an integrated approach to counselling, counselling as life-style, in a role driven world there seems to be a balancing act going on between being 'true to who you are and want to be' and being 'true to the context in which you exist".

Int:	I mean, I'm having to doctor the stats because I'm up to about forty odd sessions with one particular...
Int:	Yeah. Just so that I don't get too many questions asked, you know...
MB:	...playing with the context so you can do your job?
Int:	...it's getting that balance between doing what I do and fitting in with everybody else,
Int:	...there's a complete power game going on, where I'm having to monitor myself in the sense of making sure I don't get any comeback.

Int:	...to make sure they'about on paper. I'm doing what I have to do, in order to satisfy people.

It feels really frustrating attempting to exist between these two types of integrity. I have experienced, and continue to experience, similar feelings with regards to conducting research.

Int:	I worked at such a superficial level by comparison to now. Now we work much deeper, so...What happens with stats, I don't know how that fits in actually?

Surprised by 'Subversive'

I must admit I was surprised by your candour when you revealed that you doctored the statistics in order to survive within the context of primary care without too many questions. Yet, I was probably more surprised when you started to refer to this as 'subversive', which seemed like a very strong word. I suppose it still does to some extent. I was thinking 'survival' and 'compromise' while you said 'subversive'. Maybe you were picking up on something I wasn't aware I was giving out when you used the word 'subversive'? I think more of me was thinking what a sad situation it was to have to be pushed into 'doctoring stats' in order to do your job in a way that was true to you.

Int:	...I suppose there's underlying issues there of being subversive. So how can I be subversive in my work?
Int:	So how am I subversive in my communications with the doctors and the practice, and ...our clients. That might...these are issues that are...
Int:	...what influence is doctoring the stats going to have on my work...

Sitting with the Unknown

It came to my attention just how comfortable you came across as being with the 'unknown' that surrounds counselling.

Int:	...in the great universe of life, we chose each other to work with in client and counsellor...It's like we've chosen each other. We've come together by fate in some way...
Int:	...because you just don't know how you function...
Int:	...person over a period of thirty years, you don't know what effect I've had on them.

There seemed to be an acceptance in addition to a sense of wonder. The notion that there was something 'unknown' about the counselling process and how it works did not seem to disturb you. Maintaining this acceptance and your right to feel this way must be difficult within a context that is motivated and energised towards research and exploration when presented with an unknown. Contemplating acceptance means defeat, as opposed to something else? I am wondering whether I am glorifying a rather 'simple' thing you were simply noticing? Perhaps you don't accept the 'unknown' of counselling and you too feel compelled to 'find out'?

Styles of Profession

You talked about learning to be professional and interact with GPs on a professional level.

Int:	Yeah, that's right. So I had to build up that professional side of me to do what I do.
Int:	...Just one below God, you know...So it was actually learning the process of being an equal...Because it's like, hey, you'about a professional. You've got a ticket that says you are Be professional. professional.

This started me thinking about whether or not GPs have the same 'style of profession' as counsellors. I wonder whether counsellors have a style of profession that supports more diversity than GPs. I began to think this way in response to your comments about being 'a different' practitioner.

> Int: I started off as a humanistic counsellor, and then I took a Gestalt speciality, of which, although I'm Gestalt now...no...I am Gestalt now, and ...I do get, in my head, lots of thoughts of how I am compared to other practitioners, and I'm a different practitioner.

It must be difficult fostering the confidence to 'be professional' within counselling, a field which seems to me to be very unconfident about its 'professional' status. It must make it even more difficult trying to foster and cultivate this 'professional status' within the field of primary care, which seems to have very rigorous notions about what is and isn't professional.

> Int: Yeah, that's right. And it's when you have that inner confidence that you are able then to make the difference.

Post Summary Dialogue between Researcher and Interviewee

What seemed very important to this Interviewee is being understood as professional and competent. He acknowledges the struggle of maintaining a strong professional persona that is clear and understood in a "foreign" context. He recognises how the struggle to be professional could in essence affect his "professionalism".

He points out feeling vulnerable as an independent counsellor "...where do I go for support and who is to back up my case for what is fair and unfair". As a researcher approaching research with a sense of self, I identify with this feeling. The Interviewee felt they did not have any support or safety with respect to fair and unfair treatment. I feel the same with respect to my conduct within the realm of research. Relying on the

quality of the relationship I have with my sense of self and the quality of the relationship I have with the Interviewee are the checks and balances with respect to researching with a sense of self. This particular Interviewee seemed used to having a system or a platform which supported and indicated the notions of fair and unfair. The Interviewee seemed to desire a more clearly marked and anticipated practice. This is an interesting point with respect to both process and content knowledge within this thesis. On a process level the Interviewee is expressing the desire for boundaries and clearly marked practice guidelines within the field of counselling in primary care. The Interviewee feels they would protect him from unfair or inappropriate treatment within the context of primary care. As a research I am expressing a desire to experience researching where my sense of self is paramount to the regulations and boundaries of inquiry paradigms.

This Interviewee talks about the ethics of clearly denoting competence boundaries, what and what not a counsellor is equipped to deal with effectively. And how the counsellor should clearly communicate with the GP about this on a regular basis. The issue of competence and ethics seems important to this study. This Interviewee talked about how he used counselling skills and how gradually they became integrated into his being he is "able to draw on an unconscious process". He expressed a belief that "...all counsellors should have therapy for themselves. In this way they can be more effective in helping others.". I am thinking about this in relation to the research process. What significance does knowing ourselves better have with how we research and the quality of our research? I'm sure heuristic inquiry, among others, has a lot to say about this. But this seems to me to know yourself in a bounded way, kind of like controlling creativity.

As I write this I am thinking about my reactions to a course I have started on reconnecting with your faith, Christianity. During the first evening session I found myself very defensive and questioning. I was reluctant to accept what was written as good and "true". I acknowledged this and also acknowledge how much peace and grace those who did not have such defensiveness seemed to have. I realised the defensiveness has something that was standing in my way. I wonder whether my defensiveness towards inquiry paradigms and conventional research is "standing in my way", preventing me from having "peace and grace", pushing me to become a "person I didn't like" and "my friends do not like".

He highlighted his uncertainty and feelings of being a lonely vulnerable counsellor. Again I can relate with these feelings as an "independent" researcher. He raises a point about working together. This seems in-line with researchers working together with different personal integrity, counsellors working together with different core beliefs and practice models. It is interesting how different this Interviewee was to the last. Throughout this research process, the Interviewee seemed to become more aware of his own uncertainties about health services. The Interviewee has an opportunity to increase his awareness of himself in the interview.

The Interviewee expressed an interesting feeling about the practice of cognitive therapy. He states that "my belief is there is little emotional involvement of counsellor using a cognitive base.". Another interesting comment he made was that, in relation to a statement he made about CPNs practising as counsellors "I can set myself up to be knocked down. How do I know I'm right. I can dismiss another's professionalism as a counsellor. This is perhaps based on my own insecurity.".

We discussed unconscious processes within the counselling room and how this could affect our work with clients. (30 of transcript).

"What makes a good counsellor - one that is respected for the work that is done with clients or someone who is able to prove what is done through statistics and monitoring.".

In talking about proving the effectiveness of counselling and individual counsellors the Interviewee comments "I am more in contact with how much I don't know about research and research methods. This is not my strength yet my lack of knowledge coupled with the drive to prove the effectiveness of counselling scares me.". This fear that the Interviewee talks about seems to hit a chord with me as a researcher, particularly as a researcher doing what I am doing in this Ph.D.

> "...learning how to look after myself after so many years of looking after others. Perhaps I am learning to combine the two."

Process Knowledge Accumulated

Within the interview process I sensed there was a connection between the two of us. I was comfortable and this comfort and assurance encouraged me to challenge the Interviewee on a number of issues (the stats issue being just one of them). Our perspectives and philosophy of counselling seemed to resonate on a number of levels, such as the importance of intuition of inner sensations, and the intricacies of microskills within counselling practice. However within the returned transcript and summary I was surprised to find a great sense of defensiveness within his response to the transcript and summary. It seemed my reflections and summary of the transcript spurred him to feel defensive and misrepresented. This felt strange considering the

comfort I felt within the conducting of the interview, and the nature of the material I seemed to be gathering from him.

However much the summary may have failed to represent the Interviewee in a manner that they could resonate and appreciate, the reaction of defensiveness is still valuable. The nature of the summary is personal. The researcher's personal involvement and presence within it is obvious. This presence seems to facilitate the same type of input offered by the Interviewee. As the congruence of the counsellor contributes to the building of effective therapeutic relationships with humanistic counselling, so too does the congruence and aware presence of the researcher within research analysis.

As evident within past interview processes there are a number of way in which the Interviewee can react to the presented transcript and summary. Whether or not the transcript and summary is found as something that resonates and represents them or as something that challenges and instils defensiveness, each reaction type holds value. The very fact that the Interviewee becomes involved and reacts provides valuable information. Whether it be information which high-lights the difficulty in maintaining a balance between the congruence of the researcher and the respect and sensitivity the researcher holds towards the Interviewee, a response that reiterates the analysis of the researcher, or one that recognises its value towards their degree of awareness of self, each response and reaction informs and contributes to both process understanding and content understanding.

Content Knowledge Accumulated

A point that this Interviewee raised, as did previous interviewees, was the significance of self-awareness to effective counselling practice. The more counsellors know themselves, this particular Interviewee suggested, the more capable they are of

knowing and understanding the client. As I have thought in many of the previous interviews, this could possibly hold for researchers as well. The degree of self-awareness and sense of self the individual researcher possesses in addition to the skills they have acquired which assist them in achieving and maintaining such awareness could be important. It could increase the effectiveness of their research and the depth of understanding and interaction between themselves, issues and participants. This is what this particular thesis is trying to suggest.

Interview Eight

Self of Researcher Before Interview

Regardless of the vow I made in previous interviews to not conduct another interview within a participant's home, I found myself in this particular interview doing just that. Aside from being shown lovely hospitality and generosity previous to the interview, I felt things I had not felt when interviewing participants on more neutral or generic ground. Interviewing participants in their home felt much more like I was taking something from them, as opposed to sharing in a dialogue with them. Of course even in generic settings I was taking something from them, namely a recording of the dialogue although this did not feel as significant as conducting an interview within the home. This particular feeling highlights, once again, the power of setting and context. In addition to the presence of the participant and the researcher within the generated dialogue, there is also the presence of things such as context and setting. Context and setting, as discussed with respect to counselling in primary care and as experienced by me with respect to interviewing participants, seems to influence my perspective towards the interview and Interviewee.

Self of Researcher After Interview

I left feeling that it was a full interview, although with a strong sense that I was taking something, more so as suggested, than how I had felt interviewing in a generic setting. There were a number of passionate issues that seemed to stick within my brain as I left the Interviewee, as well as a number of interesting dichotomies.

Researcher's Reflections on Interviewee

As with other interviewees I was struck by the degree of participation of Interviewee 8. She was very forthcoming and easy to engage in conversation. All the issues that I raised seemed to be issues that were not alien or new to her. It seemed apparent that these were issues which they had already spent time and energy towards understanding. The dialogue seemed to flow easily and as with other interviews, there were moments of real resonance between myself and the Interviewee, or so it felt from my perspective.

Summary of Interview Transcript

It is at this point I would like to proceed with listing a few major themes that seemed to present themselves in my analysis process.

Paid vs. Unpaid Counselling Positions

I found it interesting the distinction you made between paid and unpaid counselling jobs.

> Int: ...I was then able to get a proper paid job as a counsellor through the Newcastle City Health Trust, and ...I could have more than one if I wanted there, but for reason that...I suppose it's partly as sense of my own integrity and dignity about the whole thing, that it's being paid so badly that I'm not willing to do more hours there.

I found myself wondering where the sense of 'proper' came from. Is that a personal thing or a cultural thing? Are paid counsellors in primary care 'proper' counsellors and unpaid counsellors improper counsellors? I am wondering whether or not the concept of 'proper' extends to what the client is offered.

You did talk about professional dignity, in terms of what you did and didn't do as a counsellor. Is professional dignity something that comes only with paid work?

The Strength and Sacrifice of Numbers

I found it interesting to hear how the consortium of counsellors was both the strength and the weakness behind counsellors in primary care. You mentioned that

> Int: ...So I am one of a large number of counsellors who work in Newcastle and North Tyneside under this scheme, and that's where the payment come from.
>
> Int: In the Newcastle City Health Trust, the counsellors are much safer.

Yet, this is the very organisation that implemented one of the regulations which is damaging counsellors in primary care, namely the new four in four regulation.

> Int: ...when I started there, we had to see three patients in four hours, but from April we've been told we must see four patients in four hours. And that's tough.
>
> Int: ...but I think that counselling has been compromised by asking us to do four in four...

This organisation which is headed by a leader, although someone you can relate to and sympathise with,

> Int: ...I feel I understand her and she understands me well, and I, probably within that, I would support some of her management decisions, understanding what it's like to be a manger.

she perhaps isn't the most compassionate or democratic leader. This feels strange considering, I would think, compassion and democracy would be some of the more basic characteristics of a complimentary leader to counselling in primary care. This is not to equate leaders with accessories, but rather significant representatives.

Int:	I think that just because people are perhaps very good counsellors, if that's the truth...unless they've been given good management training, what would make them a good manager?
Int:	...I feel that sometimes we could be managed in a different way, with a lot more consultation.

Significance of Past Experience

You suggested on a number of occasions how your past 'prepared' or appropriately 'conditioned' you for counselling in primary care.

Int:	...probably coming from a civil service background, it actually quite suited me to go into because I'd had that same safety, because at the end of the day, the GP has the responsibility...
Int:	Do you think this...you've had to become more assertive in declaring your needs, or your boundaries...working in primary care?
Int:	Not compared to where I was used to.
Int:	I need less of my assertive skills to deal with this.
Int:	My conditioning in my previous world was very, very similar.

It seems to me that how you choose to deal with past experiences, whether those be work, personal counselling, family, or relationships has a considerable bearing to how you interact and deal with working in primary care as a counsellor. An individual's past, and how they use their particular pasts, plays a very big role, it seems, with the style in which they exist in primary care.

Int:	There's obviously something within me that likes the parent thing...that like the big, you know, being part of something that's bigger, and I think yes...I think it's to do partly with who I am and partly what my conditioning has been, in that field ...

I suppose you could have just as easily come to the conclusion that your past had no relevance on your present circumstance and actually reacted against it in how you existed within primary care.

Balance Between Innovation and Acceptance

It struck me as you were talking about the consortium and its structure:

Int:	What I tell you is not of my choosing. It's how it is.

that there needs to be a significant degree of acceptance on the part of the counsellor within primary care. Yet, as you talked I also realised that something seems to accompany this acceptance, oddly enough that being innovation. I find it interesting how you balance the acceptance and 'fitting in' with innovations and challenges in the form of 'referral forms' and 'knockdown forms'.

Int:	...I've designed my own referral form,...
Int:	...one of the things I have done is to introduce a knockdown form,...
Int:	...And I said that I didn't think that I could work that way, that I felt there was not safety for either the client or the counsellor.
Int:	...since we introduced that referral system, we are getting more appropriate referrals, because the doctor has to sit and write it out, and I suspect we are getting more appropriate...
Int:	...you forcing the GP maybe to think about it more...

In light of this innovation and stating of needs and boundaries, with respect to safety, and professional dignity (as expressed elsewhere in this analysis) I would venture to say you don't seem to be as flexible as you suggest.

Context Integrity and Professional Dignity

It must be difficult balancing your respect for the context, or the integrity of the boundaries, in which counselling in primary care exists with your own sense of personal professional dignity and integrity. It must be difficult simultaneously respecting both, when at times they do not correspond or compliment one another as you suggest in the following:

Int:	And that is the only way I can cope with four patients in four hours, just to pepper them with assessments.
Int:	So I say to myself, right, I 'm not getting paid a lot for this, but I'm getting a great deal from it in experience and practice.
Int:	Now I think having to work short-term challenges me every singly week, on am I ...is the model I'm using adequate for the work I'm doing and do I actually need to be always refining it, and is it really suitable for short-term work.
Int:	That's a different kind of boundary that I'm trying to grapple with at the minute as to, where do I place a boundary here that fits with who I am and the way I practice in the surgery, and I haven't got that worked out yet.
Int:	My own notes come home, which isn't ideal...but it's the only way in which I feel I can do it...It's the best I can do...

Personal Responsibility or Context Responsibility

With respect to your room arrangements at one of the surgeries, you commented that:

Int:	...sometimes I've got people standing at the door waiting to come in...and I am trying to complete my notes, and I've had to go out to the reception area with all my files and write things up, or do my stats...I mean it's appalling...

I really felt for you and thought I shared your feelings about this particular room issue. In commenting again on the issue, you expressed:

Int:	So if I run over my time, that is my problem...But it sometimes makes me angry that I'm placed in that position, and the last half hour can be very frazzled, and I leave sometimes thinking, it's not really very fair this...

For me this seemed to add a new complexity to the issue. I have heard this type of scenario before and always seemed to be appalled by the degree of insensitivity the context of primary care shows towards counsellors. I never stopped to consider the responsibility of the counsellor in working within established, known boundaries. Your statement, 'that is my problem' seemed to trigger something in me.

Value for Money therefore Devalued Counselling

You mentioned your counselling hours were increased to four clients in four hours. You stated that:

Int:	...we were told that was because of value for money, because there were so many DNAs that we weren't perhaps seeing enough clients in the four hours, because there were so frequent DNAs.

You questioned this with:

Int:	What are we actually saying about the work that we do, if we are prepared to do four and four? What are we as counsellor saying about our work?

I came back with:

MB:	...a way of selling too much of yourself to be accepted...

I have been thinking about the concept of illustrating value, and in this case value for money. It seems, as you suggested that through attempting to demonstrate the value of counselling within primary care, counselling (the philosophy and practice) is actually being devalued.

You suggested that what we do as counsellors in primary care, how we choose to present ourselves is important. What we do, and allow to happen is a significant statement to those around you.

Int:	It is about how we respect ourselves and what that says...

Clashing Philosophies

You suggested that there is a distinction between medicine and counselling on both a practical and philosophical level.

Int:	...counselling is something completely separate, and that is why we are employed, so that we can have some times with the people who need longer to talk, and we can reduce the doctor's work accordingly...But, what does that say about what goes on in the counselling room, if we just go from one patient to the next.
Int:	When it is absolutely different. When the very philosophy that underpins it is completely different...It is not about making this diagnosis and making a wee note on the ...you know...it isn't like that...It's about...It maybe depends on the model of counselling that you use, but if it is.well, I'm person-centred.it involves me in a huge way in that counselling room.

I began to think about this distinction with respect to the implementation of the four in four boundary. Considering that counselling is distinguished in not only the practical but philosophical levels, it seems problematic to prove the value of counselling using the same structure as medicine would adopt. Let me try to clarify.

One of the measures a doctor could have on whether he/she has a successful day has to do with the number of patients they can fit in. This seems to fit with the job

description of a GP, that being gate-keeper. They are the 'triage specialists' if you will. They know a little bit about everything.

Int:	Within general practice, you are talking about face-to-face contact of, is it six to eight minutes, the GP has with their client...

Counsellors on the other hand tend to, as you so beautifully described, work very differently.

Int:	When I am working on a cognitive level, I know I'm not all there.
Int:	...because when I'm all there I will work every bit of me, and what happening in my stomach and what's happening in my fingers, and what way I'm moving and what that means, and often say to someone, whatever it is, and I am also always aware of what effect what they'about saying.
Int:	I love to pick up any metaphor and kind of run with it if it's possible...
Int:	So, I guess I'm looking to all of me to inform me of what is going on, and also to try and pick that up in the other person. So if I'm doing it all form my head it's a bad day, and I need to find out why that is...

To my mind it seems like counsellors, regardless of the fact that they do not have this mandate or philosophy of gate-keeper, are expected to demonstrate their worth as if they did. In light of what has been said, it feels a bit ridiculous and frustrating.

The Price of Flexibility

I was surprised at the intensity of your comments about how 'flexible' you were/are. As I read and re-read the transcript I sort of felt a bit like I was being convinced of your degree of 'flexibility'. It seemed very much something you were/are very proud of.

Int:	I am willing, I am very very willing, to fit in and to do whatever they want, just to be, like I said, really flexible.

Int:	I think because of the work I used to do as Staff Welfare Officer, I just had to be flexible when I went into offices about how I worked...I learned over those years to be very, very ,very, very flexible
Int:	So I have learned to become very flexible and to work very well with people...

As I mentioned earlier, I am not sure I would say you are as flexible as you would like to be, in light of the changes and recommendations you have made in the practices in which you work. Then again, perhaps we are talking about a special kind of flexibility counsellors need within primary care. You did mention that there are limits. Perhaps it is flexibility with boundaries?

Int:	...people have needs and premises have needs, and, do you know...And I am really good at doing that...but I think there's a limit to it.

Flexibility is a characteristic that seems a bit dangerous to me. This could be my idealism talking here, it could me lack of experience, it could be naivety, it could be a mixture of all of the above. Flexibility and fitting in seems to lie very close to assimilation and self-sacrifice. Maybe if it was mutual flexibility it would feel different, but I suppose I am sceptical of such possibility. In light of the absence of meeting simple administration needs such as note writing time and locked filing cabinet drawers.

I am aware that I am an outsider to counselling in primary care. I have not practised as a counsellor in primary care. In many ways I do not really have 'the right' to pass such comments. They are indeed arm-chair comments of the purist order. I speak largely from the perspective of a counsellor trying to exist within the world of research and academia. From the stories I have heard, there seem to be many parallels

between the experiences of counsellors in primary care and counsellors within the world of research and academia.

From the perspective of a counsellor within the world of research and academia, I think I would prefer to join in rather than fit in and be flexible. Fitting in seems to require a lot of compromise on the part of the person who is trying to 'fit in'. When I think about fitting in I think about a square peg stuffed into a round hole. There comes a point when you don't see it any more. The peg has assimilated.

Joining in seems to require more mutual compromise and acceptance on the part of the context you are attempting to 'join'. When I think about joining in I picture the square peg half way. It has become part of the table, but the table has recognised the need for the square peg to sit above the surface and has in response extended itself up to meet it.

I realise I am very much playing around with words and pictures here. It is essentially a very subjective and personal issue. I just thought I would share a bit of my subjective and personal in response to yours.

Post Summary Dialogue between Researcher and Interviewee

Unfortunately, as with other interviews, this Interviewee did not respond to the transcript and summary that I mailed to her. Understanding the time and life pressures they explained which prevented her from engaging in the second stage of the fieldwork, I could not help feel left hanging in a matter speaking. These feelings seem to point out the significance of this stage. The participation of the interviewees in the analysis of the data provided information that was as rich if not richer with respect to the process of researching with a sense of self, and the depth of understanding of the

individual counsellor working in primary care. The spirit of the responses offered by the interviewees to the transcripts and summaries was in the same spirit in which it was offered, that being congruence, awareness, and authenticity.

Process Knowledge Accumulated

Having re-experienced similar sensations to what I experienced in a previous interview, I re-iterated my vow to not interview participants within their homes. It felt similar to the idea of what I would imagine counselling someone within their homes would feel like. There were elements of blurred boundaries, the power of context on perspective and action. I wondered how different the interview would have been had we been in a more generic setting. I wondered how differently I would have behaved within the dialogue if the setting where different.

Another thing that seemed to rear its ugly head within this interview process was the issue of interviewees not responding to the invitation to continue with fieldwork dialogue. I found myself feeling similar feelings to that experienced in previous interview processes where this occurred. I was once again experiencing vulnerability and a sense of abandonment. I am left wondering if this could be paralleled with the feelings a counsellor may have when I client refuses to continue with therapy, or simply does not turn up for the next appointment.

Content Knowledge Accumulated

A significant thing which the Interviewee offered was the significance of their past on their present situation and manner in which they interacted and responded to the context in which they found themselves. In fact a number of the interviewees expressed the significance of their past on their present circumstances. The past influences the present and how we encounter the future. If this is the case

professionally speaking, or at least in terms of these few interviewees, is the past relevant and influencing with respect to research and researching? This is a difficult question related to the issue of the significance of a sense of self of the researcher within the process of researching, albeit opening the question into territories beyond the scope of this particular thesis.

Interview Nine

Self of Researcher Before Interview

Once again, I find myself occupied with the influence of setting on the manner in which I approach this particular interview. The interview was conducted within a primary care setting, specifically within the room this particular counsellor used when working in this particular setting. What this setting seemed to instil within me with regard to the conducting of the interview was an unanticipated officiousness similar to that I had felt when interviewing in other primary care practices.

Self of Researcher After Interview

Knowing that I needed to stick to a rigorous time limit due to the Interviewee's work commitments I feel I was more directive and perhaps more challenging than I had been in past interviews. Although this could have been to do with how the Interviewee and I interacted as individuals, more so than imposed time limits and setting.

I left feeling that I had come away with a very rich piece of dialogue. I felt that I resonated with the Interviewee on a number of occasions on a number of different topics, however this was coupled with a perceived defensiveness of the Interviewee on a couple of occasions as well.

Researcher's Reflections on the Interviewee

As suggested I found the Interviewee defensive on a number of occasions. There was also an air of suspicion and question in terms of what I was going to do with this information, and the degree of confidentiality that I was maintaining. I felt an overwhelming sensation that she had participated in such interviews before and that perhaps she had had some negative experiences with respect to participating in research projects.

Summary of Interview Transcript

It is at this point I would like to proceed with listing a few major themes that seemed to present themselves in my analysis process.

Contending with Contexts While Preserving Integration

I was struck by the distance you need to go to in order to be able to exist in a way that preserves your sense of integration. I felt, and feel, frustrated for you. I visualise it as a fish out of water in some ways. I realise this may seem dramatic. I see you as being a fish and fish need water yet, for a variety of 'important' reasons, the context you find yourself in doesn't like to get wet. Therefore you need to create ways you can exist in water yet convince those around you are dry as a bone.

Whether or not this is an appropriate image, I find the necessity for 'being naughty' an important and salient issue. What is this doing to you as counsellor, as human being? As a round academic trying to join a square academic world I certainly spend a lot of time thinking of these questions.

Int: You know, I'm not going to tell her everything,

Int:	So I try to preserve my independence from that point of view. So why I'm saying naughty is because I know that the co-ordinator tries to impose certain things that we'about all working in the same way throughout the scheme...
Int:	... I enjoy the client work very much when I can do it the way that I... so long as I can do it the way that I enjoy doing it. I would like to carry on with that.
Int:	that it's very short-term counselling. That's quite a conflict for me because I kind of like... I enjoy longer term counselling, not all the time, but I like to have some long term counselling going on,

Steering

Once again, I was struck by what you need to do to contend with the context primary care. It seems to take a lot of extra energy. It feels like you need to be continually ready for 'something', I am not sure what. It feels like a constant state of heightened awareness is needed. That has got to get tiring...or maybe not? Again, what is this necessity taking away from you? Maybe in some ways it is giving something to you? To me it feels very 'needy' and draining.

Int:	So it's kind of learning to steer your way through that.
Int:	I try to get away with what I can get away with until somebody says, you've got to do this or you've got to do that.
Int:	I mean, I count not only the doctors as very important in what it feels like, but the receptionists as well, and I tend to have... kind of, it's either good with the doctors but bad with the receptionists, or it's good with the receptionists but not so good with the doctors.
Int:	I have to deal with comments that receptionists might make in certain places about particular people
Int:	I try to pretend I haven't heard that sort of thing, and they really want to know, and I don't want to kind of enter into that... It's difficult... It's difficult kind of steering between the different groups...

Int:	there's a lot of other pressure from GPs which is to kind of cure people, I suppose... it's the sort of medical model, and a lot of expectation that I'm going to ... kind of give people methods of doing things,
Int:	kind of prescribing what I'm supposed to do with this client before I've even met them and sort of made up my own mind what's going on, and I don't...
Int:	I'd like to try and work with people as a whole person, and kind of get to understand, you know, all the things that are going on behind the presenting thing...
Int:	but there is quite a lot of pressure to be able to write, at the end of six sessions, you know, that this person has resolved this and that and is now much happier, and they are no longer depressed,

As I think about my existence within the world of Ph.D. research I am wondering if there are parallels between the two scenarios. I know that I need a certain brand of vigilance to maintain integration and personal integrity. I think this vigilance is strengthening in some ways, although I am not sure how. However, when I take myself out of the situation and reflect on the need for such vigilance, then I feel weak. Not sure if this makes any sense.

The Parent-Child Scenario

From the scenarios you described to the language you used ('naughty') I kept thinking about a parent-child relationship. As I read the transcript I could visualise a controlling parent trying to keep a rein on a boisterous, challenging teenager.

Int:	It's about objecting to being actually told that I've got to do things this way or that. I consider that I'm a person who can make my own judgements, professional judgements, and I see the co-ordinator as a co-ordinator, not as someone who can... who is supposed to be there to tell exactly how to do how I'm doing, because we'about all self-employed counsellors

Int:	So I consider that I am independent within that and she's there to co-ordinate, budget and different things, and sort of routine stuff, but not to actually...
Int:	the other restriction that we've had imposed on us by her is that all admin work is meant to be done within sort of client time, assuming that some people don't turn up or cancel, that we've got enough time to do our admin work in that time, and we've got to book every hour as face to face contact with a client, which is ridiculous really...

I was taken aback by your use of the word 'naughty' to describe your actions in dealing with the context of primary care. I am not sure whether you were making fun of the context using this word or whether you were indicating something else like a child-parent relationship or both. I am not sure whether I am building a mountain out of a mole hill, it just seems to ring through my head. The word sounded peculiar in the circumstance.

Int:	... I'm pretty... I was going to say pretty naughty in terms of resisting the medical thing and being... and getting into all of that solution focused stuff, and...

The Curious 'Collective'

I was surprised to hear you mention what I have come to call the 'curious collective' with respect to proving effectiveness. This has come up in other interviews as well.

Int:	but I've not had a single GP who's said, who has asked me about how many people don't turn up or cancel or whatever. They seem to be much more ready to accept that that's going to happen in counselling, and that the level is quite appropriate.

When you pin-pointed the pressure of the 'collective' to your co-ordinator something seemed to click. I started to understand a bit more (or possibly understand). This 'collective' seems to be, as suggested by you, a construct created and used by anybody but doctors to exert pressure on counsellors in primary care. I could once again be being dramatic, but this seems devious to me, although familiar. Academia

tends to speak about 'standards' and 'ways of doing things', yet it is amazing how much of this can be stripped back to nothing but tradition.

Upon reflection, I may be taking 'tradition' far too lightly, I hope not at my eventual expense.

Int:	That pressure seems to be coming from the co-ordinator of the whole project more than from the doctors.

The Inevitable Future

Int:	But, I think I've been lucky that it is still just starting off, so nobody has kind of written out all the rules and regulations yet. I think it will close in over the next few years and people will... there will be sort of maybe job adverts sort of looking for a solution focused counsellor to work in a GPs surgery,
Int:	it is a shame, but I'm sure that that's the way it will go really, because that's the way everything tends to go...

When you talk about the future of counselling in primary care there seems to be a sense of resignation and inevitability. You seem to talk about the possible future of counselling in primary care as someone who has been the victim of an 'inevitable future'. I suppose you may have felt that when you were a teacher? It seems like you have your future, as well as the issue's future, mapped out already. It doesn't feel very positive. Your certainty about it made me feel uncomfortable. I think it clashed with my comparably garish idealism.

The Line Between Professional Responsibility and Professional Suicide

You identified an important balance when we talked, the balance between being professional and isolating yourself as a professional through defensiveness. I find myself wondering if a certain kind of defensiveness is needed in order to maintain the

very notion of being 'professional'. Maybe there is a 'positive' defensiveness and a 'negative' defensiveness?

I do see the delicate balance a counsellor in primary care needs to work to maintain, in a variety of ways as pointed out. I am not sure whether I see the balance between professionalism and defensiveness. Then again, I am very much an arm chair commentator. I have not practised as a counsellor in primary care.

> Int: Well, it starts with kind of accountability I think, and it's demonstrating that we are a profession and that we'about doing things on a professional basis, so, you know, and there are good things within that as well.
>
> Int: But I think that, you know, counsellors can get a little bit too defensive, which prevents them actually from working effectively within a team, and actually puts up barriers and animosity with the GPs that they'about working with.

You talked about the maintenance of professionalism, integrity, and integration as if it were something that counsellors in primary care could loose very easily. I find the word 'insidious' somewhat disturbing. It is like you are talking about some sort of bug that gets into beams and gradually weakens them to the point of collapse. Again, this may seem dramatic, but insidious conjures up a picture of something negative 'getting everywhere'. I found myself alarmed to a point. I am appreciating more and more the necessity of vigilance and heightened awareness.

> Int: But then it becomes, it turns into something that becomes standardised, I think... But it's kind of, it starts off insidiously, because we've all got to kind of prove ourselves and prove that we'about economically viable, you know, and prove that this is saving them money in terms of counselling is saving more money than if they were writing out more prescriptions

Int:	But then it becomes, it turns into something that becomes standardised, I think... But it's kind of, it starts off insidiously, because we've all got to kind of prove ourselves and prove that we'about economically viable, you know, and prove that this is saving them money in terms of counselling is saving more money than if they were writing out more prescriptions
Int:	So it's kind of creeping in if you'about not really aware that you find yourself, oh, this is what I'm doing...
Int:	we have got to justify ourselves and show that we are cost effective, and that's the only way that we will be, you know... that it will be kind of taken for granted that we need to be counsellors in practices, but at the same time that's, you know, that's where you start losing a lot as well...

Boundaries

You talked about how in your particular practice setting one of the GPs does do some counselling.

Int:	Now he does refer again, but we seem to have had a few things to iron out. I think it's partly the fact that he does some counselling himself, and ... some of it seems to have been counterproductive with the way that I counsel, and I'm not sure kind of...
Int:	Yeah. I mean, I know that he does some cognitive behavioural type work with people, and then eventually passes them on to me, and then they get quite a different approach,

You went on to express that you 'felt set up to fail':

Int:	. So I've sometimes felt set up to fail, because I've thought, oh, it's another of his clients, and, you know, they haven't been turning up, and I end up sending them back to him so, it kind of becomes a vicious circle, so...
Int:	It's a bit of, kind of poaching in other people's areas, really, and assuming that you've got the expertise... It kind of devalues in a way...

One of the things that seemed to come to my mind was the potential problem hierarchies can pose to boundaries within teams. It seems that within primary care there is an inevitable hierarchy with respect to the physician. The persona of physician

is so strong within society and within the law that, regardless of the character of the individual GP, the hierarchy will be present in some form or another.

It seems, and now I am sounding resigned and fatalistic, that unless the personae of GPs are shifted or the persona of the other team members are elevated, a permeable boundary will remain. Unfortunately it seems that the lowest in the hierarchy is the one with the most permeated boundary. I would venture to say that the lowest, tends to be the newest? It is unfortunate that it is the counsellor, the person who could hold boundaries so dear.

Int:	I think that's one of the messy areas maybe that when you get into a team, you know, that people do start thinking they can do a bit of what each other's doing and it all gets a bit...merged, somehow...
MB:	There's a difference sort of between working together and then working for one another...
Int:	it's another sort of boundary issue I suppose really
Int:	People are very afraid of wasting the doctor's time, whereas they'about not afraid of wasting the counsellor's time I think, often...

Assumption and Reality

I see a lot of parallels between your feeling about being surprised at the degree of complexity which emerged in counselling in primary care. I felt the same way when I started my research, and in many ways still do.

Int:	. I just feel that it's not as black and white as I thought it was initially.

N.B. I feel strange that I have not revisited the actual transcript in composing this analysis. I seem to have fallen into the habit of reading and re-reading the transcript, taking out any interesting lines and putting those lines into a chart. From there I

simply use the chart and group the lines into appropriate categories. I wonder if this is being disrespectful to the Interviewee, and the process as a whole? There just seems so much. This method seemed to make it a bit more manageable.

There is so much that I could get from these interview processes. It is difficult deciding what I will note and what I will allow to fall to the side. It is also difficult to decide what I will include in the analysis I send to you, the participant, and what I leave to rest in my head for further thinking and possible use. I suppose what may assist me in this is thinking about the purpose of including the Interviewee, you, in this stage of the process.

Post Summary Dialogue between Researcher and Interviewee

"Everything I say seems so very tentative - feeling the way all the time - wondering who I am talking to.".

The Interviewee made the comment that "I don't like reading this! Makes me feel quite vulnerable. Don't like the sound of this page - it's so open to misinterpretation-out of context.". I read this and I'm not sure what she is saying. Was she saying I was making her feel vulnerable? She seems really uncomfortable and nervous about my intentions it seems. She then starts to feel better when I feed back that her "rebellion is responsible".

She points out that it is important to acknowledge that constrictions of practice she has encountered are coming from within counselling not from the GP.

She acknowledges me establishing an alliance. This seems important. She comments again on the establishing of a shared agenda and "feeling safer with you".

She asks a question about my interests with "Why are you so interested in the nuts and bolts all of a sudden?". In reading her comments I really get a feeling of her being very suspicious of me and not very trusting. I suppose she has not reason to trust me. It is a strange reaction to consider. I never have thought of myself as "suspicious" or with a terrible intent. It is strange realising that is how other people see me. I wonder whether or not it was because I didn't have a set number of questions or a predictable or logical structure to the interview. I think this may have made her feel insecure and suspicious. Interesting this because just as I felt vulnerable throughout this process because I did not use a set structure or paradigm, this particular Interviewee felt the same way.

I think the fact that I interviewed a doctor in her practice made her feel suspicious or vulnerable. She wanted to know what went on, as she stated on page twenty-five of the returned transcript. I wonder whether or not it would have been a different interview if I didn't interview the doctor or if she did not know that I had. I am not sure I feel comfortable with not telling her. I suppose the only scenario I feel comfortable contemplating is not having interviewed the doctor in the first place. There was "pretending" going on, and the Interviewee acknowledged it.

She comments on "my agenda" in the interview. There was steering every now and again in the interview, perhaps more than I realised. On page 28 it does seem, as the Interviewee pointed out, a sudden change of direction. It was almost like I got bored or worried that we would run out of time and I would not get to ask her about this issue. She comments on "my agenda" on a few occasions. I'm wondering whether this is a bad thing. Should I have covered it more. I thought revealing it was a positive thing. She did say that the interview seemed "...open and non-prescriptive". She

makes this comment with a bit of surprise it seems. I say this realising that I am reading into it, but it is hard not to. She is responding to the transcript and analysis in the same fashion.

She commented on the inclusion of my personal experience. She commented on when I brought in my own experience (at the end of the interview). Maybe this was significant. Maybe I was feeling vulnerable and worried about who she knew and what she was all about. There was definite defensiveness in the room that I felt a tension anyway. Maybe she was thinking about it like a counselling session where often people bring up very significant stuff at the end so not to be followed up on it. Maybe it was a safety thing on my part. I am not sure.

Interesting her comment on "radical thinking questions".and how she valued them.

At the end she wrote "...or maybe I was saying it had been helpful for me?". Interesting to contemplate an interview being helpful to the Interviewee.

Even though the Interviewee acknowledge that my research has evolved, she felt it was unfair. She was quite offended it seemed and called it disrespectful. I suppose this is why I gave the Interviewee the opportunity to read the analysis and comment freely. I am not sure what she expected I would do with the interview. The idea of being "invited to comment in such a personal way" seems a strange comment to make. I am a bit annoyed. What did she expect.

I suppose she has a point that she thought I was interested in the issue of counselling in primary care and not her, although I am confused at how she thought I could draw such a dividing line between her and the issue.

She raised the issue of "earning the right to challenge" and having "prior agreement or request"... I feel defensive about this. Annoyed as well. I really do not know what she expected me to do or what the interview process that I initiated indicated in terms of analysis. I did not know what I was going to do so the idea of permission or request seems inappropriate. I am not sure what to do with this reaction. This Interviewee had expectations of what a researcher or interviewer would do or respond with. This seems clear because what I presented to her did offend her.

There was a strong sense of right, wrong, appropriate and inappropriate. She had very strong expectations and boundaries. This took me for a large surprise. I am not sure what to do with it. It almost feels like she has been a part of a number of research projects and then all of a sudden I come along doing research without any of these "expected" structure and she doesn't like it at all. Then again, I could be getting it all wrong.

This Interviewee did not like what I sent to her. She felt offended. She felt what I did was inappropriate. I am left not really knowing how it could have been different. I suppose it could be a control issue. This is why I gave each Interviewee a chance to respond to both the transcript and the summary. I am left feeling raw and racked over the coals for something I do not feel like I have done wrong.

Process Knowledge Accumulated

Of primary interest with respect to this interview is the issue of expectation and earning the right to challenge. As expressed within the previous section, the Interviewee seemed to have an expectation as to what she would receive in the post and what she did receive was very different from this expectation. The intensity of reaction she had toward the summary seemed to suggest to me that she had a sense of

what research was and was not. The nature of her reactions seemed akin to those made in relation to counselling practice, such as earning the right to challenge.

Even though her reactions were defensive and negative towards what she received they represented her sense of self in a manner in which she had control. As suggested in a previous interview process, all nature of reactions are valuable. The product of my operationalised sense of self seemed to give her insight to express her sense of self, what was important and valuable to her. Would this type of information be gathered researching in a manner which did not include the sense of self of the researcher to such a degree?

Content Knowledge Accumulated

What seems most salient with respect to content knowledge accumulated from this interview process is the issue of balancing a state of congruence within one's self and existing within a context which sometimes conflicts with what is important to this congruence, and in some instances the significance of its presence.

Interview Ten

Self of Researcher Before Interview

In the knowledge that this was to be my last interview, I felt very relaxed and almost relieved. The stress and demand of fieldwork was going to come to an end soon. I think this instilled a sense of abandon within my approach to this interview. I felt ready and free to see where the interview dialogue would lead me.

Self of Researcher After Interview

This was quite a fulfilling interview in that I left feeling that I accumulated, once again some rich dialogue. I also felt a sense of justification in a manner of speaking.

The issue that I raised for discussion were eagerly responded to and seemed to be deemed valuable and relevant. This seemed to address some of my paranoia having to do with whether or not I was simply indulging my own bias and personal need, or working to understand pertinent issues within the field of counselling in primary care.

Researcher's Reflections on the Interviewee

I found her to be easy to engage in rich dialogue. She was forthcoming and seemed interested in the issues and topics raised. Many of her perspectives and sensations within primary care seemed to resonate with my own within the world of researching.

Summary of Interview Transcript

It is at this point I would like to proceed with listing a few major themes that seemed to present themselves in my analysis process.

The Wide Reaching Affects of the Referral Process

In reading the transcript of the interview one of the things that kept attracting my attention was the issue of referrals. I did not realise the extent of the implications of GPs referring clients to the counsellor. From the interview it seems like GPs referral influences the client:

> Int: It's difficult isn't it, because that's the referral isn't it? And I think a lot... I think that is the first step to effective counselling sometimes, whatever effective counselling is... And I think sometimes how the client is referred has an implication on how that client initially presents and works. Definitely.
>
> (lines 1187-1193)
>
> Int: But I think it alters the process, because I think the client, at that particular time, goes away ... because I can't always get the GP at the time ... goes away wondering, are they going to have any more sessions?
>
> (lines 1691-1696)

It influences the process

Int:	Yeah... The other thing is, it alters the process, I think, straight away with a client, because it then tells the client that the GP has all the power and control... you know?
	(lines 1628-1631)
Int:	... But, I think it can stop the process... I mean, you know, it's almost like we'about saying to a client, I'm not going to see you any more....
	(lines 1723-1726)

It influences the way you practice:

Int:	And sometimes... I know what happens to me when a client comes like that, I work twice as hard... to try and convince them that
	(lines 1210-1212)

Having the job of referring patients into counselling seems like a very powerful position to maintain. The cynic in me, considering the power and influence such a position carries, questions whether or not GPs would be inclined to hand over such responsibility to counsellors,

I wonder whether GPs consciously realise that doing all of the referrals allows them to experience therapy somewhat vicariously. As you pointed out the referrals you get seem to say a considerable amount about the GP who made them.

Int:	They just know that something presents, it's not quite right, it's not a physical problem it's an emotional problem, but they don't know what to do with it, so we often get a lot of referrals from anxious GPs who are not sure what to do with these clients to the counsellors.
	(lines 1042-1048)
MP:	So sometimes maybe it's more a reflection on the GPs than ???
Int:	Very much so.
	(lines 1050-1053)

I did not realise the amount of information the counsellor can gain about the GP simply by the type of referrals he or she makes and how they are made. It seems like as much as GPs may have control and power over referrals, the counsellor has power in the knowledge he or she collects through the referral process. I suppose the ability

to acknowledge this information is somewhat a privilege to the trained aware counsellor. I say this considering your comments about your training and its impact on how much you knew, and now know, about yourself.

> Int: but I don't think I ever understood myself or I don't think I ever ... realised there was lots of things influencing me. And I think I've changed in the way I work because I still have another hat on as a health visitor... and the way I work now is a bit more person-centred than I used to be...
>
> (lines 764-770)

The Power of Permission

I suppose somewhat related to the power of referrals, is that of the power of permission the GP seems to hold over the counsellor with respect to the number of sessions the counsellor can take with each particular client. However theoretical or practical the power of permission may be in the particular practice in question, the fact remains as you pointed out, as a trained, experienced professional, you need to interrupt the therapy process by asking the GP for permission to continue.

> Int: then what I tend to do is go back to the GP and say, with the client's permission, and say, this is going to be longer term.
>
> (lines 233-235)
>
> Int: And we'about talking about autonomy with counselling, and yet you say, hang on a minute, don't tell me any more, I'll just pop to the GP... I mean, I don't say it like that, but do you know what I mean?
>
> (lines 1635-1639)
>
> Int: Yes, that's right... And I think that's important for her or him to know, because I think it would affect the relationship if she thought, well, that counsellor's made a decision...
>
> (lines 1676-1680)

I did not appreciate the influence asking permission to continue therapy beyond the established eight or six sessions would have on the actual therapy process. I also did not realise how this actually touches and affects not only you the counsellor, but the client with whom you are working.

Impact of Colleagues on Practice

We talked quite a bit about the context of primary care in relation to you and your practice.

> Int: skills, which... It's interesting, because in my other job as a counsellor, I don't have time restraints and I work completely differently.
>
> (lines 161-163)

What I found surprising, and somewhat unexpected, was how the team of counsellors with whom you work have influenced you and the way you are within the primary care setting, far more it seems, than the GPs or the primary care set-up.

> Int: life, I'm an open person and honest, so it hasn't changed me in that. It's changed me in the context with working with these other counsellors to the extent where I've learnt that I don't share any emotions. I don't share my feelings of how I am with somebody, because when I did, as I explained earlier, when I started doing that they'd go on about projection and, you know, and oh dear, you know...
>
> (lines 559-568)

I did not anticipate that there would be a us vs. us scenario, but rather an us vs. them scenario (however simplistic that does sound). Your counselling colleagues seem to be causing more problems for you about permission for longer term counselling than the GP who seems to let you "get on with it" as you say.

> Int: So when I took stuff to the team, and I'm very open as person-centred people are and show a lot of what's going for me... Immediately, the interpreted it all, and everything was put back onto me... I couldn't understand this, and so for me, it was a very difficult process. In fact, I seemed to be the person that was always doing things wrong...
>
> (lines 470-477)
>
> Int: doing things wrong... So I learned very quickly about, for instance, taking these clients, long-term clients back to them. I learned very quickly not to do that.
>
> (lines 477-480)
>
> Int: bring them back... So what I do now, I'm being crafty now, is I go to the GP first and get it sanctioned and then take it to the team and it's almost like fait de complet...
>
> (lines 364-367)

I am also left wondering how much your fellow colleagues have influenced your decision about person-centred counselling's place within primary care?

> Int: It's a difficult question because I don't think, really, if I'm honest, person-centred work does lend itself to primary care... and that's to do with the time restraint. Not to do with what happens with the people that come.
>
> (lines 1502-1507)

I am wondering this considering that as you say, the GPs tend to let you get on with what you do rather than 'police you' as your counselling colleagues have tended. I also wonder this considering the referrals you get from GPs to your other service where clients can receive longer term therapy.

> Int: That I get a lot of referrals from health professionals...
>
> MB: In the women's...
>
> Int: In the women's health service, yeah... Because they know that if they refer them... if the health visitors refer them into their own GP practices, the counsellor can only work six to eight sessions...
>
> (lines 195-204)

I suppose this possibly conflicts with GPs preference for cognitive behaviourism:

> Int: It isn't counselling, but if you'about looking at emotional issue and psychological issues, the GPs see that because that's more of a medical model. It's more of a symptom treatment... panic attacks and anxiety attacks, right, what's the treatment for that. Behavioural cognitive...
>
> (lines 2079-2085)

Meticulous Balance Between Context and Integration

You commented that in order to survive, you need to be less open than you would naturally. You also point out just how difficult you find this to be.

> Int: So ... in how I've changed is I'm not as open with them, and I don't share what I feel really in the team, which is not the person-centred way at all, so I really struggle with that. It's not... me, but I'm now learning, I've now learnt, that if I do... that's the way I can survive in the situation... in that situation...
>
> (lines 606-613)

Considering just how important congruence and integrated living is to you:

Int:	Oh GPs won't, no... No. I don't think they are, and I'm really very, very passionate about maintaining that role wherever I go in the GP practice, and I will not get into the
	(lines 1795-1798)

you must find it difficult maintaining a balance between 'survival mode' and actually being with a client:

Int:	Yeah, yeah... So, the bit about me being, me as a person, that people see that... and... I have a lot of clients who very easily open up very, very quickly to me.... And I have colleagues who say to me, well that's because you'about so empathic and you do understand and... you know, it's like I'm really there with the client...
	(lines 964-971)

Crushing Culture of Primary Care

You pointed out how different the culture of primary care is to what you know as a person-centred counsellor:

Int:	they've been trained isn't it? I'm not criticising them. it's like we've all been trained in different ways...
	(lines 1257-1259)
Int:	Receptionists are bound by confidentiality within the practice, but their perception of confidentiality is completely different from my perception,
	(lines 1332-1335)
Int:	practice, and I will not get into the judgmental statements, debate about a client lives their life, how a patient lives their life, which you can easily get into in GP practices, you know. I was in reception the other day
	(lines 1798-1802)

You also described it as being "squashing".

Int:	???... I use that as a ... just think like, you know, somebody squashing you, you know... But you could easily be disregarded, or you could lose your self esteem or your self confidence in your practice. So I think you've got to have high experienced counsellors going into GP practices, which is...
	(lines 1940-1946)

I found it interesting when you commented that it could be helpful to have been exposed to a medical setting before becoming a counsellor in primary care.

> Int: so I think there's something around having some sort of medical setting before going into a GP practice and working autonomously within a GP practice, if that can happen...
>
> (lines 2363-2367)

I had anticipated your view about counsellors in primary care needing to be experienced and very confident in their skills (2320-2322) yet was surprised by your view about counsellors in primary care benefiting from previous experience in primary care. This seems significant to me although I am not sure why.

Selective Congruence and Types of Confidentiality

You talk about how honesty is part of your core self:

> Int: me as a person. I'm open and honest, and that's how I work... But that's who I am as a person as well, that's my... that's my core... that's me.
>
> (lines 536-539)

It must be difficult not being honest or congruent for the sake of surviving with respect to participating in your counselling team, yet feel compelled to be a good example to your other colleagues within the coffee room:

> Int: Yeah... is the person... Yeah.... Because I think that gives out very good messages for counsellors. Very good messages that that person upholds their philosophies, their ethos in the coffee room, as she does in reception, as she or he does in the GP team, whatever... And I know that doesn't always happen.
>
> (lines 1781-1787)
>
> Int: often, we have these talks in the coffee lounge about this, and some of them will say to me, well, why do you think they'about like that Wendy and I'll... It's like, they learn an awful lot from me about being human, but then they'll go away the next five minutes and, you know...
>
> (lines 1840-1846)

or perhaps I am applying a very particular view of congruence and honesty to your views and situation. You pointed out the possibility of different types of confidentiality, perhaps there are types of congruence and honesty, necessitated by hostile contexts?

It also must be difficult being a person-centred counsellor within a context in which you believe it does not belong (1502-1507).

I wonder what living with these contradictions does for you and the way you practice. Perhaps these are not contradictions to you but complexities and realities. I do not wish to come across as judgmental. I am trying to understand what seems to be a very complicated situation that seems to merit a very complicated set of behaviours and reactions.

Post Summary Dialogue Between Researcher and Interviewee

It seemed I pointed out things that she had not consciously realised. Reading the transcript seemed quite significant to her. It was only in reading it that she realised how much of myself that I put into this interview. I did not hide my spontaneous, genuine reactions to things she said.

She points something out when she reads about how she responds to the team she works in. She states "I feel uncomfortable when I read this because I'm manipulating the situations to survive. Yet this isn't me in reality. This team is very powerful.". She has to do things that she wouldn't do or consider to be representative of who she is because of the context she finds herself in. This causes discomfort. I wonder what the ramifications of the discomfort or duality are? Is it duality or survival reaction? She does something, doesn't like doing that and doesn't consider it to be representative of who she is, yet she still does it.

The Interviewee expanded something she didn't intend to expand. The "understanding" I offered gave her permission. This understanding was a genuine

reaction. Interesting how she said she "didn't intend on expanding on it" but that my understanding gave her the permission to do so.

She finds not sharing her emotions and who she really is "stifling". She reacts to her own transcription. "I don't share my feelings of how I am with somebody, because when I did, as I explained earlier, when I started doing that they'd go on about projection and, ." (p. 11). She states that, as she reads the transcription "This feeling of their power vs. me returns. I've fooled myself in thinking the team dynamics are better. But that's only because I've very careful to behave differently." (12).

She expresses a frustration about why, if I can see a certain thing, then why can't the person with whom she has to deal with and interact with in the context.

She talks about the difficulty in dealing with managing two roles. She talks about this being overwhelming.

She really struggles with the context in which she finds herself.

"These responses tell me you are thinking the same as me. That is really reassuring as an Interviewee." (p. 19).

I shared personal experience and the Interviewee felt okay about that.

She acknowledges that if she had a certain type of training it would help her exist in the context of primary care. She acknowledges how this training would help her but she also acknowledges how this was not the type of person with whom she could identify.

She admitted something openly that she never has before.

The Interviewee acknowledges "This part feels like a two way discussion where you are offering me your opinions. Interesting in an interview." (p. 37). "Interesting I didn't know your model yet I've risked talking negatively about psychodynamic. I think this is a reflection of your warmth and acceptance as an interviewer." (p. 43)

"I was very surprised at my openness to the interview especially with the difficulties I have had in the team. I find it difficult to negatively comment on your interview style because I remember leaving the interview thinking "I hope I can conduct my interviews like that, so open, relaxed, inviting and giving permission to explore difficult areas. I hadn't realised how much information would transpire from an interview." (p. 48).

I have reflected things back in a way that she found helpful. She said things in interview that she no longer feels. This reflects the dynamic nature of the Interviewee, the dynamic nature of the individual. She acknowledges how my analysis has, in her words, "...allowed me to reflect on my present situation." (p. 9 of analysis).

She acknowledges a duality in the way she is with her clients and the way she is with her colleagues (p. 9 of analysis). She found the interview helpful. She liked the way I set it out.

Process Knowledge Accumulated

It is interesting to compare the different reactions of interview nine and ten to their respective summaries. Interviewee Nine, as discussed, found the summary to be inappropriate and in some ways offensive. Interview ten, on the other hand found the summary to be enlightening and something which augmented her self awareness. It is

difficult to determine the reasons for such different reactions, apart from saying that each individual is unique, as is their reactions to situations and experiences.

Researching with a sense of self is an approach to researching which works to facilitate the participants reacting in a manner that expresses their unique self and perspectives.

Content Knowledge Accumulated

This particular interview process tapped into a significant struggle within this Interviewee. It seemed to be a struggle between who she wanted to be and was most comfortable being and who she found herself to be. With clients she was the individual she was most comfortable being, she was congruent and authentic. This was enabling and facilitative, not to mention resonant with her personal philosophy supporting authenticity and the significance of congruence. Within the context of primary care and with colleagues within that setting she found herself being pushed into being and acting in a manner with which she felt great frustration and dissonance. It seemed to be a difficult balance to maintain. The fact she found maintaining this balance a necessity to her existence within the context of primary care seemed difficult for her to acknowledge.

Conclusions From the Field Dialogues

As a preface to the process and context conclusions drawn from the interview dialogues, the nature of how these conclusions were arrived upon needs to be clarified. Essentially the conclusions arrived upon within this thesis are a result of the relationship the researcher established between the issue, and the interviewees. The collected interviews were not manipulated or sieved through some clever analytical tool. The essence of the conclusions is relational as discussed within chapter four of

the thesis. "...power at the real-self state is power with others." (Rowan, 1983, p. 66). Researching with a sense of self within this thesis does not exert power over data, but facilitates a power between people, between issues and people. It is these relationships which reveal knowledge, and understanding.

The distillations I have made from analysing the ten dialogues I initiated with the ten interviewees fall into two categories: process and content. The process distillations or conclusions refer to the process of researching with a sense of self. The content distillations or conclusions refer to the substantive issue of the individual counsellor working within primary care. I shall start this section with talking about the process distillations I have made.

Reflections on Analysis of Data

There are two different perspectives from which I have analysed this exemplar of researching with a sense of self. The first is from the process perspective, meaning the impact researching with a sense of self has on the process of the research, the researcher and the researched. The second is from the perspective of the content. Essentially what impact does this approach have on understanding the subject of the research process, the individual counsellor working within primary care. It is difficult, and in many ways inappropriate to conclude that researching with a sense of self caused these reactions and responses. What this section attempts to do is to make sense of these conclusions within the context of this thesis.

Process Reflections

Researching with a sense of self draws heavy parallels with the person-centred counselling process. It is an approach to researching which extends therapeutic ways of being into the realm of research, acknowledging the potential importance of

congruence within the research relationship. As suggested the notion of the congruent researcher is held within numerous qualitative research methodologies, such as heuristic inquiry and organic inquiry (Braud and Anderson, 1998). However, what distinguishes ReSS from other qualitative, or more specifically constructivist methodologies is its relationship with existing research communities, or paradigms. ReSS acknowledges the ontology of research paradigms as community driven and supported by a deficiency model (see Chapter 3) whereas counselling paradigms are acknowledged to be founded on a philosophy of the individual, and with respect to person-centred counselling, they are founded on a proficiency model.

Operationalising this distinction means the relocation of trustworthiness from the community to the individual. The congruent individual researcher is trustworthy. Through their congruent actions they facilitate a congruence in the other (Rogers, 1986), in turn fostering an effective research relationship. I will now continue with examining this exemplar with respect to the process conclusion I drew from the ten dialogues I initiated.

There are four points that I distilled from analysing the ten dialogues. The first has to do with the expectations and assumptions of the participants. It seems that as the interviewees accepted the invitation to be interviewed, they called on expectations and assumptions each of them had with regard to research and the way research is conducted, or indeed, how research should be conducted as a way of preparing themselves for the interview. This was evident within Interviewee Nine's response to the transcript and summary. The experience of the interview, and even more so the experience of reading my summary of the transcript seemed to take her by surprise. It did not meet the expectations she seemed to have about the nature of the process.

With respect to the therapeutic process Rogers (1964, p. 179) suggests "...the psychologically mature adult trusts and uses the wisdom of his organism, with the difference that he is able to do so knowingly. He realises that if he can trust all of himself, his feelings and his intuitions may be wiser than his mind, that as a total person he can be more sensitive and accurate than his thoughts alone.". In approaching the interview process primarily with a sense of self, as opposed to primarily with a sense of methodology, what processes within the Interviewee were facilitated? Did this enable the Interviewee to reflect on the research process, thus identifying a preconceived notion of what a research process would entail? I would like to suggest that it did.

Interviewee Nine felt that what I did was inappropriate and required permission and an "earned right". Stepping beyond my initial feelings of being offended at such accusations that what I was doing was inappropriate or wrong opened the door to a realisation that this particular Interviewee had an expectation of how this interview process was going to be conducted. I had violated that expectation and those assumptions.

This realisation made me question where those expectations and assumptions came from. Did they come from his/her past experiences about taking part in other people's research or perhaps their own experiences as researcher. Were these expectations and assumptions a product of their training and practice as a counsellor? What does seem clear is that approaching the interview process in the way that I did enabled the Interviewee to access not only their feelings of the issue of counselling within a primary care setting but their feelings and reactions to the feel of the process of the

research. The participants engaged in a relationship with the researcher, in addition to a relationship with what was being researched.

The reactions of the Interviewee enable three tentative deductions to be made. Firstly, each Interviewee comes from very different cultural webs made up of past experiences of work and research. Secondly, each Interviewee had different ways of preparing for the event of the interview and thirdly, and possibly most importantly, these expectations and assumptions suggested the existence of a research participant culture.

Researching in a way that maintained my sense of self gave me the perceptual scope to realise these expectations and assumptions. Being open to my own experience of the interview perhaps enabled the Interviewee the same sense of awareness (Rogers, 1964). I feel that if I had not had a clear and maintained sense of self throughout this research process it would have been difficult to avoid becoming preoccupied with the expectations and assumptions of research conducted solely with respect to inquiry paradigms, or a collective culture. The method might have masked the participants' experience of the relationship, for if adopted as a method it would be taken as a given rather than as a product of a process. Researching with a sense of self provided a brilliant back-drop that illuminated and facilitated the expression of participants' expectations and assumptions regarding the process of researching.

These perspectives are unique to each individual participant. They seem to suggest that research has an impact on participants, which in turn influences their views and potential future participation within research processes. Meeting each participant with respect and a congruent sense of self contributed to the expression of the expectations and assumptions. Rogers (1964, pp. 180-181) suggests "One way of assisting the

individual to move toward openness to experience is through a relationship in which he is prized as a separate person, in which the experiencing going on within him is empathically understood and valued, and in which he is given the freedom to experience his own feelings and those of others without being threatened in doing so.". I experienced the revelation of my own expectations and assumptions about the process of research in light of my congruence and sense of self in relation to the collective culture of inquiry paradigms from which they came.

My conduct as a researcher came from my conduct as a human being. My conduct and approach to research was the embodiment of my sense of self. This was the primary element that found support and parallels within the world of inquiry paradigms, such as the method of the in-depth interview. I was meeting the Interviewee as an individual who was wanting to know more about the counsellor within primary care. I was wanting to gather information in a way that allowed me to maintain my sense of self, my authenticity (Wood in Rowan, 1988; Mahrer in Rowan, 1988). This I believe allowed some of the interviewees to reveal some of their authenticity and sense of self. As one of the interviewees commented in a letter included in the returned transcript and summary of the transcript

> "...I have commented openly in the same spirit in which I feel you have offered your comments." (Interviewee Nine – Response to Summary)

A second element in this grouping was how each Interviewee reacted to reading their words transcribed and analysed. A number of the interviewees commented on how unclear or mixed up they seemed to come across in the transcript.

> "...I try to find the words to express my thoughts, and what comes out is only a reflection of the awful muddle within." (Interviewee Two – Response to Transcript).

Interviewee Five expressed a feeling of embarrassment of what she read within the transcript.

The interviewees who made comments along the line of feeling they did not come across very clearly, or how they anticipated they would have come across accepted only part of the responsibility, the rest was left to the clarity and listening skills of the interviewer. Interviewee Five commented that I used too much jargon that made it difficult for her to understand and therefore left her feeling de-skilled. Interviewee Two stated

> "...I don't think you always listened to my answers!".
>
> (Interviewee Two – Response to Summary)

Interviewee Three expressed

> "...how I waffled when I didn't understand, why didn't I stop to ask.I sometimes felt a little uncomfortable when I was obviously waffling - it must have been irritating for you.".
>
> (Interviewee Three – Response to Transcript)

There are two reasons why I think this is significant. One is that it is surprising that some felt they did not communicate clearly when communication is their profession, and part of their everyday practice. I wonder if they had a vision of how they wanted to come across. According to Goffman (1959) the self is a product of a complicated interaction of impressions. The individual acts out or models what she anticipates is expected. However, when presented with the transcription it became obvious that this vision was not met. This could be a product of the difficult translation between taped conversation and transcription. The perils and pit falls of transcribing taped conversation into text are widely documented (Kvale, 1996). Clarity was valued by a number of the interviewees. Yet it was amazing what came out of such a lack of clarity.

I wonder how much the Interviewee gained from realising that their vision of clarity was not met by them. Was more room made for more revelation on the part of both the interviewer and Interviewee when the expectation of clarity was dropped, and immediate reality picked up? It seems to me that room was made and space was filled with valuable information when this occurred. Clarity and understanding was revealed as being tied with skill, the recognition of its absence tied with self revelation and sometimes self-awareness. It was as if through this realisation something was penetrated.

Madison (in Rowan, 1983) discusses transference as 'reintegration'. "The unconscious mechanism by which brain-stored traces of past experiences are located and aroused by the contemporary situation and interact with incoming sense data to codetermine ongoing psychological processes.". What was penetrated in this researcher/researched relationship? Was the culture or expectation (Goffman, 1959) held by the participant challenged by maintaining my sense of self, in turn facilitating them to be more real? Goodbread (1997, p. 64) describes the function of transference within a therapeutic relationship as something which "...makes the client more real". ReSS suggests the importance of congruence within the research relationship and process, as does Rogers (1957) within person-centred counselling, its purpose in both to facilitate the participant/client to be more congruent, or 'real'.

I was also struck that their clear communication, according to some of their responses regarding the lack of clarity, relied so much on the clarity with whom they communicated. I attempted to initiate the interviews in the form of a conversation, sometimes more successfully than others. The extension of the face to face interview in the form of mailing out my summary of the transcript and giving them the

opportunity to respond was also a way I felt I could emphasis the notion of the exchange being a dialogue rather than a monologue, of either the researcher or the researched.

The suggestion of my lack of clarity being tied to the lack of clarity of the Interviewee by the interviewees themselves seems to suggest just how influential the researcher can be, with respect to both the content of the interviewees responses and their state-of-mind. Rogers (1986) suggests in building therapeutic relationships that

> *...the first element is genuineness, realness, or congruence. The more the therapist is himself or herself in the relationship, putting up no professional front or personal façade, the greater the likelihood that the client will change and grow in a constructive manner. Genuineness means that the therapist is openly being the feelings and attitudes that are flowing within at the moment. There is a close matching or congruence between what is being experienced at the gut level, what is present in awareness, and what is expressed to the client."*
>
> *(Rogers, 1986, p. 135).*

Researching in a way that maintained my sense of self seemed to put the researcher and the researched on the same ground. I was a present integrated self. I respected that in myself and that in the other. Not masking my lack of clarity or preoccupation with agenda and willingness to discover what could come from interacting with these things as opposed to dismissing them seemed to offer the same to the Interviewee. The motivation behind maintaining my sense of self, and using congruence was not to facilitate change within the participant, it was to facilitate a more congruent researcher/participant relationship. However, it seems that even though this was not my intention, the participant did experience change and gained awareness, in the same manner as the researcher.

> I really believe that I must be more coherent in future! Did I take any notice of the interviewer or did she just trigger a train of thought? How can I better communicate that to the patients and junior doctors (enthusiastic rambling, however "good" turns some off).
>
> (Interviewee Four – Comments on Transcript)

Rogers (1957) suggests that a possible marker of whether or not the necessary and sufficient conditions of a therapeutic relationship are in place is personal change. I am left wondering about the personal changes some of the participants expressed within their response to my summary of the interview transcript. Could this be a measure of whether or not these research relationships paralleled counselling relationships successfully? Would a marker of the success of ReSS be the personal change or increased sense of awareness the participant is left with?

The motivation behind ReSS is to facilitate a particular quality of research/participant relationship. A relationship in which the researcher can maintain their sense of congruence, in turn facilitating the congruence of the participant. This particular relationship offering a particular quality of knowledge or knowing, that which is based on congruence and genuineness.

A third issue within this group of distillations is the trend of the Interviewee to at first find it difficult to accept my summary. With time they accepted the opportunity to contribute and comment about the analysis. Some of the interviewees seemed to benefit from the challenges and reactions I offered within the analysis. Clements et al. (in Braud and Anderson, 1998) discusses the use of the self of the researcher with respect to organic research. She suggests that the story or experience of the researcher is essential to the research process. She also suggests that "the goal of organic research is personal transformation for the reader of the study, the co-researchers, and the researcher." (Clements et al. in Braud and Anderson, 1998, p. 125). The point of distinction between this method and researching with a sense of self is that organic

research revolves around the telling and listening to stories and researching with a sense of self revolves around the relationship between the researcher and the researched. ReSS is an approach which prefaces content with the structure and characteristic of the research relationship.

Interview Three expressed that

> "It was interesting and enlightening to read the interview .highlighted my particular hobby horse about professionalisation - I didn't realise how I felt about it".
>
> (Interviewee Three – Response to Summary)

They also stated in relation to reading the transcript

> "...I was wondering if I 'ought' to be so accepting/grateful in fact am I being taken advantage of.".
>
> (Interviewee Three – Response to Transcript)

Rogers (1942, p. 74) discusses gaining insight in terms of the therapeutic process and suggests that "...intermingled with this process of insight ...is a process of clarification of possible decisions, possible courses of action.". The insight being contemplated by this Interviewee is reminiscent of a therapeutic encounter, illustrating their journey towards a greater sense of personal agency and empowerment.

However they also felt defensive in response to some of my summary thoughts. Yet in saying this, the defensiveness and challenges seemed to have instigated them to think about their situation, if only to reaffirm their originally expressed thoughts.

The nature of some of the responses I received from the interviewees were surprising. Even though I am familiar with the purpose of congruence within a therapeutic relationship the experience of using congruence within a research relationship was a new experience. I did not anticipate that some of my challenges or feedback would

instigate them to contemplate their way of seeing or dealing with things. I anticipated the context of research which surrounded the relationship between myself and the interviewees would have precluded such reactions.

> This statement is challenging my core beliefs about counselling - without the true relationship clients will have difficulty in "growing".it will help me reflect on my practice.
>
> (Interviewee Ten – Comment on Transcript)

In response to reading something that they had said in the interview the Interviewee stated

> "A very powerful statement for me, which I have openly admitted."
>
> (Interviewee Ten – Response to Transcript).

Another comment made by that Interviewee regarding a section of the interview was as follows.

> This part feels like a two way discussion where you are offering me your opinions. Interesting in an interview.
>
> (Interviewee Ten - Comments on Transcript)

They also stated in their comments on the transcript

> "I hadn't realised at the time of the interview how much of yourself you had put in."
>
> (Interviewee Ten – Response to Transcript).

Researching with a sense of self made an impact on the participants in a manner which I would suggest researching without would not. If I accept that the research relationship that I attempted to facilitate was indeed resonant with a therapeutic relationship I would attempt to facilitate, I could suggest that the above comments illustrate Rogers' theory on the power of the congruent and aware self with respect to contributing to the facilitation of the same within the other.

The initial difficulty the interviewees had with my analysis, their defensiveness and confusion seemed to parallel my interaction with research methodology. Initially I felt defensive and frustrated when I confronted research methodology in terms of initiating my investigation within the field of counselling in primary care. I was concerned about my ability to maintain my sense of self in light of the strong cultures of inquiry paradigms. I was concerned about the space for self-enactment (Wood in Rowan, 1988) within inquiry paradigms. This concern bred defensiveness within me and considerable frustration.

Having made the process of re-connecting with myself important since beginning my training as a counsellor I was not about to suspend that process in the name of research. In fact I felt the maintenance of that process was important to the quality of the research I was to produce. My ability to step beyond my defensiveness enabled me to realise that it was possible to maintain my sense of self and engage with research methodology and researching in a way that was responsible, ethical, and possible to communicate. Stepping over the defensiveness was enlightening (Goodbread, 1997). The interviewees willingness to do so seemed to also offer them an interesting, if not valuable, opportunity to re-evaluate perceptions and thoughts about issues. Is this a product of therapeutic research relationships?

> I have been challenged to think more carefully about my motivation to counsel. I also find myself quite annoyed about the imbalance between GPs and counsellors, which I have mainly accepted as being the price to pay for continued employment.
>
> (Interviewee Five – Response to Summary)
>
> In reading the analysis of the interview my first reaction was shock. 'How dare you' and 'how could you' was my initial response. At the time I was not feeling good about myself. A little time later I could see the positive aspects.It may also be that I don't want to acknowledge how others may see me, especially if it is at odds with how I think of myself.
>
> (Interviewee Seven – Response to Summary)

A fourth point within this category of distillations is that some of the interviewees actually appreciated when I became more personally involved in the interview. Interview Two in terms of not being "value free and objective" stated that

> "If this was all you were interested in the results would be deadly boring and I wouldn't want to read it".
>
> (Interviewee Two- Response to Summary)

They also commented that

> "...you are not reducing an extensive and involved conversation to a few paragraphs. If you were, I should not be bothered to write all this."
>
> (Interviewee Two – Response to Summary)

Although a large chunk of this interviewee's response to my analysis was not favourable, and nor was I looking for "favourable", I feel they respected, if not appreciated, my candidness and personal involvement.

> I felt here you were sharing a personal experience - that was okay for me.
>
> (Interviewee Ten – Comments on Transcript)

> "...a tension between my(ibid) attempts at impartiality and my desire to get involved in the interview and express my own view.".
>
> (Interviewee Five – Response to Summary)

Even though I had made a commitment to researching with a sense of self I had a researching past and training which did not hold such a thing as important.

It was difficult to avoid being drawn back into traditional or conventional research methodology expectations and traditions which I had heeded to on prior occasions. The struggle I had between my sense of self and my sense of methodological expectations highlights an important struggle within this thesis. It is the struggle between expectation and personal power and agency. It is the struggle between trust of the individual and trust of the collective with respect to what it means to know

something, or understand something (Rogers, 1977). It was inevitable that such tension be picked up, especially in view of the nature of people I was interviewing. It was interesting that the interviewees' preference paralleled my own, as Interviewee Five reflects

> "When you as interviewer got more engaged, it was much more enjoyable and comfortable for me.".
>
> (Interviewee Five – Response to Transcript)

As Interviewee Two suggested so eloquently

> "I believe creativity is only possible when we are aware of the tension between opposites."
>
> (Interviewee Two – Response to Summary)

The impact researching with a sense of self has on the process of researching closely parallels the impact of the self within the process of counselling. It is an approach to inquiry, which as described by Dzurec and Abraham (1993, p. 78), "...is a subjective, exploratory process through which researchers and practitioners come to know.". Researching with a sense of self approaches knowing via the path of personal agency, or congruence. As illustrated in the above process extracts participants were enabled to engage with the process of the research, in other words the research relationship.

The therapeutic use of the self within the research relationship seemed to encourage the participant to reflect on the process. This reflection seemed to reveal expectations that they had for the process. This reflection suggests the notion that there is a community of research expectations which influence the individual's experience. Researching with a sense of self seemed to facilitate the participant to engage with their here and now experience rather than through a filter of expectation. This process parallels the therapeutic process in which the client is facilitated to engage with their

own personal power instead of the expectations of the other (Mearns and Thorne, 2000, p. 217).

In reflecting on these process conclusions a significant question seems to prevail. How do I know that these types of responses, or this type of relationship can be attributed to the manner in which I approached the process of researching? In short I cannot make those direct causal links. The same situation holds for the therapeutic relationship. How do we know that it is the congruent counsellor that contributed positively to the positive change of the client? Once again, we don't know. Reducing and containing the variables involved in order to attain an answer would be to change the very thing you are trying to research. Perhaps it is as unrealistic to prove whether ReSS 'works' as an approach to researching as it is to prove whether person-centred counselling works as an approach to counselling.

It is important with respect to this thesis to acknowledge that proving whether or not ReSS was the cause of this type of data is inappropriate. It is a motivation which is located in another inquiry paradigm, specifically positivism in which reductionism is the norm. Controlling variables is expected and realistic. With respect to constructivism, and even more specifically with respect to person-centred counselling understanding something becomes the motivation, rather than proving something.

I will now continue with my reflections on the content of the dialogues, specifically what conclusions did I draw from the dialogues about the individual counsellor working within the context of primary care.

Content Reflections

The bulk of the current literature on counselling in primary care can be separated into two general categories: one being articles dealing primarily with the social context of the relationship, specifically occupational culture (Huntington, 1981), occupational ideologies (Straus et al. in Small and Conlon, 1988), paradigm conflict (Reason, 1991), role confusion, power, status, proving effectiveness and necessity (Corney and Jenkins, 1993; Keithley and Marsh, 1995), and the history of the relationship (East, 1995). The other category represents articles that touch not only on the social context of the relationship, and the hardships that can occur in this area, but also on the personal, phenomenal areas that occur in such relationships and circumstances. By far the majority of the articles in the field to date can be placed in the prior category dealing with social context (Cohen and Halpern, 1978; Brown and Abel Smith, 1985; Small and Conlon, 1988; Higgs and Dammers, 1992; Corney, 1993; House, 1994a, 1994b, 1996; Salinsky and Jenkins, 1994; Launer, 1994; Papadopoulos and Bor, 1995).

The few articles which fall into the latter category, mentioned above, seem to suggest that a crucial point has been overlooked and needs attention in relation to counselling in primary care (Reason, 1991, 1992; East, 1995; Wasket, 1996). These articles rub up against the notion of the phenomenal self in terms of understanding the relationship between primary care and counselling, and its evolution. Wasket (1996) touches on the notion of how family history and bonding experiences could influence how we interact in multidisciplinary teams. Reason (1991, 1992) touches on the personal in terms of the Self and what place it has in paradigmatic conflict. East (1995) in her book Counselling in Medical Settings touches on the notion of what type of person is

drawn to what profession, specifically suggesting that the 'answer driven' are drawn to medicine, and the 'exploring humanists' are drawn to counselling.

The primary focus of the exemplar of ReSS was on the individual counsellor within the context of primary care. The relationship between the individual and context being its focus, this exemplar hoped to explore, in addition to the application of ReSS, the experience of relationship between the individual and context from the perspective of the counsellor working in primary care.

The polarity between the humanities and medicine which is found in counselling in primary care, clash between occupational culture (Huntington, 1981), ideology (Straus et al. in Small and Conlon, 1988), and the sense of paradigmatic conflict (Reason, 1991). All represent elements of the context with which the individual counsellor working in primary care relates. The inclusion and stress on context with respect to the individual has been called for repeatedly throughout the literature. Halmos (1978) speaks of a dissonance between the personal and political and the necessity of a resolution and combination of the two perspectives in building conclusions. In literature specifically on psychology and counselling the accusation of decontextualisation, and its cost on the client, is prevalent (Woolfe, 1983; Cushman, 1990). In short from surveying the literature, few articles on counselling in primary care addressed the individual counsellor's relationship with the context in which they were working.

The following are the content conclusions, directly related to the counsellor within primary care, which I found to be particularly interesting and consistently present within the different dialogues.

1. tension between self and context

2. relationship between types of awareness held by the counsellor within primary care
3. the assumption of a variety of roles by the counsellor in primary care
4. the relationship between the individual and the collective

The most overwhelming conclusion within this category is the tension between maintaining a sense of integration with the self and maintaining a connection with the context each individual found themselves within. What primary care counsellors are often faced with is a dichotomy of philosophy, namely the relationship between the medical model and the person-centred model. The history and prominence of the medical model can influence the dynamics of the primary care context. Waskett (1996) identifies an element of this dynamic when she talks about the primary healthcare team. The purpose of the team is to help the doctor follow "...a truly 'doctor-centric'view, which seems to devalue the specialist skills of other teams members." (Waskett, 1996, p. 244).

Each Interviewee had their own methods of dealing with the tension. Each Interviewee had varying degrees and quality of success in doing so. Interviewee Seven stated

> "I'm doing what I have to do in order to satisfy people."
>
> (Interviewee Seven).
>
> I feel uncomfortable when I read this because I'm manipulating the situation to survive. Yet this isn't me in reality. This team is very powerful.
>
> (Interviewee Ten – Comment on Transcript)

Interviewee Ten presented the issue well in her response to my summary of the transcript.

> "I am in fact true to my core belief with clients but I'm behaving differently outside the (counselling) room e.g. with my counselling colleagues.".
>
> (Interviewee Ten – Response to Summary)

The power of the context of primary care is considerable, and space and time constraints seem to be numerous, as outlined in some of the dialogues. However what was more powerful was what the introduction of the counsellor into the context of primary care brought to the surface, the difficulties of two philosophies co-existing. "Since medicine starts with a paternalistic stance, and counselling makes no sense unless aimed at increasing a person's ability to make choices for him/herself, it may be seen that in the moral field counselling and medial care work in opposite directions and may clash head on." (Higgs and Dammers, 1992, p. 29). In many respects it is not just two co-existing philosophies but numerous philosophies considering that primary care contexts usually take the form of a team of health professionals (Waskett, 1996).

Eatock (1997, p. 10) suggests that counsellors "...may begin to expand *their (sic)* repertoire in such a way that *they* cease to be easily recognisable as counsellors and become...what? The risk of course, the ideological conflict that is often discerned between the philosophy and principles of counselling and other approaches that is a constant burden.". This burden was evident in these dialogues. The push and pull of philosophies and expectations was a common theme, as was the unique manner in which each participant engaged with the burden.

Most of the interviewees expressed that their counselling values where not just related to their practice as counsellors but in their everyday lives.

> .a lot of the things that you heard me say about counselling, I would apply to the rest of my life as well. That's who I am. I can't be any other way, you know. I have a philosophy of life, and that is the basis, probably, for how I work in counselling and how I do everything and how I do everything else as well.
>
> (Interview Six)

It felt sad realising that upon reflection on the interview transcript some of the interviewees contemplated that they may not be existing in the integrated manner which they valued.

> The NHS is another parental structure where to fit in you have to be seen as "playing by the rules". At the sharp end there is flexibility to meet my clients needs and meeting the needs of management structure. From experience I have learnt that being a maverick does not go down well.
>
> (Interviewee Seven – Response to Summary)
>
> I want to be accepted and allowed to practice the way I know how within that, but to do that I need to be seen to be respecting who they are, to understand who they are, and I'd like to know more and more .about what they do, and to be able to speak in their language more and more.
>
> (Interviewee Eight – Comment on Transcript)

House (1994b) recognised this tension when he referred to the "...interprofessional unease and conflict..." when working as a counsellor in a primary care context. In light of the significant differences between specifically a humanistic perspective of counselling and a biomedical model, suggests House (1994b) it is not surprising the degree of resistance the counsellor in primary care can experience,

A second tension experienced by many of the counsellors I interviewed was between two types of awareness each individual seemed to have. There seemed to be an awareness of a professional nature, and an understanding about the behaviour or difficulties of colleagues or of the context. An acceptance seemed to be bred from this kind of awareness. Interview One illustrates this tension in the following extract of the transcript.

> "...I try and again like hold a middle ground cause sometimes I can go to the like 'oh just shut up you don't know what you are talking about'.And then other times I can feel well God you know they'about like that for a reason."
>
> (lines 663-667 of transcript).

In connection with the issue of the tension between types of awareness, is a third issue within this category of distillation, that of the counsellor feeling a need to assume a

variety of roles in order to maintain their positions within primary care. It was almost as if the counsellor within primary care is not only a counsellor to the clients that are referred to them but is a counsellor to the issue, an educator of the GPs and patients in terms of the difference between a GP/patient relationship and a counsellor/client relationship. Within the literature counsellors have been identified as primary care team members who could enhance teamwork and primary care team environments (Waskett, 1996; Bor and Miller, 1991; Small and Conlon, 1988). Waskett (1996) identifies three categories of roles a primary care counsellor can occupy, namely consultancy, proactivity, and education/facilitation.

Interviewee Six talked about building a cultural bridge between patient and doctor, between patient and counsellor, and between doctor and counsellor. Interviewee Seven stressed how important the role of educator was to the nature of his role as a counsellor within this particular primary care context (lines 551 - 559; 156-159).

A fourth issue within this category was the tension between the individual and the collective. This was expressed in a number of ways. Interviewee One talked about the decisions of the collective of GPs being at the expense of the feelings and preferences of the individual GP. Interviewee Ten talked about being an individual which seemed at the mercy of a collective of like minded therapists who did not appreciate her way of practice. Interview Five talked about her preference to be an individual counsellor in any practice because the idea of a collective of fellow counsellors in one practice made her feel insecure.

> I fear being compared with other counsellors and being found inadequate. That I know shows a weakness in me.
>
> (Interviewee Five – Response to Summary)

Interviewee Nine also referred to the "collective" of GPs as a tool used to manipulate individuals towards a certain way of thinking. This was said in reference to the issue of the effectiveness of counselling and needing to prove its effectiveness.

Echoing this tension between the individual and collective GP is that of the individual researcher and the collective of the inquiry paradigm. Addressing this tension through conducting researching while maintaining a sense of self enabled me to appreciate to a greater degree the complexity of such a tension. Having addressed the tension between one and many within the process of investigating the individual counsellor within counselling in primary care enhanced my awareness to the situation of the counsellor within primary care. With respect to counselling practice Goodbread (1997) suggests that a counsellor's awareness of their own edges, namely things which challenge our sense of identity and awareness of that identity, enables them to acknowledge and facilitate clients to connect with their own edges in a significant manner. As a researcher, my awareness of the edges associated with maintaining my sense of self through the process of researching, and within a context of research enabled me to acknowledge the same with respect to the counsellor within the context of primary care.

One of the things that each of these content distillations have in common is the interaction between context or collective of primary care and the individual counsellor. It became apparent that each individual counsellor had devised their own ways of coping or existing or thriving, depending on the individual, within the context of primary care they were presented. It became apparent that each primary care context had both similarities and differences. There did not seem to be a constant culture which was referred to. The reason for these inconsistencies seemed, upon

reflection, to be because what the interviewees were discussing and revealing was their own perspectives of the context in which they were working. There was not one detached explanation of the context in which each Interviewee found themselves working.

It did not seem useful talking about the objective rules and regulations (although they seemed to differ between contexts as well) apart from it being a way to ignite conversation. What did seem useful and significant was how they framed such explanations of the "rules and regulations", was how they tread carefully until they felt they knew that I was a friendly and trustworthy person (however some, perhaps all, did not seem to ever reach that or feel that about me).

The conversation seemed to flow more easily when feelings about contexts were asked about, when it was perspectives that I was interested in, as opposed to facts and figures. The conversation seemed to flow when I revealed some of my own perspectives and feelings about counselling in primary care. Each Interviewee seemed quite ready and willing to talk about such issues and each individual, when asked what they felt about the significance of such questions and such a discussion expressed their support and feelings that these issue were indeed important and needed to be addressed.

I was also struck by how some of the interviewees talked about their circumstances, their daily practice, their feelings about their sense of identity within such demanding contexts. For some there was an element of thankfulness and contentment. This seemed to be the sentiments of the less initiated of counsellors within primary care. They did not see the need for challenging their circumstances at this point in their careers. In addition to their degree of experience and qualification, the fact that they

were or were not paid seemed to figure into their feelings about challenging the contexts in which they worked.

The other more experienced and paid counsellors seemed to hold one of two out-looks, generally speaking. They either accepted the situation as "just the way it is" and had decided to make the best of it, or they felt they needed to do their best as educators and instigate changes in their best interests.

There were differences in perspectives. There were differences in how those perspectives where carried. There were differences in the levels of passion with which each Interviewee spoke about counselling within primary care. Some seemed more tired and disillusioned than others. What was constant was a willingness to communicate. All of the interviewees were ready and willing to communicate about the issues that were raised.

Each Interviewee seemed ready and willing to talk about their perspectives on their individual situations within primary care, on being a counsellor within primary care. The combination of the way I went about collecting this information and that I was interested in them as individuals, as opposed to contributors to a collective seemed to tap a large pool of energy. To express things of this nature within the context of research seemed a bit of a surprise to some of the interviewees. A number of them expressed a hope that they gave me what I wanted and that it was helpful. I wanted to question whether or not they found it helpful on a personal level. Some of them acknowledged, within their responses to the transcript and summary, that possibly it was.

When you've got it (knowledge), which is like any knowledge isn't it, now that I have the knowledge, what can I do with it once I've got the knowledge? Will it, at the end of the day, will it make a difference to how counsellors can be, I am just going to use the word "be" to encompass everything in primary care."

(Interviewee Three – Comment on Transcript)

.how can we come out of our ivory towers and see that we'about all human beings.I'm human and so is the person in the room next door whatever her job is.

(Interviewee Four – Comment on Transcript)

.I think that we have to speak their language (referring to GPs) if we are going to be heard, if we are going to have a voice, and we need to be seen to be able to speak their language.

(Interviewee Eight – Comment on Transcript)

Discussion

What this exemplar seems to highlight is the complexity of the relationship between the collective culture and the individual with respect to both the research process and the research issue. Illustrated in many of the interviews is the struggle individual counsellors experience on a regular basis working within primary care. It is a complicated relationship between, among other things, types of perspective, knowledge, and philosophy. It is a relationship which has been highlighted throughout the literature as a challenging meeting of professional perspectives (Higgs and Dammers, 1992; House, 1994a, 1994b; Papadopoulos and Bor, 1995; Abel Smith et al., 1989; Thorne, 1988).

Reflecting on the process conclusions I wonder whether the recognition of expectations in light of a different experience facilitated the participant to reflect on their work within primary care in a particular manner? Did the maintenance of my congruence facilitate the participant to connect with the experience through acknowledging their expectations, hence facilitating a more significant, effective research relationship? The quality of data gathered on the individual counsellor's experience working in primary care was rich both in breadth and depth. What

facilitated this quality? What facilitated the participant to reflect on their relationship with the context of primary care in such a significant manner? Did the maintenance of the researcher's sense of self enable the participant to capitalise on their congruence and sense of self, in turn facilitating a rich and congruent body of data?

These are difficult questions to get hold of and answer. What I do know is that approaching the process of researching the individual counsellor working in primary care using ReSS seemed to facilitate a research relationship in which the participant could reflect on both the process of the research and the content of the research in a significant manner. With respect to process it was revealed that the participants seemed to come from a research participant culture. Their expectations of the process signalled previous research experiences or relationships. This leaves me to ask what is the impact of a research participant culture on a research project?

With respect to content this research revealed that within this group of counsellors working in primary care there was not a generic response to the context of primary care. Each counsellor demonstrated unique perspectives and approaches to, what they identified as unique working environments. Certain variables were introduced which impacted the manner in which they responded to their working environment, such as pay and size of team. In thinking about these content conclusions it is important to bear in mind that the purpose of this exemplar was not to produce generalisable conclusions on the individual counsellor's relationship with the context of primary care. It was to explore the impact of the researcher's relationship with the research process on the relationship the researcher has with the participant, and in turn the resulting data. Definitive statements cannot be made, rather qualities and characteristics can be highlighted and explored within the context of the thesis. It was

an exercise within and around the process of research and the relationship between researching and counselling.

As suggested earlier, one of the main characteristics of a good piece of research is the extent to which it adheres to the community from which it originates. For example there are a number of characteristics which a good piece of qualitative research would have, such as triangulation, the use of independent analysis, respondent validation, peer audit, the presence and use of a reflexive journal (Koch, 1996; Koch and Harrington, 1998; Paterson, 1994). I acknowledge what a difficult task I have set for the reader in evaluating this exemplar. What I have stated is that this is an exemplar of an approach to researching which is not located within a research community, more specifically within a qualitative research community as are heuristic inquiry, or organic inquiry.

In saying this however, in my initial structuring of the framework for ReSS I did use two independent readers to supplement my analysis. This is a commonly held construct within qualitative research processes that addresses the credibility and trustworthiness of the research. As mentioned earlier, these independent readers were not counsellors and were only briefly instructed as to how to engage with the task of reading and analysing the randomly selected transcripts. Each independent research was given two transcripts.

In order to maintain a clear distinction between the research dialogue I was engaged in with the participants and the analysis process of the independent readers I did not look at the analysis of the independent readers until all the research dialogues were complete. What I read was both frustrating and enlightening. It felt frustrating reading the independent readers analysis for they were coming from a completely different

perspective. The points they highlighted within the transcripts were very different to the points and issues that I highlighted and the participants highlighted. It felt like the independent readers were speaking a different language. Does the difference in analysis suggest that the research was not credible or trustworthy? I would like to suggest that it does not.

Researching with a sense of self is an approach to research which precedes the notion of methodology firstly because it is located within a different philosophy of the individual and secondly because that it is the operationalisation of the individual researcher's sense of self that defines the process. The necessity of having an independent reader originates from a particular notion of the individual as untrustworthy, as needing guidance and constructs to enforce trustworthiness and to check trustworthiness. ReSS adopts a person-centred approach to the individual, in that the individual is inherently trustworthy.

ReSS suggests that the active congruence of the researcher will facilitate the same within the receptive and engaged research participant, this in turn facilitating a trustworthy, congruent relationship from which understanding and knowledge of the same description can come. The credibility of the content is established between the researcher and the research participant, in this case in the form of a dialogue starting with an in-depth interview. The credibility and trustworthiness of the researcher is maintained through the supervision, therapy, and journal process in which the researcher engages. What this exemplar seems to suggest is that ReSS maintains two processes of credibility, one within the researcher, this primarily being about the process, and another between the researcher and the participant, this being about the content as well as the process.

In locating this research within person-centred counselling theory, using congruence and a sense of self as vehicles towards trustworthy research I have abandoned the goal-posts established by the qualitative research communities, whether that be constructivist, critical theory, or post-positivism. The quality of the research has been relocated from the individual researcher to the research relationship. It is not how many validity constructs such as reflexivity and respondent validation have been engaged but to what extent the researcher, through their active congruence, sense of self and awareness facilitates the same within the participant, in turn facilitating a congruent trustworthy exchange (Rogers, 1961).

In not locating ReSS within an inquiry paradigm such as constructivism I relocated trustworthiness from within the community to within the individual, identifying the different models which underpin constructivism and counselling. In doing so I did not abandon the importance of quality, ethical, sensitive research. Instead of operationalising validity, I worked to operationalise trustworthiness. I used frameworks from within the counselling domain to facilitate my trustworthiness such as personal and research supervision, personal therapy, and journalling.

What I have come to conclude is that the difficulty in assessing the effectiveness of ReSS as an approach to researching is no different to assessing the effectiveness of counselling. Assessing effectiveness is far more productive and relevant when done through looking at the process through the perspective of both the researcher and the participant. This holds for both ReSS and counselling. In looking at the extent to which the research participant engaged in the process of ReSS, in addition to the depth and breadth of the participant's awareness within the dialogue processes, it feels

as though ReSS was an acceptable approach to researching from the point of view of the participant.

From the point of view of the researcher, I feel that this was an interesting exercise looking at the relationship between researching and therapeutic relationships. I acknowledge the processes of operationalising trustworthiness through supervision, therapy and journalling need to be addressed further with respect to the evolution of ReSS. I also acknowledge that ReSS has limitations in terms of the use of the knowledge and understanding it generates. It is specific and non-generablisable. It could serve to illuminate and contribute more detail to given realms of understanding and it could contribute additional perspectives to various substantive issues. In its present state as an approach to research it is no more than a springboard into more traditional qualitative research processes.

Chapter Six – Conclusions

This concluding chapter is broken down into the following topics.

1. Summary of the thesis
2. Contributions of the field work to the thesis
3. Characteristics of ReSS
4. Evaluation of thesis
5. Future considerations and research pursuits

Thesis Summary

As stated at the beginning, this thesis finds foundations in particular notions of researching and counselling. I have identified research as a process using Rowan's cycle of researching (Figure 3, p. 27). Researching on a general level, regardless of the approach or the paradigm in which it is located, is a process of interaction between the researcher and the researched (Reason, 1988). Rowan (1981) identifies the individual as BEING in the cycle. The individual before and after the process of researching is located away from the cycle, during the process the individual enters the process or cycle. The research cycle can take many forms, such as participatory inquiry, heuristic inquiry, or intuitive inquiry, as identified by Rowan (1981).

Guba (1990) suggested the world of researching could be divided into four inquiry paradigms. As suggested, inquiry paradigms are structures that represent particular communities of researching, or schools of thought with respect to researching. The inquiry paradigm is a combination of three things, ontology, epistemology, and methodology (see chapter two). Guba (1990) has identified four inquiry paradigms that combine to represent the current world of researching. They are positivism, post-positivism, critical theory, and constructivism.

The specific territory in which this thesis exists is within the constructivist inquiry paradigm. This is a paradigm that acknowledges reality in a particular way. Essentially, within the constructivist paradigm there are multiple realities. Each individual carries their unique reality. The foundation of constructivism is relativism (Guba, 1990).

The world of researching, whether it is positivism, post-positivism, critical theory, or constructivism is founded on a deficiency model. The deficiency model (Mearns and Thorne, 2000) views humanity as lacking. Individuals need to be given things, "...filled up..." as pointed out by Mearns and Thorne (2000, p. 33). Mearns and Thorne (2000) discuss this in terms of education, and that the student is regarded as needing things, rather than needing something that taps into what they already possess.

Research sees the researcher as needing things, as needing guidelines and constraints, such as validity, reliability, and trustworthiness constructs in order for the research produced to be deemed valuable and acceptable. Regardless of the inquiry paradigm from which the researcher is researching, there are constructs that address this "lack", identified within the deficiency model. The value of research is intrinsically linked with the nature of its relationship with the community in which it is located.

As suggested, this thesis also finds foundation in a particular notion of counselling. The foundations to the context of counselling used within this thesis are humanistic in nature, believing heavily in the intrinsic value and trustworthiness of each individual. The foundations of this counselling paradigm are that of the proficiency model of humanity. In fact, as pointed out by Mearns and Thorne (2000, p. 33) "...most approaches to therapy are oriented towards the potentiality model- they aim to help

the person become more flexible and confident to practise and develop his potentialities.".

Specifically this thesis rests on a humanistic approach to counselling. It is the relationship that is the therapeutic entity. This relationship becomes therapeutic when certain qualities are expressed by the counsellor and experienced by the client (Rogers, 1958). These qualities are congruence, acceptance, and empathy. Of particular interest to this thesis is the issue of congruence in an effective therapeutic relationship.

To clarify, both counselling and researching have been defined using Gilmore's model of effective therapeutic practice, in addition to the structure of the inquiry paradigm. There is a foundation of philosophy of humanity, theory, and the individual. All three levels co-exist and interact. Each is dynamic and phenomenological in nature. (Figure 4, p. 86)

The foundations of this thesis are as described. The actual place of this thesis exists in the relationship between researching and counselling. I initially started this thesis wanting to investigate the individual counsellor working within a primary care context. I wanted to explore the impact of one on another. I wanted to identify issues that influenced the nature of this interaction. In setting out to do this, within my initial forays into the vast world of methodology I began to feel a dissonance between what I was doing as a counsellor and what I was trying to do as a researcher. I began to experience my way of being as a 'counsellor' being infringed upon as I was becoming a 'researcher'. It was an uncomfortable tension that motivated me to shift my focus from the counsellor working within a primary care context, to a counsellor entering the world of researching. The questions which this thesis revolved around are:

is there an approach to researching which allows the individual counsellor to maintain their sense of individuality, uniqueness, and that respects the importance of maintaining congruence with this sense of self? Is there an approach to researching which allows the individual counsellor to use themselves in the same manner as they do within a counselling relationship? If not, would the development of such an approach contribute to bridging the gap experienced by some counsellors between counselling and researching?

What I attempted to do was to address this tension through first establishing some of the sources which contributed to this tension. These sources were located at very deep philosophical levels and addressed significant issues such as personal integrity, congruence, and personal identity. Researching, I discovered, was based on a deficiency model of humanity. Counselling was based on a proficiency model of humanity. Individuals possess great potential to live and interact in a fulfilling and effective manner. Individuals are trustworthy. They can be trusted to have the resources to live a fulfilled life (Rogers, 1977). With respect to researching and the process of research the constructs that were held so integral and useful within the counselling relationship were deemed inappropriate and irresponsible, or if they were used within a research relationship where tightly bound within deficiency model boundaries. The researcher was not to be trusted to use these things in an effective manner. The researcher essentially cannot be trusted to conduct meaningful and valuable research without the boundaries of validity and trustworthiness imposed upon them by the research community.

To be an effective counsellor one of the most important things I needed to maintain was my sense of self. In order to facilitate congruence and actualisation in the client, I needed to remain in touch with my own congruence, and actualisation process. The process of researching I confronted in the initial stages seemed to suggest that I needed to modify or bound these processes within a very particular set of boundaries. I could be congruent, although I would need to place such a way of being within a

container, such as a reflexive journal, in order to make a valuable research contribution. I was faced with a difficult choice. Should I conduct my research according to existing expectations and boundaries, or should I attempt to suggest a manner in which valuable research could be conducted where my sense of self and congruence was respected and in fact intrinsic to the process of valuable researching.

Increasingly counsellors are facing the issue of evidenced-based practice. The call for research which justifies the usefulness of counselling from both process and outcome perspectives is becoming louder and louder. For counsellors working within primary care settings it is now common practise for them to be expected to participate in some form of research, audit or evaluation which tests the usefulness or the nature of counselling's use within primary care. Where at one time counsellors may have had the choice to decline to do research, that seems a distant memory in the present climate.

The tension between counselling and researching exists on a variety of levels. One of the most significant contributions to the tension is the difference in ontological systems. Counselling, and in the case of this thesis, humanistic counselling supports the notion of the client being the expert on their situation. The client possesses the answers, or the ability to reach the answers to their unique situation. The counsellor approaches the counselling relationship as a facilitator of this process.

Conventional attitudes within the world of researching regard the researcher as the expert. The researcher has ultimate control. They ask the questions, find the answers in predetermined ways and using various tools and applications take the ultimate degree of control, that being generalisation. Granted the above description of researching is largely positivistic in nature, however even existing qualitative

approaches to researching can be problematic to the counsellor and the process of counselling.

Research approaches from postpositivism, critical theory, and constructivism clearly challenge the researcher – researched relationship of positivism. The participant in qualitative research (any research within postpositivism, critical theory, or constructivism) is empowered and viewed as equal and the possessor of expert knowledge. The researcher's influence on the research process is much more openly acknowledged, in addition to the extensive ways of knowing of which the individual researcher is capable. However all existing research paradigms seem to share a common perspective on the issue of trustworthiness which this thesis identifies as perhaps the most definitive tension between researching and counselling.

Counselling, specifically humanistic person-centred counselling is founded on a particular view of humanity. There is a strong adherence to the notion that the individual "...has a huge array of potentialities manifested in embryonic skills and talents." (Mearns and Thorne, 2000, p. 33). The world of research, illustrated by the extensive list of tools researchers can apply to address issues like bias, validity, and trustworthiness, not to mention the array of methodological applications such as reflexive journaling, applied to contain the researcher, is founded on a different perspective of humanity. Regardless of the paradigm it seems the researcher is viewed as lacking inherent trustworthiness. Commonly adhered to within the sphere of education, for example, the deficiency model regards the individual as needed to be "...'filled-up' with appropriate elements from the moral and political curriculum." (Mearns and Thorne, 2000, p. 33).

What I have done within this thesis is approached a tension I experienced between counselling and researching from an ontological/philosophical level. Researching with a sense of self is not a methodological package located within the constructivist paradigm. ReSS represents an approach to the process of researching. The exact methodology is a product of the individual's interaction with the process of researching.

ReSS suggests and indeed supports that research is a process (Rowan, 1981). ReSS identifies (reiterating Rowan's sentiments) the process of research as beginning long before something is "done" or applied to a substantive issue. Researching is something that someone enters into. It is a process that is ignited within the subconscious. It is at that moment when researching begins. Rowan represents this on his cycle of research with the BEING stage.

The question ReSS suggests is whether research is something one needs to enter into or can it be something with which one relates. Can researching be relational in nature, as counselling is relational in nature? Can the quality of the relationship suggest the quality of the research? How can I research something without compromising my sense of integrity and its importance? Is there an approach to researching which facilitates my sense of congruence and integrity, an approach which looks upon congruence and the integrity of the researcher as essential to the process of researching and production of valuable research? Is there an approach to researching which acknowledges the individual in the same manner as the individual is acknowledged within humanistic counselling? Having a clear sense of the location of the tension between researching and counselling I attempted to approach the process

of researching in a manner which used and facilitated my congruence and maintained my sense of self.

Blending counselling and researching ReSS is an approach to researching which is founded on a proficiency model. ReSS suggests that, as within counselling relationships, an active congruence and a maintained sense of self could enhance and facilitate valuable researching and research. As suggested within Chapter 3 ReSS relocates trustworthiness from the community to the individual. I suggest that the congruent researcher can be as effective as the congruent counsellor.

The structure of this approach to researching is determined by each individual who makes the decision to approach researching in a manner that maintains their sense of congruence and sense of self. Whatever shape or manner in which the research is conducted, the researcher will not return to the space they started the research process. As within the counselling relationship, the ReSS approach to researching is dynamic and phenomenological. The process cannot be replicated but the sentiments that motivate the nature of the process can.

With this structure, I entered the field of counselling in primary care to "test-drive" this approach. I conducted ten in-depth interviews from a self selected population of counsellors working in a primary care context. I also invited these participants to engage in the analysis process as well, hence extending the interview process into more of a dialogue. I randomly selected four dialogue processes to be read by two independent readers. I analysed the dialogue process with respect to both the participants experience of the process and what they shared with respect to their experience of working within a primary care context.

Contributions of fieldwork to the thesis

The fieldwork makes two types of contributions to this thesis, namely process and content. They are defined as follows.

Process

1. The difficulties in evaluating ReSS
2. Difficulties operationalising trustworthiness
3. The assumptions ReSS makes of the researcher
4. The nature of the understanding and sense of knowing that ReSS generates

Content

5. Highlighted some characteristics of the relationship between the individual counsellor and the context of primary care

As discussed within Chapter Five reflecting on the exemplar of ReSS highlighted the fact that as the process of counselling is difficult to evaluate with respect to effectiveness, so too is ReSS. Being founded on person-centred counselling principles and emphasising the importance of the relationship within the research process it is hardly surprising that as an approach to researching it would find itself in similar territory as counselling with respect to evaluating its effectiveness.

What did become evident is that through examining the process of ReSS within the exemplar, through the perspective of both the researcher and the participant, a more conclusive picture of its effectiveness as an approach to researching could be reached. For example it addresses questions such as did the participant engage in the process? Did I engage in both personal and research supervision, did I engage in counselling, did I keep a detailed journal of the process? In short did I engage in the process of maintaining my sense of congruence and work to maintain it in a responsible manner,

following the same guidelines set out for establishing and maintaining ethical and sensitive counselling relationships?

In thinking about evaluating the effectiveness of ReSS as an approach to researching I began to think about the role of trustworthiness within the approach. Starting from the premise that the individual is inherently trustworthy I began to think about ways in which this inherent quality could be maintained and facilitated throughout the process of research. As suggested in Figure 7 (p. 94) there are three constructs within ReSS which facilitate the individual in maintaining their congruence and sense of self, namely supervision, therapy, and journalling. The fieldwork highlighted a need to develop these ideas to a greater extent within ReSS.

ReSS is an approach to research which demands quite a bit of skill from the researcher. It is primarily directed at trained or training counselling researchers. There is a lot of emphasis put on the congruence and relationship building within the approach, as well as familiarity with constructs such as supervision within counselling work, therapy, and journalling. Through using ReSS I became aware that as an approach to researching it presupposes a great deal of the researcher.

Looking at the content conclusions this exemplar generated on the individual counsellor working within a primary care context I became aware that ReSS is an approach to researching which is primarily geared toward exploration, specifically the very fundamental stages of researching a particular issue. What I was able to capture were some characteristics of the way primary care counsellors relate to the context in which they work. These ten people did indeed, as literature suggests (Waskett, 1996) occupy various roles in the team, however what ReSS highlighted was what this felt like. These individuals also expressed that the contexts within which they worked

were experienced uniquely. They also expressed a sense of relief when this was acknowledged and respected within the interview process. This sense seemed to facilitate them to explore more deeply their experience as counsellors working in primary care.

This exemplar could therefore be seen as identifying the anxieties expressed within numerous articles on counselling within primary care (Higgs and Dammers, 1992; House, 1994a, 1994b; Corney, 1993; Engel, 1992) as to how both counselling and medicine will fair as a result of such a union. Is counselling going to change beyond all recognition? Is medicine going to have to relinquish all of its power and history? A common factor within these dialogue processes was the acknowledgement that the context has made an impact on their sense of self. Some described this as inevitable and part of the package, others seemed uncomfortable with the changes they noticed through talking about their experience, and still others seemed to accept this impact and change as temporary, until their jobs as educators and facilitators were done within the team. The point the exemplar seems to raise is that counselling and counsellors working within primary care do change. There behaviour within the team does differ from the behaviour within the counselling room. The reality of these people's experiences is more complicated than the anxieties expressed within numerous articles within counselling in primary care.

Granted this exemplar was a research process with only ten people, and it was a test-drive of an unconventional approach to researching. These two factors alone make talking about what the exemplar contributed to the field of counselling in primary care difficult. I do acknowledge this, although I still see the value of this exemplar as a

snap shot of an issue taken using a particular approach to researching. Its function is to facilitate questioning and supplement existing perspectives.

Characteristics of ReSS

ReSS translates important characteristics of the therapeutic relationship into the world of researching. Implementing ReSS as a research method has strong parallels to the implementation of a person-centred therapeutic relationship. The importance of establishing and maintaining a therapeutic alliance between the counsellor and the client has been translated into the process of researching with respect to the relationship between the researcher and the researched and the researcher and the process of researching. ReSS is an approach to researching which hopes to address the divide between researching and counselling. It is a research approach largely directed towards practising counsellor/therapists. Many of the concepts called upon within this approach take time and training to cultivate, time and training with which the practising /training counsellor or therapist will be engaged.

Researching with a sense of self (ReSS) is an approach to researching, as suggested, which allows the counsellor to use and maintain their identity and integrity throughout the research process. It is an approach to researching that acknowledges congruence and integrity as important precursors to valuable research. Perhaps one of the most important offerings ReSS makes has to do with trust and the trustworthiness of the individual. As Figure 7 (p. 94) suggests, intrinsic to ReSS is Being and engaging in processes which facilitate Being, such as Supervision, Therapy, and Journaling.

ReSS can be described in two phases,

1. The researcher focuses on his or her sense of self; a facilitation of self-awareness.

2. The researcher allows that awareness to facilitate and inform the nature of the research process being initiated.

The first stage of ReSS is about establishing a connection with one's sense of self, or self-awareness. This stage is about connecting with personal belief and values. It is about establishing the ontological level of your self. This can be facilitated through personal therapy, reflection, or supervision. This process takes time and energy but it is important for it is what supports your process of researching. The equivalent construct within the inquiry paradigm is the ontological level.

In this process of reflecting it is important to acknowledge, once again, the places and structures which contribute to the ReSS approach in addition to distinguishing its points of difference.

Congruence

As acknowledged within the beginning of the thesis, the use of congruence within the process of researching has been addressed and supported by a number of eminent researchers and practitioners (West, 1996; Braud and Anderson, 1998; Mearns and Thorne, 2000). However, congruence within researching seems to have occupied a very particular position. Congruence and the notion of the effectiveness of congruence with respect to building and facilitating an effect therapeutic alliance has been translated from a particular worldview of the individual into a completely difference worldview of the individual. Congruence within counselling which ultimately stems from the proficiency model has been translated into a deficiency model, researching, as we know it.

The places that have contributed to the ReSS approach to researching largely come from the world of counselling, specifically humanistic counselling. ReSS is largely based on the value of congruence in the building and maintaining of effective

therapeutic relationships. Much of the theory that supports ReSS comes from Rogers and his view of person-centred counselling. These beliefs and theories have been extended into the world of research relationships.

With respect to counselling within this thesis the foundation has been identified as the individual counsellor, not the community of beliefs with which the counsellors interacts (Figure 4, p. 86). The individual counsellor has a strong sense of who they are which leads them to interact with particular counselling theory. A relationship between theory and individual counsellor ensues. This is a relationship that will fuel the process of counselling. The nature of this relationship will determine the nature of the counselling relationship the counsellor facilitates. The congruence of the counsellor contributes to the facilitation of an effective therapeutic alliance. If this congruence is compromised so too is the nature of the therapeutic alliance.

The suggestion that ReSS makes is that through the maintenance and facilitation of active congruence within the individual researcher it is possible to make valuable research contributions, as it is, with respect to counselling, to the building and facilitation of effective therapeutic relationships.

The Individual's Potential/Trustworthiness

In addition to the belief in the importance of a maintained and active congruence in the building of effective therapeutic relationships, this thesis also supports the belief that the individual possesses valuable resources which in the right circumstances can facilitate the individual to live a fulfilled, authentic existence. This thesis supports the belief that each individual is capable of embarking on a process of actualisation.

Significant value and hope is placed with the individual in terms of what they have, as opposed to what they need to be given. As stated by Rogers (1977, p. 382) "A person-

centred approach is based on the premise that the human being is basically a trustworthy organism, capable of evaluating the outer and inner situation, understanding itself in its context, making constructive choices as to the next steps in life, and acting on those choices.". Engaging in ReSS is largely about identifying and experiencing what it feels like to be in a relationship which facilitates this state of being and in turn what it feels like to facilitate congruence within the individual and in turn, trustworthiness.

Distinguishing Researching and Counselling – The location of truth

This thesis acknowledges a significant resonance between researching and counselling. Both researching and counselling can initially be about establishing relationships, exploring issues, collecting and reflecting on information. In terms of person-centred counselling one of the differences between the two processes is how the issue of truth is often handled. Within person-centred counselling the ownership of truth rests with the client. He or she ultimately decides what is true or real for them. The counsellor challenges issues within the relationship tapping into their congruence, but ultimately the process from a humanistic theoretical perspective, is about facilitating the client in finding their own truths and reality. With respect to truth or belief Rogers (1961b) states:

> *I trust it is clear now why there is no philosophy or belief or set of principles which I could encourage or persuade others to have or hold. I can only try to live by my interpretations of the current meaning of my experience, and try to give others the permission and freedom to develop their own inward freedom and thus their own meaningful interpretations of their own experience.*
>
> *If there is such a thing as truth, this free individual process of search should, I believe, converge toward it. And in a limited way, this is also what I seem to have experienced.*
>
> *(Rogers, 1961b, p. 28-29)*

The philosophy within counselling is the same within the constructivist inquiry paradigm. Multiple realities co-exist, reality is the product of the individual. Within the counselling relationship the process is about facilitating the client in connecting with their truth which in turn will inform their process of change. Within the research relationship the issue of truth is shared. Research within constructivism extends the notion of the individual possessing their unique realities to include the researcher. Within constructivism research, the myriad of ways this takes place, there is a meeting of realities and within the meeting, that interaction, a perception of the substantive issue emerges. A similar meeting of realities occurs with respect to ReSS. It is the meeting of two individuals' sense of awareness, experience, congruence which in turn generates understanding and new perspectives (Rogers, 1961b). This, in many ways is one of the essential outcomes in many qualitative research processes.

It needs to be acknowledged that within the current literature on the relationship between counselling and researching there are vast arrays of opinions, which in turn come from a vast array of perspectives. Some suggest researching and counselling are very similar. Counsellors are in many respect researchers. They explore and collect information on their clients. This perspective seems to come from both researchers (McLeod, 1994) and counsellors. Some counsellors acknowledge researching as antithetical to how they regard what they do as counsellors. What I am suggesting is

that this thesis is a contribution to this debate. It comes from a particular perspective and perceives the nature of the relationship between counselling and researching in a particular manner.

This thesis suggests an evolution in the relationship between the researcher and the researched or the subject and object (Ellis & Bochner, 2000; Gergen & Gergen, 2000). It suggests that the counsellor as researcher can make a valuable contribution to understanding in research processes that not only respect and value them as counsellors (Etherington 1996; Grafanaki, 1996; Skinner, 1998) but facilitate and encourages them as counsellors.

ReSS suggests that the dual-role of counsellor-researcher is perhaps more sensitively ethical than anticipated (Finch, 1993; Gottlieb, 1993; Hart & Crawford-Wright, 1999). Enabling the participant to identify a dissonance between what they thought I expected them to say or how they expected me, the researcher, to behave and how the here-and-now felt. Participants were unburdened of a notion of a 'research culture' they thought they needed to enter. The participants were empowered to tell their stories in the here-and-now. In maintaining active congruence throughout my relationship with them, and indeed with the process in its entirety, I was able to facilitate the participants to seek the same sense of active congruence within themselves and within the here-and-now. Participants were able to respond to an invitation to socially engage with me and collectively construct an understanding (White & Epston, 1990; McLeod, 1997).

Evaluation of the Thesis

This thesis makes the following significant contributions to the literature

1. Contributes to bridging the gap between research and counselling through an ontological perspective
2. Challenges the notion of the researcher as untrustworthy
3. Contemplates the notion of therapeutic research and counselling as researching
4. Challenges the notion of knowing or understanding through research as being the product of only a community's beliefs

Within the sphere of constructivist inquiry the importance of the self of the researcher is widely held. In methodological approaches to researching such as heuristic inquiry (Moustakas, 1990), phenomenological inquiry , or organic inquiry (Braud and Anderson, 1998) the self of the researcher remains, however utilised and respected within the process, within the boundaries of the inquiry community of constructivism. The community or paradigm holds a particular view of the individual as primarily untrustworthy. The deficiency model (Mearns and Thorne, 2000) suggests the individual needs to be given constructs to facilitate trustworthiness. ReSS is an approach to researching which suggests a proficiency model of the individual. As the counselling paradigm of humanistic counselling, ReSS suggests the individual is trustworthy (Rogers, 1977). As an approach to researching ReSS bridges the gap between researching and counselling by providing an approach to researching which resonates with a proficiency model of the individual, the same model upon which many humanistic counselling paradigms are supported.

In introducing the possibility of research within a paradigm which is supported by a proficiency model ReSS suggests the possibility of the research relationship having therapeutic qualities. With principles such as congruence and constructs such as supervision, therapy, and journalling operationalising trustworthiness the notion of therapeutic research could be plausible, albeit a notion that is in its infancy. The notion of empowerment is often acknowledged with some participatory inquiry

processes (Reason and Rowan, 1981). West (1996) highlights intent as a point of distinction between research processes and therapeutic processes.

ReSS also makes the contribution of challenging what it means to understand and know with respect to research processes. The agency or trustworthiness of the individual researcher has always been questioned within existing research culture. The ontology or community of beliefs has governed the self of the researcher even within the most qualitative research methodologies.

For example West (1996) conducted research using human inquiry groups. Drawing from Reason's (1988) co-operative inquiry method West conducted a piece of research in a manner which significantly "...capitalises on this involvement, indeed using this as another source of data, and as information to guide the research process..." (West, 1996, p. 348). The parallels between what I have done within the exemplar of ReSS and what West has done are numerous in terms of the extent the self of the researcher is involved in the research process. However, there are important distinctions to be made.

One of the most important distinctions revolves around the issue of validity. West (1996) engages in the issue of validity. Within the context of this thesis the notion of validity presupposes the notion of a deficiency model. ReSS in response to the issue of the validity of research refers to trustworthiness and its location with respect to inquiry paradigms and humanistic counselling paradigms.

Starting from a counselling paradigm supported by a proficiency model, the individual is regarded as trustworthy. This alters the notion of validity. Instead of validity and falsification you have constructs which operationalise trustworthiness, essentially constructs which facilitate and support the individual researcher's

congruence, awareness and sense of self. West (1996) however engaged as a researcher within the research process operated from a particular ontological stance, one where triangulation, and falsification are necessities in the validity and value of the research. The individual researcher has the capacity to know with respect to ReSS. The individual also has the capacity to engage in the process of knowing and expressing that knowing in a sensitive, ethical manner which does not compromise their congruence and sense of self, nor in a manner which negates its importance and inherence.

Before contemplating future steps to this research it feels important to evaluate this thesis with respect to the thesis question: Is there an approach to researching which enables me as a counsellor to maintain my sense of self and congruence? As explored and illustrated within Part I and the exemplar of ReSS I would like to give the bold answer of yes. However, as also explored and revealed in the previous section, and clearly acknowledged within the following section, there are numerous elements to this approach which need significantly more explanation and exploration which goes beyond the objectives of this thesis.

Future Pursuits and Considerations

Through doing this thesis I have established a set of parameters within which I have explored whether or not there was an approach to doing research which maintained and facilitated my sense of self and congruence. I highlighted a difference in the philosophy of person between conventional inquiry paradigms and counselling paradigms. I drew numerous parallels between the research process and the therapeutic process. I suggested that the congruent researcher could facilitate an effective research relationship. ReSS is an approach to researching which embodies

the same principles and philosophy as person-centred counselling. I approached the relationship of the individual counsellor had with the context of primary care researching with a sense of self. This resulted in interesting process and content conclusions. However, within these conclusions short-falls and more and more questions were revealed about ReSS as an approach to researching. These questions and weaknesses fall into two categories – Characteristics of ReSS and Foundations of ReSS (Figure 8).

Characteristics of ReSS	Foundations of ReSS
Exploration of the supervisor/researcher relationship within ReSS, in addition to therapy and journaling as constructs which facilitate BEING with ReSS.	The durability of person-centred theory and the proficiency model. Explore notion of proficiency in other domains, such as psychotherapy and sociology.
Explore the notion of therapeutic research.	The impact dissonance between professional models and research models has on both counselling and research practice and product.
The process of operationalising a sense of self through research method and research process.	The relationship between the tradition of the therapeutic knowing and understanding and research understanding and knowing.

Figure 8 – Future Steps

The gap between researching and counselling exists on many levels, as suggested. The shape of the debate alters with each different therapeutic modality and research approach. Does counselling need researching, do counsellors need research? Does researching need counselling? Do researchers need counsellors? In engaging with the wider debate of the necessity for counsellors to research the significance of the counselling paradigm, the notion of a proficiency model of humanity is often sacrificed.

> *...practice should be continually challenged and evaluated using techniques of objective scientific enquiry. Only in this way can valid conclusions be drawn about how counselling can be delivered to optimal effect.*
>
> *(Hicks and Wheeler, 1994, p. 30)*

As a counsellor wanting to do research I challenged this notion. What does it mean when you need to enter into a completely different philosophy of the individual as a counsellor in order to do research? What impact does this dissonance have on the way a counsellor is within a therapeutic relationship? What impact does this have on the quality of the research in which the counsellor engages? If as a researcher the counsellor needs to adopt methodologies and methods which do not see the individual as trustworthy yet enters into a counselling relationship where their sense and ownership of that philosophy is integral to the effectiveness of the relationship what is the impact? How ethical is it if a counsellor in order to do research needs to compromise their professional framework?

Approaches to ways of integrating researching into counselling such as that described by Hicks and Wheeler (1994) are understandable. There is a climate of evidence-based practice with which counselling, as a profession needs to interact. However counselling needs to acknowledge its own sense of power and significance within this agenda, just as the counsellor in primary care acknowledges the necessity of educating other professionals of their work and philosophy. The relationship between counselling and researching needs to be given more careful thought on a multitude of levels, from method to ontology. To accept that methodology is merely a means to an end (Hicks and Wheeler, 1994) feels short-sighted with respect to the parameters of this thesis. Methodology carries with it both theory and a community of beliefs. All methodology, as described, is based on a particular perspective of the individual as untrustworthy, needing constructs in order to be trustworthy and able to know. I

would like to suggest that methodology from inquiry paradigms undermine the integrity of counselling.

What seems to be misplaced or unacknowledged in how I have perceived and experienced the process of researching in the past is the power and implications of methodology. To acknowledge and appreciate this the researcher, I have discovered, needs to become aware of the context from which methodology derives. The methodology is a product of theory and the theory is a product of a series or community of beliefs. All of these levels, with respect to researching, are a product of a certain perspective on humanity. Essentially that individual needs to be given power and tools with which to conduct valuable research. Individuals need structure within which to be responsible researchers. In order to be a responsible researcher one needs to adopt the community of beliefs. The researcher must locate themselves within the context from which methodology derived. This relocation of the self from outside the community to inside the community represents the power of methodology. Methodology, this thesis suggests, indirectly represents the relocation of the self. What are the processes involved in identifying a research methodology with respect to doing research in the field of counselling and psychotherapy? What is the relationship counsellors and psychotherapist have with research methodology?

The similarities between researching and counselling are real. Both are activities that are based on establishing relationships. Both deal with the collection and processing of information. Both can initiate processes of change and evolution in the individual, as illustrated within chapter 5. The distinction between counselling and researching is complex. Research could be acknowledged as something that informs and educates, as could counselling. Counselling could be something that facilitates personal growth

and change, so too could research. Clients enter a counselling relationship for a vast number of reasons, one of them being the desire to evolve or change. Research participants enter a research relationship for a vast number of reasons. The desire to evolve and change, or be a part of evolution and change could, here too, be one of them. Action research is an approach to research that facilitates change. Can the elements within research approaches such as action research be extended to suggest the possibility of researching being therapeutic and can counselling be researching?

In addition to pursuing the questions I have previously raised, I would specifically further develop the nature of supervision received in the ReSS. West (1996) in his research using human inquiry groups identifies the significance of the supervision received within such research projects. Having both a researcher and a counsellor as my supervisors gave me two valuable supervision perspectives. Although the supervision was classified as academic research supervision it contained elements of what I have experienced as counselling supervision. I was facilitated in my congruent process throughout my counselling and upon reflection this was very helpful. I was also challenged and stretched in terms of what I did and why I was doing it. The nature of supervision within the ReSS approach is important for it is the supervision that addresses the responsibility of the research process and product. Within counselling supervision the awareness and congruence of the counsellor needs to be facilitated and challenged in terms of why they do and how they choose to be within the therapeutic relationship. The purpose of supervision within the field of counselling is to facilitate responsible practice. The purpose of supervision within the ReSS approach is also to facilitate responsible, sensitive, and ethical practice, through the facilitation and maintenance of active congruence within the researcher.

The implementation of processes that facilitate and challenge the researcher's congruence and authenticity is how ReSS addresses the issue of credibility. How this is done can be seen within the field of humanistic counselling. The structures of supervision or group supervision within counselling are akin to those used to establish credibility within constructivist research only the structures and tools used to enforce credibility are supported by a different model of the individual (Figure 4, p. 86).

As suggested by Clandinin and Connelly (1994) research processes are made up of a series of relationships. The structure and quality of these relationships is integral, from the point of view of the participant, researcher, and reader. Counsellors and therapists alike embark on "re-searching" processes every time they engage in a therapeutic relationship. They embark on a process of gaining understanding, insight, and knowledge with each client. ReSS acknowledges the significance of this within the realm of research. In future I would like explore the relationship between supervision and ReSS.

Epilogue

You Learn

I recommend getting your heart trampled on to anyone
I recommend walking around naked in your living room
Swallow it down (what a jagged little pill)
It feels so good (swimming in your stomach)
Wait until the dust settles

Chorus:

You live you learn
You love you learn
You cry you learn
You lose you learn
You bleed you learn
You scream you learn

I recommend biting off more than you can chew to anyone
I certainly do
I recommend sticking your foot in your mouth at any time
Feel free
Throw it down (the caution blocks you from the wind)
Hold it up (to the rays)
You wait and see when the smoke clears

Repeat Chorus

Wear it out (the way a three-year-old would do)
Melt it down (you're gonna have to eventually anyway)
The fire trucks are coming up around the bend

Repeat Chorus

You grieve you learn
You choke you learn
You laugh you learn
You choose you learn
You pray you learn
You ask you learn
You live you learn

Alanis Morissette, Jagged Little Pill, 1995

In addition to academically concluding this thesis, I feel I should also conclude this thesis personally, returning to the autobiographical place from which I started.

As my thinking and conceptualisation of ReSS has evolved within this thesis I have also evolved. The self with which I started was much more internal, and indeed phenomenological. Perhaps it could be described as insular. This self is evident throughout the thesis, one of the emphases within ReSS being a phenomenological perspective of the self. In looking from other perspectives, the way I engaged in society was much more phenomenological, or centred around a sense of being 'precious' and needing space. This seems to have shifted, or perhaps expanded throughout the process of living/doing this thesis.

What caused this shift, and indeed continual shifting? It is difficult to be succinct about this. I feel it was, and is, a combination of things, such as my married life, my journey through the literature, my journey through therapy, working within a psychotherapy department, working within a therapeutic community, being a Relate counsellor, growing older, ageing parents and siblings, and thinking about having children.

Both the academic and personal points from which I started this thesis, this initial foray into the concept of ReSS, are still relevant, although they share a space. This sharing symbolises the introduction of the other within the process of ReSS and within my journey through life. The energy and determinism of maintaining the active congruent counsellor within research processes, or more generally speaking, maintaining the actively congruent researcher has been tempered. The sensitivity of the integral 'I' has expanded to the integral 'We'.

Upon reflection I have begun to appreciate the importance of the space between two people to a greater degree. In the initial stages I was preoccupied with the internal processes of the individual. I referred briefly to the realm of social constructivist narrative therapy within the body of the thesis. I commented on how the relationship between the Being and the Researched within ReSS resonated with the relationship between the client and the therapist within social constructivist narrative therapy. I acknowledge this now as a superficial skim of what is beginning to feel like a complex, in-depth space. As I continue to develop both personally and academically I hope to begin to explore this space to a greater degree.

As I began this thesis I considered that my response to the question all researchers wrestle with, 'How am I going to be within this process of research?' (Schwandt, 2000), was in fact courageous. I remember one of my supervisors pointing out to me that I could choose to do a piece of research on a substantive issue or I could choose to do a piece of research on researching that substantive issue. The latter, he said, was going to be hard. He was right. It was hard. It was hard to respond to the world of methodology and the world of research, hanging onto the notion of how important my active congruence was within those worlds.

Janesick (2000) talks about 'methodolatry', the sacrifice of the participant, their story, their experience in the name of methodology, in the name of tools. I, with my passionate belief in the active congruence of the research decided I would enter the world of methodology and turn it on its head. My sense of self would take precedence over methodology. I was going to be in a way that maintained and facilitated my sense of self, my sense of active congruence. However, what has become clear

throughout the process of this thesis, throughout living through, around, beyond this thesis is that that was just the beginning of the courage it will take.

The impact of this process linguistically looks simple. I started with 'I'. I am left realising the 'I' plus 'We'. As a researcher, and indeed as a human being, I now find myself asking two questions, 'How am I going to be?' and 'How are We going to be?'

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Appendix A – Initial 'Advertisement'

ATTENTION ALL COUNSELLORS IN PRIMARY CARE.

My name is Mary-Beth Primmer. I am a second year Ph.D. student within the department. My focus, among others, is on the relationship between counselling and primary care. I am looking for counsellors who have, or who are currently exclusively counselling in a General Practice setting who are willing to talk about their experiences of counselling in this context in relation to a number of issues. Anyone who is interested could either leave their name and a contact number in my mailbox in the senior common room or sign the attached sheet.
Thanks so much.
MB

Appendix B – Information Letter to Participants

Dear ;

As I may have suggested at the time of the interview one of the major areas this piece of research is hoping to address is that of methodology. Specifically, which is an appropriate way of being counsellor and researcher. A core issue of this Ph.D. is the degree to which the self of the researcher inhabits the research process. In connection with this, the research is about questioning the appropriateness of existing research methodology for the practising humanistic counsellor. This Ph.D. is about the self in context and the relationship between self and context with respect to **both** research methodology and counselling in primary care.

What I would like to present to you is my analysis of your interview. Within my analysis I attempt to make sense of the views and opinions expressed by you, in conjunction with maintaining a connection with myself. As you will see, in addition to interview content, there is a lot of "me" within the analysis. It is important for me to stress that I did not have this stage planned at the time of the interviews. This is the nature of process oriented research, letting the process dictate the action, rather than a visualisation of the product, or procedure of the research.

I realise that we have talked about this on the phone, but I feel I would like to express the invitation on paper as well. I would like to think that this is an indication of my respect for you as Interviewee and human being. I would like to invite you to engage in a dialogue with me.

I would like to invite you to respond to this transcript and analysis in whatever way feels appropriate to you as an individual, as a unique Interviewee. Aside from making some loose suggestions, it is difficult for me to prescribe what should or needs to be done considering that it has been a process oriented philosophy that has driven this research. In many ways I would like to keep this dialogue in the same *open-ended spirit* in which the interviews were conducted.

Stage One

I have included a summarised copy of my personal field notes and reaction to listening to the audio tape. A lot of valuable information is located in the unspoken. I am presenting this in the spirit of sharing and openness. It is not my wish to offend or solicit reassurance or validation. I welcome your reactions, and any field notes of your own you would like to share.

Stage Two

In order to refresh your memory, as opposed to relying on patchy recollection, I would ask that **before addressing the analysis you read the transcription of the interview**. What follows is a list of things *you could* think about and make note of while you are doing this. Please make your notes in the margins of the transcript or on the reverse side of the page in question.

(a) anything that seems important and significant to you and the reason why
(b) how it feels to read the interview
(c) what it feels like to see yourself reflected in this manner
(d) how you feel towards the interviewer while reading the transcript
(e) how you feel towards yourself while reading the transcript

Stage Three

Concerning my analysis of the interview, I have presented it in a column with a blank column next to it for your comments and responses. Here are some things that you *might consider* thinking about and commenting on.

(a) how you feel about seeing your data presented in this fashion
(b) the degree of involvement of the self of the researcher; the researcher not being objective and value free in her analysis
(c) the fashion or tone of the analysis
(d) whether you feel defensive or challenged
(e) your general and specific response(s) to the analysis

In closing I would like to stress that I have found the process of reducing such an extensive involved conversation to a few paragraphs very difficult, with respect to both method and my personal value system. Presenting you with an overview of my attempts at making sense of the interview is not an intentional move, but rather an intuitive one.

Thank you for your time and attention. If further explanation or clarification is needed please do not hesitate in calling me on 01798 812309 or via e-mail on M.B.Primmer@iname.com. or via the University of Durham c/o Peter Cook or Dr. Morrison, or writing to me at the following address:

The Old Store House
Nutbourne

Nr. Pulborough
West Sussex
RH20 2HE.
Kind Regards,
Mary-Beth Primmer

I would like to assure you that confidentiality is being maintained. It is my hope that, considering the degree of my own personal reflection and input within this package, a mutual code of confidentiality will be adhered to.

It would be helpful if the entire package was returned in the SAE provided.
With thanks,

Appendix C – Example of Interview Transcript

Mary-Beth Primmer
Transcription of Interview Ten
4 November 1998

M-B P.: Okay. Let's start... Kind of the way I've been starting the interviews is asking the people how they first got into counselling generally, and then how they got into counselling in primary care.
Interviewee: To the first question, how I got into counselling, I was asked to set up a women's health advisory service about ten years ago, which incorporated women coming in for medical information, and what I found after a very short period of time was that women didn't want the medical facts, they wanted somewhere to actually offload and talk about the issues that were concerning them, and at that point I realised that I didn't have as many skills as I thought I had. So I then went off and did a basic counselling course, which... it was only a six week course. It was the original one they did here, and thought, this is what I want to do. This is really going to help me in my work, but also help me in my own personal journey, and so it was quite an eye-opener, because I thought I was counselling until I went on the counselling courses. So it was a bit like, Oh, what have I been doing for years? Because my background is a nurse... and I realised of course I wasn't counselling. It was a completely different skill. Yes, using counselling skills within my nursing, health visiting practice, but not counselling... which I've been doing since. So I've been working, and I still am working, in the women's health advisory service, although it's altered in the dynamics of what I do there. I do training and things for practice nurses, as well as seeing women... But what happened was, I've worked in primary care for eighteen years as a health visitor, and a couple... five years ago, six years ago, one of the GP surgeries in the Stockton area advertised for a counsellor, so I applied, and that is actually how I got into primary care.
M-B P.: At that time, had you studied here or... how long have you been... studying counselling... or a counsellor... I don't know how we want to term it...
Interviewee: Well, yeah. I'd done two years... I'd done a certificate course at Redcar... what they used to call a technical college, and then I did their Advanced Certificate course, and then it was shortly... I think it was a year after that I actually got the counselling post. It was a bit ironic really, because everybody who had applied, and I was told this after I got the job, they all had diplomas... but because I had a background in primary care, they offered me an interview, and I got it on the interview because ... the interview was split into two... It was split into discussing with the GPs, and then the second part of the interview was talking with a counsellor, and the counsellor gave us case studies to work with. So, the counsellor was so impressed with me, although I hadn't got the qualifications they were looking for, she could tell from that point that... and I got the job... And then I decided, having been in primary care, there was a lot of, you know, sort of... not necessarily issues, but a lot of learning... I wanted to increase my learning really, and... I mean, the climate now is that you have got to have a diploma, a postgraduate diploma or something, and so I thought I'd anticipate that, and then decided to then do the MA programme here, which was three years ago. I'm on the third... well, I'm on their fourth year, but I went in on the second year, because of my experience and the work that I'd already done.
M-B P.: Yeah. So what type of counselling do you do? And that's a really weird question to ask... and do you work in more than one GP practice?
Interviewee: No. I only work in one GP practice, but the counselling that I do... Do you mean the model, or do you mean the issues that come up?
M-B P.: Both.
Interviewee: Both, right. In terms of issues, virtually anything. I think because I've got a nursing background, I get a lot of people within the practice who have recently been diagnosed with terminally ill cases, or disabilities, or... and because I'm a health visitor, I often get a lot of the women who have had or are recovering from post-natal depression, but in terms of the issues, it's just about anything really. I mean, I don't work with children. That's something I would like to develop. The youngest I have worked with is fourteen, but she was quite mature, you know, to cope with the counselling process... Anything... I mean, it's so vast, isn't it, you know... Depression, anxiety, termination, spontaneous miscarriage, sexual abuse, emotional abuse, domestic violence... I have to be a jack of all trades.... Self esteem issues, relationship issues... I don't do an awful lot on sexual issues, in terms of, you know, partnership issues... I will do some work on... if it's an emotional issue around it, but not...

I'm not trained in sexual therapy or that behavioural aspect... My focus really is on the humanistic model... but I do... I've got a few different models I work with. I mean, I do... I have a... I've forgotten the name of it. I've forgotten what you call it when you bunch a few different models together...
M-B P.: Eclectic?
Interviewee: Thank you, yes... So I have to do some behavioural work, especially if I've got anxiety, and I do anxiety management. I will do some of that work. And I do tend to use, occasionally, cognitive work... but really, it's very sort of humanistic. The thing is in a GP surgery is, we've got eight sessions to work in, and it doesn't lend itself too well with the humanistic approach, because that's about... Are you a counsellor?
M-B P.: Yes.
Interviewee: Oh right, fine...
M-B P.: Sorry, I should have said...
Interviewee: So I don't have to explain all that.
M-B P.: No.
Interviewee: Right, fine. I mean, eight sessions is not a lot to work with, if you'about working with relationships, you know, the relationship, and you'about working with what's going on in a developmental sort of model... So it's sometimes you have to use other tools and skills, which... It's interesting, because in my other job as a counsellor, I don't have time restraints and I work completely differently.
M-B P.: Do you?
Interviewee: Mmm. I rarely use a cognitive behavioural model at the other post...
M-B P.: So you are just completely...
Interviewee: It tends to be person-centred, yeah...
M-B P.: Wow... So the setting kind of motivated you to find something that's more conducive to eight sessions...
Interviewee: Well, I was already in that. That was where I originally started, but what happens is, and I notice there is a difference in the clients who come forward as well... Now that might be something to do with the way I respond to them, but say, for instance, if a client comes forward and it's to do with say, sexual abuse, and I know in eight sessions that's not going to be time to work with that, but if they come to me in the women's health advisory service, I actually have... I can have a year with them, eighteen months, and it's interesting that I get quite a lot of referrals in... is this all right to digress onto this?
M-B P.: Yes, yes...
Interviewee: That I get a lot of referrals from health professionals...
M-B P.: In the women's...
Interviewee: In the women's health service, yeah... Because they know that if they refer them... if the health visitors refer them into their own GP practices, the counsellor can only work six to eight sessions...
M-B P.: Are the GPs aware of the constraints the counsellors are under?
Interviewee: Yeah, yeah. And I often get GPs referring to me in the women's health advisory service, regardless of whether they've got their own counsellor, because they know that I've got more time.
M-B P.: That's very intuitive of them to know ... to link up, if you know what I mean... to link up that this person may need more...
Interviewee: Yes, yes...
M-B P.: Whereas some people I have talked to, the GPs that they work with aren't... or the way they talk about the GPs, it doesn't sound like they are that intuitive...
Interviewee: Yeah... I mean, some of them do... The odd one or two... In our practice, the one I work in, what I tend to do is, if it becomes... because, as you know, people don't present with what the issue is anyway... They sometimes do... but if I come up with an issue that is going to take longer than eight sessions, then what I tend to do is go back to the GP and say, with the client's permission, and say, this is going to be longer term. What do you want me to do? We either don't start any work, because ethically I don't feel I can start work with somebody and say at the end of eight sessions, sorry, and you've just got into opening up emotions... I don't like to do that, so I'm up front with the clients, and I say, we've got these sessions, but this looks like it might take a bit longer. Do you mind if I go back to your GP and discuss whether I can offer you more sessions or not? So I will go back to the GP. Now some of the GPs in our practice are just so pleased that this has been identified and somebody is willing to say, yes, I'll work with them, but a few of the GPs are concerned about the money issue... and will say, well, how long is it going to take... You can see... having worked in GP practices a long,

long time, and knowing that it's costing them, they need to... you know, for a counsellor... and some will actually say, well, is there anywhere else they can go, and ... the area where I work in, the services, the full up services for psychotherapy, for psychology, is very poor, and they only offer them six to eight sessions anyway.
M-B P.: Really?
Interviewee: Yeah. They do, yeah. You refer them into the service, they get a questionnaire sent out to them, which is something like ten pages long, so they do an assessment by post, then they get an initial interview, then they are told that they go back on the waiting list, so it's prioritised, depending on the assessment.
M-B P.: So they do an assessment...
Interviewee: ... by post...
M-B P.: ... on their own...
Interviewee: It's horrendous
M-B P.: ... and then they'about put on... Wow...
Interviewee: Well, what they get... they get referred into the psychology service, then they are sent a questionnaire out, and it's a hefty one. I mean some of my clients I have worked with this... done the actual process with them, and it's hard work... I mean, clients... I mean, it's saying, why do you want psychology... why do you want counselling? why do you want psychotherapy? They don't know at that point, do they? I mean, they just know that life isn't, you know, working for them, but they don't know why generally. What do you want to gain from it is on this questionnaire... There's a lot... But it's about ten pages. They send it back to psychology, and then psychology then send them a letter with one appointment, where they then discuss who would be best, you know, whether they'd behaviour cognitive, psychotherapy or the counsellor in that practice...
M-B P.: They discuss what's ... it's very interesting...
Interviewee: And then they go back on... they go on the waiting list, you see... But then they are generally only offered the short-term work, unless they are offered into the psychotherapy section, which is longer work...
M-B P.: But only one type of longer work...
Interviewee: Yeah.
M-B P.: Well, I didn't know that...
Interviewee: That's where I'm working. I mean, I work in the Teeside area, not in this area, so I don't know what happens in this area... but the psychology service are probably up to that process... And their waiting list is something like six months... so one of the reasons they were doing it, initially, from what I gather, is to eliminate or identify inappropriate referrals...
M-B P.: By using this questionnaire...
Interviewee: Yeah.
M-B P.: So you had... I gather it's been... you've been able to take long term patients...
Interviewee: Yeah.
M-B P.: By going to the GPs... their say so... So generally you'about allowed to continue...
Interviewee: Well... Yes, I am, but I work in a team of counsellors, and there are five in this team...
M-B P.: Five, wow...
Interviewee: Five, yeah. We all work part-time, and if we want to work long-term, we have to go back to the team and justify we need to work long-term with the client. Now that I find quite restraining, but also quite difficult because the other counsellors are psychodynamic... and they actually believe in sticking to short term work, interestingly enough... Well, two are psychodynamic, one's cognitive behavioural, which is short-term work, and the other one is Freudian psychoanalytic...
M-B P.: Counsellors?
Interviewee: Counsellors, yeah... So they rarely have long term patients, clients... So it's quite difficult to go and fight your case and say... that's coming from me, that's personal... But I go and say to them, I've got two... so many sessions and... the times I've taken it to the team to discuss it, they've all said, no, I don't think this client needs these extra sessions... give her a break or give him a break, and then bring them back... So what I do now, I'm being crafty now, is I go to the GP first and get it sanctioned and then take it to the team and it's almost like ??? there...
M-B P.: You say, well, the GP said fine, so...
Interviewee: And we discussed this... yeah.
M-B P.: And just kind of...
Interviewee: Yeah... But I've done that from experience of taking things to the team, and the team saying, well I don't think you need to say this client any longer than your eight sessions.

M-B P.: My immediate response would be, yeah, they would say that... coming from what their... It must be hard... kind of like... there's more similarities between the four of them then there are between you and... you know...
Interviewee: That's right, yeah. Well there has been issues for me working in the team, because I was the original counsellor there...
M-B P.: Oh...
Interviewee: I'm the long-standing counsellor, and what happened was when... there was the counsellor who was retiring, and she wanted to reduce her caseload, and that's why I was interviewed, you know, when I first went in about six years ago... So I only took one day, and then when she decided to retire, they put it out to contract... And I didn't want a full-time job in counselling, because it wasn't as we would see a full-time job in counselling, where you would see say sixteen clients a week and the rest would be admin and travelling and stuff. They wanted somebody to counsel for thirty-hours a week...
M-B P.: ... Yeah...
Interviewee: That's what they wanted for their money's worth...
M-B P.: Wow... yeah.
Interviewee: So they contracted it out, and what happened was different counsellors got bits of it, so they have actually... in the counselling service, got thirty seven hours a week, but we all do chunks of it...
M-B P.: So the GPs picked the people that they wanted to take, and you didn't have any...
Interviewee: I didn't have any say, no... I mean, I was interviewed alongside it as well. I had to go for an interview as well...
M-B P.: Even though you were working here?
Interviewee: Yeah. I had to be interviewed.
M-B P.: Why?
Interviewee: Well, it was now a different contract, you see...
M-B P.: Oh I see...
Interviewee: I wasn't being employed... it was now going out to service...
M-B P.: Everything was change...
Interviewee: ... and it was going to be self-employed work, and they were putting it out to contract.... I mean, to me, I thought it was a whole farce really, because... what were they going to turn round... I mean, were they going to turn round and say you haven't got the job Wendy. I mean, the GPs in fact were very happy with how I worked, but they said it had to be fair, and I had to apply and everything like that... It's ironic really...
M-B P.: Well... yeah.
Interviewee: It was stupid... So, I was in post and these counsellors came in. But what happened is they came together, all with a very similar background, apart from the cognitive behavioural one, he came a bit later... with a very similar background and... All I can say is they got together and they were on very similar grounding, and it seemed as if it was always three against one... So I was going through a very difficult learning process with it, because I've never worked with psychodynamics... I've never worked alongside anyone who was psychodynamic, and I really struggled to understand where they were coming from... So when I took stuff to the team, and I'm very open as person-centred people are and show a lot of what's going for me... Immediately, the interpreted it all, and everything was put back onto me... I couldn't understand this, and so for me, it was a very difficult process. In fact, I seemed to be the person that was always doing things wrong... So I learned very quickly about, for instance, taking these clients, long-term clients back to them. I learned very quickly not to do that.
M-B P.: So the context is... the nature of the context that you'about in sort of... changed you in a way that... kind of... how am I going to put it... made you a bit more sneaky or something... I don't know... it made you... something that perhaps you weren't before you were in that situation... I don't know... I ask... present that, because one of the things that I'm looking at is the impact of the context, and there are loads of different types of context in primary care... on the individual counsellor... You know, if you compare yourself before you went into this world to now, how has it changed you? How have you evolved?
Interviewee: Do you mean I was a counsellor, or before I went into this new... dynamics of being in a team?
M-B P.: Can you answer it both ways?
Interviewee: Both ways, right... I'll take the last one about ... do you want to check this tape...?
M-B P.: Yeah... [checking tape]
Interviewee: So there's two questions isn't there? One is how have I changed in terms of working with a team...

M-B P.: Yeah, and the type of...
Interviewee: And the type of... yeah... and I think... I mean, your word was sneaky, and I don't know whether I like the word sneaky...
M-B P.: No...
Interviewee: My stomach really felt...
M-B P.: I didn't know of ???
Interviewee: No, but, do you know what I mean...? But it's making me thing how different I am, and I'm not as open as I was in that context, right? So, for instance, for argument's sake, if I'd had a really awful, difficult time with a client, when I worked alongside the counsellor who retired, we were both person-centred, so I'd sit... God, there's a really shitty client, and I really don't know what to do with... I feel as if I'd done this and, you know... and she would actually be from a person-centred focus, and we'd explore it, you know... and that's me, that's me as a person. I'm open and honest, and that's how I work... But that's who I am as a person as well, that's my... that's my core... that's me.
M-B P.: That core is you, drew you to person-centred...
Interviewee: Yes. I mean, I'm sure that's why I'm in a person-centred role. I'm sure that's why I use that, because, I mean... when I was doing some work reading Rogers, there was something Rogers said, and I thought, yeah, that's me. He said something about it's not as easy to be... He said, we follow our sort of models by who we are... I mean, in those type of words...
M-B P.: Yeah, because I read them when I started counselling...
Interviewee: Yeah, and it depends on who we are to which model we actually pick and how we operate. So I think that's me as a person. So in general life, I'm an open person and honest, so it hasn't changed me in that. It's changed me in the context with working with these other counsellors to the extent where I've learnt that I don't share any emotions. I don't share my feelings of how I am with somebody, because when I did, as I explained earlier, when I started doing that they'd go on about projection and, you know, and oh dear, you know... that, Oh well, you'about obviously struggling with this one Wendy, and, you know, what are you projecting here... what are your defences about this Wendy, and it's like... this is how they'd go on in this meeting, which I really struggled with, and they'd put it all back to me... whereas all I'd be doing is sharing how difficult it was in this situation... And the three of them, and they still do it, but I've backed off now. I don't say very much in there... the three of them would actually discuss me in the meeting, with their own lingo...
M-B P.: With you in...
Interviewee: Yes...
M-B P.: Oh lovely...
Interviewee: So they would talk about, you know, one of them would say to me... It sounds as if you think we'about replacing you... and I actually said at one point, well, it feels like that because what you'about saying to me is I can't do this, and I'm telling you this is how I need to work, and I've worked in this particular way for five years... So what I do is, I now have to change the way I'm working because I'm working alongside three other type of models... but they wouldn't have it that it was the model. They just kept saying that it was the way I was working with people... I mean, I've travelled the journey now with that, and I've now identified their psychodynamic way of working, because I'm person-centred, and they don't interlink... They might do in other scenarios, but in my own team, we don't marry at all... So ... in how I've changed is I'm not as open with them, and I don't share what I feel really in the team, which is not the person-centred way at all, so I really struggle with that. It's not... me, but I'm now learning, I've now learnt, that if I do... that's the way I can survive in the situation... in that situation...
M-B P.: That you need to sort of... alter for that time...
Interviewee: Yes...
M-B P.: And then go out and sort of reaffirm and revisit and empathise...
Interviewee: Yes, that's right, yeah.
M-B P.: ... you know, this is really who I am... I'm just...
Interviewee: Yeah...
M-B P.: The emphasis is that the change seems to be on the team, the team of counsellors... Do you find other pressures to change from any other aspects of the context?
Interviewee: I think when I was self employed and then went... when I was employed and then went self employed, that's changed... When I was employed, I actually could have long-term clients. Nobody questioned how long I needed to see them for, and I'd have some clients who, you know, I was actually seeing for a long while... or who would... I'd see for say six months, and then they'd have a break for a couple of month and come back for some more work... When the self-employed contract came into being, it was stipulated in the contract it was eight sessions... We would see clients for eight

sessions. So there was a much different structure altogether, so that definitely had an influence on the type of work that... in terms of counselling... in the surgery...
M-B P.: So... I'm not clear on this self-employed thing... Is this a Newcastle thing or is this Teeside or...?
Interviewee: No, no. Well it's just to do with... You see, the practice I work in went... is fundholding, so when you'about fundholding, it was cheaper for them to self-employ us than employ us, because they didn't get reimbursement for all of our salary, whereas if we are self-employed, they didn't have to pay our national insurance, our tax, our holidays or anything like that, so it worked out cheaper for them to self-employ us than to actually... for us to be in actual employment.
M-B P.: So this self-employment group, or whatever it is... is that headed by somebody who makes the sort of rules and regulations, like you can do eight sessions, you can do this, you can't do that... I'm just trying to figure out who sets the guidelines...
Interviewee: Yeah, that's right... Well, this was set by the practice manager and the GPs. They discussed the contract, but we do have a head of our team and she's ... co-ordinates the service, and she is actually head of... in charge of us, and she does make a lot of decisions about how we work and particular ways of working... But the self-employed business and how many sessions were really primarily from the GPs and the budget they had for mental health services.
M-B P.: Right.... So there's... just a bit of a tangent, the woman that co-ordinates the service, is she a counsellor?
Interviewee: Yes, she's a counsellor in our team.
M-B P.: She's part of your team... How big is the team?
Interviewee: Five... there's five of us...
M-B P.: Five...
Interviewee: Yeah, and she's amongst them.
M-B P.: That's not the five of you that work in the...
Interviewee: Yeah.
M-B P.: Oh right... That must be even more...???
Interviewee: It does doesn't it?
M-B P.: Oh, I thought you just worked with them...
Interviewee: No, no...
M-B P.: You'about... okay...
Interviewee: There's... there are five of us, and Joy is head of the counselling team, but she is a counsellor within that team as well as being head of the counselling team. So she has a conflict with the way she's working... she's definitely... because I don't think you can separate being a manager and being a counsellor of the same team.
M-B P.: No, there's... no.
Interviewee: It's one or the other.
M-B P.: It's a bit idealistic to think that...
Interviewee: Yes it is, and I don't think you can do it, and I think that's been one of our difficulties, because when we discuss things as team members, she... I never sure whether she's discussing it as a team member or as a manager, and so some difficulties do arise from that...
M-B P.: Yeah... I've just lost my train of thought for a minute...
Interviewee: The other thing you were talking about is the change of before I went into counselling...
M-B P.: Yes.
Interviewee: Is that a change in me as a person, do you mean?
M-B P.: As a person and... as a... how you counselled maybe before...?
Interviewee: Before I went into primary care?
M-B P.: Yeah... If you feel comfortable answering it on a personal level...
Interviewee: I'm trying to think... I don't think I was... before I went into counselling, I don't think I was really very intuitive about myself...
M-B P.: Before you went into counselling?
Interviewee: Yeah. I mean, I think I knew bits of myself and I think I... but I don't think I ever understood myself or I don't think I ever ... realised there was lots of things influencing me. And I think I've changed in the way I work because I still have another hat on as a health visitor... and the way I work now is a bit more person-centred than I used to be...
M-B P.: You'about a health visitor...
Interviewee: Yeah. Before I was a counsellor, yeah...
M-B P.: Oh. It's interesting to see that counselling and how you practice counselling has affected your other role...

Interviewee: Yes it has, definitely.
M-B P.: Do you find it hard to balance two different roles?
Interviewee: Yes. It's... it does when a conflict occurs, because I have knowledge from a health visiting point of view, and... Say, for instance, if a woman comes... she comes for emotional support because she's got a child with behavioural problems... I have to really remember which role I'm in, and I could quite easily say to her, well, this is how you can sort it out, you need to do this, this and this... But I'm a counsellor and she's come for her emotional support, and not for me to give her guidance on management... behavioural management in a child, so sometimes I've got to really... I mean, I've really got to concentrate on what role I'm in and what I'm doing... but it has influenced me in the way I work with my clients in health visiting, definitely, because I'm not so much directive now with them. And what I'm finding in my caseload, my health visiting caseload, is I'm developing... picking up more families who need emotional support than before...
M-B P.: You'about drawing more of that type of client...
Interviewee: Yeah.
M-B P.: You'about more aware of the unspoken, possibly...
Interviewee: Very much so.
M-B P.: ... because you are that much more intuitive in yourself.
Interviewee: Yes, yes. So that's changed. That's definitely changed in the way I work. So I mean, that's definitely had an impact, and that's to do with the counselling not to do with the health visiting. I've noticed that change. And other counsellors notice that as well... other health visitors notice that as well, because they often come to me for guidance when there's possibly some emotional issues around in the family...
M-B P.: Whereas they wouldn't before?
Interviewee: No, no...
M-B P.: Oh right.
Interviewee: Well, they hadn't identified me as a resource before, but they do now.
M-B P.: Just revisiting the way you practice again, you said it was primarily humanistic. Do you find... with all this I guess it does... intuition and things like... I'm going to use the word countertransference, but countertransference in a positive way... do you use that a lot in your, in the way you work? Like gut reactions and... somebody said, using the whole body, using the stomach, using the chest, using the head...
Interviewee: Yes. I would call... it's using what's ever in the room at the time. That's the way I work... So, say for instance... I mean, I don't always do it, don't get me wrong, because I'm not always aware it's occurring or who it belongs to. Does it belong to them or does it belong to me? You know, who does it really belong to? And if I know that it's my stuff to do with what's going on for me, then I don't always think that... Well it depends, it's different, but I'm not always certain it's appropriate. If it's come from my journey, my personal experience and I don't share that with the client unless it's absolutely helpful for that client... but when things occur in a room, when I'm working with somebody, and I feel uncomfortable or I start feeling anxious, what I try to do is see who it belongs to... and I might do that by saying, you know, when you say that, I can feel my stomach getting a bit tense, and I'm just wondering if that's how you'about feeling or does that... is that just my stomach? And sometimes the client will say, no, I feel okay, but invariably the clients say, well, that's how I feel as well... So, I do tend to. I mean I don't always, don't, you know... a lot depends doesn't it, but... it's like working with what's happening at that particular point in time, isn't it?
M-B P.: So for you... would it be fair to say that counselling and practising counselling is much more than the assumption of a role?
Interviewee: Yes, definitely. I would definitely say that... I think I go, for me, go back to me being as a person, not as a counsellor, so my core belief as a person is the person I take into that room, and it's... I think that's why it's... why my work has changed on all the facets, because I changed and that goes with me wherever I go. Does that make sense?
M-B P.: Yeah. It's a very holistic way of being more integrated.
Interviewee: Yeah. So... for instance, people see me as a counsellor, and I walk into the room, that role of me as a counsellor, but I'm still the same person I was in the corridor, so if the client decided... this goes completely against psychodynamics... but if a client decided they wanted to make ... and talk to me outside the room... outside the room about something, and it was safe to do that, I wouldn't be saying, sorry, I can't talk about this now...
M-B P.: Because I'm not in the room, in the chair...
Interviewee: Because I'm not in the room, yeah... because I think it's important for them to see me as a human being and not, oh, it's only when we get in that room we can talk about that... And I... I often, well I do say to clients that if I see them outside of, you know, the context we'about in, I'll take

lead from them, because I don't want to be approaching them and, you know, divulging any confidentiality, breaking any boundaries to them... And I say that clearly at the beginning, because some clients are offended when I walk by them. I mean, I had one client who was in town and I was stood at a window and I turned round and I saw her... but she was with somebody else, and I totally ignored her, and she came booling up to me and said, what are you doing ignoring me? And I said, well actually, I said, I didn't want to say anything because you were with somebody... Oh, she knows all about you... So that was okay, but I wouldn't have wanted to, you know, acknowledge that client, because then that might have put them in a difficult situation. But the clients know that's me... Now I've been accused of that being, of me being unprofessional from the psychodynamic point of view, because that confuses the client if they see me outside the room...
M-B P.: They talk to you outside the room...
Interviewee:... in turn self... it's not safe boundaries... So I have a lot of issues, you know, with who I'm working with in terms of the team, because they work so differently. They don't speak to their clients going into the room, and they don't share any information at all about themselves, whereas from a person-centred point of view, when it's appropriate I will share stuff with them... You know, it's like I've just been on holiday, if a client says to me, Oh you've been on holiday, where did you go? I wouldn't say, I'm sorry, I can't tell you.
M-B P.: Their response would be, why do you want to know?
Interviewee: Well, yeah. You know... But I mean, I'd say, well I've been to Tenerife, you know. To me it's like... it's not... they are making conversation, and I think if I cut them dead outside of the counselling room, then that isn't giving them who I really am.
M-B P.: I should feel offended as a client.
Interviewee: Yeah, yeah... So, the bit about me being, me as a person, that people see that... and... I have a lot of clients who very easily open up very, very quickly to me.... And I have colleagues who say to me, well that's because you'about so empathic and you do understand and... you know, it's like I'm really there with the client...
M-B P.: You'about real and it's not just a role they'about talking to...
Interviewee: Yeah, yeah.
M-B P.: I'm linking this with how GPs practice, and I think, you know, GPs tapping away at their screen, you'about telling them the most intimate details of... and it's a role, and I suppose... I was going to ask you about being in the role of nurse... because some nurses they get that as well... and I would venture to say that you'about the exception and not the rule...
Interviewee: Mmm. But in nursing it's different actually. I must admit, it is slightly different, because my nursing is... I was trained in the old-fashioned nursing way, twenty three years ago, where you don't talk about yourself and you'about very professional, and you don't disclose anything and patients never know who you are or whatever, to the extent that they never knew our first names. It was always nurse so and so. Now it's changed of course. Patients call nurses by their first name. So my experience of nursing was a very professional role, and health visiting was a very professional role, and I was originally Mrs Francis to my clients many years ago, and now I give them the option. I actually say my name is Wendy Francis, you can call me Mrs Francis or Wendy, whatever you would like to call me, and I will take it from you... which is a bit about the person-centred bit isn't it. It's like letting the client decide what they really want to do... And in health visiting, yes, although I use a person-centred philosophy, I would say, I wouldn't go into a house if I, you know, if my little one had been having the screaming ab-dabs, I wouldn't be sharing that with them, because that isn't really that type of relationship, where in counselling it's different. I think if it's appropriate and it helps a client, then yeah, do it... But you've got to be careful as to what reason you'about doing it, you know...
M-B P.: Yeah. It's a fine line. Do you often think... I'm just thinking... If GPs work... I'm generalising here... tend to work so differently from, say, humanistic counsellors, yet it's the GP that is making the decision as to who he or she is going to refer and... does that bother you at all?
Interviewee: I mean, the GPs are coming from a medical model, so their medical model is science and symptoms, treat... and that's not the humanistic model. It's not like a ... science and symptoms, treat... So there is a bit of conflict in the models, the way our models work... But I don't have any difficulty with that, and I think that's because I've worked in primary care for such a long time, that I can understand that's their training... Sometimes when GPs refer clients... well, not sometimes, it always comes through a medical model... It always comes through the medical referral, and a lot of GPs are not aware that there's a lot of underlying issues. They just know that something presents, it's not quite right, it's not a physical problem it's an emotional problem, but they don't know what to do with it, so we often get a lot of referrals from anxious GPs who are not sure what to do with these clients to the counsellors.
M-B P.: So sometimes maybe it's more a reflection on the GPs than ???

Interviewee: Very much so.
M-B P.: Right.
Interviewee: I mean, for instance, anxiety... A lot of GPs will put anxiety down and they will put it down as an urgent, you know. They will say to us, this clients needs to be seen urgently, and that's because of how that client has presented in the GPs surgery...
M-B P.: It's made them feel...
Interviewee: Yeah.... God, I've got to get this person to the counsellor soon... So they put it down as soon as possible or urgent. By the time they come to us, it's settled, and that's because maybe at that time they needed to, like in the counselling room, needed to share a lot of emotional energy, and we can hold it, can't we, in a counselling room, and we know that's one of the cathartic ways of growing and sort of... I was going to say healing... healing. But the GPs are not trained in that, so they get anxious, and I know that... There is one GP in our practice who we get lots and lots of referrals from as urgent, and when you see them as urgent, they'about not. They are really not urgent, but it's because they have presented...
M-B P.: The individual, the GP not being prepared as you said, or understanding...
Interviewee: Yeah, yeah... And this particular GP will often ring in the middle of a counselling session. I've got this patient down here, really, really can you come down and see them now, because of the... what's gone in the room and the anxiety of this patient is probably...
M-B P.: Starting to cry...
Interviewee: That's right, yes. So there's a bit of work to do with... I think there's a lot of work to do with GPs about... how they cope with emotional upsets in the GPs surgery. But I have to say that we don't get a lot of inappropriate referrals. I must admit, there's only been one or two in all the years I've been there that have come through to me...
M-B P.: Only one or two... That's great...
Interviewee: ... and that's good. But they have had a counsellor in the practice for twenty-one years, so I think they've had a lot of good grounding in counselling... The counsellor was originally from Relate, and went in as a... I would say, like a volunteer, and then they decided to... [end of side 1]... the GPs surgery I work in, the GPs generally had a better idea of counselling, but that's changing because we've now got three, four new GPs in the surgery and some of the GPs have left, and it's interesting how... some of the young, and we are now starting to get... not inappropriate referrals, but referrals that... some of them who don't want counselling. Some of the clients come to us in the latter few months where they really don't want counselling but the GP has said, oh, I think you need to see a counsellor, have counselling. They come on the list, and when I ring them up or when we've actually got them into the first session, they say, well really I don't really want counselling. But they didn't have the bottle or heart to say to the GP they didn't want counselling.
M-B P.: It's hard just to tell GPs something to the contrary...
Interviewee: It is isn't it? Yeah. And that might be, and I think it might be to do with what's going on with the GP at the time.
M-B P.: The individual...
Interviewee: You know, the individual, which is a bit like what goes on for us as counsellors, but we'about a bit more intuitive about it...
M-B P.: Yeah... Like sensitive areas... When someone says something, Oh, that really hit me, and you think why, and then you start to ???
Interviewee: Yeah. So... I mean I do... I have noticed three new GPs have come through, recently started in the practice, and the increase of clients who didn't really want counselling... The interesting thing is they've come from those GPs...
M-B P.: The new ones...
Interviewee: Yes.
M-B P.: Have they ever given you their definition of what they think counselling is, or have you ever heard it? What they think it is... It would be interesting, because they must have some kind of idea of what they'about referring, what they'about prescribing, for lack of a better way of putting it?
Interviewee: Well, I wonder... I wonder if they just think, right, the counsellors obviously know what they'about doing, so let's just leave it up to then, because often some of the GPs never, ever ask. Some GPs are a bit cynical of the counselling, and they think, oh yeah, it's just... you know, let's go and talk about it and you'll feel all right about it. And I have had a few clients who have come through and have been influenced by what the GP said, in terms of well... I don't think counselling will help you, but I'll refer you.
M-B P.: That's interesting that you should raise that point, because that's one of the things I ask about, is how you deal with the pretext set by the GP?

Interviewee: It's difficult isn't it, because that's the referral isn't it? And I think a lot... I think that is the first step to effective counselling sometimes, whatever effective counselling is... And I think sometimes how the client is referred has an implication on how that client initially presents and works. Definitely.
M-B P.: Well they say... especially the GP saying it... oh, I'll give you a referral for counselling. I don't think it will help but... It's almost sabotaged any attempt that you might make.
Interviewee: That's right, yes.
M-B P.: It would have a lasting impact as well, on the client...
Interviewee: Well, I wonder how that client perceives counselling...
M-B P.: After that, yeah...
Interviewee: And sometimes... I know what happens to me when a client comes like that, I work twice as hard... to try and convince them that counselling could possibly work or help or whatever, and that's my stuff, isn't it. I mean I realise that, but, you know, it's like... how do you... I mean, a GP is authoritative... I mean, you know, they've got the authority and it's... what do you call it, paternalistic isn't it, that, you know, what the GP says?
M-B P.: Yes. It's... I mean, from my perspective, the kingpins or the queenpins in the primary care structure are the GPs, so yeah. If the GP is going to pass comment on... It must also be very confusion, I would think, as well, for the client. Well you have this service in your primary care practice, but you don't think it's going to work, so why... you know, mixed messages...
Interviewee: I mean, that's not all GPs, don't get me wrong, and the clients who have come from that particular GP, also sends clients and is very appreciative of the service... So I wonder what their, not assessment of it, but I wonder what their perception is at that time with that client, you know, whether they think it's going to work or not. They still have this thing about, they think antidepressants are... being, you know, the solution to everything...
M-B P.: The GPs that you work with in terms of ???
Interviewee: And that if they used to put the clients on antidepressants and then they come to see us, then that's their way of working, whereas sometimes I think some clients benefit from not going on antidepressants and seeing what us, because some of them don't always need antidepressants...
M-B P.: No, the opposite sometimes...
Interviewee: Yeah. It numbs the mood sometimes. Sometimes they drop... they can't get into feelings, emotions... Yeah. But that's the way they've been trained isn't it? I'm not criticising them. it's like we've all been trained in different ways...
M-B P.: Yeah. Well I would think that some of the initial training that you had as a nurse probably conflicts with...
Interviewee: Yeah, it does. The medical model, yeah. Very much so. The power and control is different. I mean, that's something I really struggled with when I first started working in the primary care, because people knew I was a health visitor, so they would often ask me as if I was a health visitor about a client.
M-B P.: Oh, wanting the same amount of information...
Interviewee: Yes.
M-B P.: Oh that's tricky...
Interviewee: That was confusing, because... I mean, yes, you can imagine that some of the GPs knew I was a health visitor and in the health visitors discussion or a discussion at a GP practice, we would impart information about our clients, but as counsellors we don't... and they used to get confused with my role, which was hard for them. But now they don't. Latterly they don't. They did when I first started.
M-B P.: Yeah. Were you ever in a... practically speaking, do you ever counsel the same person that you visit as a health visitor?
Interviewee: No.
M-B P.: So there's never that overlap between...
Interviewee: No, I make that very...
M-B P.: ... because that would be really...
Interviewee: Yeah. I'm not in the practice as a health visitor. I'm not in the same practice...
M-B P.: Okay... Oh, I see...
Interviewee: But I make it clear that in my practice that I'm a health visitor in, they know I'm a counsellor as well, and the GPs often say to me, will you take them for counselling, and I will say no. That would really confuse the boundary issues, and they won't know whether I'm counsellor or, you know, I'm a health visitor. I said I'm willing to use counselling skills within health visiting, but not counselling, as a contract set for so many sessions... So I'm really clear about that. But part of it is the role where I'm a counsellor... A few years ago when I first started counselling, they obviously knew I

was a health visitor as well, and in fact at one point in time, years prior to that, I'd gone in to relieve somebody a bit off sick, so they ... so some of the GPs had seen me, so some of them weren't really sure what I was doing... and, you know, they often used to ask me about the clients... and it was hard, actually. Because it's almost like, you know... I don't want to seem stand-offish with the GPs, but then I don't want to break boundaries with my clients, and now they don't ask for it... But receptionists... I think this is a very interesting area... Receptionists are bound by confidentiality within the practice, but their perception of confidentiality is completely different from my perception, and if I'm in the coffee room with them having a coffee, they will talk very openly about clients and patients who have come in, and they will tell each other information about patients who've been in that day, and I have on some occasions, and I wrote one of my assignments on confidentiality in primary care... and I have on some occasions had receptionists asking me for information, or they've said to me, Ee, Mrs so and so is coming back to see you. What's wrong with her this time? Thinking that, you know, it's like having a discussion... it's a coffee break discussion sort of thing... Or I've had receptionists saying to me, things like, ee, do you know, she's my neighbour. What's wrong with her? Do you know what I mean? It's like....

M-B P.: Oh dear...

Interviewee: Yeah, yeah... And so, I think the confidentiality issue is a big issue in general practice and primary care...

M-B P.: Two types of confidentiality.

Interviewee: Two types of confidentiality.

M-B P.: ... especially when a counsellor comes in...

Interviewee: Very much so. And the GPs initially struggled with that, but I think they'about a bit better now. They do realise... And I think that's a grounding that we've had in the practice, you know... they first wanted us to write on records and notes about the counselling session, and I refused to do that. Now that was a conflict, because I'm a health visitor... and in some of the GP surgeries you flick up on the screen and you write up your contact, so that when the next person in the primary care team puts up on the screen, they know what's happening... a holistic view, I would say... So that was a struggle for me when I first went into counselling, because I'd always done it, so I was having to think, now why aren't I doing this, why am I not doing this? And they wanted so much written information about the client and that was altered very soon... and I negotiate with the client on the first visit what they want on the letter back, you know, to the GP, just to say that they've started counselling, and on the end result, you know. What they want putting down.

M-B P.: Do you think... a particular counsellor is more suited for primary care than another? A sort of second part to that is, do you think a particular way of counselling is more suited to primary care than others?

Interviewee: I'm going to get myself out of a job here... I think a lot depends on the issues presenting... In primary care it's... because of the focus of treatment based, you know, science and symptoms, treatment, is always an issue. Cognitive behavioural seems to be the in-thing in primary care, because that can be resolved within three or four sessions, and that lends itself to the medical model anyway, because it is, it does come from a medical model really... So if you were asking a GP what model they would... they haven't a clue what model mine is by the way, I forgot to say, but if you were asking a GP and you identified the models, they would plumb for the behavioural cognitive model, because that would resolve it very quickly, and that's really what the medical model surrounds, you know...

M-B P.: Do you feel happy with that? The feeling in yourself saying, I feel cognitive behavioural might be the most suited to primary care?

Interviewee: No, because I know the way I work is very effective. But it isn't as effective in the structure now of eight sessions. That's the difference you see.... Whereas before, when there wasn't any sessions, I know, because I know by returns, the way clients return to GPs, that when they've done a good person-centred working, they rarely present to the GP, whereas what often happens is, and this isn't... I haven't researched this, but it's just sort of what I can see happens... is I am now seeing my clients who I only see for short sessions coming back again for more sessions sooner than they possibly would have done if they'd had longer term work. And... a lot... I mean, some of them don't... Some of them are not, oh, what is going to be long term work for me, six months, or whatever... Some of them might just want a few more sessions, do you know what I mean? And it's hard...

M-B P.: Like twelve...

Interviewee: ... and it's often harder to negotiate those extra sessions, than saying you want longer term work.

M-B P.: So within the eight session boundary, cognitive behavioural is ... the way to go...

Interviewee: I don't agree with that... but I think that's... because... Our cognitive behavioural therapist gets through far more clients than we do.
M-B P.: To me that doesn't say very much ???
Interviewee: ??? but do you know what I mean?
M-B P.: Yeah I do.
Interviewee: You'about looking at... a GP has a list of counsellors, a list of patients right. And they have fifty patients, and they've all got emotional and psychological problems, and they send them to the cognitive therapist, and the cognitive therapist is paid by clients, where we'about paid by session. So that's a different thing altogether. He might see them for three sessions, and that GP thinks, three sessions, right. So between, fifty... well, say thirty... Oh great, he gets through them really quickly. We've got Wendy on this side who always take eight sessions, rarely takes any less than eight, and occasionally asks for more. .What on earth is she doing? Do you know what I mean? It's like, that's my perception of it...
M-B P.: But then, as you suggested, the recidivism rate of the cognitive behavioural therapist, if there was research into that compared to yours, it might be quite interesting...
Interviewee: Well... I know that... and the cognitive therapist has shared this with me... that a lot of his clients will then not come on for developmental work. They want to look at their own issues. They go to him, and he alleviates or works with their anxieties, their initial presenting problem...
M-B P.: But he's doubling up on the work... he's almost creating one client and turning them into two, because they go to him and then they go to...
Interviewee: Well, possibly, possibly... But, he... he doesn't always. I mean he doesn't always refer them on, but he has often said to me that there are some clients where they would benefit having some longer term work or some work about themselves rather than working with the presenting problem... It's a difficult question because I don't think, really, if I'm honest, person-centred work does lend itself to primary care... and that's to do with the time restraint. Not to do with what happens with the people that come.
M-B P.: So feeding on, sort of... we'll come back to the type of person in primary care after I ask this question... If you had your way, how would you like to see counselling in primary care, you know, over the next five, ten years, if it was up to you?
Interviewee: If it was up to me I'd like to have... the option of different therapies, so that, for instance, we could work together. Say, for instance, if somebody was really anxious, it's very difficult to work, or I've found it, it's often difficult to work with helping them see things until they've resolved their anxiety. So I think it would be really nice to have... an opportunity to say, maybe give them some coping strategies with cognitive behavioural, and then the option of actually, going in, carrying on... Now that doesn't happen at the moment. I think it would be nice if the referrals came into a team of people and we could discuss, if that's possible, I mean... I would like to know... When I'm really thinking about it, before we had a team, Mrs Powell and I, who were the two counsellors, we used to have debate... not debates, but we used to have clients who... She was a sex therapist and I tended myself towards mums who had children and stuff like that. So we seemed to, you know, do that process without complications, naturally, you know... where it seems now, it's so pathetic, because... You see, what bugs me is, in our team, we have some counsellors who are really good at certain skills, and it's a hit and miss scenario about it all. So the clients will go on the list, and it's whoever has a next free slot...
M-B P.: So instead of saying, huh, so and so is really good with abuse issues or ...
Interviewee: Yeah. .So, for instance, if somebody next on the list is postnatally depressed or is... has that issue, the next counsellor will take her and I might not know that, and then she goes and works with this particular person... and they are psychodynamic and... and I believe that a lot of postnatal depression is actually about how they are feeling about themselves sometimes... about being a mother and, you know, their own set of concepts, self concepts... What a psychodynamic wants to do is go back to a lot of, well this is what I gather from the way they talk... I don't like them to be quite honest at all... it's an awful thing to say, isn't it? I'm sure it's to do with my experience that I've had with them. I'm sure there are some wonderful psychodynamic counsellors around, but I don't... They are always going to delve into what's happened years ago that might affect them now, and sometimes some clients aren't, don't want to know that. They want to actually look at the here and now, what's going on now. They don't want to know that, you know, fifteen years ago this incident has affected them now. Well, some don't. It might give them an understanding, you know, but how's it helping them now? Oh by the way, this is the tick list. Yes, ten years ago you had this problem, that's why you'about like this...
M-B P.: That's why, yeah...
Interviewee: Yeah.

M-B P.: If it were that simple, I could have done it, sort of thing...
Interviewee: Yes, yes. So, to go back to... I would like to see that we, as counsellors... the best counsellor for that particular client would be identified, in primary care. What do I mean by that?
M-B P.: It would be hard... you don't just have to have somebody... a counsellor who wasn't in that team, someone who was kind of as objective as possible... It's like in a vision, the psychodynamic person will say, well, I'm great for postpartum depression and, you know, things like that... ego gets in the way...
Interviewee: I don't know. It just seemed as if... and I'm going back to where it was before the team, you see... that... It seemed as if that lent itself very well with two of us... I don't know. There's for and against teams... I honestly... I can see that there's a benefit of having a few different skills in one team, there's no doubt about it, but what I do know is those people have to be able to work together....
M-B P.: Yeah... and have the client's best interests...
Interviewee: And have the client's best interests... yeah... and I think that is the crux of it. If we are looking at ??? in primary care, that is important... I think the other thing in primary care that I would like to see, is actually letting the counsellor and the client decide how long the sessions should be... So that could be negotiated and left up to the professionalism of the counsellor and with the client, knowing, and not having to go back and request it and have permission...
M-B P.: It's really disrespectful of what you do, isn't it?
Interviewee: Yeah... The other thing is, it alters the process, I think, straight away with a client, because it then tells the client that the GP has all the power and control... you know?
M-B P.: That's interesting... yes.
Interviewee: And we'about talking about autonomy with counselling, and yet you say, hang on a minute, don't tell me any more, I'll just pop to the GP... I mean, I don't say it like that, but do you know what I mean?
M-B P.: Yeah.
Interviewee: What message is the client getting from it? She's thinking, well what happens if the GP says no? What happens to me then?
M-B P.: Yeah.
Interviewee: And I did have one client who got really anxious at the thought that she'd just disclosed this information to me, and it might be possible she might never have any... I mean, I think she was two sessions away... that she might not have any more sessions, and she was really anxious. She'd never, ever disclosed this information at all to anybody, and it was... And I was like, Oh God, you know, if I was employed, I would have just ridden with it and just gone on with it, but because I'm in a certain boundary of time... and because I'm person-centred... I mean, we've had this debate in our team... because I'm person-centred, I feel I need to discuss with the client the issues around it, you know? I can't.... I mean, this might be wrong, I don't know... but my perception is, if I know there's an outside influence affecting something that we'about going to have in our relationship, I don't want that client thinking that I'm making the decision about how many sessions she has. Does that make sense?
M-B P.: Yes. That it's circumstances, and it's not necessarily the way you would want things...
Interviewee: Yes, that's right... And I think that's important for her or him to know, because I think it would affect the relationship if she thought, well, that counsellor's made a decision...
M-B P.: Undermining the client...
Interviewee: Yeah. So, the reason I say it the way I do is because I think it's important that the client knows it's not because I don't want to hear the information and I can't cope with it. It's not because I'm tired and I don't want to see her any more and I don't like them or whatever... It's because there's actually a restrictive time boundary on how we work, so... But I think it alters the process, because I think the client, at that particular time, goes away ... because I can't always get the GP at the time ... goes away wondering, are they going to have any more sessions?
M-B P.: Yeah. So you... I would be thinking... what is going to happen if they say no?/
Interviewee: Well, I think it as a counsellor....
M-B P.: ... because, I mean, it's... and also... how do you practice ethically under those situations? Because they are super vulnerable and, you know, and then somebody says no...
Interviewee: Yeah. Well, I think that's why, when I go to the GPs now, I actually put it to them in a way that this is part of the therapeutic process for them to have this work completed, so they've now, because I've been working there so long, they value that, whereas when I first used to go, I used to think I went cap in hand and said, can this person possibly have some more sessions, but now I actually say, you know, in my professional capacity, dah dah dah dah dah, this client needs so many more session, or, you know, more long term work. And I've put, you know, something like almost if I don't

hear from you... And the GPs are fine with that. Often the GPs are, well, you know what you'about doing Wendy... But, I think it can stop the process... I mean, you know, it's almost like we'about saying to a client, I'm not going to see you any more.... They've told me this information, not going to see you any more. What does that do? So I think it does slightly affect it, because then the next session tends to be, they go back a few stages...
M-B P.: To re-establish things that were lost...
Interviewee: Yeah.
M-B P.: With the glitch of you having to...
Interviewee: Yeah.
M-B P.: I mean, it's never going to be the same...
Interviewee: No. I mean, that's what I've found. It's sometimes... you go back, and the first session almost is like re-establishing a new contract and getting... not... I mean, it can never take away the process that's gone on in between, but I do find that I feel, and there might be some research work... that we go back a few more stages, or we go back to a few weeks prior or something like that. I don't know. It's just ... that's something about what I've learned???
M-B P.: So, rewinding a bit and catching the question, do you think there's a particular type of person that's more suited...?
Interviewee: Right. A person... a model person... a person... I wish I could encompass the right person... No, seriously... I think the right... or, I don't know, a particular person, would be a person who can conduct themselves in all capacities in a primary care team, so can...
M-B P.: What, the GP, nurse, secretary, practice manager...?
Interviewee: No. What I mean is be the same person whichever bit they'about in...
M-B P.: Oh, sort of being holistic and have sort of a continuity about them...
Interviewee: Yeah, yeah. Which is what I think I achieve wherever I go in the practice.
M-B P.: So the most suited type of person to be a counsellor in primary care is one that lives the role?
Interviewee: Yeah... is the person... Yeah.... Because I think that gives out very good messages for counsellors. Very good messages that that person upholds the philosophies, the ethos in the coffee room, as she does in reception, as she or he does in the GP team, whatever... And I know that doesn't always happen.
M-B P.: No... I'm trying to think if that's the case for some of the research... Some GPs are like that, but the majority of GPs, I don't know whether they'd be as into the holistic idea, or the nurses... or...
Interviewee: Oh GPs won't, no... No. I don't think they are, and I'm really very, very passionate about maintaining that role wherever I go in the GP practice, and I will not get into the judgemental statements, debate about a client lives their life, how a patient lives their life, which you can easily get into in GP practices, you know. I was in reception the other day and, we do a methadone prescription service in our practice, and one of our... a man had come in to drop a sample in, and they have to have it tested, and if they'about actually using anything other than methadone it shows in the urine. And this receptionist... he'd handed it over, and it was cold, right, and this receptionist said, in the middle of, you know... This is no good. It's not warm. You might have got it from anybody off the street, right. And I mean that was, you know, really that is just not on...
M-B P.: No, no.
Interviewee: Because nobody would have known. They probably would have thought it was just a sample of urine, like everybody hands in, and not... not that she was saying anything, but she was implying something, and then she came in and she rang the practice nurse up to test it, and the stuff she said on the phone... I don't know why we get these patients in. You know, if they'd only give them a good telling off. Why do we have to give them any methadone anyway? So it's like... And I was stood next to this receptionist, and this receptionist said, well, don't you agree Wendy? Right... Well, I said, people's lives are so complicated. I said they do things for lots and lots of reasons, and I would hate to ever have somebody say what I did and my life wasn't right. And she looked at me and she said, Mmm... But she got the message. It was like... we don't know what's going to happen to us. We don't know, for whatever reasons, we do things. We don't have, you know... and often, we have these talks in the coffee lounge about this, and some of them will say to me, well, why do you think they'about like that Wendy and I'll... It's like, they learn an awful lot from me about being human, but then they'll go away the next five minutes and, you know...
M-B P.: The environment and the context is so strong...
Interviewee: And they haven't had that insight into their own personal lives, usually... So my... What I think is that's how a counsellor should be within a GP surgery.
M-B P.: Do you think you have to be more assertive counselling in primary care,, as opposed to counselling in other contexts? More...
Interviewee: Yes, yes...

M-B P.: More protective of who you are, because if you aren't that way, you'll find yourself slipping into a way that perhaps you don't necessarily want to be, because the context is so strong?
Interviewee: Yes... It's an authoritarian context, and it's hierarchical. GPs are at the top, and receptionists are at the bottom, and there are a variety of people in between, and... counsellors are seen not as professionals, they are actually seen further down on the list by GPs... Yeah. I've forgotten my flow now, about what you were asking me... so you have to be assertive. Yes... So sometimes you need to actually have full confidence in what you'about doing, and be able to justify why you work in particular ways, and it's all... justify why you'about doing something in the GP surgery because their model is scientific, so they don't do anything without a medical reason behind it. They don't do anything without a research background. So all their information is research based. All of way of working with patients is research based. So they come from a very.... I don't know, is it imperialistic view... they wouldn't dream of working of working with a patient unless it had been researched and scientifically based.
M-B P.: I find that really... difficult to swallow sometimes, because... researching and being very into research methodology and research... the nature of the studies which support practice are often inherently flawed, and the studies are being sponsored by the very drug companies that ... etc., etc....
Interviewee: Yeah.
M-B P.: ... all politically... Yeah, and what the GPs base their work on, it's empirical and it's very... its fact ... If you go for it, and I've realised that, well it's not... and the idea, and this brings the other issue of effect, the push for effectiveness studies and proving that you'about work is... valuable or important... There's that call from GPs, I guess, as a collective, for counsellors to prove themselves, but never has there been a study that I've come across where GPs have proven themselves and the way they interact, and how cost effective or... not necessarily the drugs that they prescribe, but the effectiveness of the way they deal with patients. I find it difficult to swallow or to understand the...
Interviewee: Well... yes, I've never seen it like that, I must admit, you know. It's like... I think part of it is to do with that being... my whole experiences have been in that philosophy... has been in the medical model, and as nurses you are brought up that your GPs and consultants are up there, and the nurses are... you know, despite the fact that I'm a midwife and a practitioner in my own right, and prescribe drugs and everything else, and often as nurses, very qualified nurses, they teach the doctors what to do on the wards... So... nurses allow themselves to get into that situation, and I wonder if... some counsellors who are going into GP practices are not really aware of the issues in GP practices, and don't have insight into what it's like working there, and I think you've got to have, as I say, a firm belief in yourself as a person, and also a firm belief in your practice, because you could easily be squashed ???, or you could easily be ???... I use that as a ... just think like, you know, somebody squashing you, you know... But you could easily be disregarded, or you could lose your self esteem or your self confidence in your practice. So I think you've got to have high experienced counsellors going into GP practices, which is... there's a worrying bit for me as well, is because a lot of GPs employ... well, not employ, but actually have trainee counsellors in their practices, who don't have any real supervision in terms of what's going on in the practice. Does that make sense? They might have supervision from a supervisor...
M-B P.: And they'about way outside of the...
Interviewee: ... who doesn't have any knowledge of GP practising, and will say, no, that's just not on. You don't work like that. But there are some things counsellors have to... not compromise, but have to negotiate...
M-B P.: If they want to work in...
Interviewee: If they want to work in a GP practice, yes.
M-B P.: How do you think counselling is going to look in sort of five to ten years time? Now that I've asked you how you'd like it to look, how do you...?
Interviewee: I don't know if I answered the question about how I'd like it to look...
M-B P.: Yeah, yes...
Interviewee: I don't know, because with these primary care groups coming into being in April... I think it's not going to be up to the counsellors to have much say...
M-B P.: You think, how it's structured and what they do....
Interviewee: No, I think... Well, (a) the money, and it's going to be determined by the primary care group, so if you've got seven GPs in the group, who have all had experience of excellent counsellors, then I guess that primary care group will have counsellors in that area. If you have GPs who've either come from a one man practice and don't know about counselling, never been involved in it or have had... always sent to psychology or... ??? or never had any awareness of emotional issues, then you'about going to get a vote that we don't need counsellors. So, it's a political thing I think, first of all... So I don't... It'd difficult to really answer that. I think it's... It is... I mean, it shouldn't be

dependent, really, on who is on that primary care team... but what is going to happen is that primary care groups are going to have the budget, and they have got to distribute that budget according to need in their hundred thousand population, and if they see physical treatment and physical things... If they see, you know, behavioural therapy as much more effective, whatever, then that might not lend itself well to counselling. So... it's difficult. On the other hand, if you have a group who've had counsellors, and they've been very effective, then hopefully, then that would be promising... I would like to see a counsellor in every practice... to allow clients or patients of the GP the opportunity to be offered a different service to going to psychology or going to cognitive behavioural therapists or being on antidepressants. Now at the moment that isn't the case. They are only in fundholding practices or general practices who are sort of enthusiastic about counselling. The plus side of amalgamating as a primary care group is that if counsellors do get voted on, it will be right across the board, and it won't just be pockets...
M-B P.: And they'll have more continuity...
Interviewee: And they'll have more continuity, whereas at the moment now, it depends which surgery you'about in as to whether you get counselling... so I'd like to see counsellors in every GP surgery.
M-B P.: In the way that you described earlier.
Interviewee: Yes. I mean, it sounds idealistic, doesn't it, really?
M-B P.: Well, no, I mean, that's... yeah... Do you ever think counselling in primary care is going to assimilate into a medical model, or turn into something that's far more in line with... a medical model?
Interviewee: Do I ever think that?
M-B P.: Or do you feel it...
Interviewee: I mean, I feel it's... it's already in place, really, in a way, to a certain degree....
M-B P.: It's already happening?
Interviewee: Yeah... I'm trying to put in why I think that, because... for instance, GPs, our GPs, are increasing their referrals to our cognitive therapist as opposed to us. And he's been there a year now, and his referrals are increasing and increasing, and less referrals are coming through to us.
M-B P.: Just to him?
Interviewee: Yeah... And that, you see, comes direct from the GP... The GP makes the assessment do they go to the cognitive therapist or... So he gets far more referrals than we do.
M-B P.: Let's have a look... towards the end, should we call that counselling?
Interviewee: No, no we shouldn't, because it isn't counselling.
M-B P.: Yeah, that's my gut reaction.
Interviewee: It isn't counselling, but if you'about looking at emotional issue and psychological issues, the GPs see that because that's more of a medical model. It's more of a symptom treatment... panic attacks and anxiety attacks, right, what's the treatment for that. Behavioural cognitive...
M-B P.: So should GPs have the referring power?
Interviewee: No. Well, that's the bit, when I said about what would ideally be... is for it to come to the counselling team, who then make the decision of who best would suit the need, particularly...
M-B P.: How would clients, who would clients initially express their desire for counselling be? Not the GP obviously, in an ideal situation...
Interviewee: No, they would go to the GP, and ideally then they could come to, I think if we'about going to have different... If, say for instance we are going to have different people within the team, because... don't get me wrong, I think there is some benefit of having a cognitive-therapist, behavioural work around, but if, for instance, if they... all the clients came to a team discussion, and then that would eliminate the fact that the GPs think that the cognitive therapists are the ones who sort it all out. Does that make sense?
M-B P.: Yes.
Interviewee: So as a team, we would discuss who would best suit that client... or who that client would like to be with...
M-B P.: Because you are more adept at doing that...
Interviewee: We are more... well, yeah, whereas the GPs now at the moment, as I say, over the year has increased, and in fact for the next year his contract has been increased, because he is seeing all these clients, you know...
M-B P.: Changing tack a bit, what do you think about GPs counselling?
Interviewee: Them counselling themselves?
M-B P.: No, them.... yeah, them being counsellors too...
Interviewee: Being counsellors too... Well, that's a...
M-B P.: I just know a few...

Interviewee: I think if they had the training, then I don't see an issue, because I would hope that the training equips them with being... like the counsellor, like me being a health visitor from a medical model, and now I'm a counsellor... I think... and I think a lot depends on the GP... I can see some in our practice being brilliant counsellors, and I could see some who would not be good counsellors, because of who they are as a person. I mean, there's one GP who, everything he says is like, you know, he... he doesn't like to be challenged. Well, I don't know whether, and this is quite a judgemental statement, he would make an ideal counsellor, because to me it's about the person, so... I think it's like any [end of side two]...

M-B P.: ... being counsellors to the various patients they are GPs to?

Interviewee: No. I think that would give conflicting messages to the patient, a bit like me being health visitor and counsellor to them...

M-B P.: Yeah, that's a balance...

Interviewee: Yeah... I think counselling skills, using counselling skills within... enabling that relationship, but I'm not so sure... that's only my thoughts, isn't it, that it would work because... right. Because the two models are different. That's how I see them. The two models are one end of each of the spectrum, and you've got one model, which is the medical model, which is assessing, eliminating the disease, and the only way they do it is by trying one, then another, then another, then another... And then whatever's left, treating... Right? Now that is a completely different model, I see, than, well, a humanistic model... They are different from the psychoanalytic model, possibly... because that is, that does lend itself more to a medical base, and I would imagine that if GPs went off to do training, they would go and do that model...

M-B P.: Psychoanalytic... Yeah... I think in some training... you know, medic training courses, it seems to be they get psychoanalytical training... that's about it...

Interviewee: Yeah. They don't get very much at all. So, I don't think... I don't think a GP counselling in a surgery will work...

M-B P.: I don't... I perhaps have strong feelings about that, because I think a GP counselling in surgery... I mean, I suppose, as you pointed out, yes, if they'about trained properly and they... yeah, they could go ahead...and, if you were trained as a GP, you could go... But it's almost like, some of them who aren't but think they can... it's like you prescribing things that you are not licensed to prescribe...

Interviewee: And I think... I think, to twist it back to... it's the patient, the client I would be concerned about, because, okay, they walk into the door, what's your problem today sort of thing, or it's a physical problem. I've got these spots, right. Now what I know with a lot of my clients is, they'about very happy in the GPs treating their physicals, but they don't always want their GPs to know the ins and outs of their emotional difficulties. They want to separate the two, and they will often say to me, when we discuss, you know, I will say to them what would you like me to put in the letter back to the GP, because that's something that we have to do in our practice, and I've devised it now the way that it's virtually nothing, know...

M-B P.: A generic plan...

Interviewee: Yeah...

M-B P.: Making good progress.

Interviewee: Yeah, you know. Nothing really that says anything. But I'm just jumping through the hoops, and the GP gets the letter and fine they were happy with that. But a lot of the clients don't like the two parts of them coming together with the GP. They don't want... they are very anxious that the information they've given to me is not put up on their screen.

M-B P.: It's a power of trusting, I would imagine... I am just thinking, you know, the GP has a lot of power in what he does with that information, I mean, I wouldn't want my GP to...

Interviewee: No... So... I think the ethos is different, isn't it? Because... well, the whole lot is different, because, in counselling it's hopefully, in our model, well I don't know what model you work with, but in a humanistic model, you are trying to have more of a balance of power. With a GP and a patient, that would never occur, so how on earth can you all of a sudden switch if the GP says come in to see me for a counselling session? How can that client truly work, or work towards being autonomous, you know, if...

M-B P.: Yeah... it gets back to how... It's not very conducive as the GP role stands for them to be holistic, as we were touching on before, whereas the way you work...

Interviewee: Yeah.

M-B P.: In wrapping up, there's just three things I like to ask everybody, to do with establishing validity. So one is how important do you think these issues that we've been discussing are, to you or somebody who's been in... is in the field of counselling in primary care? The second is, what are the

things that you would like to see researched and talked about in relation to counselling in primary care? And the third is what do you think of the medium of collecting information, this meeting...?
Interviewee: The last one, I think... It's much more effective in doing it in a semi-structured way, because it lends itself to exploring and expanding, exploring and expanding. Certain issues come out that you might not initially have thought from one question, and it leads on to something else which is related but not necessarily asked at the beginning, something that's really important... I've forgotten the other two...
M-B P.: I'm sorry... I shouldn't list them that way. Do you think... what we've been talking about is important or relevant...?
Interviewee: In primary care?
M-B P.: To your experience of counselling in primary care...
Interviewee: I think it's relevant, but I don't think I would have... I mean, I know you were asking me questions, and I was responding to some of the questions, but there was a lot of things that I wanted to say which you didn't ask me specifically about working in teams, but that came up, and that was very relevant, because in primary care you work in teams... I think the issues that we haven't really covered which, I think the big issue is confidentiality in primary care. There's no doubt about it, in not just necessarily client-counsellor, but in confidentiality in records. What do we do with them? Where do we store them? Do we keep any? What information gets passed from GPs that goes on the screen? What information goes back to the GPs? And that is a whole scenario of confidentiality which has a different meaning in counselling as it has in primary care... And I think... to work within a GP practice, some of it has to be re-negotiated to the extent that the counsellor isn't compromised, and the client isn't compromised... but that is... their system has to be worked, that is workable within the GP practice. I know any confident counsellor is able to do that, so that goes back to really, I think, about experienced counsellors need to work in GP surgeries... who have a lot of confidence in their own skills and the way they'about working, and have maybe had experience in other, sort of, settings or have had a variety of experiences. Does that make sense?
M-B P.: Yeah, having a more well-rounded, and not just... right from training...
Interviewee: Yeah, right into GP practices, yeah... Because... I mean, I think that's an issue that could be explored, as I say, in terms of what are the... not criteria, but... what level do counsellors go into GP practices. See the counsellors that I work alongside are straight into GP practices and they have really struggled with a lot of stuff...
M-B P.: That's come from the setting?
Interviewee: Yeah... Because they have worked outside as a private counsellor, and they have had great difficulty coming into a GP practice, to the extent they were giving out lots and lots of information, because that's what they thought had to be done... about clients.
M-B P.: Oh, I see...
Interviewee: You know, that's what they thought...
M-B P.: Not realising what they could...
Interviewee: Yeah, yeah... And writing reams and reams about clients and sending them to the GPs and telling the GPs, thinking that's what you do, but I think that might have been coming from their own experience of what a GP... how authoritative a GP is... So, do you know what I mean? I think there's something about these three other counsellors who came in, having no medical experience, so I think there's something around having some sort of medical setting before going into a GP practice and working autonomously within a GP practice, if that can happen...
M-B P.: So essentially, your training as a nurse, eighteen years of being a nurse in primary care, has stood you in very good stead?
Interviewee: Oh, very good stead, yes. Very good stead. Good preparation... and the fact that I had set up a counselling service outside... although it was the NHS, it was an autonomous service, so that gave me some insight in what could be done in counselling, and then I know what I...
M-B P.: How you wanted to be...
Interviewee: Yeah. That wasn't a problem. The problem was when the other counsellors came in and didn't know what to be, who then started moving the goalposts for me, which was quite interesting... I'm a very strong person, but three on one is not an easy match is it?
M-B P.: Even for the strongest...
Interviewee: Yeah.... What other issues? I can't think of any at the moment. No...
M-B P.: I'm very interested in how easy you've talked about the issues raised and adding more issues. It's almost like... Do you feel you get enough of an opportunity... other counsellors as well, in primary care, to voice their feelings about the setting, about these type of issues?
Interviewee: That's interesting...

M-B P.: I ask because there seems to be so much emphasis on the practicalities and so preoccupied with the day to day, that the bigger issues, the bigger picture seems to be not enough time, enough attention...
Interviewee: Well... It's more of a running practicality when you work in a GP surgery. You know, there were protocols when this thing was set up, and so, you know, we have protocols now in our team, which sounds ironic for counselling, because that's just, you know, like to me, that's the control issue...
M-B P.: Prescriptive...
Interviewee: Yeah, prescriptive, and we have protocols now in our counselling team, with what we do and when we do it... You know, who's where and *that*... So *many*... which, that isn't about working necessarily in a GP practice, because when I worked there alongside another person, we didn't have protocols and it worked very well, so it's something about... I think it's something to do with the models as well, of working in a prescriptive model, and it's like the psychodynamic model that they work with is quite prescriptive. So it's not just necessarily to do with... the person, it's to do with the model. That's how I see it. I'm very aware of issues in primary care, and I think that's to do with my background, but also to do with having worked in primary care so long, and then working as a counsellor, and I often worry about counsellors who are new to it that they don't know that there are issues, because they don't... they are not aware of it and so therefore they don't talk about it. It's not until they arise that the problem occurs. Does that make sense?
M-B P.: It's almost too late that they start to...
Interviewee: Yeah.
M-B P.: Yes....
Interviewee: For instance, in our team I was talking about the issue of writing notes, you know, and I said to them that... that I didn't think it was professional and ethical... I didn't say that, that what was in my head... of actually taken a client's notes and attaching the client's notes with details of the client on top... right? And having worked in primary care in GP practices for a while, I separate the two and cross index. One has the name and address with the index number, and the other is the index number with the client's records, and they are virtually ??? meet, and they are in two separate places. So, that, God forbid, if my notes ever happened... mine are secured in the filing cabinet... ever got lost, hopefully they wouldn't be identifiable, but the people who... three of them who came in put them all together and they take them with them, so...
M-B P.: It's a bit risky...
Interviewee: It is risky... So there was things like that I was trying to sort of identify was a problem... but they still do it... they still do it the way they want to. But there's things like, those are the practicalities. If you don't know those issues of where things are stored, what gets sent where and who has access to the letter, who, you know, why I don't write very much because in the GPs surgery it goes from me to the GP, stamped, to the filing clerk... sorry, fundholding... then from fundholding to the filing clerk and then filed. So five different people have access to that information, and we write our letter back to the GP on pink paper, so it stands out, and so... and it's on the shelf, and any anybody can walk by and look at it, so I know from the way I always work that I just write, doing fine, relationship's... you know. It depends what they want, you know, and I will discuss it with the client... and I know that's as basic as it gets because I know it goes through that process. Other people, the other counsellors weren't aware of that for months and months and months and were writing reams and reams about their clients, so there's those things, do you know what I mean? It's like, those things are issues that you only know when you've worked in primary care for a while. And you know the system, who speaks to whom and...
M-B P.: Yeah. Things that only experience can tell or teach...
Interviewee: Yes, that's right.
M-B P.: Well, I think that's about all I wanted to talk about... Is there anything else you'd like to add?
Interviewee: No, I can't think of anything.
M-B P.: Thank you very much.

Appendix D – Instructions for Independent Readers

First off I would like to thank you for offering your time and attention to this project.
The task has three parts to it. They are as follows:
(1) Read through the whole transcript, preferably in one sitting, circling or high-lighting anything that seems important to you.
(2) Comment on the interview as a whole.
(3) Make comments beside the circled or high-lighted sections of the transcript giving some indication as to why you picked this section as opposed to another.
(4) Comment on any conclusions you have drawn from this experience from both a method and substantive issue perspective.
Please complete and return to Keith Morrison as soon as possible.
If you have any problems, or need further clarification feel free to contact me at 0191 384 4896.
With sincere appreciation.